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Tuesday 13 May 2025

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Mardi 13 mai 2025

Report continued from volume A.

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ORDERS OF THE DAY

SAFER MUNICIPALITIES ACT, 2025
LOI DE 2025 POUR DES MUNICIPALITÉS PLUS SÛRES

Resuming the debate adjourned on May 13, 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? I recognize the member from Perth–Wellington.

Mr. Matthew Rae: Thank you, Speaker. Thank you for recognizing me this evening.

Welcome, everyone, to a night show. I'll be your host this evening for at least 20 minutes. It's a pleasure to rise to speak on a very important piece of legislation. I know it may be perplexing to members of the opposition, but our government can walk and chew gum at the same time.

This piece of legislation complements our work in ensuring that we're supporting those who may be unhoused at this moment, ensuring that we're investing in mental health supports, such as the HART hubs—over $380 million across Ontario—not just in our big urban centres, but I think of Sault Ste. Marie, as well, in the north, getting these important investments, ensuring that we're making those investments on the ground. I know our municipalities are at the heart of our communities, and they are our foundations of this province's future.

Our government was recently re-elected for a third consecutive majority mandate on a promise—

Interjections.

Mr. Matthew Rae: Yes, historic, everyone—on a promise to protect Ontario. We were elected on a commitment to continue to support our municipal partners in the important work that they do.

The legislation before this House, the Safer Municipalities Act, is focused on our government's desire to deliver on this commitment. We have heard it clearly from our municipal partners. They need more tools to protect their communities and public spaces. By ensuring municipalities and police have the resources that they need to keep people and businesses safe, we can continue to lay the groundwork and foundation for vibrant communities that offer stability, opportunity and hope for the future.

Why is this legislation necessary? I'd like to quote the Minister of Municipal Affairs and Housing when he brought forward this piece of legislation: "Let us be clear about why we are doing this. A park is not a home. An encampment is not a solution to homelessness. It is a public safety hazard that negatively impacts surrounding communities and residents. Public parks should be enjoyed, not feared—period." This is important to keep in mind while we debate this piece of legislation. These encampments can pose safety risks to those who may be in them and the larger community. We do not want to see that in our community. Our parks receive taxpayers' money, whether it's municipal or provincial, and are for taxpayers and every community member to enjoy. We will ensure that those who are unhoused receive the necessary supports to get back up on their feet.

I believe, and many in our government caucus believe, in a hand up, not a handout, Speaker. Whether it's attracting good-paying jobs, re-skilling our workforce or being there to protect our workers in the face of Trump's tariffs, our government will continue to be there for those individuals.

This piece of legislation, as I mentioned at the beginning of my remarks, complements the investments our government is making. I know it's been referenced earlier this afternoon, the significant investment we made a couple of years ago in the Homelessness Prevention Program under the great leadership of our House leader when he was in municipal affairs and housing, and the 40%—

MPP Wayne Gates: Suck-up.

Mr. Matthew Rae: Yes, I'm going to suck up to the House leader; he can make my life difficult.

Mr. Steve Clark: We can have a mutual admiration society.

Mr. Matthew Rae: Yes, mutual admiration societies, to the member for Niagara.

But, Speaker, really, a 40% increase—and it varies by need across Ontario—was well received by our municipal partners, our service managers. In addition to the increase in that funding, it was also there to support our service managers, providing that consistency over three years in that funding allotment, which had never been done before.

The previous Liberal government, supported by the NDP, never made that—aw, I'm just getting started.

The Acting Speaker (Mr. Brian Saunderson): Pursuant to standing order 50(c), I'm now required to interrupt the proceedings and announce that there have been six and a half hours of debate on the motion for second reading of this bill. This debate will therefore be deemed adjourned unless the government House leader directs the debate to continue.

Government House leader.

Mr. Steve Clark: Adjourn the debate.

Second reading debate deemed adjourned.

PRIMARY CARE ACT, 2025

LOI DE 2025 SUR LES SOINS PRIMAIRES

Resuming the debate adjourned on May 13, 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 Acting Speaker (Mr. Brian Saunderson): Further debate?

Mr. Adil Shamji: Mr. Speaker, we are here today to debate a piece of legislation that, on its face, is both compelling and commendable. Bill 13—

Interjections.

Mr. Adil Shamji: Just wait; just wait.

Bill 13, An Act respecting primary care, reads like the kind of legislative measure every Ontarian should welcome. It recognizes that primary care is the cornerstone of a strong, functional and compassionate health care system. It affirms foundational values like universality, accessibility, equity and dignity. It outlines laudable objectives: a province-wide commitment to care, better digital integration, inclusivity, empowerment and timely access.

And yet, it is hard not to feel like this bill is a political mirage.

At a time when more Ontarians than ever are living without access to a family doctor—a number conservatively estimated at 2.5 million and rising—we are not in need of poetry, Mr. Speaker; we are in need of a plan. We do not need vague commitments. We need concrete action, not visionary language, but tangible investment. Most importantly, we need a government that is prepared to follow through.

This bill, in its current form, delivers none of those things. It is a bill made up of beautiful aspirations without any teeth. It sets out goals with no means to achieve them. It makes promises it doesn't bind itself to. It gives hope to patients while ensuring that they will have no legal recourse if those hopes are not fulfilled. That is the contradiction at the heart of this legislation. Everything it says is right, and yet everything it does is meaningless.

Let's begin with the reality that Ontarians are living in. Nearly one in five people don't have a family doctor. Hallway medicine has become the norm, not the exception. Emergency departments are closing, in some cases temporarily, in others permanently. We saw, last year, over 1,300 emergency department closures—a phenomenon that has never happened before in this province's history.

Primary care teams are shrinking, overworked and undersupported. In some regions, there are no rostering family doctors at all. And we're seeing the proliferation of for-profit clinics, the privatization of essential services, and health care workers fleeing the public system due to burnout, attrition, or because they're being lured by higher-paying temporary agencies that this government refuses to regulate. This is the crisis that we face. And while this government has stood by and allowed it to happen—worse, while it has fueled this crisis through neglect and privatization—it now offers us Bill 13 as though it were a cure. In truth, it is a press release masquerading as legislation.

At the foundation of any high-functioning health care system lies a strong, accessible and well-supported primary care foundation. Primary care is not just the entry point to our health system; it is the connective tissue that holds it together. It is where relationships are built, early interventions are made and chronic conditions are managed. It is the difference between a health issue caught early and one that becomes life-threatening. It reduces pressure on emergency departments, improves population health outcomes, and lowers long-term health care costs. When primary care is strong, the entire system benefits.

Mr. Speaker, increasingly, primary care must be understood as a team effort and not a solo act. Team-based primary care, where physicians, nurse practitioners, nurses, social workers, dietitians, mental health professionals and many others work together, is not a luxury. It has now become a necessity, and one that health care workers are clamouring for. It allows patients to receive holistic care that addresses not just acute illnesses, but also addresses social determinants of health, preventive care, mental health and long-term illness management. This approach, we know, improves outcomes, increases efficiency and boosts satisfaction for both patients and providers. It ensures that every member of the care team works at their full scope of practice. It allows physicians to focus only on the things that they can do, and in the places where they are most needed. It improves continuity, accessibility and the patient experience.

It may be known to members in this House that I work as both a family and emergency physician. I have practised in team-based settings throughout much of my career. I have practised, specifically, not just family medicine but comprehensive family medicine, where I've delivered babies; looked after in-patients on a hospital ward; done home care, even by snowmobile; and, of course, looked after patients in a clinic. I can speak to the immense value that a strong and robust primary care system brings and the catastrophe that lies when people cannot get access to that.

Having seen the other side of the equation, working in an emergency department, seeing people who, without having had access to a family doctor and, for example, the colorectal cancer screening that comes for individuals who are over 80—have seen people resort to the emergency department, bleeding out of their rear end because they

had no one to catch their colorectal cancer at an early stage. These are things that should not happen in a health care system that has a strong foundation of family medicine.

At a time when health care workers are burning out, when patients are waiting months or years for basic care, and when system capacity is stretched to its limit, we cannot afford to cling to solo-practitioner models. If we're serious about making health care more accessible and resilient, we must expand and invest in team-based primary care, not just in principle, but in practice, because the future of health care in Ontario depends on it.

More than ever before, we are losing family doctors as well as people who may be interested in going into family medicine. They are being lost under the crushing burden of paperwork, red tape and regulatory issues. They're being asked to do more with less.

One story that comes to mind was in the very depths of the pandemic, when family doctors—burnt-out, tired, overworked, and putting themselves and their families at risk, seeing patients in the middle of COVID-19—were sent a letter by this Ministry of Health, over Christmas, asking them to work through the holidays, with no extra support, no extra remuneration, to vaccinate patients. And we want them to vaccinate patients, but we have to respect our family doctors and primary care practitioners, not ask them to do more with less money, less resources and, sadly, less respect.

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No wonder we face a challenge in Ontario where, despite our absolute shortage in family doctors, we also have a misappropriation of family doctors. As we speak, there are 6,000 already licensed and credentialed family doctors in Ontario who don't actually practise family medicine; they work in focused practice settings doing cosmetic stuff, lumps-and-bumps clinics, sports medicine—many of whom having decided for themselves that the burden of comprehensive primary care is too much for them. Against that backdrop, urgent action is required and, as I read this piece of legislation, I asked myself, "Could this bill be that urgent action?"

Allow me to begin by briefly summarizing what this bill actually does and, more importantly, what it does not. The Primary Care Act, 2025, as proposed by this government, sets out a vision for primary care in Ontario, laying out six objectives. Those six objectives say that primary care should be province-wide, meaning all Ontarians "have a documented and ongoing relationship with their primary care clinician or team." As I read that, I wondered, "Isn't that stating the obvious? Did anyone need a reminder that the Minister of Health for the province of Ontario is responsible for delivering health care for the province of Ontario?" Well, this is one of the new objectives that has been outlined in this legislation: that health care should be province wide. Thank you for the reminder.

The second objective is connectivity, that services should be connected and coordinated to existing health and social supports. Okay. That is sort of stating the obvious.

It says that care should be timely and convenient. I don't think anyone needed a piece of legislation to remind them that we would like to be able to access our health care provider in a timely manner.

It says that services should be inclusive and barrier-free. I must admit, I appreciate seeing that there because if you speak to francophone communities or Indigenous communities, they do not feel as though health care is inclusive or barrier-free.

It says that patients should be empowered to have access to their own health data through digital systems, something we can all agree with. Yet, under this government, we've seen people being left with no choice but to pay to access their digital data through private systems such as PocketHealth.

Finally, it says that the system should be responsive to community needs and provide information about how it is running. The idea here is that data should be provided to patients in Ontario so that they know how their health care system is functioning. Mind you, as an MPP myself, as a physician and as one of the opposition health critics, I will say that this government has never given me access to the information that I need to know about how it is running.

Finally, this legislation requires the Minister of Health to produce an annual report on progress towards these objectives. A report that may or may not include actual key performance indicators.

But here is the most important pivotal point: This bill explicitly does not create any legal rights for Ontarians. It explicitly does not require compliance with any other piece of legislation. It does not require compliance from any other piece of legislation, policy, regulation or government action. It does not penalize failure. Crucially, it does not require that the minister even follow through on the report; it merely suggests it. In short, this bill sets a vision and then carves out a giant escape hatch so that the government can ignore it—and I will be diving into all of these things in greater detail.

Where does this leave us? It leaves us with a government that wants credit for sounding like it cares, without any of the accountability required to actually fix the crisis that it has helped create. That is why I say—and this is my thesis for today—that Bill 13 says all of the right things while ensuring that it never has to do any of them. It gestures towards solutions for problems that this government has created, but it is written in a way that lets the government walk away from those problems at any time. It is a symbolic piece of legislation: deliberately vague, legally toothless and ultimately designed to create the illusion of action without requiring any—and yet, Mr. Speaker, I will support it.

I will support it because when a government, at long last, acknowledges the importance of primary care, even cynically, even superficially, it creates a public record that we, in this chamber, can hold them to. It sets at least a rhetorical baseline that we can demand compliance with. It provides, however flimsy, a starting point. But let us not be mistaken. This bill, while welcome in its rhetoric, is insufficient, uninspired and unserious. I will help pass it,

but I will also help amend it because I demand more for all Ontarians.

To fully appreciate the shortcomings of this bill, we need to situate it within the broader history of health care in this province and this country because Bill 13 is not the first time that a government has set out principles for what health care should look like, and it's certainly not the first time Ontarians have been promised more than they receive.

The foundation is our Canada Health Act, federal legislation passed in 1984, and it forms the cornerstone of Canada's publicly funded health care system. It exists to ensure that every Canadian, regardless of income, geography or status can access medically necessary services without paying out of pocket. That's the promise, and it's a promise that is built on five key pillars.

(1) Public administration: that health care must be publicly managed on a not-for-profit basis;

(2) Comprehensiveness: that all of medically necessary hospital and physician services must be insured;

(3) Universality: that every insured person must receive equal care;

(4) Portability: that coverage must follow people across provinces and abroad; and, finally,

(5) Accessibility: that services must be reasonably accessible to all without financial or other barriers.

Now, these are not just buzzwords; these are legally binding conditions attached to federal health transfers which, therefore, guarantee adherence and accountability. If a province, for example, were to introduce user fees or allow extra billing, they lose funding through clawbacks. That is real accountability. That is legislation that has teeth.

Now, compare that to what we see in Bill 13. Bill 13 gestures towards those exact same five values—universality, accessibility, comprehensiveness, public administration and portability—but it offers no mechanisms to enforce them. There's nothing in the legislation to do that. It holds no one accountable and there are no consequences for non-compliance. It's as though the government saw the Canada Health Act and said, "Let's do that without any of the substance." Thankfully, in Ontario, we have our own provincial legislation introduced by a past Ontario Liberal government, and that is called the Commitment to the Future of Medicare Act.

The Commitment to the Future of Medicare Act is Ontario's response, interpretation and reaffirmation of the Canada Health Act. Unlike Bill 13, the Commitment to the Future of Medicare Act has real enforcement mechanisms. It prohibits the charging of patients for insured services. It regulates block fees and queue-jumping. It gives the Minister of Health the power to investigate and penalize violations and, crucially, it created a health services accessibility commission to receive and act on complaints.

The CFMA wasn't just about stating values; it was about protecting them, enshrining them and enforcing them. Again, when we hold up Bill 13 to this precedent, it falls flat. Bill 13 offers no investigative authority, no enforcement mechanism, no body to receive complaints, no penalty for violations, not even a requirement to consult the public on future changes to primary care. In other words, this government wants the applause for endorsing universal care and adding a few extra self-evident objectives without having to do any of the hard work to defend it.

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So let's talk about what is actually happening here in Ontario's health care system, and especially why Bill 13 rings just so hollow. This government has been presiding over—and in many cases actively contributing to—the privatization and profitization of our public health care systems, and the record is extensive.

Bill 60 opened the door for private clinics to perform OHIP-covered surgeries, rewarding for-profit operators who cherry-pick easy procedures in healthier patients, often under better conditions and for higher remuneration. This drains resources and talent from our public hospitals.

We have also seen private long-term-care expansion, with over 18,000 new long-term-care beds being awarded, many to operators who had the worst records during COVID-19—who, by the way, can't even be sued if there was suspicion of negligence because of legislation introduced by this government.

We're seeing corporate pharmacy abuse, with retail pharmacies gaming the system, in many cases, with performance targets, excessive and inappropriate Meds-Checks—most recently announced to the tune of over $62 million—and even illegal delegation of pharmacist responsibilities, all so that they can bill more and hit key performance indicators.

We're seeing the proliferation of for-profit nursing agencies, the rise of staffing agencies that engage in predatory behaviours: overcharging our public health care system, charting hospitals three to four times the usual rate and bleeding our system of nurses while enriching private middlemen.

And we're seeing executive health clinics and nurse practitioner loopholes in which clinics are being permitted to charge thousands of dollars for basic care that should be publicly covered. We are seeing things in private-billing nurse practitioner clinics like pap smears being delivered for a fee of $400, and membership fees that violate the spirit of universal access.

All of these things are proliferating under this government. And when I introduced legislation—Bill 203, the Keeping Primary Care Fair Act—to address many of these loopholes, this government did nothing but shut it down. So I ask, if this government really believes in the principles outlined in Bill 13, then why does it consistently act in opposition to them?

Let's take a moment to discuss health care systems and primary care system performance. Because according to Ontario Health data that came into my possession a little while ago—leaked data, yes—we can see that Ontario faces the worst health care system performance in our province's history. We know that in the last year for which data is available, 11,000 people died waiting for surgeries and diagnostic procedures. We know that alternate-level-

of-care levels are at record highs. We saw, last year, 1,300 emergency department closures in a single year. We're still reeling from the impact of Bill 35, which left home care in chaos, leading many patients to turn to ER for needs that could have and should have been managed better at home, and yes, as I have already said, 2.5 million Ontarians without a family doctor, in addition to half of all municipalities not having a single rostering physician.

This isn't theoretical. This is not politics. This is people's lives. Seniors who can't get seen, children waiting months for care, caregivers burning out, patients dying. And while this is happening, what is this government offering with Bill 13? A vision statement—no funding, no timelines and no teeth. And that's what makes Bill 13 so galling; not the words on the page, but the chasm between what it says and what is actually happening.

But we can give credit where some credit is due. The creation of the primary care action team and its call for proposals to expand interprofessional teams is a good thing, in theory. But like everything else, this government has managed to twist a good idea into something that raises more questions than it answers. This government has identified 125 high-priority postal codes. But half of the most underserved communities by postal code in this province, according to publicly available data from a reporting group called INSPIRE-PHC, was left off the group. Why is it that half of the most desperate postal codes in our province are not eligible for this funding? Who made the list? Who was left out? And more importantly, why were they left out?

And then there's the math. This government says it wants to connect at least two million people to primary care in the next four years, an ambitious and worthwhile goal. Yet it also says that 90% of Ontarians are already connected to care, which is far less than two million people without a family doctor. The numbers that this government is throwing out there don't even add up. The numbers that this government is putting out there aren't even consistent with each other.

But let's take, for a moment, the two-million target—which, by the way, I think is an underestimate because we know it's at least 2.5 million people without a family doctor, according to multiple reputable sources. But if we give the government the benefit of the doubt and say that the number of people without a family doctor is two million, that would require bringing over 400,000 Ontarians into primary care just this year. And yet this year's goal is a paltry 300,000.

This government, with its primary care action team, is throwing up its hands and giving up even before it started. It cannot even commit to a goal that is ambitious enough to follow through on the commitment that it is saying it is making. And so, Mr. Speaker, if the primary care action team initial call for proposals is this government's opening move, it isn't even a serious one.

Now, I have not made any secret of my deep reservations about this bill, but I do want to acknowledge that there are elements about it that are worth supporting because Bill 13, for all of its shortcomings, does have some things that at least sound right. In doing so, it gives us something that we haven't had from this government in years: at least a rhetorical shift, a formal acknowledgement that primary care matters, that equity matters, that accessibility, comprehensiveness and digital empowerment matter. But every single one of these strengths comes with a major asterisk, and I will name each one.

At its core, Bill 13 sets out to establish the government of Ontario's vision for primary care and to provide Ontarians with a sense of what they should expect when accessing care. That isn't nothing; I'll give them that. We are in a province where the language of rights and dignity in health care has been eroded, so to see it affirmed in legislation, however tentatively, however symbolically, is a step forward for this government.

But here's the problem: The vision described in this bill has already been undermined by seven years of government decisions that contradict it. We're being told what primary care should look like while watching that very system disintegrate in real time over the past few years. For example, when, just last year alone, nearly 75% of all primary care expansion applications for funding were rejected; when, just a few years ago, Bill 124 kneecapped family health teams; and when private operators are making millions off of fragmented care, this vision becomes less of a North Star and more of a smokescreen.

Interjections.

The Acting Speaker (Mr. Brian Saunderson): Order. I'm going to ask the government side to keep it down. I'm having trouble hearing the speaker.

Mr. Adil Shamji: Thank you, Mr. Speaker.

The preamble of this bill rightly acknowledges what health care experts and front-line workers have been saying for decades: that primary care is the foundation of our health care system. It highlights the link between robust primary care and better outcomes, lower costs and higher system efficiency. It also recognizes that primary care should be the first and ongoing point of contact for insured persons.

And again, Mr. Speaker, that is the right thing to say. But it is breathtakingly ironic to hear it from a government that has spent the last several years gutting primary care infrastructure, underfunding teams and propping up private, for-profit alternatives that destabilize the very system this bill claims to support. If primary care is indeed so important, why, under this government, has it been treated as though it is so expendable?

1840

This bill recognizes—at least superficially—the importance of interdisciplinary primary care teams, and it affirms their value in improving patient outcomes, increasing system capacity and supporting health care provider satisfaction. Team-based care is what we need, especially in communities with complex and high-needs populations. But this is also the same government that has done everything possible to ignore, diminish and demoralize allied health care workers. Nurses, social workers, dietitians, mental health providers: All of them

are essential to teams and all of them have been left out in the cold. It isn't enough, Mr. Speaker, to simply praise team-based care in theory while failing to fund it in practice.

Now, the bill states that Ontario's primary care system should be guided by evidence and best practice. That's something that, of course, we can all agree on. But again, how does this square with this government's actual record? Where was the best practice when they slashed home care and implemented Bill 135, leaving thousands of patients without critical medications or support? Where was the evidence-based thinking when this government rejected pandemic response measures, or when it moved forward with privatized vaccine delivery even after public models had proven effective? We have Auditor General reports to show that when this government outsourced private vaccine delivery, tens of thousands of COVID-19 vaccines were wasted and thrown out and didn't make it to the communities and populations that needed it most. Where is the evidence when the government chooses ideology over data time and time again?

Mr. Speaker, it's very, very easy to say the right thing, but following through on things is the hard part, and that's where this government continues to fall short.

I'd like to take a moment now to focus on a few more of the details that we can find in this bill. For example, this bill emphasizes that insured persons should be able to access their personal health information through a digitally integrated system. It acknowledges the role of patient knowledge and self-management in driving better health outcomes. Who could possibly disagree with that? This is certainly a welcome acknowledgement. Patients should have control of their own data. They should be empowered with more information.

But here's the reservation: This is the same government that has presided over a digital health system rife with privacy concerns. For example, a recent CTV report revealed that private clinics are selling personal health data to corporate partners, exploiting the gaps that this government refuses to close.

I'll read you a quote here: "According to a data broker employee'"—why we even have those in this province, I don't understand—"no one sought consent from patients to access and use their" patient information. Unfortunately, at this point, I'm paraphrasing because the quote is partially cut off. "Instead, companies appeared to seek out physician consent to access patient records."

That's not right. That should not be happening, and nothing in this legislation—while elevating digital empowerment—says anything to protect the digital rights of patients here in Ontario. So while this bill speaks of empowerment, patients' data has already been commodified, their trust has been violated, and this government is merely standing by.

This bill explicitly reaffirms Ontario's commitment to the five principles of the Canada Health Act—public administration, comprehensiveness, universality, portability and accessibility. Allow me to be clear: This matters, because there are members in this House—and I don't want to embarrass anyone, so I won't name names—who have stood up and claimed to defend the Canada Health Act while not even being able to name all of the principles. There have been members in this House who have stood up and named four of the principles, stating that those are all of the principles, and then declared their intention to defend the Canada Health Act—my question being, how can you defend the Canada Health Act if you don't even know the Canada Health Act?

Ms. Catherine Fife: Stop being so rational.

Mr. Adil Shamji: Forgive me.

I am certainly grateful that this government has republished the five principles of the Canada Health Act to serve as a reminder to those government members of the standards that we and Ontario patients hold them to.

So this matters, and having this reaffirmed in legislation is a statement that is worth making. But it is not enough to state your allegiance to these principles; you have to live them. And when this government supports private operators who charge membership fees; when it allows physicians to refer patients to privately billing services; when it presides over unregulated nurse practitioner clinics charging privately for medically necessary care, it is failing to uphold those principles in practice.

Another objective outlined in this legislation is that primary care should be accessible to all Ontarians—free from barriers, and free from discrimination, of course. But as we see a growing divide between those in Ontario who have access to primary care and those who do not—those who do not include people from Indigenous communities and French-speaking communities. I do not see a solution in this legislation to actually bridge that problem and address that challenge.

We can acknowledge the need for culturally appropriate care. That's absolutely critical. But while we acknowledge this, let us also acknowledge that francophone Ontarians continue to face massive barriers in receiving care in their own language. And Indigenous communities, especially in northern Ontario, face systemic inequities, lack of social services, and inadequate access to addictions care, mental health resources and emergency support—and having worked in many of these northern, rural, remote and Indigenous communities, I can say that from first experience. I can tell stories about patients who haven't been able to see a family doctor or a primary care practitioner at all—not for days, not for weeks, not for months, but, in many cases, even for years or for the entirety of their lives, having no place to turn to for something even approaching primary care but a nursing station that isn't always staffed, never with a family doctor, and occasionally with nothing other than a temporarily visiting nurse. This is not the vision of connected, interprofessional team-based primary care that I am asking for, that Ontarians are asking for, or that is outlined in this legislation, but this legislation does not provide a pathway to get there either. The words in this bill will mean nothing if the government continues to ignore the lived realities in these communities.

The bill outlines six key objectives for primary care, and I've already mentioned all of them: province-wide

access, as though that ever needed to be mentioned; connectedness with social services, yet again something that is self-evident; timeliness, as though anyone would ever ask for anything else; inclusivity, something that does bear mentioning because it is nowhere near the reality currently in Ontario; digital empowerment, something that is happening in an unregulated Wild, Wild West kind of manner currently; and community responsiveness and connectedness. Each of these is admirable. Each of them reflects values that every Ontarian could, would and, I believe, should support; I certainly will. But without the concrete plans to achieve these goals, these objectives become empty placeholders. They're like signposts pointing in the right direction on a road that the government refuses to build.

Finally, the bill includes one tangible requirement: that the Minister of Health produce an annual report detailing progress on the objectives. On its face, this is a step towards transparency, but we already know that this government's track record on data transparency is abysmal. They withhold Ontario Health data from opposition MPPs.

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For example, this is the patient enrolment model data that I was able to obtain—through no help of the Ministry of Health or this government—just last year, in October 2024, data that I asked for, that they refused to provide, but that was provided to me by a concerned party in the health care system; data that reveals that here in Ontario four million people aren't rostered to a family doctor; data that reveals that over half of all municipalities in Ontario don't have a rostering family doctor; data that reveals that over three million Ontarians are at risk of losing their family doctor in the next five years. You don't need legislation that requires or strongly suggests a report should be generated and released every year—just give me this report every month.

And I know that there are many other reports speaking to the shortages of primary care and lack of access. The emergency department performance summary report, released every month by Ontario Health—I'm able to obtain these through concerned parties in the health care system. This government could release that, but they won't.

Instead, what they're going to do through this legislation is pat themselves on the back for producing a political document that glosses over the information that people want, that's delivered only once a year, when the government, the Ministry of Health and Ontario Health have better data, more timely data, data that we're actually asking for, and choose instead to withhold it from opposition members and from the people of Ontario.

This government, in another example of lack of data transparency, refuses to release Health Connect Ontario wait-list numbers. I find this one particularly offensive, because I know from my conversations with government members that when they ask the Ministry of Health for the number of people on Health Connect Ontario in their riding, they get that number from the Ministry of Health, but when an opposition member asks for that information, we don't.

I challenge anyone who's watching this to prove me wrong—any opposition member. Reach out to the Ministry of Health and ask for the number of people in your riding who don't have a family doctor, according to the wait-lists on Health Connect Ontario, and you won't get it. Why, as an elected official representing 100,000 or more people in your riding, can you not find out how many people don't have a family doctor?

Thankfully, I was able to find out through other means, so I'm going to let some people know. The member for Leeds–Grenville–Thousand Islands and Rideau Lakes has 25,000 people without a family doctor. The member for Essex has 13,000 people without a family doctor. The member for Sault Ste. Marie has 12,500 people, or nearly 20% of his riding, without a family doctor. The member for Perth–Wellington has 17,000 people without a family doctor.

Any government members or opposition members who would like to know the number of people in their riding who don't have a family doctor—who won't get it, who can't get it, from the Ministry of Health—please do come to me, and I will provide the data transparency that this government will not, and that this legislation will not provide.

Next, still on data transparency, or lack thereof: This government cherry-picks statistics to suggest that only a small fraction of Ontarians are unconnected to care, despite their own internal documents—I've already alluded to some of them—that suggest over three million people could lose their doctor in the next five years. So, a political document legislated by this bill once a year: Is it better than nothing? Yes, sure, it's better than nothing. I just wish the government would give me and all of us the reports that we're actually asking for. When this political document is produced by a government that's allergic to accountability, you will forgive me for being very skeptical.

In short, Mr. Speaker, Bill 13 gets the language right, but not the law. It offers a blueprint, but no construction crew. It speaks to values, but refuses to make them real. It sets objectives, but with no compass, no map and no obligation to ever reach them. And that's what brings us to the heart of the issue.

Mr. Speaker, everything I've said so far has been in the spirit of fair and balanced debate. I have acknowledged the bill's merits; I've stated clearly that I will vote in favour of it. But let me now be equally clear about its deep and disqualifying shortcomings—the kind that limit its usefulness, dilute its message and, in some cases, actively undermine the very values it claims to uphold. Because if Bill 13 is meant to represent Ontario's road map to primary care reform, then it is a blank map drawn with invisible ink. It is symbolic, vague and, most egregiously, it is designed to avoid accountability.

I'll begin with my overarching concern, that every positive element in this bill is undermined by the fact that it is completely and utterly unenforceable. It relies on a report—a weak one at that—as its sole mechanism of accountability. It allows the government to cherry-pick

data and defines success however it pleases. There are no consequences for failure, no enforcement mechanisms and no rights conferred to the people of Ontario.

Let's break this down even more. This bill tells us what we already know. It offers a vision that states the obvious and restates goals that we've seen in other documents and other legislation without enhancing or advancing them. It doesn't even define what primary care is. So that report could, for example, say, "You have a primary care practitioner if you live in a community that has a pharmacist that does prescribing for minor ailments." That's not primary care—or certainly not primary care that I or Ontarians are willing to accept. It doesn't define what primary care is or set a bare minimum standard.

It does not set a target for connecting every Ontarian to a family doctor. It just says, "We will create the opportunity, such as the opportunity to call 811 and sign up on a wait-list." To get off that wait-list is not a requirement.

It does not establish timelines, deliverables or any real standards. It does not commit funding or resources to make the vision real. Put bluntly, this bill is a press release in legislative form. It lacks the creativity, courage or clarity that is necessary to meet the sad moment that we're in.

Furthermore, this bill does not enact anything. It does not create structures. It does not empower oversight. It does not allocate funds. It does not require that primary care services be delivered differently. It is a value statement shouted into the void.

This government frequently complains about too much talk and not enough action, and yet here we are, passing a bill that mandates talk and delivers no action. In fact, one of the favourite excuses that this government uses to vote down private members' legislation is that the legislation only calls for reports or consultation or teams to come together. Well, if that is their major and one of their most frequent reasons for voting down legislation, why on earth would they introduce legislation that does nothing more than talk and create reports?

So now, when they turn around and pass a bill that only requires a report, I have to ask: What has changed in their philosophy of governing, and why won't they just pass my private member's bills? I know the answer. What changed is political pressure. The crisis in primary care has become impossible to ignore, and this bill is meant to placate, not to transform.

There is really only one operative clause in this bill: that requirement for an annual report on progress towards the objectives. On its surface, accountability tools might sound effective, but dig slightly deeper and you see the flaws. The report is not binding. It is not independently audited. It contains no defining key performance indicators apart from a vaguely defined percentage of people connected to primary care. But it doesn't define what primary care is. And it allows the report to be entirely selective on the data that is included and exclude whatever is politically inconvenient.

If this government truly cared about transparency and truly cared about accountability, it would just publish Ontario Health's own reports, but it doesn't. Instead, it offers a new report, one that it can write, edit and spin, which is not accountability—it's theatre.

Mr. Speaker, if you thought that the flaws that I've identified are damning enough, it gets worse. The two most damning clauses in this entire bill, the ones that, in my view, reveal its true purpose, are contained in sections 5 and 6. They allow this government to literally say whatever they want in this legislation while committing to nothing. They render the bill meaningless—and I do use that word very deliberately.

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Clause 5 states explicitly: "Nothing in this act" creates "a private law right or duty." Nothing creates a "duty of care or fiduciary" obligation. In simple terms, if the government fails to meet the goals of this bill, the public, the patients have no right to complain, sue or demand redress. Let's put that in perspective. The bill says that care should be inclusive, but if it isn't, there's no recourse. This bill says that care should be convenient, but if you wait 16 hours in the emergency department, too bad. This bill says that services should be coordinated, but if you're discharged from hospital with no home care, you can't do anything about it. This clause is a get-out-of-jail-free card that the government has written for itself.

The next section is equally damning. It states that, "Failure to comply with this act ... does not affect the validity of any policy, act, regulation, directive, instrument or decision." In other words, if this government passes future legislation that contradicts this act, that is fine. If existing policies violate the values in this bill, no problem. If the minister never produces the report this bill requires, no penalty. I'm not inferring here; the bill says this explicitly. It effectively nullifies the bill's entire purpose. It's like building a house and declaring from the start that no one can ever live in that house. So this bill, if passed, won't become a law; it will become a loophole.

I want to be very clear: Aspirational and symbolic as this bill is, I'll vote for it because I believe that even a symbolic statement of values can be a starting point and a foundation from which we build. But let's not kid ourselves. This is not legislation that has been crafted to improve primary care. It is legislation that has been crafted to protect the government's image, not patients. It is a legal optical illusion, appearing substantive from afar, but disappearing under scrutiny. It's like a blueprint for a bridge that leads nowhere, with no structure, no funding, no accountability and absolutely no action.

I listened intently when the Minister of Health delivered her leadoff remarks for this bill. What I heard and what Ontarians heard was not a plan. It was not a strategy. It was a campaign speech—a declaration of values without any credible implementation plan. It was a morning of chest-thumping and revisionist history more suited to a partisan rally than to this chamber. I asked the minister very directly how this bill would ensure that its commitments are actually achieved, especially given that

it confers no enforceable rights, no duties and no consequences for failure. Her answer was literally this: "Two words: accountability agreements." That was the entirety of her answer. What does that even mean?

I don't want to dismiss those words outright because the words have a place in health governance. But the simplicity of that response betrays the simplicity of this government and this minister's thinking. You cannot declare yourself accountable while actively writing escape clauses into your own legislation. You cannot claim transparency while suppressing access to public health data. You cannot talk about equity and access while propping up a parallel, private system that is undermining public care at every turn.

If this government believes in the values of this bill, then why is every policy they implement pointing in the opposite direction? If they believe in a connected system, then why are public and private sectors drifting further apart? If they believe in inclusivity, then why are they refusing to fund nurse practitioners in the public system? Why are they allowing $400 pap smears in unregulated, private-billing nurse practitioner clinics? And why are Indigenous and francophone communities still struggling with access? If they believe in patient empowerment, then why are patients' health data being quietly commodified and sold off by private data brokers, and why is this government not doing anything about it? If they believe in convenient care, then why is hallway medicine now the standard, not the exception? Mr. Speaker, you can't wave a flag of principles and then run in the opposite direction.

So here we are. We have a bill that looks good on paper, but it most assuredly fails to move the needle in practice. We have a government that has finally acknowledged the importance of primary care but continues to act in a way that actively harms it. We have a piece of legislation that sets out noble goals but refuses to hold itself or anyone else accountable to them. We have a piece of legislation that we can wave in the air, that this government can direct Ontarians and their voters to, that holds them to doing nothing.

I'm left with no choice but to support it, because I'll take it. Finally, someone is at least saying the right things, even if they're not putting in place the measures to actually implement what they're saying. We have to build from something. And if this bill, as flawed, symbolic and hollow as it may be, becomes a foundation at least for a more serious conversation, then we can at least set the stone. I can tell you most assuredly that it only sets the foundation for that conversation. And when, as I hope it does, this moves to public hearings and we have the opportunity to introduce amendments, then I look forward to working with all of the members in this House to strike out section 5 so that patients do have an expectation and a right to get province-wide, connected, convenient, empowered and timely care. Because who could disagree with that? Apparently this government, because it chooses not to impose that right. I will recommend that we strike out section 5, so that it does impose a duty of care on the part of this ministry and on the part of this government, so that they're obligated to ensure that care is province-wide, timely, convenient, empowering and connected.

I will move amendments to ensure that section 6 is struck out, so that policies, directives, acts, laws and instruments that exist currently, that are being proposed and that will be introduced in the future, are held to the spirit, values and terms of Bill 13, because why wouldn't we want them to be held to those standards? And I will introduce amendments that impose fines if the report isn't presented in time. I will introduce amendments that actually define what primary care is, so that people can't have wool pulled over their eyes and be told that just because they live close to a pharmacist who prescribes for minor ailments, they have access to primary care.

These amendments are necessary, and without such amendments, Bill 13, as written, is not reform. It certainly is not a strategy. It is not a fix for 2.5 million Ontarians that don't have access to primary care. It is nothing more than a first step, a timid first step, nothing more than a press release that has been written by government lawyers.

Mr. Speaker, this government must do more than legislate values; it has to live those values. It must fund care teams. It must enforce equity. It must end exploitative private practices. It must support our nurses, our doctors, our nurse practitioners, our allied health providers and our patients—not just in words, but in deeds and in actions. We owe Ontarians a health care system that works, not one that functions as a talking point in a press release. We owe them care that is not just promised but care that is delivered. We owe them a government that doesn't legislate hope, wash its hands and walk away.

So, I will vote yes, at least for second reading—not because this bill is enough, but because I'm satisfied that it can be a beginning. I will vote yes and then I will fight to make it real. Because the people of Ontario are not asking for vision statements; they're asking for doctors, they're asking for dignity, they're asking to be seen and to be cared for. That is something that this bill must eventually deliver, not just in sentiment, but in service. With that, I thank you, Mr. Speaker, and all members in the House.

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The Acting Speaker (Mr. Brian Saunderson): Questions?

Mr. Deepak Anand: As we are talking, Ontario is emphasizing team-based care, which means patients will have access to multiple health care professionals instead of relying solely on family doctors. This approach ensures that the patient receives comprehensive care from a team of specialists, including nurses, pharmacists, mental health professionals, and that everybody has access to health care. It's close to the sunset, but you can see this side of the House looks as if we are having a question period. We are here to support an important bill.

My question to the member, who has a history of saying no to improving health care—and I heard that you would be supporting—is, what is your take on this bill? What are the great things we are doing which we can continue to improve on?

Mr. Adil Shamji: A couple of things: I am relieved to see a reaffirmation of the principles of the Canada Health Act, something which I and many Ontarians have genuinely wondered whether this government actually believes in, so I do think that is a good thing.

I do take issue with the statement of the honourable member across, who says that I say no to everything. That is categorically—I disagree with that statement. I have been very clear—I have been very clear—that not only do I believe my role to be to criticize the government's work—that is a democratic value that we hold dear—but to make it better. And when I have introduced legislation that would bring nurse practitioners into the public system, that would help address some of the problems that this has government has created, I have worked with the government, provided legislation. It is in fact this government, including that member, who has said no. So, join me; join me in improving the health care system and follow my lead, a lead that—

The Acting Speaker (Mr. Brian Saunderson): Question?

MPP Catherine McKenney: I wonder if the member could answer for me—I know that the Ontario Medical Association estimates that the number of Ontarians without doctors could climb to 4.4 million people by 2026. So, even if the efforts that are being put forth in this bill were to reach the two-million target, do you see anything in this bill that would address the gap that we will still see for people without doctors in Ontario?

Mr. Adil Shamji: I thank the honourable member from Ottawa Centre. This is actually one of the paramount flaws that I see in the primary care action teams call for proposals: It's completely lacking in ambition. We've got 4.4 million people, we suspect, by 2026 who won't have a family doctor, and this government seeks only to connect two million—even as it says, "Actually, don't worry about the problem. It's only 10% of people who aren't connected to a family doctor," which is much, much less than two million.

I would like to share to the member for Ottawa Centre—you may be interested to know, and I know that you will fight for this—that there are 27,500 people in your riding that don't have a family doctor. Now, the difference between you and some of the government members is that I know you will stand up and you will fight for your constituents. I wish that we could see a government and a side opposite that would do the same, because they're certainly not doing that with this legislation.

The Acting Speaker (Mr. Brian Saunderson): Questions?

Mr. Ted Hsu: I'm worried about whether the health minister is going to have to keep track of something that's very important. I spoke with some family medicine residents at the end of last year to find out how they're thinking about practising family medicine, and I found out that the experience of doing their rotations during residency scares them away from being Ontario family doctors. One of the things they joke about is that they're all looking for an "exit strategy" because of what they've seen. One resident I spoke to said that 80% of their class was looking for ways to go into sports medicine or other specialties. One of them is even doing an optional rotation in British Columbia just to look at what's going on in a different province.

So my concern with this bill is, and I ask my colleague to elaborate on this, is the minister going to report on progress to get family medicine residents to go into comprehensive family medicine?

Mr. Adil Shamji: It's a very good question, and the honest answer that I can give is that I simply don't know. This legislation is entirely vague on what key performance indicators might be; as I mentioned before, entirely vague even on what primary care is and whether primary care actually means the kind of comprehensive primary care that we're actually looking for. Or does it mean just family doctors, even the ones who are engaged in those kinds of focus practices that you're referring to: sports medicine, care of the elderly, GP, anaesthesia, those kind of things?

I've already been clear about the fact that right now in Ontario we have about 6,000 family doctors who are already not practising comprehensive family medicine. I know that through no thanks to the government members but through my own work with concerned health care stakeholders and major health care organizations here in Ontario.

There's nothing here, nothing here at all in this legislation that would address the attrition of family doctors from comprehensive practice or attract currently existing family medicine residents—

The Acting Speaker (Mr. Brian Saunderson): Questions?

Mr. Logan Kanapathi: Thank you to the member from Don Valley East for that wonderful presentation. I know you spoke from the heart, and I have a lot of respect for you and for your profession as a family physician and also an emergency doctor.

Thank you for supporting this bill. You understand the dynamics of this bill. I'd ask you, through you, Mr. Speaker, what else you would like to see in this bill.

Mr. Adil Shamji: I thank the honourable member. I know that he has experienced this first-hand; his wife is one of those amazing comprehensive family doctors who's helping to prop up our health care system, and we're very grateful for all of her contributions.

I've outlined a few of the things. A very important starting point would be just to eliminate sections 5 and 6, so that we can at least create a right for patients to actually get care that is connected, empowering, province-wide, and that would create a duty of this government to actually deliver on these things. So we can add some teeth to this legislation and make it more than something that is simply aspirational.

I would remove section 6—section 6 being the one that offers an escape clause for, for example, legislation that perhaps enables private, for-profit clinics in Ontario that would be in contravention of the Canada Health Act.

These would be a couple of simple things. Of course, I would like to see substantially more funding or primary care teams and a definition of "primary care" to begin with. And I'd be happy to continue our conversation later.

The Acting Speaker (Mr. Brian Saunderson): The member from Waterloo.

Ms. Catherine Fife: Thanks to the member from Don Valley East for his one-hour lead on this important piece of legislation.

Over the years, one of my favourite things to do here is to receive medical students here at Queen's Park, because they're so hopeful and they're so optimistic and they're so focused on solving the issues that are facing the medical system as a whole. They really want this wraparound medical system, family health teams in particular, because they don't want to feel alone. And you can totally understand how they're feeling. The government, though, has been very selective about how they choose these medical health teams—who gets funding, who gets privilege in the province of Ontario.

I really just wanted to give the member a chance to talk about how important it is, because this is one of the key barriers to drawing new talent here into Ontario's health care system. It's part of the solution, and, as an experienced doctor, I actually want you to speak to the importance of that.

Mr. Adil Shamji: I thank the honourable member from Waterloo for that question.

I will say, I do speak from experience and I have been one of those medical students that actually trained in a family health team. I can speak from that personal experience to the immense relief of being able to work in a team where doctors can focus on the things that only doctors can do; nurse practitioners can focus on the things that only nurse practitioners can do; and patients can get access to a wide range of allied health care professionals so that, for example, if they need foot care, psychotherapy, if they need help with care navigation, there's a social worker in the practice. So it certainly elevates the care that patients are able to get, but it also is the thing that medical students and residents are clamouring for because it allows sharing of work. It reduces the administrative burden that is crushing, that is demoralizing our health care workforce and driving people out of our health care system.

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The Acting Speaker (Mr. Brian Saunderson): Further debate?

MPP Chris Scott: Today, I rise with a great sense of pride and strong sense of purpose to wholeheartedly support the Primary Care Act, 2025. This is a landmark piece of legislation that underscores our government's bold vision and unwavering commitment to ensuring a healthier, brighter future for every Ontarian. This act is more than just policy; it's our solemn promise to all Ontarians, including every family in Sault Ste. Marie: Your health matters, your well-being matters and your future matters.

We campaigned on a promise, a promise to connect every Ontarian, every person in this province to primary care, and this act enables just that. Primary care is truly the heart of our health care system. It is the crucial first line of defence where diseases can be prevented, chronic conditions managed effectively, and families can find the support they desperately need when they need it the most. However, for far too long, many communities, including my own in Sault Ste. Marie, have experienced significant barriers to accessing timely, reliable primary care. This places an unfair burden on our emergency rooms and adversely affects patient health outcomes across the board.

Just a couple of months ago, while knocking on doors, I met thousands of constituents, and many told me primary care and access to a doctor was their number one issue. It's part of why I chose to run—a little bit more on that in my maiden speech, so stay tuned—but I do want to share a short little story about somebody that I met on the campaign trial while knocking on doors: Joanne. She's a hard-working mom of three in the west end of Sault Ste. Marie. When I got the chance to knock on her door, she shared the story of how she was de-rostered from her doctor, unfortunately, last year when he chose to retire and what it exactly that meant to her and her young family. Joanne shared that when one of her young kids gets sick and it's after the hours of the walk-in clinic, that means that she has no choice but to go to our emergency room. Speaker, as you know, the emergency room is a place meant for critical case, not routine health care needs, but Joanne's situation is not isolated. It exemplifies exactly why this legislation is not only necessary but imperative. We need decisive action to strengthen primary care in this province now.

The Primary Care Act addresses these very concerns by setting ambitious, measurable objectives to ensure that every Ontarian, no matter their postal code, has consistent, timely access to primary care in this term. We envision a health care system that is convenient, digitally connected, responsive to local needs and free from barriers or discrimination. That is why our government is proudly investing $2.1 billion into the primary care action plan. This includes an unprecedented $300 million dedicated to establishing up to 17 community-based primary care teaching clinics across the province. These clinics are designed specifically to target underserved areas and train health care providers directly in the communities that they will serve.

In northern Ontario, we understand first-hand the challenges of health care accessibility. Some of the members opposite don't quite get it. I do want to talk about two great local stakeholders in my community that absolutely do. Both the Sault Area Hospital and the Group Health Centre have praised the leadership of our Minister of Health, Minister Sylvia Jones, and emphasized how well our local model aligns with the vision of these new clinics. Their strong support signals the tremendous potential these clinics hold for communities like mine not only for attracting health care professionals but for ensuring that our homegrown talent stays and serves right in the north. I want to thank both of those tremendous stakeholders for their leadership in keeping our community healthy every day.

Speaker, I also want to talk about the benefits of the expanded roles for nurse practitioners and pharmacists, because they are already being realized and felt in Sault Ste. Marie. Our community pharmacies have become vital health care hubs, treating thousands of common ailments, reducing unnecessary ER visits and ensuring timely care right in the heart of our neighbourhoods.

But we also know that sustainable health care requires visionary leadership to secure robust investments in education and workforce development. That's why our government has launched the largest medical school expansion in Ontario's recent history, creating new dedicated primary care programs at our world-class public medical schools across the province. With residency placements set to increase by nearly 67% by 2028, we are confidently building a health care system equipped to meet the demands of tomorrow—starting today.

In northern Ontario, the Northern Ontario School of Medicine, Canada's only stand-alone medical school, is going to almost double its MD placements under this plan. This ensures that our talented young people train and remain in the communities where their skills are needed most. This is exactly how we build a sustainable health care system for the long term.

I'd also like to take a moment to reflect on the past. Where members opposite today campaigned and continue to advocate for Care Bears and lollipops, we campaigned and we're now governing to deliver results that matter to the people of this province. Their record when they were in government was even worse—less than nothing on this file. Under previous governments, residency placements stagnated and essential investments in interprofessional primary care teams were neglected, especially in the north. This lack of vision and planning is precisely what led to many of the challenges we're facing today.

Mr. Speaker, when in government the previous Liberals called the north a "no man's land." Our government knows the north is definitely not a no man's land. We know health care means something different in northern Ontario than it does on University Avenue here in Toronto. Primary care is a top health care priority across the north. Our government, in contrast to this record, has taken bold and immediate action. We've brought in more than 15,000 physicians and over 100,000 nurses since taking office in 2018. That's real leadership—leadership that delivers results.

Further, our investment in interprofessional primary care teams is extremely transformative. These teams include a robust suite of critical health professionals such as social workers, dietitians, mental health experts and more, providing integrated, comprehensive care on the front lines. With this expansion, over four million Ontarians currently receive care, and we're set to extend this to another 600,000.

Crucially, this legislation includes robust accountability and performance measures, ensuring transparency and adaptability in our health care system. Ontarians will clearly see the performance of their primary care system, fostering continuous improvement and building trust within our communities.

Mr. Speaker, today we present an opportunity—a moment for true bipartisanship in this House. The Primary Care Act directly aligns with the priorities expressed by members across this Legislature and by Ontarians in every corner of this province. It's a call to action for the opposition to stand behind their words with tangible support and vote yes for a better, healthier Ontario.

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This legislation is fundamentally about people. It's about mothers like Joanne and her kids, who need better health care options. It's about seniors aging in communities, who deserve dignity and reliable support to age with grace in their homes. It's about newcomers, who need health care sensitive to their experience. And it's about every Ontarian who has ever faced uncertainty in accessing care.

Together, we have an extraordinary chance to shape a system that truly works for everyone, setting a new higher standard of care for generations to come.

The Acting Speaker (Mr. Brian Saunderson): Questions? The member from—

Mr. Matthew Rae: Chief government whip, too, works.

Interjection: Perth–Wellington.

The Acting Speaker (Mr. Brian Saunderson): Perth–Wellington. Thank you.

Interjection.

Mr. Matthew Rae: Well, maybe. That's a decision for tomorrow—from the Minister of Tourism.

Thank you to my colleague from Sault Ste. Marie for his remarks this evening. I was just wondering if he could elaborate on the importance of primary care in his community, in Sault Ste. Marie and northern Ontario in particular, ensuring that some of the investments our government is making are reaching our northern communities in Sault Ste. Marie and other places as well.

MPP Chris Scott: I thank the member for the question. Primary care is the foundation of our health care system, and like I said in my speech, I think it's mission critical that we support and pass this legislation. I heard from thousands of constituents over the course of the campaign and have had the privilege of working with our local health care experts in preparing their submissions for the primary care team proposals. I think that it's absolutely critical that we support this and enable underserved communities to start training the medical professionals that they need right in the community so that as they graduate—the science is on their side that says they're going to stay right where we've trained them.

The Acting Speaker (Mr. Brian Saunderson): Question?

Ms. Peggy Sattler: I appreciated the comments of the member who just spoke, but I wanted to ask him if he hears from constituents in his riding the same concerns that I hear from constituents in London West, about ensuring the continuation of publicly funded and publicly delivered health care. I'm sure that member can understand why

there are these concerns, when we just heard about the $9 billion that the government has spent on agency nurses who are employed by private sector companies, the $62 million that the government is handing over to Shoppers Drug Mart.

So I wondered if the member can explain why the preamble to the bill didn't include anything about a commitment to publicly delivered health care in Ontario.

MPP Chris Scott: I think we've been crystal clear as a government: You need your health card, not your credit card, to access health care in Ontario. This act does nothing to change that. It actually just reduces barriers and ensures that primary care and public health care, which is a crown jewel in Ontario, is enshrined and supported for generations to come.

Ontario's primary care action team, led by Dr. Jane Philpott, will use the government's historic $1.8-billion investment to implement its action plan to build a primary care system that draws on best-in-class models from across the province and connects everyone to a family doctor or primary care team in this mandate.

The Acting Speaker (Mr. Brian Saunderson): Question?

Mr. Joseph Racinsky: The opposition parties in the Legislature consistently make statements calling for increased investments into primary care, but despite those statements, they continue to vote against government-led motions and initiatives focused on expanding primary care. With this bill, the government is presenting a clear and tangible opportunity to invest in primary care.

Can the member from Sault Ste. Marie explain how this bill provides the opposition a chance to align their votes with their statements?

MPP Chris Scott: I want to thank my colleague for the question. It's a great question.

As I said, today we present a real opportunity, a moment of true bipartisanship in this House, because this act directly aligns with the priorities expressed by members' opposite and Ontarians in every corner across this province. This is a call to action for the opposition to stand behind their words with tangible support and vote yes for a better, healthier Ontario, because this legislation is fundamentally about people.

We have an extraordinary chance to shape a health care system that truly works for everyone, setting a new, higher standard for care by ensuring every Ontarian, regardless of their postal code, has access to a doctor or primary care team in this province.

The Acting Speaker (Mr. Brian Saunderson): Question?

MPP Wayne Gates: My question is to the member there.

In my riding of Niagara Falls, in Fort Erie, we have an urgent care centre that was open 24/7 that's now only open 10 hours a day, yet your government is spending close to $10 billion instead of investing in Fort Erie.

So my question to you is, do you believe that you should be giving $10 billion to have agency nurses so that corporations can make almost half of that instead of investing in an urgent care centre in Fort Erie, where close to 50% of the people are over 55 years old and have absolutely no transit to get to other communities? Why would you not invest in urgent care if you care so much about health care in the province of Ontario?

MPP Chris Scott: I want to thank the member for the question. I feel like it's a two-part question.

I do want to highlight that our government's action to grow and support our health care workforce, through programs like the Learn and Stay grant and investing in upscaling nurses to work in emergency departments, is ensuring rural and northern hospitals have the support they need to get the job done.

Over the last year, we have seen the number of emergency department reduced hours drop by 84%; in 2023, there were a total of 90 reduced hours across the province, dropping to a total to 13 last year.

We have increased our investment by $44 million this year to reduce emergency department wait times through local, innovative solutions, and we are also launching the Models of Care Innovation Fund to support innovative staffing models, allowing hospitals to use their staff to their potential.

The Acting Speaker (Mr. Brian Saunderson): Question?

M^me^ Dawn Gallagher Murphy: Thank you for the presentation from the member from Sault Ste. Marie.

In addition to expanding access to primary care, our government has taken some important steps to strengthen our health care system by broadening the scope of practice for several of the regulated health professionals, which includes nurse practitioners and pharmacists. When I look at that, that provides us an opportunity to off-load some of the work with our family physicians so that they can be focused on more complex cases with their patients.

My question to the member is, would he be able to perhaps expand or elaborate on how the expanded scope of practice for nurse practitioners is improving patient care and helping to relieve—

The Acting Speaker (Mr. Brian Saunderson): The member from Sault Ste. Marie.

MPP Chris Scott: Thank you, Speaker, and I thank my colleague for the question.

Our government recognizes that nurse practitioners play a critical role in connecting people to the care they need, when they need it. Ontario is proud to be the first jurisdiction in Canada to adopt the publicly funded nurse-practitioner-led clinic model. This connects thousands of people in communities across the province, including mine in Sault Ste. Marie, to primary care.

Each year, our government is investing $46 million to support 25 nurse practitioner-led clinics that connect nearly 80,000 people to primary care.

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In 2024, we made a record investment of $110 million to continue expanding primary care across the province through new and expanded interprofessional primary care teams, which includes an additional—

The Acting Speaker (Mr. Brian Saunderson): Further debate?

Ms. Catherine Fife: It's a pleasure to join the debate this evening—a midnight sitting for the Legislature. If only the Premier would have called the House back immediately after that urgent election that was so time-sensitive, around tariff response, perhaps we wouldn't be sitting here until midnight. But that said—

Interjection.

Ms. Catherine Fife: Oh, I've got some things to say about that too. So keep heckling. That's great.

Before we start, I just want to say, Madam Speaker, it's good to see you in the House.

Since April 28, CUPE Local 2073 members have been on strike. These workers are employed by Canadian Hearing Services, CHS, and they provide critical services to support deaf and hard-of-hearing Ontarians, including interpreters, deaf-blind intervenors, employment counsellors and audiologists. And if you don't think this is connected to health care, then you haven't been paying attention in the province of Ontario.

Local 2073 was impacted by Bill 124, resulting in only 1% wage increases over the past three years, while management has received double-digit raises. In the latest round of negotiations, CHS has only offered a 2% wage increase, leaving almost 200 members out on the picket line and fighting for wage parity. These are good people in our community who help navigate folks through the health care system. There is no need for them to be out on strike. We need to come to a solution.

One of my constituents contacted me today to share her insight. She's a life skills literacy instructor at Canadian Hearing Services and a proud member of CUPE 2073. She told me that she and her co-workers support deaf, blind and hard-of-hearing Ontarians by helping them find and thrive in jobs with sign language interpretation services. This enables people to reach their potential in Ontario—which we should be fighting for in this Legislature. Right now, those services are not available because of the strike.

So, to my government friends on that side of the House: Please ensure that these services are respected and that the workers who do this important work are respected, because, ultimately, they are helping folks navigate a very complex system in the province of Ontario.

Bill 13, the Primary Care Act, 2025: It really is interesting that this is the piece of legislation that the government has first chosen to have night sittings about. It's interesting on several levels. We are absolutely, without question, in an unprecedented time of tariff crisis, economic uncertainty. People in this province are looking to us as legislators to enact pieces of legislation that will help them, so that they will see themselves in the work that we're doing.

The Primary Care Act, 2025: Community-governed comprehensive primary health care organizations help alleviate pressures on the rest of the health care system by managing clients in the community and close to home with services rooted in the determinants of health, anti-oppression and cultural safety. A well-resourced, fully staffed primary health care system can keep people in community and out of emergency departments. These are the goals of this legislation.

I want to say, in the interests of working across party lines, the intention of the legislation is well-founded—and actually, I will say that this has been our entire approach in this current climate of economic uncertainty.

The bill, however, has a number of schedules that lead us to have some legitimate questions.

One of the key parts of the bill is that the bill requires the Minister of Health to prepare an annual report demonstrating progress towards achieving their objectives of primary care. This leads us to a very honest place, Madam Speaker: What are the goals of primary care in Ontario? Because the inconsistencies across this province are well documented.

The bill mentions publicly funded health care and services but stops short of saying "publicly delivered." For us, this is a key part, right? When you look at the finances of the province of Ontario, there's not a big well of funding that we can draw upon. This is a government that has demonstrated that they're very willing to outsource and contract out health care service at great cost, instead of honouring the people who are in the system. Bill 124—for some of the new members, Bill 124 froze the salaries of our public service nurses and health care workers for a time that left them feeling greatly disrespected by the government of Ontario, and the out-migration of those workers in Ontario was profound. I mean, those workers are leaving Ontario not just because they were disrespected by the government and by the 1% cap. They're leaving because they can't afford housing, they can't find the educational resources that they need, they can't find long-term care for their parents—there are a lot of situational issues that the government has been complicit in.

I will say that this government is very fond of saying "the previous government." I just want to echo our leader's comments: You are the previous government. You are the government that created these conditions. Bill 124, I would say, as respectfully as I possibly can, was an unearned error on your part. It cost the people of this province greatly, especially during a pandemic and a health care crisis. So we need to learn from these experiences, I would say. Capping front-line health care workers at 1% was not your brightest idea. Let's just say this about that, Madam Speaker.

The bill, though, and it's interesting, is going to create some accountability. This is the same kind of accountability where the Minister of Health is going to report back to this House and say what's actually going on. Listen, I welcome that. I welcome that on financial transparency. I welcome that on health care outcome transparency. And I would say that it is very needed, especially when you look at the demographics in the province of Ontario and how those who are socially, economically disadvantaged are being failed by the health care system as a whole.

Having a primary care doctor is the gateway to the entire system in Ontario. It is the system that you designed.

The fact that when people do not have access to a primary caregiver—they are discounted, almost, in the health care system in Ontario. They do not have access to the testing, to the specialists, to the diagnostics that they actually need. So getting this right is very, very important.

I just want to say, in the interest of working across the aisle, that the goals are laudable. Let's just say this about that.

I also want to say—because I am the economic development and tariff response critic in the province of Ontario for His Majesty's official opposition, and I take this responsibility very close to my heart—that when you invest in social infrastructure like health care, this is a draw of investment into Ontario. When companies are looking at places to actually start a business, expand a business, invest in a business, they see health care as a strength that Ontario has, and that strength is really something that we should be building upon. This means that hospitals need to be built in Kitchener-Waterloo. It means that Minden needs to actually get their emergency room and their hospital back up and running. It means that everybody in Ontario should have access to the health care needs that they need.

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The accountability measures that are in here, we welcome. I want to say this. We welcome the Minister of Health not just standing in her place and saying, "We're doing that already," as she did this morning. We want her to actually report back to the Legislature: These are the numbers; this is the investment; this is making a difference; and, potentially, this is not making a big difference.

Earlier today I actually talked about how every year we meet with these new doctors, these students, the medical students from down the way—University of Toronto, Mac, Western—and they're so hopeful. But what they actually are looking for is a family care model that has a social worker, that actually has the mental health supports for their clients, that actually has a physio. They want that team approach because, one, it is best practice. The Ontario Medical Association has been very clear on that. They have said this is what doctors want to see, this will draw doctors into the province of Ontario. This will also ensure that once this is up and running in its true form that people, companies will see Ontario as someone who actually recognizes the importance of health care.

This social infrastructure—and that's what we call it—is the building blocks for a strong economy. Capital will come into Ontario when people see the system responding to their needs. Companies want to see strong schools and a strong health care system. They want to see a transit system that actually meets the needs of the economy—because, actually, the commutes that people are taking, the latest research on this: two and a half hours, one way, for a commute? This is not only just a drain on the productivity, but it is a health care concern.

When Waterloo region says to the government of Ontario, Waterloo region is the Silicon Valley of the north, but we need connectivity between Toronto and our region so people don't spend four and a half hours one way in a car—we must all agree that this is actually not the way to build a stronger economy or a healthier province.

The other part of Bill 13 which has obviously caught my attention is the administrative burden piece, and we have known for years now. The Ontario Medical Association has done their job. They have indicated, they have measured, they have looked at all of their members and got that feedback—the administrative burden for family doctors who are spending 20 hours a week doing paperwork. The OMA has proposed solutions to this government. Some of the stats are kind of amazing to me, but 20 hours a week is the equivalent of more than two days of full-time work on the paperwork burden—filling out lengthy forms, writing unnecessary sick notes for employers, time that eats away at the amount of time doctors can spend with patients who, because of an aging population, have more complex health issues.

This is the reality that we face right now in 2025, that the patient that walks in your office as a doctor—and my doctor recently told me this—they don't have the one concern. There's a little note on the wall that says, "Share your one concern." Well, the one concern leads to the two concerns, which is the three concerns. So we are dealing with more complex issues in the province of Ontario, as are most jurisdictions.

A survey conducted by the Ontario Medical Association showed that the main reasons family doctors are leaving the practice is because of an escalation in administrative tasks that take away time from their direct patient care and financial strains and rising rates of burnout. The OMA recommends more family doctors practise within a team-based environment, a move that they say will help off-load the administrative burden. We know this to be true. We know this, we should be dealing with this, it should be in the budget that's going to come out on Thursday. There should be dedicated resources to ensure that doctors feel supported in this system because we cannot afford to lose any more doctors.

There are also some very good questions around the demographics that this bill is seeking to resolve. Will the reports published by the Minister of Health include demographics data to show the percentage of Indigenous, Black, LGBTQIA+ and other Ontarians with marginalized identities having access to timely and relevant primary care? I think if you're looking at dealing with legislation which is meeting the moment, you have to also look at the demographics that we're faced with here in Ontario.

These are serious questions. They are not some flippant nice-to-haves. A health care system, the one that Tommy Douglas fought for and was successful in bringing across this country but that, since that point, has been seriously undermined by provincial governments—as the former finance critic for the official opposition, right here in the province of Ontario, when you're looking at the $9 billion to $10 billion that went to the agency nurses, these are dollars not well spent. Why wouldn't every legislator in this place want every dollar to go directly to care and the people who are doing the caring?

I just want to say, in many of the instances, these are primarily women. If you're in home care or a personal support worker, these are racialized women. So why not make sure that every dollar is going to improve that quality of care by supporting the very people who are in the system? This is where we need to be as a province.

I just want to say, community-governed family health teams are primary health teams that include physicians, nurses, nurse practitioners and other health professionals across Ontario, but nearly 75% of patients do not have access to team-based primary care in Ontario. So if the goals of this legislation are to open the doors to expand access to this kind of health care—amazing—but the only way that you're going to do that is to respect the people who are in the system and to acknowledge that there are serious barriers to accessing health care in Ontario.

This government does not have the best track record. For some of the new members who are talking about all the glorious things that you've done—$9 billion goes a long way to ensuring that northern Ontario has nurse practitioners. For so many years, I've been on the finance committee—we travelled, actually, on the finance committee. Nurse practitioners, for the last 10 years, have been saying that they are part of the solution: that they have the skills, that they're willing to go into those northern and rural communities, with the right supports, to ensure that everyone in Ontario has access to good care.

The most important piece of actually having a very strong primary care system is that the early intervention piece is key, right? Primary caregivers are the gatekeepers to the entire health care system. If you do not have that doctor, you do not get referred to the specialist. You may not get your blood work done. You may not have that assessment that may find that underlying health care issue. So it is a smart investment in ensuring that every community has this kind of primary care service.

Finally, I will say, I was recently de-rostered; I now have a doctor. It is a relationship that is incredibly special, because when you have a doctor in the province of Ontario, you have someone who can actually help you navigate a system that is not naturally navigable.

So we need to get this right, right? We're optimistic about the direction the government is taking. We are being propositional in our offers of knowledge, to make sure it's a very comprehensive piece of legislation. We want to be part of the solution. More importantly, Ontarians want us to work together. They want us to fix these problems, because in their day-to-day life, life is pretty hard right now. And so, let's get this key component of the health care system right with the Primary Care Act.

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The Acting Speaker (Mr. Lorne Coe): Questions, please?

Mr. Adil Shamji: My question is to the member from Waterloo. Number one, I was sorry to hear that you had the experience of being de-rostered, and I'm relieved you were able to find another primary care practitioner. One of the issues I see in establishing primary care access for everyone isn't just bringing in enough family doctors and nurse practitioners, but in keeping ones that we have. Unfortunately, it sounds like you had an experience of losing one of the ones that you had.

Do you see any evidence of anything to retain health care workers or primary care practitioners in this legislation, or anything that this government has done? Would you have any recommendations?

Ms. Catherine Fife: I think the most important piece about listening to those on the front line—and we're going through this process with the economic advisory council—is that you learn by listening. But it actually has to be active listening; you just can't hear what you want to hear.

What doctors are telling us is their work experience is incredibly stressful because of the lack of diagnostics, the lack of specialists. In Waterloo region, people are making decisions about whether or not they want to even enter the medical field because of that. Because at the end of the day, doctors want to do their job. They want to take care of patients. Nurses want to take care of patients; they don't want to spend the vast majority of their time in a hospital or in a clinic doing paperwork. So let's listen to them, let's learn from it and let's adapt to it.

The Acting Speaker (Mr. Lorne Coe): I have the member from Thornhill, please.

Ms. Laura Smith: Through you, Speaker: I know one of the important highlights of this bill is obviously providing better primary care to all of our communities, especially the rural and underserved areas. The concept of finding a family doctor, and expanding our teaching clinics and team-based care—we're trying to bridge those gaps. We're committed to addressing these concerns by making primary care more accessible, especially in these neighbourhoods.

I'm just wondering, can the member opposite please advise if she will vote in support of this bill that will enhance primary care in our rural communities?

Ms. Catherine Fife: To the member from Thornhill: I think that our job as the official opposition is to ensure we put the lens on a piece of legislation like this that actually is representative of what we're hearing as members in our ridings.

What we are hearing is that there's a huge disconnect between their health care experience in community and what they need. You know, 2.5 million Ontarians do not have a doctor in Ontario, and when the doctors, the medical doctors, are the gatekeepers to the rest of the system, this compounds an already stressful situation.

I think that where we are right now—I think that our critic from Hamilton Centre did an amazing job earlier today highlighting, from her experience as a doctor, where those gaps are. If we can meet halfway on some of those gaps, we can actually create a system that meets the needs of Ontarians and also, I would say, strengthens our economy, because everybody is looking towards Ontario for a stronger health care system that draws capital, that keeps jobs here and keeps people healthy.

The Acting Speaker (Mr. Lorne Coe): I have the member for Ottawa West–Nepean, please.

Ms. Chandra Pasma: Thank you to my colleague from Waterloo for those very thoughtful comments on this bill. One of the values that's included in this framework is "empowered" and the right to access your personal health care info. Last year I had a CT scan at Mount Sinai here in Toronto. I also had one at the Queensway Carleton and I was able to access the results of both of those for free via the Connected Care portal, which was fantastic, even though it's two different cities. My mom had a CT scan recently, and she was told that if she wanted to see the results, she needed to pay a fee of several hundred dollars. So do you think we actually have access to our health care system, or our health care data, if people are being told that they have to pay a fee in order to access those records?

Ms. Catherine Fife: Such a great question. It's a question of transparency and accountability on the part of the Ministry of Health, but also it is a question of equity, Speaker. The inconsistency in the application of the current laws that oversee the Ministry of Health are very problematic. If you're one individual you have this experience; if you're another individual you have a second, and the government almost categorically will say, "That's wrong."

The inconsistencies are real: These are real stories; they are real people. This particular piece of legislation does not necessarily address that, and that's what we will try to make stronger at the committee process.

The Acting Speaker (Mr. Lorne Coe): Thank you very much for that response. I'm on questions, please. The member from Essex.

Mr. Anthony Leardi: I'm going to invite the member to take a look at the six enumerated objectives in the bill, and the six enumerated objectives are: province-wide, connected, convenient, inclusive, empowered and responsive.

They're probably all important, but I would invite the member to pick one of the objectives and explain to us how she feels that objective might be perhaps more important than some of the other objectives and explain to us why.

Ms. Catherine Fife: The most important quality in this piece of legislation—or the goals or the ambitions or the aspirational goals, however you want to define it—is around inclusion, right? Because right now there are so many people in Ontario who feel excluded from the health care system, especially if you're an addict; especially if you have a mental health issue; especially if you have a long-standing chronic disease and your doctor will not accept you because you have a chronic disease. These are issues that are fundamental to the very principle of health care in Ontario and Canada, and if we can get these right, then we will have a stronger health care system and the potential of the people of this province will be realized. But if the system is designed to exclude people who have chronic diseases, who have mental health or addictions, then we have failed. And all of us have failed. It's not just the government; it's all of us.

So inclusion is the most important quality in Bill 13, I would say, respectfully, to the member opposite.

The Acting Speaker (Mr. Lorne Coe): Thank you for that response.

I'll have the member from Ottawa Centre, please.

MPP Catherine McKenney: Thank you to my colleague and the member from Waterloo.

I was actually somewhat surprised by the number of people not attached to a primary care provider in my riding, but I can almost guarantee you that I could walk around the riding and tell you which neighbourhoods most of them live in.

To the member: What do you think having not just the data that we require to know the numbers—but disaggregated so we understand who is not attached to a primary care provider, where they are and what it is that they will require from a health team?

The Acting Speaker (Mr. Lorne Coe): To the question, please, and you have one minute, twenty-six seconds.

Ms. Catherine Fife: That's enough time to answer this question.

I would say that when you do look at the demographics—and it is very important for the Ministry of Health to look at those demographics—there are people who are being excluded and sometimes even removed from the health care system. Their issues are complex.

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I recently actually had three cases before me as the MPP of folks who have said that they met with their doctors, they hoped to be rostered, but their issues were so complex that they were not accepted. I have now already approached the Ontario Medical Association about this because when you become a doctor in the province of Ontario and the country, you're not allowed to be selective about who you take in. This is actually a violation of the oath that doctors take, so we are looking into this issue.

But especially with an aging population, I would say, where people have many, many issues—it's complex. It's layered. A doctor who is receiving funding, publicly funded in the province of Ontario, should not be able to say, "I'm sorry, I can't take you because you're too complex."

We need to be better in Ontario. I would say this.

The Acting Speaker (Mr. Lorne Coe): Thank you very much for that response.

Further debate? I have the member from Haliburton–Kawartha Lakes–Brock.

Mrs. Karen McCrimmon: Thank you, Mr. Speaker. It's a pleasure to rise—

The Acting Speaker (Mr. Lorne Coe): The Clerk just corrected me. I have the member from Kanata–Carleton. Please, when you're ready. Thank you.

Mrs. Karen McCrimmon: All right. Thank you, Speaker.

I stand today to speak on Bill 13, the Primary Care Act. Ontarians were promised meaningful action. They were promised access to doctors, real solutions to a growing crisis and a government that listens. What we have received instead is a piece of legislation that's more about appearances than about outcomes. It's a bill full of lofty

language and nice-sounding goals, but there's no real substance behind it.

I can acknowledge that the goals this bill lays out are laudable. There are some positive things here. The bill establishes a vision and a purpose, and it recognizes primary care's central role in health care. It emphasizes the importance of team-based care. It also states we should be guided by evidence and best practice, and that is most definitely true. The bill stresses digital access, though I have some concerns about that. The bill reaffirms the Canada Health Act; commits to equity and inclusion, including francophone and Indigenous access; and this bill lays out six desirable objectives, but there's no plan to achieve these objectives. Finally, the last good thing I could find here is an annual reporting requirement, which indeed could be progress, but only if accurate and transparent.

Speaker, over two million people in this province don't have access to a family doctor. That's nearly one in seven Ontarians. Families are waiting weeks for basic care, seniors are navigating complex conditions alone, and our emergency rooms are filling up with people who shouldn't have had to be there in the first place. Some of our ERs are even closed. There were 1,300 closures last year alone.

Hallway medicine was never ended—it is more common than ever—and for-profit clinics and other private services are filling the gaps left by this government's failings. I completely sympathize with the health care workers who struggle to continue working in an unsupported system.

And yet, when we look at this bill, when we really read it, we see that it doesn't promise a single clinic, a single new doctor or a single additional nurse. It doesn't guarantee care for anyone. It sets out goals, yes, but goals without timelines, without resources and without consequences if they're not achieved. That's not helpful. It's not just that the bill lacks teeth; it also lacks heart and ambition.

The government says that this bill is groundbreaking, that it's the first of its kind in Canada, but what it really is, is a list of things that we already know we should be doing. Every Ontarian should have access to a primary care provider. Care should be convenient, inclusive and responsive to community needs. People should be empowered to access their health information and be supported by coordinated services. We agree with all of that. But here's the thing: Saying those things in a bill doesn't make them real. Writing down a set of ideals without putting anything in place to make them happen isn't progress; it's just window dressing.

This bill doesn't create any new rights for patients. It doesn't hold the government accountable for meeting its own goals. It doesn't even promise new funding to get us there—I'm hopeful for the budget on Thursday, however.

It's like putting up a sign showing the way ahead but then never making the path to get there.

One of the only tangible requirements in this legislation is that annual report I mentioned. That's it, a report—not actions, not results, not timelines, not change—a yearly report that may or may not include meaningful information, and with no independent oversight to ensure that it's accurate or honest. Ontarians don't really need another report. They need care. They need real investment. They need clinics and teams and infrastructure. They need family doctors and nurse practitioners.

As my colleague previously mentioned, there are two very significant weaknesses in this bill. In Section 5 alone, it outlines no duty of care, no obligation on the part of this government. If the government has no obligation, what good is it? If after this bill and nothing happens—zero, absolutely nothing, there's no action on health care—the government would still be in total compliance. So what's even the point?

In Section 6, if the government acts in complete contradiction to this bill, there would be no consequences. This bill enforces nothing. It states, "Failure to comply with this act ... does not affect the validity of any policy, act, regulation, directive, instrument or decision." It sounds like lawyer-speak to me. For all these lofty goals, this government can do the complete opposite, and there is absolutely no recourse for Ontarians.

Let's be honest about the scale of the problem we're facing: Family doctors are retiring faster than we can replace them. Medical students are turning away from family medicine because the workload is crushing and the support just isn't there. Many communities, especially in the north, in rural areas and historically underserved neighbourhoods, have gone years without consistent primary care. This bill doesn't address any of that. It doesn't speak to how we're going to recruit more family physicians. It doesn't offer a plan to retain the ones that we have. It doesn't say how we're going to support interdisciplinary teams or make primary care more sustainable for providers. There's no mention of increasing residency placements, no funding for community health centres, no strategy for bringing care to places where the gaps are the greatest. And yet the government claims this bill is a major step forward. What it really is, is a missed opportunity.

Now, the bill does talk about digital access. It talks about empowering Ontarians to view and manage their health information online. In theory, that's a good thing, but in practice, it's not that simple. There are still parts of Ontario where reliable Internet is hard to come by. There are seniors who aren't comfortable using digital tools and people with disabilities who need adaptive technology. There are language barriers. There's a lack of digital literacy in some communities. These aren't small hurdles; they're serious obstacles. If we push a digital-first solution without addressing those barriers, we risk leaving behind the very people who need care the most. Digital tools should enhance care, not replace it, and access should never depend upon your technical skills or your postal code. Yet the bill has nothing to say about this—no plan to close the digital divide, no commitments to helping people use these tools, no investment in making sure the technology is actually usable and secure.

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Furthermore, under this government, our digital health system has serious privacy concerns. A recent CTV report revealed that private clinics are selling our personal health data to corporate partners, exploiting the gaps this government refuses to close. That must be addressed, and it's not in this bill.

The bill also gestures toward team-based care, which is a great idea, but there's no follow-through. Where's the funding for nurse practitioners, social workers, dietitians, pharmacists? Where's the recognition that it takes an entire team to deliver the kind of care this government says it wants? You can't build teams without people. You can't ask providers to collaborate when you haven't given them the resources or the support in order to do it.

While we're at it, where's the plan to ensure these teams are distributed fairly across the province? Right now, there are major gaps between urban and rural areas, between well-off communities and those that have been neglected for decades. This bill doesn't even try to close those gaps.

I know there are members on the other side who care about this issue. I know many of them hear the same stories I do from my constituents—the mom who can't find a pediatrician for her kids, the senior waiting for follow-up after a serious diagnosis, a new immigrant struggling to navigate a fragmented and unfamiliar system. So I ask them: Can you look those people in the eye and tell them that Bill 13 is going to help them? We all know it won't. This bill isn't bold. It isn't brave. It isn't nearly enough. It's legislation for the headlines, not necessarily for the people.

Ontario Liberals believe primary care should be universal, comprehensive and within reach for every resident of this province. That's why we're calling for:

—a major expansion of family health teams, with funding tied to the community need and the population health;

—new investments in training and retaining family doctors, including targeted incentives for rural and underserved areas;

—loan forgiveness and start-up grants for new grads who choose family practice and team-based care;

—expansion of nurse practitioner-led clinics and community health centres to bring care to where it's needed most;

—meaningful funding for all staff—doctors, nurses, social workers, dietitians, admin teams—all those who make collaborative care possible;

—technology that works for everyone supported by digital literacy programs, multilingual platforms and robust data protection;

—clear performance targets and real accountability mechanisms, including independent oversight and transparent reporting.

Speaker, that's what true reform looks like. That's what the people of Ontario deserve. I wish I could stand here and say Bill 13 is the beginning of something meaningful. I wish I could tell my constituents that help is on the way, but I can't, because this bill doesn't deliver help. It might deliver hope, but without follow-through.

We are in a primary care crisis, and this bill, instead of being a lifeline, is a missed opportunity. Ontarians are counting on us to act with urgency and compassion, to put patience before politics, to move beyond slogans and toward solutions. That's not what Bill 13 does, but it's what we on this side of the House are ready to do.

Our communities cannot afford any more delay because two million people without a family doctor don't need promises; they need care, they need action and they need it now.

The Acting Speaker (Mr. Brian Saunderson): Questions?

Mr. Terence Kernaghan: I'd like to thank the member from Kanata for her presentation.

In Bill 13, the Primary Care Act, it speaks a lot about "publicly funded," but stops short of saying the words "publicly delivered," in line with our Canadian values. I wonder if you'd like to speak about the importance of mentioning not only publicly funded but publicly delivered health care?

Mrs. Karen McCrimmon: I'd like to thank the member for his question. He's absolutely right. There's no doubt about it, because when something is publicly funded and publicly delivered, there is an increase in the equality, in the equity in the accessibility of health care. So I believe that is absolutely key if we are going to do this right.

Thank you for the question.

The Acting Speaker (Mr. Brian Saunderson): Questions?

Mr. Adil Shamji: I'd like to thank the member for Kanata–Carleton for her very thoughtful remarks.

I wanted to ask if she might elaborate a little bit on the experience for her constituents of health care in the riding of Kanata–Carleton: what she's hearing in terms of access to primary care, whether she feels as though her riding has received the investments and health care support that it requires, and whether she has any recommendations to ensure that her constituents get the care that they deserve.

Mrs. Karen McCrimmon: Thank you for the question.

In my riding of Kanata–Carleton, there are more than 11,000 people who don't have a family doctor. When I was knocking on doors, it was quite clearly the number one issue over and over again, and I heard a lot of stories that kind of broke my heart. So I know that it is something that really matters to my riding.

I know that there are proposals for family health teams, and we want to see some of those move quickly. There are some people who are ready to move ahead, and we need this government to actually get out there and approve those and make that progress that we really need.

The Acting Speaker (Mr. Brian Saunderson): Question?

M^me^ Dawn Gallagher Murphy: Thank you to the member from Kanata for her remarks this evening.

As part of this bill, the government is investing $300 million to expand primary care teaching clinics across this

province. The point of these clinics is to really ensure we are able to train family doctors and other health care professionals, simultaneously providing the medical care to Ontarians in need. When I look at this and the funding and support, this will establish 17 new and existing clinics, so it will ensure that patients are receiving care that they need at the same time we're educating our future health care providers.

My question to the member would be, I would hope you want to support this and can see the value in this.

Mrs. Karen McCrimmon: Absolutely. But we need a plan, you see? That's what's missing in this bill. In the military we had a saying: "Failing to plan is planning to fail." This is something we can't afford to fail on.

The idea is absolutely right; now we need to follow through with goals and timelines and see it through—performance measurements—so that we can make sure it actually happens. Thank you for the question.

The Acting Speaker (Mr. Brian Saunderson): Question?

MPP Lisa Gretzky: I want to thank my colleague for her comments. My question is around your comments that the government tends to say one thing and do the opposite, that it doesn't look like there's anything concrete in the bill to really change the health care system for the better.

We've heard one of my colleagues talking about billions and billions of dollars that have gone into nursing agencies—we are calling them "agency nurses," but it's really going into nursing agencies, into shareholders' pockets. Meanwhile, this government brought forward Bill 124, which suppressed the wages of nurses in the publicly funded, publicly delivered, not-for-profit health care system.

2030

We heard the member from Sault Ste. Marie and other government members saying that people will never pay for health care with their credit card, yet my colleague from the Ottawa region talked about how her mom was told she had to pay to get her records. My colleague from Waterloo talked about people being denied access to primary care because of complex needs. My mother is one of those.

Can you tell me if there's anything that you see in this legislation that would end those practices and that direction that we have seen this government taking our health care system?

Mrs. Karen McCrimmon: I thank the member for her question. I think, in my mind, that's probably the most significant problem with this bill. There are no accountability measures. There is nothing that's going to make sure that the—there are some great goals in here; totally agree with the goals. But there's no timeline; there's no performance measurement; there's no accountability measures. Even though we promise it, it might never happen and there's nothing we can do about it. That's what I think is probably the most significant weakness with this bill. Thank you.

The Acting Speaker (Mr. Brian Saunderson): Question?

M^me^ Lucille Collard: Thank you to my colleague for standing up so many times today to debate. We were, in fact, debating earlier a bill where we talked a lot about mental health issues. Mental health care is health care, and I think the member will agree with me. We know that mental health issues are plaguing our society and have grown exponentially. It's affecting seniors; it's affecting kids; it's affecting everybody of all ages and all walks of life. I'm just wondering, because I was hopeful to see something in the bill that could actually lead us to believe that there will be some improvement, do you see anything that's encouraging in that regard in this bill, to take care of people that have mental health issues?

Mrs. Karen McCrimmon: No, unfortunately, I don't.

The Acting Speaker (Mr. Brian Saunderson): Questions?

Mr. John Jordan: Earlier, the member opposite said the Liberal member believes in the expansion of family health teams, and I think we can acknowledge that we all do. Speaking to this government's expansion of primary care, Jess Rogers, the CEO of Association of Family Health Teams of Ontario, has said, "This investment acknowledges the critical need for accountability and the right support to drive meaningful progress." Does the member opposite agree with the CEO of the Association of Family Health Teams?

Mrs. Karen McCrimmon: I thank the honourable member for his question. There are investments being made. But what you need to do is we need to look at the data, the evidence, the statistics that say it's not enough. We are losing doctors faster than we can train them. We have to get inventive, and we have to help our doctors do the most with those and that's why the health teams are such a great idea. It helps family doctors and primary care maximize their abilities to serve their communities. There are steps in the right direction, but we need many more.

The Acting Speaker (Mr. Brian Saunderson): Final question.

Mr. Anthony Leardi: Okay, final question: Since the member finds no value in the bill, then I take it she's going to be voting against it?

Mrs. Karen McCrimmon: I will vote to send it to committee, because I haven't completely given up on committees. If it goes to committee and the government is willing to take—we have some good ideas how to actually put some real, consequential information in that bill: some timelines, some accountability measures. I'm hoping the government will accept them.

The Acting Speaker (Mr. Brian Saunderson): Further debate?

Ms. Laurie Scott: It's a pleasure to rise in the House this evening. First of all, I want to thank the people of Haliburton–Kawartha Lakes–Brock for giving me the opportunity to be their MPP again here at Queen's Park. I take it as a very big honour.

I'm pleased to speak to Bill 13, the Primary Care Act, 2025.

I want to begin by thanking the Deputy Premier and the Minister of Health for her leadership, dedication and hard

work—and it is hard work—in strengthening and improving our health care system to ensure that all Ontarians will be able to access quality health care with the initiatives she has introduced.

As this is National Nursing Week, I would also like to take the opportunity to recognize the incredible dedication, compassion and skills of nurses across Ontario. I sincerely thank them all for the vital role they play every day in keeping our communities healthy and cared for. I want to say to them all: Your commitment is not unnoticed, and we thank you and are grateful for your hard work.

It is a historic moment for health care in the province of Ontario. I'm proud that the government of Ontario is introducing the Primary Care Act, 2025, a first-of-its-kind piece of legislation in Canada. We've had a lot of debate here tonight about it. It will make Ontario the first jurisdiction to establish a clear, province-wide framework for our publicly funded primary care system. This means that no matter where they live in Ontario, whether it's downtown Toronto, rural communities like Haliburton–Kawartha Lakes–Brock, or northern communities such as Thunder Bay, or farther north, Ontarians will know exactly what to expect when accessing primary care services.

The Primary Care Act, 2025, is more than legislation; it promises that every person in Ontario will be connected to a family doctor or a primary care team within the next four years, regardless of where they live in the province. I know that the member opposite asked for a plan. That is the plan—to connect everyone to primary care in four years.

We've heard lots of stories, and being a nurse for 20 years before I got here, I have many stories; being an MPP, I have many stories from my constituents.

We all know that primary care is the foundation of a strong, sustainable health care system. It's where prevention begins, where chronic conditions are managed, and where people find the support they need to live longer, healthier lives.

We know, from all the demographics and from all our ridings, that the population is aging, and with that comes more complexity in their care.

We know that we have had struggles to access essential primary care. That's why we're taking many actions—this being the latest bill, but we have brought many, many bills forward.

This bill, if passed, would build a stronger, more resilient system by strengthening governance, improving service delivery, enhancing transparency, and prioritizing patient care access across the province. There are lots of specifics in this legislation.

It's important to recognize the significant progress we've made, under the leadership of Premier Ford. Since 2018, our government has increased Ontario's health care budget by over 31%—investing more than $85 billion last year alone. That's a lot of money. I don't think the people in the province of Ontario realize the magnitude of the spending that we are putting into health. We're connecting more Ontarians to the care they need, when and where they need it.

And I know that we have lots of stories—but I have lots of good stories too. We are getting more health care workers up. We are building more primary care teams. And people are connecting to care.

It was a big system to try to transform, so the Minister of Health has got a big task. Other ministries have had supporting legislation, like the ministry responsible for mental health and addictions.

We're investing in a system that meets people where they are—a billion-dollar investment in community care; primary care; mental health and addictions services; Ontario health teams; virtual care. We want faster, more convenient access to care in hospitals, emergency departments, long-term care, surgical and diagnostic centres, and people's homes.

I can tell you just one example: the new CAT scan up at Haliburton Highlands Health Services. Rural community—they had to transport for a CAT scan, to Lindsay, to Peterborough, to Parry Sound-Muskoka area, wherever they could go. That's an ambulance out of your area. That is not an ambulance for a wide berth of land to service. That difference not only keeps ambulances in the county, but also patients have faster diagnoses. You can see where they should go, what hospital maybe they should go, or maybe they don't need to go to any hospital. That saves an enormous amount of time, manpower and it's better treatment for the patients. I cannot tell you how it has revolutionized our health care dollars, our health care human resources in the county. We can then attract more emergency physicians.

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Since Haliburton health services, in the last year and a half, have got a CAT scan, they've attracted three new emergency room doctors to a small emergency room in Haliburton with 15 beds. That's a big move and improvement and we have more doctors, primary care doctors that are looking there. It's all a chess game at times: You take one step, it creates more opportunities, it attracts more human resources and it gets you better health care.

This is a historic announcement for primary care, but to stay a little bit on topic, the $1.8-billion investment is to connect two million more people to a family doctor by 2029. We're going to hear there's a lot more people that are going to come online, but there's a lot more doctors looking. And later on, I'm going to tell you—I just talked to one of my hospital executives this afternoon to get a little update of what's happening before I came to speak this afternoon. It's coordinated care. I know this bill speaks a lot about bureaucracy, but it's about getting better results. There's governance, there's oversight and all this combines to create a care system that prevents illness before it becomes an emergency and managing chronic conditions before they escalate.

We're breaking down barriers for internationally and interprovincially educated health professionals. Ontario now leads the country in internationally trained nurses, who represent 41% of new applications to the College of

Nurses. In the last two years alone, 32,000 new nurses have been registered and another 30,000 are currently studying in Ontario. With programs like the Clinical Scholar Program and the removal of financial barriers, we're ensuring more nurses can train, upscale and enter the workforce.

In short, the Primary Care Act is about delivering a future-ready health care system rooted in equity, access and results for all Ontarians. It takes a while to train, to approve, but there are many steps involved in changing health care in Ontario. We're setting a clear direction by defining the six core objectives that guide how primary care is delivered and these principles establish what every Ontarian should expect when they visit a clinic and speak to a provider: province-wide, every-person access to health care and ongoing access to a primary clinician or a team. Connected care should be coordinated with other health and social services, making this system seamless and efficient. I mentioned a little bit of that—what goes on in Haliburton now.

Convenient access to care should be timely and close to home. Primary care must be barrier-free and free from discrimination. Empowered individuals should be able to access to personal health information through secure digitally connected systems. I have many stories and personally have tried to help a family get into the test results in this lab and coordinate with the hospital's reports. It makes a difference, and people can then know everything—as I, of course, with a background in nursing, want to know. Whether it's a normal result or an abnormal result, I want to know everything and I want to see it in front of me. But primary care is going to evolve. It's going to be responsive, and it's going to meet the needs of the communities and provide clear information about system performance and improvements reporting back.

Expanding nurse practitioner scope and team-based care: Mr. Speaker, I've been such a big proponent of nurse practitioners and the value they have in our communities. The more nurse practitioners that we are graduating, they relieve a lot of pressures on doctors. We've changed their scopes of practice so they have more independence. They're certainly qualified for their scopes of practice—such good reports from the members that have nurse practitioners. That evolution has occurred in the time I have been in the Legislature. I know, at first blush, nurse practitioners—nobody really knew them well and what they did. They're replacing doctors, but now they're sought after. They give time and great patient care.

We lead the country as the first province to implement publicly funded nurse-practitioner-led clinics, currently supporting 25 sites, serving nearly 80,000 patients. An additional $110 million is expanding these clinics further, and that was from 2024. I won't get into the technical change of scope in this bill, but more change of scope for nurse practitioners is there, and it is especially improving responsiveness in rural and underserviced communities.

Another change in scope of practice is that RNs will be allowed to sign death certificates in certain circumstances. I think these have all been asked for by the associations and the Ministry of Health has been responding to, again, deliver better care in our communities.

The access to personal health information: I've mentioned how important that is, and I'd like to thank the Ministry of Infrastructure and the Premier for, four years ago, seeing the need to increase the broadband infrastructure so that digital tools can be used better in rural Ontario. That is making a huge difference because as we in rural Ontario know, we have to drive lots of places to see specialists and doctors and nurse practitioners. I have family members that now have virtual appointments maybe every other appointment instead of coming to the cities, and it really makes a difference in their lives. It saves lots of time and the doctor's time and patient's travel time. So, it works in many ways.

We have investments and a vision laid out which I'm very excited about, and I want to see how it rolls out in my community—but the inclusion of a $300-million investment to build and expand up to 17 community-based primary care teaching clinics in areas of highest needs. The new and expanded clinics are being developed in partnership with Ontario's leading academic institutions, like McMaster University, Northern Ontario School of Medicine, Queen's University, Toronto Metropolitan University, the University of Ottawa, the University of Toronto and Western University.

These clinics will train the next generation of health professionals, including family physicians, nurse practitioners, physicians' assistants and registered nurses while delivering direct care to patients. Once operational, they will connect approximately 300,000 additional Ontarians to primary care. So, we're building more spaces in medical schools for doctors, nurses and nurse practitioners, and they need the clinics to help them train and get their hours so that they can be fully accredited. That speaks to a need that we've heard recently and addresses those issues.

In addition to the 78 new or expanded teams, an additional 600,000 Ontarians will gain access to comprehensive team-based care closer to home with the expansion of the interprofessional primary care teams, which of course brings together family doctors, nurse practitioners, social workers, dietitians and others. It varies from community and family health teams or CHCs that we have.

The Ontario primary care action team is led by Jane Philpott, who has a wealth of knowledge. She was at Queen's University—is still at Queen's University, I should say, but she's come on board to lead the primary care action teams to the implementation of this plan using the $1.8-billion portion of the investment to establish a system built on best-in-class models from across the province and to create and expand up to 80 additional primary care teams.

I know that some expansions have been asked for in some of our areas. I know that there's an application going in from my area in the K0M postal code which will serve people in Haliburton county and Kawartha Lakes in that. And I know that I have a portion of Peterborough county

that I don't want to leave out, Cavan Monaghan, but we've seen a new CHC announced a couple of years ago that's up and going in the city of Peterborough but also helping serve portions of Peterborough county.

I know that our government has invested $44 million to reduce emergency department wait-times through locally driven innovative solutions—Models of Care Innovation Fund which empowers hospitals to implement flexible staffing models. I know my Ross Memorial Hospital in Lindsay has been the recipient of this fund. I want to thank the Ministry of Health for—in 2024, we announced the redevelopment of the Ross Memorial Hospital's emergency room, which is great news for our community. I want to just pull out a couple more things that we've done there. Ross Memorial Hospital in Lindsay was one of the busiest emergs in Ontario, so we thank the government for that. They're working on the plans to do that.

2050

Also, we've had new community health centres in Kawartha Lakes, run by Community Care. We have an addition for a community health centre in the Brock township part of my riding—I've got a lot of riding to cover tonight, Mr. Speaker. We have been giving increasing operating dollars, expansions and new clinics, attracting new human resources to our area. By 2028, we are going to have 1,739 residents, up from 1,188 in 2018; and 1,292 undergraduate medical spots, up from 952 in 2018. We're boosting the physician supply. We're welcoming more internationally trained doctors through the Practice Ready Ontario program, which was announced last year.

As I said, I was speaking to my hospital CAO from Haliburton county. They have three new family doctors, all from the United Kingdom, who are already licensed by the College of Physicians and Surgeons, because the Ministry of Health, in one of the many steps that we've done to modernize our health care system and change it—United Kingdom physicians can now be expedited for approvals through the College of Physicians and Surgeons, so they have already been accredited to practise in Ontario. I hope they will stay, but they're looking in the Haliburton area, which is another part of a great story and a puzzle. It's taken a little bit of time, but we're getting there.

I think 150 new staff have been hired at Haliburton Highlands Health Services—a regeneration there of nurses and all providers—and we have some people returning home from the United States who are setting up practice in my hometown, who have decided to come back home, so we have a lot of positive things that are shaping up.

I want to give a shout-out to the Rural Ontario Medical Program, which has grown its roots in my area, spreading from Peterborough into Lindsay and working with Haliburton, so we can get residents up here, so they will maybe decide to stay if they have a longer term in rural medicine and in rural hospitals.

Interjection.

Ms. Laurie Scott: I know you have a good story from your riding for the Rural Ontario Medical Program.

Mr. Speaker, I probably implemented a lot of add-ons of time here, but I want to say that $85 billion last year alone in the health care budget is 31% more than when we got in in 2018. We're going to continue to work and improve our health care system that everyone depends on. We've made the largest investment in primary care in history in Ontario. We love to look at new, innovative—Mr. Speaker, you know from the surgeries, the innovations that are going on. I mean, I never thought in my time I would see a new hip, a new knee being done in the morning and you're home in the afternoon. The technologies and the innovations in health care, whether it's cataracts or hip and knee replacements—it's incredible. You are back home in the same day.

We are adjusting with the times and the innovations that exist, and we want to do more and we will continue to do more, but it is a big system. We know we need to connect more people. This is the next evolution we have seen from the Ministry of Health—because I think this is the second bill we've seen in a week. My parliamentary assistants from the Ministry of Health are here nodding.

Mr. Speaker, there are good stories out there, there is more to do and we're happy to be part of changing that Ministry of Health and the care for the people of the province of Ontario.

The Acting Speaker (Mr. Brian Saunderson): Questions?

MPP Lisa Gretzky: My question to my colleague opposite is—she started off by mentioning that it is National Nursing Week. Thank you to all the hard-working nurses. Often under really, really difficult work conditions, they do incredible work. That's largely due to cuts from this government, the conditions they work in.

I want to ask my colleague, because she mentioned nursing week and wished everyone well, if you and your government support nurses, why is it that you supported Bill 124, that the government brought forward, that supported the suppression of wages for nurses?

And the member opposite talked about emergency departments and urgent cares, and so I'm wondering, when we talk about the importance of emergency departments, especially in smaller communities, what exactly did the member opposite do to stop the government from closing the Minden ER in her riding?

The Acting Speaker (Mr. Brian Saunderson): I'll remind the members to put the questions through the Speaker, please.

The member from Haliburton–Kawartha Lakes–Brock.

Ms. Laurie Scott: There's a lot in that question to unpack, but I believe it's 100,000 new nurses that have been licensed in the province of Ontario, which is a good sign. The schools are full. We're creating more placements. We're making it easier for nurses to train in rural areas. Learn and Stay—I didn't mention that project. And there is an evolution of health care and the consolidation, sometimes, of services, so they can develop better core services.

So yes, I think I've spoken about Haliburton many times and the county and the services that have changed

and the delivery of health care that may have changed, but there's an urgent care clinic now in Minden. As I said, the evolution keeps coming. We have good news of doctors and nurses coming to my riding specifically.

The Acting Speaker (Mr. Brian Saunderson): Questions?

Mr. Adil Shamji: I'm glad that all of us on both sides of the aisle can agree on something, and certainly it is that I think we can all agree that health care should be responsive, empowered, inclusive, convenient, connected and, of course, province-wide.

Is the closure of the Minden ER consistent with those principles?

Ms. Laurie Scott: Well, we're talking about more access to primary care, which we are—if you didn't hear in my speech, I did say that we're attracting more primary care doctors to the Haliburton county area. We've attracted three new ER doctors in just a year and a half. There is a CAT scan now available. So yes, that does serve the people of Haliburton county, but actually the whole region, because we relieve pressure off the other emergency rooms that we're taking our patients from, especially in the Haliburton area, when they didn't have a CAT scan, when we didn't enough human resources up there.

So, yes, we stabilized the Haliburton Highlands Health Services Foundation—stabilized in one site to deliver better care to the people in the county and actually the whole surrounding area because they decreased the pressure from the other hospitals that we had to use. So it is a good-news story that is evolving.

The Acting Speaker (Mr. Brian Saunderson): The member from Wellington–Halton Hills.

Mr. Joseph Racinsky: Thank you to the member for Haliburton–Kawartha Lakes–Brock for her speech and for sharing some of her personal experiences in the health care system as well.

I want to go back to the part of her speech where she was talking about the teaching clinics. For members that represent rural, smaller communities, like her and like myself, they can have difficulty getting these workers, getting doctors, when they're not near a major university or medical school. So how are these teaching clinics going to contribute meaningfully to recruitment and retention for doctors in smaller communities? Could she elaborate on that, please?

Ms. Laurie Scott: Thank you very much to our new member. We very much appreciate that you're here and your willingness to serve at such a young age, may I say.

Interjections.

Ms. Laurie Scott: It's true.

Over the evolution of what I was saying in my time here is that we've had a lot of great family doctors, and they have been mentors for new doctors coming in, but in the northern and the rural areas the addition of clinics that will be attached to universities but not at the university—will be in the rural settings—will help mentor and accredit the next generation of primary care providers.

The good story is, we have doctors looking to come to my riding that I've mentioned, that may be already accredited. This is part of the steps from the Ministry of Health. Internationally trained: We can accredit them quicker now from the CPSO, the College of Physicians and Surgeons—same with nurses—so they can start working immediately. And then we've increased the spaces in the medical schools.

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So the tie-in with medical schools and the rural opportunities for doctors to be trained up there and feel more comfortable practising in rural Ontario is a win-win, and I think you'll see a lot of good successes.

Thank you so much for the question.

The Acting Speaker (Mr. Brian Saunderson): The member from Waterloo.

Ms. Catherine Fife: The member from Haliburton–Kawartha Lakes–Brock and I have served on finance. We've been travelling the province together. With the Minden ER closure, I have to say it was a very uncomfortable time for you and for the community, and when I was up there last summer, they felt that the emergency room was really crucial to their success as a community. I hope that we can agree on that. The bill speaks to primary care, yes, but primary care also requires emergency care. This is the health care continuum that actually strengthens our communities.

I do want to say, beautiful place—one of the most beautiful places in Ontario—but emergency care is very crucial to that community. I just wanted to give you an opportunity to talk about the importance of it and why it needs to—

The Acting Speaker (Mr. Brian Saunderson): The member for Haliburton–Kawartha Lakes–Brock.

Ms. Laurie Scott: Thank you, Mr. Speaker.

Thank you for saying my area is quite beautiful; I do agree totally. And they serve wonderful Kawartha Dairy ice cream throughout my whole area, and even now down in Toronto here they have a store, just to put it out there.

For sure, Minden is thriving and doing well. I mentioned the difficult decision that the hospital board had made and the evolution that has occurred since then. We have urgent care to deliver emergency care at the Minden site, but we've also strengthened the Haliburton hospital emergency department to provide some of the services I just mentioned. So we are expanding primary care in this bill, and I've said new primary care doctors are looking here—

The Acting Speaker (Mr. Brian Saunderson): The member from Ottawa South.

Mr. John Fraser: Thank you very much, Speaker. I'm not going to mention the Minden ER, just by the way. I'm not going there.

There are two sections of the act, section 5 and section 6, and section 5 is "No establishment of private law right, duty." What that essentially means is we're actually not establishing something that people are entitled to. This law doesn't mean anything with regard to what services people get. There's no obligation.

Section 6 is "Effect of failure to comply," which means that no law, past, present or future, is affected by this act.

Mr. Anthony Leardi: She's not a lawyer, and you're not either.

Mr. John Fraser: So what you're saying here—respectfully, to the member from Essex—is this law is not worth the paper that it's written on, because these two sections make it irrelevant. Would you like to respond to that?

Interjections.

The Acting Speaker (Mr. Brian Saunderson): Order.

Response?

Ms. Laurie Scott: I don't think I've met a doctor or nurse who doesn't want to deliver good patient care. They are licensed, they get into the profession to deliver care, so when I say that there are more doctors and nurses—and I'm not the only community that had some hopeful additions to their health care roster that are happening out there; maybe it's not as fast as we all want it to be, but they're governed by rules—they want to come because they want to either come to the area, and they want to practise medicine and help people.

I don't know what political side or legal side you're looking at in this bill, but the College of Physicians and Surgeons is being helpful in fast-tracking internationally trained doctors, and the same with the College of Nurses for internationally trained nurses to approve them to work—

The Acting Speaker (Mr. Brian Saunderson): Further debate? The member from Niagara.

MPP Wayne Gates: The member from Niagara Falls.

Just so you know, this is the first time since December that I got a chance to actually get up and speak in the House.

Mr. Lorne Coe: No.

MPP Wayne Gates: No, because we haven't been here very long. So I think it's important for me today, for the first time standing up, to talk about the election and health care, so I'm tying the two together.

First of all, I want to thank my community for electing me for the fifth time in this House. I want to thank my family. I want to thank my three daughters and my grandchildren, our volunteers and my incredible staff because I think it's important to say thank you.

What I found out in the election—and this is what I think is interesting—and I'm glad there's so many PCs here at 9 o'clock at night because this is important. I knocked on doors, thousands of doors—in brutal weather, by the way. I fell down. I hurt my shoulder and my arm.

I'm sure every one of you are saying to yourselves, "Why did we have an election in February?" Well, I'll tell you why you had it: because you thought you were going to get the member from Windsor, who's here. You thought you were going to defeat people from Sudbury and Niagara, but guess what happened? This is important because you want to listen to this. We all ran in Niagara, Windsor and London, where all the seats you thought you were going to get to get that super mandate are, but here's what happened: We ran on health care.

We talked about the importance—we talked about your community in Minden. They came to Fort Erie during a rally because Minden and Fort Erie were losing their urgent care centres. Ours was the fact they're cutting the hours down. But they came all the way there, and they talked to us about how important it was for that community to protect health care.

So when I was knocking on the doors, what were they talking about? I know they tried to run on the Trump thing, but everybody wanted to talk about health care because we've been in a crisis in health care long before your party came in, by the way. This isn't something that was just created by the PCs. When the Liberals were in, the same thing happened. We had hallway medicine.

The problem that we're having in Niagara, quite frankly, and across the province of Ontario is that it's worse today than it's ever been. Hallway medicine is worse today than it was before.

You can't go to the emergency room in Niagara. I can't talk about Toronto—I don't live in Toronto—but I can talk about Niagara. I can tell you if you go to the Niagara hospitals, St. Catharines's hospital or Niagara Falls's, and you're in the emergency room—do you know how long it's taking you to get in the emergency room to get seen? Somewhere between 12 and 19 hours; some days it's longer than that. And when you get to go in there, you end up in the janitor's room, you end up in a closet, you end up in a hallway. That's what's going on right across the province of Ontario.

To the credit of the MPPs in my area, Jeff—I guess I can't say that—from Welland and St. Catharines, they ran on, "We're going to come here, and we're going to talk about health care."

So it's important that you have a lot of caucus members here today because it's nice that you bring bills forward, but let's talk about what's going on in Ontario. I want to talk about what's going on in Niagara.

This week I raised an issue about my urgent care centre in Fort Erie. It used to be 24/7. This government and, quite frankly, Niagara Health—they cut the hours from 24/7 down to 10.

I had to tell a story the other day, and I'll tell you why I told it and I'm going to tell it again. There's a front-page story in the local paper today. It doesn't look good on their government. What happened is an individual, a man around—he's in his fifties. He had a heart attack. They wouldn't make it to St. Catharines and they wouldn't make it to Niagara Falls. They went to the urgent care centre. This is why it's important: They went to the urgent care centre. The doctor, the nurses and the support staff saved that man's life. If it wasn't for that urgent care centre, he'd be dead.

I'm saying to you very clearly: Is a life in Fort Erie not as important as a life in Minden or not as important as a life in Ottawa? That's why urgent care centres are important, because they provide care for people in that region. In Fort Erie, 50% of the people are over 55 years old—very little public transit. The highway goes down a road; in the winter, it's blocked quite regularly. That's why health care has become the number one issue.

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When I listen to this government and what we saw this week, some of the things that have come out this week, you're spending $10 billion—with a B—on agency nurses. The health minister, to her credit, tries to defend it, but what she said is, "Well, a nurse is a nurse is a nurse." That's not the issue. The issue is that 50% of the money that's going to agency nurses is going to CEOs, their corporations and their shareholders. That's what the issue is. And then, that $10 billion—and I'd like some of them to pay attention. I paid attention while you guys all spoke. Somebody should pay attention because this is important.

We could take that $10 billion, not give it to agency nurses, and we could put it back into a publicly funded, publicly delivered health care system, which would mean that Minden could stay open, their urgent care centre; Fort Erie's urgent care centre could open; Port Colborne could stay open; the Welland Hospital could be opened again. That's what we should be doing with the billions and billions of dollars that go into private care.

I'm trying to convince you guys, because my issue is nobody should die in the province of Ontario, the richest province, quite frankly, in the country because we're closing ERs, because we're closing hospitals. That shouldn't happen. We should be investing money in these ERs. And I'm going to continue to stand up and talk about that.

You're going to see, tomorrow. We have a health rally here. You know, there's people who are getting up and are going to drive here for eight hours tomorrow because their urgent care centre or their emergency room has been closed. They're going to get up at 3 or 4 o'clock in the morning and they're going to get on a bus—hopefully it's not a yellow bus, because we know yellow buses don't have washrooms, and a lot of the people are probably over 55, and we all know what happens when you're over 55. Unfortunately, it happens. Clarkie should know that.

But think about that. They care so much about health care that they're going to get up in the middle of the night to come here. They're not coming here to see Wayne Gates, they're coming here to see all of us, and they're saying a message: "We want our health care protected. We want to make sure that when I need health care, I can get it in my community, that it's not privatized." That's not asking too much, quite frankly, is it?

I ask my colleagues who are over there, and I appreciate that some of them are now listening, because they can think about their parents or their grandparents that are needing in an emergency room—you go there and he's had a heart attack or she's had a heart attack, or they've got diabetes and they're having an attack. You want to know, when you go to that emergency room, that you're not going to sit there for 14, 16, 18 or 19 hours. We all want that, and if you don't, we're in the wrong game here.

There's nothing worse than going to an emergency room in pain and there's not enough resources in there to be taking care of you. I'm saying the reason why the resources aren't there, and I'm going to say it again—because there's nothing in your bill. There's nothing in your bill that says that you're going to protect a publicly funded, publicly delivered health care system, nothing. I can't find it anywhere here. I'm not saying whether we're voting for it or voting against it, but I'm telling you what you need to do is a publicly funded, publicly delivered health care system so we make sure that Minden's hospital stays open, Fort Erie stays open, Port Colborne stays open.

It just bothers me to no end that we're spending money unnecessarily on agency nurses when we can put that back into a public system.

And it's $10 billion. I was shocked by that number, I'll be honest with you—$10 billion. I remember, going back 11 years ago, when I first got elected here, if you talked about millions of dollars, that sounded like a lot of money. Some of you guys might not be as old as me. There was a song, "If I Had $1,000,000." Do you remember that song? How many remember that? Put your hand up. Do you remember that? Yes, see, there are a few people old like me. Well, actually, that young guy put his hand up too. But my point is, we're spending billions. I can't even comprehend how much money that is. Let's take that money and put it back into publicly funded health care.

I did mention some of this stuff, so I should get into my speech. How much time have I got left? Can I go the full 10 more minutes? Are you okay with that? Good.

Hon. Doug Downey: Do we get to vote on that?

MPP Wayne Gates: I'll ask you guys: Is it okay?

Listen, I'm going to stay on Niagara the most I can, because that's who I represent; I've been doing it for a long time. And this is shocking—I'll talk about Ontario quick, and then I'll get into Niagara—we have 2.4 million people in the province of Ontario with no family doctor—no family doctor. Think about that.

Interjections.

MPP Wayne Gates: You know what? I don't even want to get into who's to blame, quite frankly. We've offered solutions; you voted them down. The big one was—my colleague from Kitchener talked about it. We said—in a motion, I believe it was; it might have been a bill, but I think it was a motion—"Here's the problem with doctors today: They're spending 20 hours a day doing admin work." And we put forward a motion that said, "You know what? Here's what we should do. We should hire people to do the administration work and let that doctor do what he was trained to do, and that's to take care of the patients." Does anybody remember what happened to that? I think the Liberals supported it, the Greens supported it, the independent. Who didn't vote for it? I'm looking at you across the road. That was a mistake.

So there are solutions to free up doctors' time. But in Niagara, we're short 106 family doctors—106. Some 11,000 people in Fort Erie don't have a family doctor. I'll get back on urgent care, because here's another example: When you don't have a family doctor, where do you go? In most cases, you go to an urgent care centre. But what do you do if the urgent care centre has had its hours reduced from 24/7 down to 10 hours a day? You go to the emergency room, and all you do is what? You tie up that emergency room.

The AG report—and this is important too, and I'm hoping at least some of you guys are listening to this because it's important. The AG report was very clear—nothing to hide in it; it was very clear—we've got a crisis in our ERs. Nobody should be waiting 12, 14, 16, 18, 20 hours in the emergency room, in particular in a hallway or in a janitor's room.

Here's what the AG report said: "You know what you should be doing? Instead of giving that $10 billion to agency nurses so corporations can make money, CEOs can make money, the shareholders can make money, take that $10 billion and reinvest it back into urgent care centres across the province of Ontario." Because you know what that urgent care centre is going to do? It's going to see people that are sick in the urgent care centre instead of in your emergency room. That frees up the emergency room, gets rid of some of the backlog and keeps the urgent care centre seeing people that need some form of medical but they don't really need to go to the emergency room.

Now, does that make sense? Absolutely it does. Why hasn't the government done it? The report was clear and said it's an easy, great solution. I don't understand why we haven't done it.

This is the other thing that I want to get out. I'll read some of this stuff, but I don't like to read too often. Niagara has the third-highest proportion of seniors in Canada. That's my riding. And by the way, somebody mentioned Minden being beautiful. I'm just going to say Ontario is beautiful. It's by far the best province in the country. But we have the third-highest in Canada and well above the average rates of chronic diseases: diabetes, asthma, COPD, heart disease—a lot of heart disease seems to be in Ontario. Families are scrambling to find care. Walk-in clinics and emergency rooms are overwhelmed.

Ontario Health reports Niagara ER waits of 27 hours. Listen to this—this is an Ontario Health report—Niagara ER waits of 27 hours in St. Catharines, 39 hours in Niagara Falls and 59 hours in Welland to be admitted from the ER. None of these meet—anybody know? Help me out here. You want to yell it out? What is our target to be admitted from the ER into a bed? Anybody know? It's your bill. Anybody know? Anybody want to yell it out? We're seeing 59 hours in Welland. Do you know what it is in the province of Ontario, what is supposed to be the target? Mr. Speaker, maybe you can help me? Eight hours. Think about that: eight hours—59 hours in Welland.

People are sitting there in incredible pain because our hospitals are understaffed and over capacity. Patients who relied on their family doctors for urgent interventions are now forced into hospital emergency departments.

2120

I'm going to get back into Douglas Memorial again. I'm going to keep talking about that. Those people in Fort Erie are getting on the bus tomorrow morning. For even my own members that might not know, they're leaving at 5:30 and they're driving here tomorrow. Hopefully when we talk about them tomorrow, maybe you can give them a big round of applause for fighting for health care.

Douglas Memorial Hospital in Fort Erie is a huge part of this story. Its overnight urgent care centre has been shut down. Now it only runs from 10 a.m. to 8 p.m. It used to run seven days a week, 24/7. The argument is that the new hospital in Niagara Falls is going to fix everything. That hospital doesn't open until 2028. We know with tariffs and the taxes that are going on, we are having a lot of problems with labour and we're having a lot of problems with material as well.

I met families in Fort Erie during the campaign—not bragging a bit, but I won every single poll in Fort Erie; I just wanted to mention that. They're scared and, quite frankly, they're angry. Seniors and parents with sick kids have to travel far late at night or wait until the morning in incredible pain. In a lot of cases, it's seniors that are waiting. How many know—I know some you guys aren't paying attention. Some of our seniors are well over 80, they don't drive, they have no way to get to the hospital, they're not going to call their family members, so they stay there all night in pain. It's just wrong what we're doing to our seniors. They deserve—I'm going to say this again—they deserve urgent care now, but the Ford government has said no, and you've said no for a number of years. It makes no sense. The Fort Erie residents have strongly disagreed with the decision to cut overnight care.

Meanwhile, the Ford government pats itself on the back with photo ops instead of fixing our health care. The truth is—and this is important; a lot of people don't realize this, and I was surprised at this stat as well—Ontario spends the least amount on health care of any province in the country. Does anybody know who the richest province is in the country? It's Ontario. Yet we spend the least amount—just $4,889 per person on health care. That's $876 below the next lowest province. No wonder our Niagara hospitals are on the brink and obviously other facilities are in trouble.

Here's the other problem that we have. Because they have been underfunded—and you know they're underfunded—I think the underfunding is going to be, over the next five years, around $21.1 billion. Niagara Health alone is running a $9.5-million deficit. A recent report shows Ontario has 18% fewer hospital staff per capita than the rest of Canada. So not only are we in a crisis; we have less staff. The result, Mr. Speaker—I know you're listening intently—is hallways full of patients and ambulances outside.

That's a whole other area. There isn't anybody in here who doesn't know that our ambulances are sitting at our hospitals waiting five, six hours to unload their patients. It's going across every single hospital here. In Toronto, we've had—I think they call them code blacks here, which means that there's not an ambulance available in the entire Toronto area. It happens on a regular basis. It happens the same in Niagara. So that's a really big issue.

I want to make sure that we thank our nurses, our doctors and our EMS for what they're doing under incredibly bad things.

What happens when you starve hospitals of funds? Equipment and beds sit idle, wards close, staff get burned out. I'm going to finish with that because I've only got a

few seconds left. You can't continue to say that you support health care workers when none of you would stand up and say it was a mistake to bring in Bill 124, an attack on nurses and health care workers, education workers. Bill 124—we lost a lot of nurses during that period of time, during COVID, and it was all about no respect. You didn't show any respect to them. You know they were forced to take a 1% total paid compensation at a time when the inflation during COVID was running at 7%. And you're trying to say that you support nurses; you support health care workers. That's not accurate.

I do appreciate you allowing me to talk about a number of issues.

The Acting Speaker (Mr. Brian Saunderson): Questions?

M^me^ Dawn Gallagher Murphy: Thank you to the member from Niagara Falls for his presentation.

Before I get into my question, I do want to note—you made a couple of comments there. I can't speak specifically for the Niagara region. I can tell you, in York region we maintain less than 30 minutes in transfer times, and that is because of our government's investment in the Dedicated Offload Nurses Program, which York region has made great use of. Right now, they are under 30 minutes, when they transfer patients to the hospital.

Another example is in the Hamilton area. I know they have great off-load times, as well, at their hospitals. I know that if you're having a heart attack, you get service right away at a hospital in Hamilton. I have knowledge of that, through a brother of mine.

Anyway, we are working closely with community-based health care providers, and part of this—

The Acting Speaker (Mr. Brian Saunderson): Response?

MPP Wayne Gates: Well, I appreciate you saying that, but I'll talk about Niagara. I can tell you, in Niagara we have a problem with our off-load—terrible, terrible problem—to a point that if you're having a heart attack in Fort Erie, sometimes they have to send an ambulance driver from St. Catharines or Grimsby, because they're so understaffed. We all know that if you're having a heart attack or a stroke, the first few minutes are the most important—and that's not happening. So we have lots of issues around EMS. I didn't get into EMS, but I can tell you, the off-load—I can go by any time at that hospital—in the middle of the day, there are six or seven ambulances that are sitting outside the emergency rooms, whether it's in St. Catherines or whether it's in Niagara Falls.

The Acting Speaker (Mr. Brian Saunderson): Questions?

Ms. Catherine Fife: I want to reference the Bill 124 commentary from the member from Niagara, because I don't think that the province of Ontario has ever seen a piece of legislation which has caused such damage to the health care system in Ontario. Bill 124 chilled out, caused great out-migration, and really just exhausted the very people we were depending on.

One of those people, actually, is my daughter-in-law, who was a NICU nurse at a local hospital in Waterloo region. NICU nurses are very specialized. You're dealing with babies that are as big as—like, one-pound babies, right? She's no longer in that system because agency nurses kept coming into the intensive care unit, and they would not offer her a full-time contract position.

We're losing talented health care professionals in Ontario because of your legislation. We need to learn from this. I'd like the member from Niagara to please comment on how important it is to get this right.

MPP Wayne Gates: Yes, I agree 100%. Whether the government wants to admit it or not, we haven't recovered from the harm that Bill 124 has done in our health care system. We lost a lot of good, quality nurses during that period of time. I can tell you, I had phone calls at 6 o'clock in the morning, when they were sitting outside the hospital to go in, crying because of the lack of respect they were getting during COVID and the lack of respect that the government was showing them, defending Bill 124.

Not one of those members who are here tonight has ever once stood up and said, "What we did with Bill 124 was wrong." The nurses and the health care professionals deserve better. They should have got better—

The Acting Speaker (Mr. Brian Saunderson): Response?

MPP Wayne Gates: Unfortunately, they didn't.

The Acting Speaker (Mr. Brian Saunderson): Question?

M^me^ Dawn Gallagher Murphy: As part of this bill, as I was noting, we are working with community health organizations to optimize clinic resources and improve the overall care coordination. To that point, we're trying to leverage the local expertise because they know their local area the best. That being the case, when we work closely with community-based health care providers, we anticipate that we will address the disparities in access and ensure that vulnerable populations receive the adequate medical support they need and they deserve.

My question to the member from Niagara Falls is: Can you explain why you would be opposed to this?

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MPP Wayne Gates: Listen, I'm going to be clear with you and with your entire team: People deserve health care in the community that they live in, when they need it and where they need it. What I'm saying through this whole 20-minute presentation and through these 10 minutes of questions is that I believe people that live in Fort Erie, Crystal Beach, Ridgeway, Port Colborne, Welland deserve to be treated the same way as anybody else—that they can go to their urgent care centre.

We should not be cutting hours in Port Colborne and Fort Erie, as people's lives are being in jeopardy by doing that. What I'm saying is, don't be spending $10 billion on agency nurses. Let's reinvest it into our urgent care centres so we can alleviate the problem that we have in our ERs with wait times. That's a big issue, including EMS.

The Acting Speaker (Mr. Brian Saunderson): Question?

Ms. Peggy Sattler: Thank you to my colleague from Niagara Falls.

The member talked about the importance of publicly funded health care and the concern that has been raised that this bill does not include a definite commitment from this government that they will ensure that health care is not only publicly funded, but also publicly delivered. I wondered if the member wanted to elaborate a bit about why it's so important to ensure that health care is publicly delivered.

MPP Wayne Gates: Listen, there's nothing more important than health care. And I said this when—I still am the long-term-care critic. Every single dollar should go to care, and when you're taking your tax dollars and giving it to a corporation or to a CEO or, as we all know, some people that used to be Premiers, getting $250,000—every single dollar should go to care. That's what our tax dollars should go to.

The problem that we have is, corporations know that there's billions—and I'm talking billions, not tens of billions—billions and billions and billions of dollars in the health care sector. They've been trying to get their hands on that money for a long, long time. It looks to me that they might have found a government in the Conservative government that believes in private health care. It's a mistake. Every single dollar should go into public care. And the example I'll use—

The Acting Speaker (Mr. Brian Saunderson): Response?

MPP Wayne Gates: I'll wait. Maybe somebody will ask me another question and I'll answer.

The Acting Speaker (Mr. Brian Saunderson): Question?

Mme Dawn Gallagher Murphy: I'll ask you another question, to the member from Niagara Falls.

Our approach to primary care reform is reflecting broader trends in the Canadian health care system, where provinces are actually working to improve accessibility and efficiency. Now, by focusing on teaching clinics, creating more integrated health care teams and increasing physician training, we are moving ourselves in a direction of a very innovative, forward-thinking plan for this province—one that is more equitable and sustainable, a medical system that prioritizes patients' needs.

So my question to the member is, by our commitment to Ontarians, by doing this training—how could you potentially oppose that?

MPP Wayne Gates: I'm going to talk about where I can prove about for-profit. In long-term care, when 6,000 people died during COVID, 78% of them died in for-profit homes. We saw that the military had to be called in, in those same long-term-care homes. We know that they had people dying from dehydration. We know that people weren't getting their pills, because the military did the report.

And I want to say to the member that just came in—he hasn't been here; we've been here for three and a half hours—nice to see you show up.

Mr. Dave Smith: Point of order.

The Acting Speaker (Ms. Laurie Scott): The member from Peterborough–Kawartha has a point of order.

Mr. Dave Smith: You're not allowed [*inaudible*] for being in the chamber or not at any time.

The Acting Speaker (Ms. Laurie Scott): The member for Peterborough–Kawartha is correct.

The member for Niagara.

MPP Wayne Gates: The member that just got here—

Mr. Dave Smith: You're not allowed to make reference to a member not being in the chamber.

Interjections.

The Acting Speaker (Ms. Laurie Scott): Okay, member for Peterborough–Kawartha.

Can you just resume your response on the bill?

Interjections.

The Acting Speaker (Ms. Laurie Scott): Okay, never mind; it's over.

Further debate?

Mr. Rob Cerjanec: What time are we at? We're at 9:35. Let's see; we're here, right?

Interjections.

Mr. Rob Cerjanec: We can do it this way instead. This might be more fun, right?

The Acting Speaker (Ms. Laurie Scott): The member from Ajax, you can begin.

Mr. Rob Cerjanec: Speaker, through you, thank you. I rise today to speak to Bill 13, the Primary Care Act. At its core, the legislation lays out six broad objectives for our primary care system: that it be province-wide, connected, convenient, inclusive, empowering and responsive. Now, these are solid ideas. In fact, I think they reflect much of what Ontarians already believe primary care should be. But let's be clear: The bill doesn't create enforceable rights, doesn't guarantee services and does not launch any new programs. It tells Ontarians what they should be able to expect, but it offers no assurances how they will actually receive it.

The government has promoted this bill as kind of a first-in-Canada initiative. It largely codifies existing policy language—so, language that already appears in ministry documents, health strategies and previous press releases.

That said, I'm glad to see support for the Canada Health Act reaffirmed in the preamble. That's a good signal. In this bill, in this current form, it's largely declarative rather than directive, though.

Once again, we see legislation from this government that sounds good on paper but does very little in practice. The objectives are aspirational. They're worthy goals; there's no requirement to meet them. There's no timelines, no dedicated funding, no mechanisms for enforcement or accountability. Ontarians are told what to expect, but there's no guarantee that they'll actually get it—a document that describes a vision that is not the same thing as a plan, and a plan is not a promise unless it's backed by action.

It's good news that they recruited a Liberal in Jane Philpott to help them with this—I'll applaud them on that—and now maybe the regulations that follow will be meaningful. Maybe they'll offer clarity or teeth. But given this government's track record, it's hard to have faith that real operational change is on the horizon.

The bill seems designed more for headlines than health care outcomes. It's symbolic, a legislative gesture without enforcement. There's no legal obligation for the government to meet the objectives that it sets for itself. Yes, annual reports are required, but a report alone doesn't deliver care. A report alone doesn't shorten wait times. It doesn't add providers to underserviced areas. But there's no independent oversight, no accountability mechanisms, no consequences for failure. In short, there is no operational machinery behind the aspirations in the bill.

Now, I'm hearing government members speak about encouraging all parties to support the bill. I hope, as the committee process progresses, that this government will also work with opposition and support opposition amendments that make the bill better and stronger.

Let's speak plainly about what's happening on the ground: Today, nearly two million Ontarians are without a family doctor or a care team. That's almost one in seven people. During the campaign, I heard from countless constituents, people who either had no primary care provider at all or they were hanging on to a doctor that they had back in a different part of the GTA because they were afraid they'd lose them if they moved. So they would travel back to where they originally lived in order to access primary care.

About a year ago, I was fortunate that when my own family doctor retired—I would note that he had been practising for over 50 years and still continues, actually, in a limited way today, which is phenomenal—he went out of his way to look for and find a young family doctor who had just graduated to take over his practice. I know myself and the 500 or 600 other people who were rostered with my family doctor are very grateful for that. They didn't have to go through the scramble of looking for another family doctor.

Now, I know the members in this House are well aware that rural and northern communities are particularly hard hit. The current system is failing communities in need. This bill, again, does nothing to expand provider capacity, address regional disparities and reduce growing wait-times for basic care. The crisis is real; it's urgent. The bill names a crisis, but it doesn't resolve it.

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In my own riding of Ajax, we don't have a family health team in the town. That's right: There's no funded team-based model in place for a community as large and as fast-growing as Ajax. Our residents deserve access to the same quality of care as other parts of Ontario that might be more established, but yet again we've been left out. This is an opportunity, I do think, to enhance care, and I hope they'll do that in the months and years ahead.

Now, there's no solutions in this bill to address the family physician shortage, none, but if the government is looking for ideas, I'd encourage them to take a page out of the Ontario Liberal platform, where we laid out some real solutions during the campaign:

—to deliver team-based care with evening and weekend hours, integrated home care for seniors and accessible mental health care for children and youth;

—to accelerate the Practice Ready Ontario Program to integrate over 1,200 internationally trained doctors over the next four years, matching and hopefully surpassing Alberta and BC—this is really long overdue;

—to eliminate outdated technology like fax machines—yes, still fax machines; myself, I don't think I've used a fax machine in probably my entire life—build out centralized referral systems and create interoperable electronic medical records so our doctors and nurses can focus on patients, not paperwork; and

—yes, incentivize doctors to work in rural and northern Ontario and mentor the next generation so that we don't repeat this shortage 10 years from now.

Now, I've often wondered, and not just recently but more than 20 years before formally being involved in party politics, about why the province and the country did not tap into the incredible potential of internationally trained professionals who want to come here and practise, individuals who were permitted to come here because they were doctors in another country, and I'm glad to see movement now with the Practice Ready Ontario Program, and I hope the government will build on it with real urgency. No party or person should have a monopoly on a good idea, and I think this would be a good thing if they do get it right and accelerate it over the next four years. Our future generations, my nieces and nephews, would definitely thank us for that.

There's a growing body of evidence showing that team-based primary care leads to better outcomes, especially for complex or chronic conditions, yet the bill doesn't mandate the expansion of family health teams, the funding of nurse practitioner-led clinics and investment in interdisciplinary care models. Hopefully, we'll see more of that in the budget coming up.

What we needed was legislation tied to workforce planning and retention. The bill operates in a vacuum, completely disconnected from the staffing and resourcing realities of the broader health system. We should be aiming for integrated care, not fragmented vision statements, and we should be treating our health care workers with the utmost respect, unlike the previous Bill 124, which harmed our health care system and devalued nurses. Our government shouldn't be focusing on one aspect but working to improve the system for our workers who take care of us when we need it the most.

Our nurses and personal support workers are important parts of our health care system. They participate in team-based care. They work in our hospitals, in our long-term-care facilities and in home care, but they aren't treated with respect, and a lot of trust has been broken. I heard that quite frequently whenever I encountered a nurse at the door.

As more people are making their first contact with health care through emergency departments, we need to ensure that our health care workers in hospitals are also well supported. It's my hope that we can reverse this trend, but Ontario's health care staffing crisis is real, but privatization by stealth is not the solution.

This government has shown a willingness to limit the wages of nurses while across the province hospitals are increasingly turning to private, for-profit staffing agencies to fill critical nursing gaps. This overreliance comes at a steep cost: Agencies charge substantially more to hire full-time nurses directly. Meanwhile, public health care workers continue to struggle with poor wages, burnout and lack of support. This model doesn't solve the problem; it makes it worse. It drains hospital budgets, undermines team stability and pushes more nurses out of the public system and, in some ways, out of the health care system entirely.

So instead of investing in public care teams, the government is quietly outsourcing staffing to private brokers. What our system needs is investment in people, not contracts. We need to support, respect and retain nurses and health care workers by providing fair pay, safe working conditions and full-time roles in the public system. Agency staffing is a symptom of government neglect, not a cure. The path forward is clear: strengthen public care; don't privatize it through the back door.

Now let's talk about equity. The bill affirms a commitment to equity, but that commitment lives in the preamble, not in the operational provisions of the act. There's no strategy for racialized, Indigenous or marginalized communities; no plan to remove language, mobility or access barriers; no attention to disability, income status or culturally specific care. Equity must be embedded in the system design, not just sprinkled in the rhetoric.

I hope the government will take these steps and work to mirror the good work that Durham Community Health Centre is doing with their Black Health and Wellness clinic. They're offering full-spectrum primary care support and culturally affirming care, whether for things like routine checkups, preventative care or support for specific health concerns. Their clinic is there to ensure that their patients receive compassionate and respectful care that acknowledges and honours their cultural identity. That's the kind of care model that I think we should be scaling, and I hope the government takes notice and advances that.

The bill requires the minister to publish an annual report. That's fine. The report will include attachment rates: how many Ontarians have a primary care provider. That's pretty useful data. But there are no targets, no expectations, no requirements to act on the findings. Reporting without action is not accountability; it's just paperwork.

Speaker, I would like to be fair. I will support this bill for second reading because the objectives are sound—

Interjections.

Mr. Rob Cerjanec: Thank you—and because access to primary care is foundational to our health system. But the bill is still a first step, and a first step is still a step, so that's pretty good. But it's far from sufficient at the end of the day. What we need now is action, real investment, system planning and leadership that prioritizes delivery over description. It's starting to get late, folks.

I hope that this government will collaborate with those in the House who have real front-line health care experience. Our Ontario Liberal caucus includes health care professionals, advocates, community leaders, a former hospital CEO, a front-line nurse, a front-line physician. Our caucus is ready to work with this government to improve access, reduce disparities and deliver care that Ontarians deserve. I know my colleagues are quite sincere in their belief on doing that, and I know that they ran for public office to make life better, even if we aren't on the government benches. But make no mistake, we'll also hold you to your promises.

The Acting Speaker (Ms. Laurie Scott): Questions and comments?

Mr. Matthew Rae: Thank you to the member from Ajax for his remarks this evening. I know the member is new to this place, so he will have an opportunity to vote on the provincial budget which will be tabled later this week, colleagues. I know in the last provincial budget there was significant investment to expand primary care teams across Ontario: $120 million. The Minister of Health has recently opened a new application window with additional funds to connect more people to primary health in rural, northern and urban ridings. If there is an application from Ajax, will the member support a budget that is going to support those connections in his own riding?

Mr. Rob Cerjanec: I think first we have to see the budget, quite frankly, at the end of the day. We've got to see the budget. I'm not going to vote blindly on whatever is here, and I think it's important that we are reading the acts that are coming forward and understanding, at least to some degree, what the implications are. So let's see what the budget says, I say to the member on the other side.

The Acting Speaker (Ms. Laurie Scott): Questions?

Ms. Chandra Pasma: Thank you to the member for Ajax for your remarks, and welcome to the Legislature.

This bill lays out six objectives for health care, but the most striking absence is that it doesn't include publicly delivered health care. We've seen example after example of this government making ideological decisions about health care that, rather than expanding access, actually see public dollars going into the pockets of private, for-profit providers who are looking for ways to profit off of our health care system, including the millions that are going to Shoppers Drug Mart MedsChecks that are deliberately being done to profit off of the system.

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Does the member agree that a government that actually wanted to protect access to health care and ensure that the public taxpayer dollars that are being spent on health care are actually going to health care would also include public delivery of health care in Ontario?

Mr. Rob Cerjanec: Our public health care system is really, I would say, a hallmark of our society. It kind of defines us, in some ways—what we are as Canadians. So publicly funded, publicly delivered—absolutely, it should be. We're seeing that backwards slide right now, and that's something that I know, to me, is very concerning. And I

know many of my constituents, especially those that work in the health care sector, are also extremely concerned about that. I heard it over the course of the campaign and I heard it after, and I'm engaging with folks right now who want to play an active role within their community as part of a publicly funded and publicly delivered health care system here in the province of Ontario.

The Acting Speaker (Ms. Laurie Scott): Questions?

Mr. Matthew Rae: To my colleague from Ajax: Again, thank you for your remarks this evening. My question to the member opposite is, obviously there's been a lot of investment around attracting and retaining nurses in primary care and in our hospital system: the Learn and Stay grant, which has been mentioned this evening as well, and those important investments in those health care systems. Will the member support initiatives like that moving forward to continue to increase publicly funded health care? We have increased it by 30% since 2018—$85 billion in the last provincial budget. I'm sure it's going to be more in this provincial budget—just my prediction, Speaker.

Mr. Rob Cerjanec: I feel that was a supplemental question during question period coming back the other way. Ultimately, at the end of the day, again, we'll need to see what's in the budget. But I think all members in this House support increased funding for health care. Sometimes we know in some legislation or budgets there are poison pills, or there's really a different direction of where the government overall is going. But again, I think all members in this House—and I would dare anyone to challenge me on that—support the expansion of health care services in this province. I think it's the way in which it's done sometimes. I think the devil is in the details, so to say. So let's see.

The Acting Speaker (Ms. Laurie Scott): Questions?

Ms. Catherine Fife: To the member from Ajax: I think that he highlighted a lot of concerns many of us feel about this particular piece of legislation. I would say, though, the goals of the legislation are laudable. We need to get health care right. The inflationary costs associated with the health care file are undisputed. I guess my very simple question to the member from Ajax is, how ridiculous do you think it is for the government to ask you to support a budget that you haven't seen and that has a very questionable history and track record on the health care file?

Mr. Rob Cerjanec: I think some of my other colleagues in the House articulated where our caucus is going on this piece of legislation itself. I do find the questions sometimes in this House a little bit almost amusing in some ways. Because you voted against a budget, for example, now you don't support anything that took place in it because it's one government and the opposition. I don't know. I think the public, frankly, doesn't buy that kind of stuff. As I was saying before, I think every member in this House supports increased health care funding, supports more family doctors within their communities and supports better outcomes for the people that we represent.

The Acting Speaker (Ms. Laurie Scott): Questions?

Mr. Joseph Racinsky: I have a very specific question for the member. As part of this bill, we're investing $300 million to expand primary care teaching clinics across the province, which are specifically designed to support northern and rural, smaller communities. Is the member going to support that investment in this bill? That's my question, thank you.

Mr. Rob Cerjanec: I don't think that investment is in this bill, quite frankly. There isn't that investment in the bill. The member might be referring to something else, or maybe the upcoming budget, or who knows? But within that bill itself, there's no funding, purse strings, attached to it.

At the end of the day, I think it goes back to again how we operate in this chamber. I'm still new here. Maybe it's late at night, so I'm being a bit more unfiltered. In some ways, it's a little amusing to say, are you going to support this dollar investment or that? I think, ultimately, we all want what's best for our communities. I think we all want better health care. I think most of us, if not all of us, have been touched by the health care system and family medicine.

I'd like to thank my family physician, who has served in the community for over 50 years, and appreciate what he had done. I think if you asked him, he'd probably just want to ensure that people get the care that they need.

The Acting Speaker (Ms. Laurie Scott): Questions?

Ms. Peggy Sattler: It was interesting to hear the member from Ajax express his support for publicly funded and publicly delivered health care. I know he's new to this place, but I wonder if he's aware of the Liberals' record on privatizing health care, of privatizing our entire home care system in this province, of privatizing long-term care. It's great to hear that they now support publicly delivered health care, but I wonder if he can explain why the Liberals have had this change of heart.

Mr. Rob Cerjanec: I think it's a good thing that the NDP is taking note of the Liberals in the chamber and the experience that our health care team brings. We have an emergency room physician. We have a former hospital CEO. We have a nurse here. And I think in this chamber, we've heard all of them speak very clearly—and I might add, two of those members, just recently elected in the new election and one that was elected in 2022. I think the members of this House have heard those members talk quite eloquently about the importance of publicly funded health care here in the province of Ontario.

We can always play this game of—back in 2003, I guess I was, what, 15 years old? We can talk about what the government was doing when I was 15 years old and in high school and working my first job at McDonald's, or we can talk about the future.

The Acting Speaker (Ms. Laurie Scott): Further debate?

Mr. Lorne Coe: It's been quite a night, discussing primary care. It really has. It's a privilege, an absolute privilege to speak to the Primary Care Act.

I'd be remiss if I didn't thank the Deputy Premier and Minister of Health, Sylvia Jones, for her strong leadership

and dedication to building a more patient-focused health care system, the health care system that we all aspire to. Isn't that correct?

I would also like to take a moment to recognize Ontario's extraordinary health care professionals. These individuals provide incredible care to patients and families each and every day. They are a cornerstone of our province and have a tremendous impact on the lives of many, and we cannot thank them enough.

Under the leadership of Premier Ford and Minister Jones, our government is increasing Ontarians' access to primary care. Primary care provided by a family doctor, nurse practitioner or primary care team is the foundation of our health care system and often, for many in our province, their first point of access to care. Primary care can help prevent trips to the emergency department or hospitalizations, protecting hospital capacity for those who need it most. It's clear that our government has taken bold and innovative action to increase access to team-based primary care, as well as providing support to all existing interprofessional primary care teams through ongoing operational funding for their facilities and supplies so they can continue to provide high-quality care to the hard-working families in Ontario, because Ontario families deserve to know that reliable primary care is there for them and their loved ones when they need it, where they need it.

2200

Last week, our government announced we're taking the next steps to protect primary care. This legislation is part of our government's primary care action plan, which will connect two million more people to publicly funded primary care in four years, and in the course of that, Speaker, achieving our government's goal of connecting everyone in Ontario to a family doctor or primary care team. This first-of-its-kind, nation-leading legislation marks a major step forward in our plan to protect our health care system. We're establishing our government's vision for a primary care system that improves access to care and empowers people with the knowledge and tools to increase their well-being.

Additionally, as part of the upcoming 2025 Ontario budget, our government is also investing up to $300 million to build up to 17 new and expanded community-based primary care teaching clinics in communities with high rates of unattachment to primary care. This brings our government's total investment in Ontario's Primary Care Action Plan to $2.1 billion. Now, Speaker, just stay with that figure: $2.1 billion.

In partnership with McMaster University, Northern Ontario School of Medicine University, Queen's University, Toronto Metropolitan University, the University of Ottawa, the University of Toronto and Western University, these clinics will train family doctors and other health care professionals, such as nurse practitioners, physician assistants and registered nurses. These clinics will combine direct patient care with hands-on learning for primary care learners, allowing approximately 300,000 additional Ontarians to be connected to primary care.

Speaker, for presentations like tonight's, when we talk about primary care, I think it's important to hear what third parties have to say. I think you'd agree, so I have a couple here that I'd like to share with my colleagues here in the Legislative Assembly.

Mohamed Lachemi—he's the president and vice-chancellor of the Toronto Metropolitan University, and he had this to say: "This is an exciting investment that will truly transform the way that Ontarians access primary care." That, in fact, is the underpinning of what we've been talking about tonight. "With our first class of medical learners starting later this year, this funding will directly support our integrated health centres, which will recruit, train, and retain family medicine physicians, while also improving access to interprofessional primary care in communities that need it most"—again, "need it most."

Dr. Paul O'Byrne and Dr. John Yoo—they're the co-chairs of the Council of Ontario Faculties of Medicine—added this: "Ontario's deans of medicine welcome this crucial investment of much needed funding to build and expand primary care teaching clinics across Ontario. These clinics will prepare our future generations of family physicians, nurse practitioners, physician assistants, nurses, and other health care professionals while providing vital primary care to Ontario's unattached patients. The deans of medicine appreciate the dedication and vision of the government to attach all Ontarians to a primary care provider."

Speaker, the Primary Care Act sets out six clear objectives for Ontario's publicly funded primary care system. It will ensure people know what they can expect when connected to primary care. Now, I know the evening is late, but it's important to state very clearly what these six objectives are:

Province-wide: Every person across the province should have the opportunity to have ongoing access to primary care clinicians or a team.

Connected: Every person should have the opportunity to receive primary care that is coordinated with existing health and social services.

Convenient: Every person should have access to timely primary care.

Inclusive: Every person should have the opportunity to receive primary care that is free from barriers and free from discrimination.

Empowered: Every person should have the opportunity to access their personal health information through a digitally integrated system that connects patients and clinicians in the circle of care.

And finally, Speaker—responsive: The primary care system should respond to the needs of the communities it serves, and everyone should have access to information about how the system is performing and, yes, adapting. That's true of any region across the province, including the region of Durham, which is the fastest-growing region in the province of Ontario.

Last year, our government announced an investment of $110 million in 2024-25 to connect up to 328,000 Ontarians to primary care teams as part of 78 new or expanded interprofessional primary care teams. As part of

this historic announcement, the Association of Family Health Teams of Ontario commented:

"We commend the government of Ontario for further investing in interprofessional team-based primary care across Ontario. These projects are going to be critical to ensure more Ontarians have access to primary care teams that can provide the wraparound services we know result in better outcomes and faster access to care. This is an important step in building upon the comprehensive programs offered throughout team-based primary care and expanding these teams as the foundation of Ontario's health care system."

To build on that progress, in the 2024 budget our government included a total investment of $546 million over three years, starting in 2024-25, to connect approximately 600,000 Ontarians to new and expanded interprofessional primary care teams.

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But, Speaker, we're not stopping there; we're not stopping there at all. This past January, our government announced an investment of more than $1.8 billion to add more than 300 new primary care health teams across the province. This unprecedented investment in primary care will connect two million more Ontarians to a publicly funded family doctor or primary care team within four years—yes, four years—closing the gap for the remaining people without a primary care provider.

Let's hear from Barbara Bailey. Barbara Bailey is the president of the Nurse Practitioners' Association of Ontario, and she had this to say: "Nurse practitioners are pleased to see the Ontario government take meaningful action to address access to primary care in the province. We are particularly encouraged by the goal of attaching two million people to primary care, many directly with" a nurse practitioner.

The head of the Ontario College of Family Physicians added: "This is great news for family physicians and Ontarians. The Ontario College of Family Physicians ... is encouraged by the quick progress made by the Ontario primary care action team, led by Dr. Jane Philpott, and today's commitment to expand access to integrated primary care teams and enhance digital tools for family physicians."

Just last month, the province launched a call for proposals to create and expand up to 80 primary care teams that will connect—Speaker, you've got to stay with this figure again—300,000 more Ontarians to a family doctor and primary care team this year. To support this call for proposals, we're investing $213 million, which is part of our $1.8-billion primary care investment.

With the introduction of the Primary Care Act, our government is taking another bold step forward. We've taken lots of bold steps, but this is a key step in building on the significant progress we've made in primary care together. This legislation, if passed, will set out objectives for Ontario's publicly funded primary care system that are in alignment with existing health care legislation and accountability structures, including service agreements.

Our government continues to engage primary care partners to inform the broader implementation of our primary care action plan. Through our Your Health plan, our government will continue to take bold and decisive action to grow the province's highly skilled health care workforce and ensure people and their families, hard-working families here in the province, have access to high-quality care closer to home for generations to come.

With our investment of up to $300 million to support 17 primary care teaching clinics, this will train and grow the supply of new family doctors and other health care professionals, helping support the expansion of primary care capacity and higher-quality patient care in Ontario.

As part of our latest investment, up to $60 million in funding this year will support the early capital planning for new and expanded primary care teaching clinics, as well as supporting the operation of Toronto Metropolitan University's two primary care teaching clinics at its new medical school in Brampton.

Interjections.

Mr. Lorne Coe: Yes.

Starting in July 2025, Toronto Metropolitan University will add the first of its 95 undergraduate education seats and its 117 postgraduate seats, with 70 in family medicine.

Ontario currently has 39 teaching clinics across the province where medical residents train to become family doctors. Family medicine residents typically spend up to two years training at a teaching clinic before graduation. This builds on the largest medical school education expansion in more than a decade by adding 340 seats for family medicine by 2028-29, representing a 67% increase.

This means continuing to address the administrative burden they face by supporting the use of digital tools.

Now it's estimated that our total investment will enable the connection of an additional 1.3 million people to primary care.

Our government also continues to create new pathways to connect more people to primary care through the Practice Ready Ontario Program as well going forward.

We've seen the number of nurse practitioners registered in Ontario grow by 40% as well.

I see I'm approaching the end of my time. I'm not finished yet. Speaker, primary care will continue to be the front door to our health care system, and the Primary Care Act is one more way our government is building on progress in health care and getting it done for the people of Ontario.

Interjections.

The Acting Speaker (Ms. Laurie Scott): Thank you.

I recognize the member from Ottawa Centre.

MPP Catherine McKenney: Well, I don't know how I question that, but I will attempt.

A similar question that I asked the member from Don Valley East: You talk about two million—we'll see—reaching that target. But we also know that the Ontario Medical Association estimates that the number of people in this province without a primary care provider will climb to 4.4 million by 2026. I just wonder if you could explain how that gap will be filled.

Mr. Lorne Coe: I'm glad you asked that question. I really am.

For many years under the Liberal government—supported by the NDP—our health care system experienced significant neglect, leaving too many people, including those who live in my riding of Whitby and other ridings across the region of Durham, without the care they need when they need it. Since forming government, we made it a priority to reverse that trend by investing in primary care and making sure Ontarians are connected to a family doctor or primary care provider. And I've talked about those investments; they're in the billions of dollars.

The Liberals did nothing, supported by the NDP. These investments are helping to strengthen our health care system, reduce pressure on emergency rooms and, Speaker, improve health care outcomes across the province.

As we continue to build a more connected and accessible system, we're going to get it done.

The Acting Speaker (Ms. Laurie Scott): Pursuant to standing order 50(c), I am now required to interrupt the proceedings and announce that there have been six and a half hours of debate on the motion for second reading of this bill. This debate will therefore be deemed adjourned unless the government House leader directs the debate to continue.

Mr. Steve Clark: Speaker, please adjourn the debate.

Second reading debate deemed adjourned.

The Acting Speaker (Ms. Laurie Scott): Orders of the day?

Mr. Steve Clark: No further business.

The Acting Speaker (Ms. Laurie Scott): Seeing no further business, this House stands adjourned until 9 a.m. tomorrow morning.

The House adjourned at 2221.

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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	