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of Ontario



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Mercredi
14 mai 2025

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Présidente : L'honorable Donna Skelly
Greffier : Trevor Day

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LEGISLATIVE ASSEMBLY OF ONTARIO

Wednesday 14 May 2025

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mercredi 14 mai 2025

The House met at 0900.

The Speaker (Hon. Donna Skelly): Good morning, everyone, including our little ones.

Prayers.

ORDERS OF THE DAY

MUNICIPAL ACCOUNTABILITY ACT, 2025

LOI DE 2025 SUR LA RESPONSABILITÉ AU NIVEAU MUNICIPAL

Mr. Flack moved second reading of the following bill:

Bill 9, An Act to amend the City of Toronto Act, 2006 and the Municipal Act, 2001 in relation to codes of conduct / Projet de loi 9, Loi modifiant la Loi de 2006 sur la cité de Toronto et la Loi de 2001 sur les municipalités en ce qui concerne les codes de déontologie.

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

Hon. Rob Flack: We're here today to talk about something very important to the people of Ontario that we have heard for many, many years: consistent and accountable municipal governance. I'll be sharing the floor alongside the Associate Minister of Municipal Affairs and Housing and the parliamentary assistant, Laura Smith.

Accountability has been something near and dear to me and my career my entire life. Clear, ethical standards and processes and consistency across the province is the foundation of good governance. It is the foundation for safe, respectful and productive municipal workplaces. For too long, Ontario has been guided by a fragmented system of accountability for local elected officials, with all 444 municipalities abiding by their own code of conduct and integrity commissioner process. This is not sustainable, nor does it work in the best interest of the public. Municipalities realize this and have long advocated for change. A standardized municipal code of conduct has been a top request from many municipalities in Ontario for many, many years. Our government is answering that call. We're answering their call.

I would like to thank my predecessors in the Ministry of Municipal Affairs and Housing—Paul Calandra and our now hard-working government House leader Steve Clark—for their hard work and diligence to move this file forward and make this day possible.

I would also like to thank the staff and public service leaders in our ministry for their expertise and collaboration

in getting us to where we are today. Most of all, however, I need to give credit to our municipal partners for their extensive contributions—and I mean extensive—to this initiative and high level of engagement. This includes AMO, the Association of Municipalities of Ontario, as well as:

—the Association of Municipal Managers, Clerks and Treasurers of Ontario;

—the eastern and western wardens' caucuses;

—the Northwestern Ontario Municipal Association;

—the Federation of Northern Ontario Municipalities;

—the Rural Ontario Municipal Association;

—Ontario's Big City Mayors; and

—Ontario's small urban mayors.

It's a substantial list, and that is because it is a substantial issue that has challenged municipalities and this province for many years.

Our 444 municipalities have a shared goal of being accountable to their community members and creating a work environment that is safe, respectful and free of harassment—and we are supporting them in this initiative.

I think the importance of this legislation can be summed up through one phrase, which is credited to Voltaire, but was made popular through the movie Superman—

Interjection.

Hon. Rob Flack: —sorry, Spider-Man—and I'm sure we've all watched—"With great power comes great responsibility." Yes, honourable member, I screwed up, but we got it right: Spider-Man.

And unfortunately, we have had instances in the past where leaders do not use their power in an ethical and responsible way, as befits their position or their office. The result is bad actors, and that is unacceptable. For far too long, there's been no recourse available in extenuating circumstances such as this, where leaders are using the power they hold for self-interest, resulting in hostile and ineffective workplaces.

I'm sure we have all experienced working in an environment such as this. Speaker, in my career, I experienced it in leadership positions, and I can tell you that I dealt with these unfortunate situations thoroughly, respectfully and expediently. I always had a saying: "Be ruthless in the decision and compassionate in the execution." But you have to get rid of the bad that's resulting in hurt throughout the whole organization, and it boils down to accountability, which again is key to this entire bill.

Keeping bad actors on the payroll has negative consequences for the entire employment population, not only in the public sector but in the private sector, and it has to be dealt with, as I said earlier, expediently. It causes high

turnover, it's demotivating, and it interferes with productivity and output in the workplace. Waiting to deal with bad actors is one of the toughest HR issues you have, again both publicly and privately, but you have to deal with it and deal with it immediately because the long-term negative consequences on any organization can be very, very detrimental. That is why we're taking action to change this and change this through this legislation.

Over the last number of weeks, since stepping into this role, I've had the great honour and pleasure of meeting with many figures from municipal governments—many leaders, mayors, councillors—throughout the province. The vast majority of these mayors and councillors are there because they want to bring public service excellence to their constituents, hopefully like all of us here today. They're motivated to better their communities in substantial ways, and they want to have clear governance rules in place and recourse available in the rare cases—and I repeat, rare—when people do act in bad faith so they can maintain public trust in these municipal systems and institutions and continue building vibrant communities which they serve. We support their aspirations. As an elected official—all of us—I know how important it is to have clear, ethical guidelines.

Our government has been recently re-elected with a strong mandate to protect Ontario during a time of widespread economic uncertainty with tough headwinds ahead of us. As I said, we have strong headwinds against us which are affecting our auto sector, the agricultural sector, the food industry and, yes, our municipal sector indeed.

People are hesitant to spend more of their discretionary income which is impacting local business. Construction costs have gone up because of these detrimental and punitive tariffs, and local jobs are at risk, as we talk about every day in this Legislature. As you've heard me say before, the only thing predictable about Donald Trump is his unpredictability, and it's having a rippling effect across our economy, right across our province and indeed our country.

That is why now, more than ever, we need to take bold action to help our workers, businesses, communities and local governments to weather the storm of economic uncertainty or Trump unpredictability. If passed, this proposal would strengthen and standardize the municipal code of conduct and the Integrity Commissioner framework in Ontario, and that is a key component of this legislation, Speaker. It will bring clear and consistent rules to every municipality, all 444, across Ontario.

It is the result of broad, extensive consultation, as I said. It is part of our larger vision for effective local governance. Some will say that this took us too long to get where we are today, but to that I say, it's important for us to get it right—as you say, measure twice, cut once, but make sure we do it right. Why? For the people of Ontario who rely on their local governments, an important part of our democratic system, and also for the members who serve on local councils.

We know how impactful this legislation will be for municipalities right across the province, and this is a situation which demands us to, again, measure twice and cut once accurately. We're taking a balanced approach to maintain the sanctity of our democratic system while ensuring there is recourse available for people acting in bad faith.

Through the Integrity Commissioner of Ontario's recommendations—and again, another broad consultation was taken—and the consultation led by the Ministry of Municipal Affairs and Housing in 2021, we heard loud and clear that:

(1) Municipalities would benefit from a standard code of conduct; and

(2) Everyone deserves a safe and respectful workplace, and the people of Ontario deserve good governance.

0910

We intend to create these conditions by developing a standardized code of conduct, a consistent municipal integrity commissioner investigation process, and a severe penalty to serve as a deterrent for serious violations.

If passed, the Municipality Accountability Act would enable standard rules and processes that municipalities and the public can have trust in, and ensure that municipal leaders are held to account, particularly in extenuating circumstances that demand serious action. Furthermore, the proposed changes would also enable mandatory code of conduct training for elected officials, which will help to prevent some code of conduct violations—please God. A standardized code of conduct would provide consistent ethical standards across Ontario's municipalities, which could help council members to better understand their obligations.

Since day one, our government has had the backs of our municipal leaders, our councils, and our partners. The proposal I am discussing today—to enable a new, standardized municipal code of conduct and integrity commissioner framework—is part of a broader vision we have for local governance. This vision is one of strong and secure Ontario communities—a vision in which municipalities are accountable and effective; a vision in which municipalities have the support and tools they need to deliver the best possible service they can to the residents and constituents.

I would like to give some examples of how we've already been making this vision a reality.

During the COVID-19 pandemic, our government acted quickly to give municipalities the ability to hold meetings electronically, to allow them to continue to function while protecting public health. Following that, we saw that electronic meetings became instrumental for municipalities. In fact, they increased opportunities for public participation and engagement. So we made changes to the Municipal Act and the City of Toronto Act that allow municipalities and their local boards to continue to hold meetings electronically, if and when they choose.

Also, during the COVID-19 pandemic, we saw municipalities struggle with sharply increased costs for essential

things like infection prevention and control in homeless shelters. We saw the struggle, and we responded by creating the social services relief fund. This program delivered more than \$1.2 billion in emergency aid to municipal service managers and Indigenous program administrators, to improve housing and homeless shelter solutions. This funding not only helped deal with the COVID-19 pandemic, but it had a lasting impact and has made a tremendous difference in people's lives.

As Associate Minister of Housing, I got to travel the province and deal with many, many municipalities in the north, eastern Ontario and southwestern Ontario—to see the great work that Habitat for Humanity, Indwell and Good Shepherd did in terms of supporting those in most need. I saw first-hand how municipalities create a positive climate, a strong climate, for safe and productive use—bringing in their core values and the key policies they want to do to help their constituents.

We also have implemented changes to make the municipal electoral process more efficient for local staff, potential candidates, and third-party advertisers. This included amending the Municipal Elections Act to allow candidates and third-party advertisers to submit their nomination and registration forms electronically, to reduce red tape and increase efficiencies.

Supporting our municipal partners in this ministry, in this province, in this government is paramount to our success.

We responded to long-standing requests from municipalities and municipal stakeholders and made changes to eliminate duplication by combining the provincial and municipal voters lists into a single list managed by Elections Ontario.

Speaker, as I mentioned, these initiatives are all part of our vision for effective, accountable local governments.

Our proposed legislation is another piece of this accountability—another tool in the tool box to support our municipal partners to get the job done in an effective and ethical way.

And because we believe in reducing red tape and streamlining and modernizing processes, we have worked very hard, in partnership with municipalities, to identify ways to improve local service delivery while better respecting taxpayers' dollars.

We have introduced programs such as the Audit and Accountability Fund, the Municipal Modernization Program and the Streamline Development Approval Fund to this end. The Audit and Accountability Fund was geared toward Ontario's larger municipalities and supported initiatives focused on increasing digital services, modernization, streamlining and service integration. The Municipal Modernization Program helped small and rural municipalities improve delivery of their critical local government services. The Streamline Development Approval Fund was targeted at helping large municipalities modernize local approval processes for residential developments, again tackling the need for more homes built faster in Ontario.

These programs all provided funding to municipalities. These programs demonstrated the strength of our government's partnership with our municipalities and our commitment to help them become more efficient while making life more convenient and affordable for families, businesses and communities.

We've also undertaken major initiatives to help communities accommodate growth. The new provincial planning statement streamlines land use planning in Ontario and cuts red tape and unneeded bureaucracy by creating one province-wide land use planning policy statement, which eliminates over 100 pages and 30,000 words of administrative burden. It is estimated it will result in 6,600 less hours of staff time and \$500,000 saved across municipalities all across Ontario. The provincial planning statement in 2024 also gives more flexibility for settlement area boundary expansions.

Furthermore, our government has also answered the call from municipalities to provide more funding for critical housing and community-enabling infrastructure. We heard from our municipal partners that a lack of support for infrastructure was the number one barrier to getting more homes built in their communities. More homes built faster is a key initiative we are working towards implementing in this first session of our Parliament.

So, Speaker, we stepped up. We've introduced historic investments in municipalities to support housing- and community-enabling infrastructure, such as water, waste water and roads. This includes \$2 billion in provincial funding through the Housing-Enabling Water Systems Fund and the Municipal Housing Infrastructure Program.

Recently, I also introduced legislation that would, if passed, provide municipalities with enhanced tools to end encampments and clean up our parks and public spaces. Parks and public spaces should be a place for fun, relaxation and recreation, not places that inspire fear, and we are taking action to ensure that that is the absolute case. That is a promise we made to municipalities as well as a core pillar in our election platform, which we won. A promise made, Speaker, is a promise kept.

As I mentioned, these policies and programs are part of our vision for a strong local government and system of government in this province. It is a vision we will continue working towards in collaboration with our municipal partners. The actions we take are all about empowering municipalities, ensuring they remain accountable and they have the tools and resources to effectively serve the people of Ontario.

Let me just, as I conclude, review again this legislation and why it's so important. Again, our municipal partners asked for this. They've asked for it for some time. They support it.

I think the disciplines we've put in place—again, I liken it back to my private sector career. You have to hold people accountable. While in the private sector, one person usually hires an individual. In the public sector, we're elected. That is why we've gone to great lengths to

ensure that the process involved to eliminate or remove somebody from office, a bad actor that deserves it, has incredible scrutiny, which includes working with the local integrity commissioner, includes working with our now provincial integrity commissioner and finally to a unanimous vote by council.

We have to take these allegations seriously, but when a person is elected, they're elected by the community, their ward or their particular area of responsibility, and we have to make sure we do so in a diligent manner. Accountability is paramount, but we have to make sure the standards of that accountability really work in unison with what the public wants. It's not easy when we deal with these tough situations, but again, if we wait and we let them fester and we don't deal with them dead on, you usually end up with a more tainted and difficult workplace for everyone to work in.

We have to take these allegations seriously, but when a person is elected, they're elected by the community, their ward or their particular area of responsibility, and we have to make sure we do so in a diligent manner. Accountability is paramount, but we have to make sure the standards of that accountability really work in unison with what the public wants. It's not easy when we deal with these tough situations, but again, if we wait and we let them fester and we don't deal with them dead-on, you usually end up with a more tainted and difficult workplace for everyone to work in.

0920

Speaker, that is why we are taking time—we took time, and perhaps some would say it has taken too long. But again, I can say that when you look at all our municipal partners—all the organizations that make up AMO, that make up these great 444 communities of mayors and councils and municipalities—they're on side. I had a chance to meet with AMO last week.

I would say the one thing my predecessor, Minister Calandra, said to do was to make sure we get this passed, and passed quickly. As I think everybody knows, it was tabled last fall, before the Legislature rose, and we had this thing called an election. So I'm very proud that we're able to bring it back to legislation before this esteemed Legislature, to make sure that it gets passed.

I'm hoping that everyone across the aisles on both sides of the House can find value in this legislation and can support it enthusiastically, to support all 444 of our municipal partners.

The Acting Speaker (MPP Andrea Hazell): I recognize the Associate Minister of Municipal Affairs and Housing.

Hon. Graydon Smith: I want to thank the Minister of Municipal Affairs and Housing for sharing his time with me today. Of course, I'm always proud to rise in the House and talk about Ontario's 444 municipalities and, as the minister referenced, the amazing job that they do. I'm thrilled to be in the role of the Associate Minister of Municipal Affairs and Housing, to speak to a bill that has

been a long-time focus of both the ministry and our municipal counterparts.

The proposed Municipal Accountability Act, 2025, is a provincial initiative that, if passed, would make a significant difference for the people of Ontario in the communities where they live and they work.

We know that across the province, we're working together during unprecedented times to protect Ontario. And the work that municipalities do to support their communities helps the people of Ontario thrive every day.

Building a stronger Ontario means working together at all levels of government, working together to make sure that we're all at our very best. That means building a strong foundation that allows local governments to provide the most effective and efficient service to their communities and their constituents.

As many of you know, I was mayor of Bracebridge for a number of years, and during that time, I, of course, saw just how closely connected municipal representatives are to the people in their communities. When you run municipally, you're not just a name on the ballot; you're a neighbour. You're the person who gets stopped in the grocery store. You're the person someone is going to talk to about snow removal or playground repairs. You're the person they flag down at a town barbecue or after a school concert because they've got a question about that local zoning matter or about the road that runs in front of their house. And I can tell you that's very, very true.

When I was councillor and when I was mayor, eventually my wife and I had to put a deal in place, and that deal was that we would no longer go grocery shopping anymore, because every single time we went out, she would finish what she was doing in 20 minutes and I would not finish talking to people for an hour and 20 minutes. So we've got this pretty good deal going on now that either she does it or I do it.

Even as a provincial representative, those questions get asked of you every single day, because you're going to see that community everywhere, as I talked about. Council chambers are just one part of it. At those town fairs, on the sidelines of the soccer games, you need to have those conversations, that level of direct accountability—that knowing that people can come up and talk to you; that knowing that you're going to take that issue, take it away, and work with colleagues. This is true, especially, in smaller communities. Remember, most of our 444 municipalities are small communities. That's the expectation of people when they elect you. You get that constant reminder that all these decisions—big decisions, small decisions—impact people's daily lives. That's a responsibility I've never taken lightly. That's a responsibility I know councillors across 444 municipalities in Ontario don't take lightly. And that's why they're never afraid to have that conversation with the province to tell us what they're looking for.

Speaker, the existing municipal code of conduct and integrity commissioner framework is set out under the Municipal Act of 2001 and the City of Toronto Act of

2006. It requires municipalities to have a few things. It requires them to establish their own codes of conduct for council and certain local boards. Under these acts, municipalities can then appoint an integrity commissioner who can provide advisory services and apply the code of conduct that has been established locally thusly.

To have differing codes of conduct and municipal integrity commissioner investigation processes across 444 municipalities obviously creates a high degree of variability. Codes of conduct turn into snowflakes—no two are alike. What does that mean for the public? Well, that gets a little confusing for them, because what might be happening in the community next door in an investigation or a process or a matter with council may be handled differently than the way something similar would be handled in their community.

A standard code of conduct and consistent municipal integrity commissioner investigation processes would provide efficiency and consistent best practices. I think it's something that not only municipalities have been looking for—but again, members of the public who want to pay attention to what's going on in their communities, who are invested in their communities, have conversations with those councillors, like I talked about, and want to ask the questions of, “Hey, why is this happening in this manner?” So there's always something to be said for consistency.

Speaker, before I get into the details of the legislation, I want to acknowledge and thank the Association of Municipalities of Ontario, in particular, for their advocacy and their advice on this matter. We all know that AMO brings municipalities together. It is the meeting spot for almost every municipality in Ontario and—a little sidebar—that for a period of time included Toronto, then didn't include Toronto, and now it again does include Toronto. So Toronto is back at the AMO table, which really shows that they represent every size of municipality and have conversations about the challenges within, regardless of how big you are geographically, where you are in this province, the size of your community. The great thing about AMO is that everybody gets a voice. They find that common ground to help municipalities deliver solutions for everyday issues faced by the people of Ontario. And they have a full-scope view, let's call it, of the different needs of each community.

When AMO advocated for a mechanism for removal from office for serious violations, as well as more standardized processes and better training for integrity commissioners, we listened. AMO helps make municipal governments stronger and more effective, and their input was integral to the development of this bill. They are a true partner for the province—and I can speak to that, of course, on a more direct level, which I will, coming up in just a little bit. For this initiative and for all matters of critical importance to municipalities, they're on the front lines to help build and protect Ontario, and we thank them for that. We value that partnership, and we take our commitment to working closely with AMO seriously—so seriously that last year, when we had the opportunity to,

again, renew the memorandum of understanding between AMO and the province, we quickly took it.

On a personal level, I'm grateful to AMO for our collaboration and all we are able to achieve through our strong provincial-municipal relationship.

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As I talked about, I've been in municipal politics—12 years as the mayor of Bracebridge, and four years as a councillor before that; deputy chair of the district of Muskoka; president of Ontario Small Urban Municipalities; and president of AMO, during interesting times over the pandemic. During my time as president, I felt it was my job—and I know I was supported by the board—to work to support and enhance strong and effective municipal governments, and work with the province closely to do that. I always valued that relationship with the province. So I've seen first-hand how powerful this organization can be in bringing municipal voices together.

And now as associate minister, I've come full circle again, working alongside AMO, but from a different side of the table—literally, at a meeting that Minister Flack had referenced, last week. It's interesting to look at the room from a different point of view, but it was really good. It's a relationship grounded in mutual respect—one that I value immensely. And I'm very thankful for their support as we bring this bill forward.

Let's talk about the bill. The proposed Municipal Accountability Act, 2025, would help improve municipal accountability by introducing regulatory authority to create one standardized code of conduct for all municipalities and establishing a regulatory authority to create standardized investigation processes for municipal integrity commissioners. It would also provide a role for the Integrity Commissioner of Ontario to provide advice to municipalities on integrity commissioner selection, to provide training to municipal integrity commissioners, and to review all reports from municipal integrity commissioners recommending removal or disqualification of a member and conduct inquiries. That's because protecting our democratic process starts with respecting our democratic processes.

Members of municipal governments are elected officials. As we've talked about, they're highly engaged in their communities. In fact, municipal governments are often the first line of contact for any issue that people may have about government here in Ontario. It might be a municipal issue, but they're just as likely to call a municipal representative about a provincial or federal issue and have a conversation.

Civic engagement is integral to our way of life, and it's part of what makes Ontario one of the best places to live and work.

So that standardized code of conduct is intended to make it easier for elected officials to do those important jobs.

Speaker, the proposed changes include clear criteria that must be met in order to consider removal from office. To meet those criteria, the municipal integrity commis-

sioner must determine that the member has contravened the code of conduct; that the contravention is of a serious nature; that the member's conduct resulted in harm to the health, safety or well-being of persons; and that the existing penalties are insufficient to address the contravention or ensure that the offence is not repeated. To be clear, in order for the municipal integrity commissioner to recommend removal to the Integrity Commissioner of Ontario, all four criteria must be met.

Currently, the penalties for violating the municipal code of conduct include a reprimand or a suspension of a member's pay for up to 90 days. But there's no existing mechanism to remove a member of council from office for a code of conduct violation.

For example, in the past year, a municipality reported repeated violations of their code of conduct by a member. That member was suspended for 90 days for a contravention of the code that was identified as a pattern of unacceptable behaviour. Following the 90-day suspension, more violations continued. The municipality also saw an escalation of threatening behaviour from outside of council, in support of the member in question. In response to these threats, the municipality moved council meetings to a virtual format to ensure the safety of all in attendance.

Isn't that a sad, sad state of affairs—that municipalities can't gather face to face to conduct the business of that community because they're worried about their own safety, because of the actions that are occurring by a councillor and by the public?

By strengthening the municipal code of conduct and integrity commissioner framework, we can provide earlier intervention, with a complaints mechanism and reporting requirements.

The proposed changes would help ensure that there would be a high bar to reach for removal and disqualification from office. That process for removal from office would require an inquiry and recommendation by the municipal integrity commissioner—remember, we're going to deal with two integrity commissioners here, both the municipal commissioner and the Ontario commissioner; an inquiry and concurring recommendation by the Integrity Commissioner of Ontario; and then a unanimous vote by the members of council—those who are eligible to vote—in support of the removal and disqualification.

It's important to note that if the Integrity Commissioner of Ontario recommends removal and disqualification of a member from office, but all qualified electors of council do not vote unanimously in favour of this recommendation, no penalty would be applied.

Speaker, it goes without saying that local councils, local governments and local representatives know their communities best. They understand what's needed from them to support their communities, in the work they do, but they need a safe, respectful work environment to get that work done. These proposed changes will help protect their work environment so members can focus their energy on the important things. The important things are municipal governance—the important things are listed on that

agenda every time a council or a committee of council meets. It respects the important space municipal governments need to operate.

This process would end in the hands of those municipal governments. As mentioned, municipal integrity commissioners would still run those local investigations. They would submit a recommendation to the Integrity Commissioner of Ontario that a member be removed from office and disqualified for a period of four years for a serious code violation. Again, the Integrity Commissioner of Ontario would conduct an inquiry based on the municipal integrity commissioner's recommendation from the local level. If the Integrity Commissioner of Ontario determines that the criteria for removal and disqualification have been met, they would report back to the municipality, affirming the recommendation for removal and disqualification. And then the municipal council would vote on the recommendation of the Integrity Commissioner of Ontario for removal and disqualification from office within 30 days. All members would be required to vote, except those who are the subject of the report, those who have an approved absence, and those who have a conflict of interest.

We know just how important this is to municipalities in Ontario. We have heard from them either in individual conversations or at conferences like AMO and ROMA. I'm proud to be here today—because Ontario municipalities have waited a long time for this bill. That high level of collaboration has driven that anticipation.

The goal of this bill is to provide a standard code of conduct and integrity commissioner framework for the new term of municipal councils beginning in November 2026.

At the same time, it is important for me to reiterate that most members of local government do an outstanding job and work with a very high degree of professionalism. We're talking about the bad apples here. Those who show up every day, wanting to do a great job, deserve a safe and efficient environment to do that important work. We can all face challenges in our workday, and a standardized code of conduct helps to navigate through them. It helps to solve problems when they are small, before they become big, before they escalate.

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As you've heard here today, we have reported instances of more serious violations, and they can be showstoppers for municipal governments—dragging the business of local government to a halt, and making it very, very difficult for people who have entered into the job of being a councillor or a mayor for all the right reasons to do the job they set out to do.

So our goal is to provide a mechanism for municipalities to restore safety and efficiency to their workplace as soon as possible. That clear framework, that standardized code of conduct will establish a fair and thorough process.

The processes I described as part of the standardized municipal code of conduct and integrity commissioner framework are thorough to ensure fairness for our great municipally elected representatives.

It's also designed with feedback from local governments of all sizes, to best fit the needs of Ontario's 444 municipalities.

Speaker and members of the House, I want to thank you for the time today.

I'd now like to yield the floor to my cabinet colleague, the parliamentary assistant to the Minister of Municipal Affairs and Housing, who will inform the House about the extensive consultation process to inform the development of the Municipal Accountability Act, 2025.

The Acting Speaker (MPP Andrea Hazell): I recognize the member for Thornhill.

Ms. Laura Smith: I'm honoured to share the government's time today in my role as the parliamentary assistant to the Minister of Municipal Affairs and Housing.

I truly appreciate the associate minister's comments and input, and I value his experience in municipal governance, because that's what we all want—good governance.

Let's talk about our government's efforts to work in partnership with our municipal partners to protect Ontario communities and ensure effective, accountable local governance.

I'm proud of the proposal that would, if passed, enable the creation of a new standardized municipal code of conduct, an integrity commissioner inquiry process that would be consistent throughout the province, and mandatory code of conduct training for members of council and certain local boards.

This proposal has been in the works for a while now. Throughout the process, we have always been clear: Everyone deserves a safe and respectful workplace. The minister talked about it, and the associate minister talked about it.

Once more, the people of Ontario deserve good governance and elected representatives who are accountable to them. Good governance and a good working relationship with a team is key for a province and a municipality.

I have a sports background. I was on the field quite often with young boys—and you always want to make sure that the men on the field would pass the ball to the right partner so that that next individual could make the right move. That's what a lot of this is all about.

In Thornhill, I'm very fortunate to have positive team members. I have Mayor Del Duca, with whom I carry an active dialogue—and we both have a common goal of providing the best possible service to our community.

I also have a great working relationship with ward 4 councillor Mr. Chris Ainsworth. We literally speak daily. We talk about issues affecting our community. We see each other as true partners. We are committed to providing for our neighbourhoods, and we have a very supportive vision that works in concert with one another.

I also have a positive working relationship with ward 5 councillor Gila Martow, who has been in this House, who has worked here, and who's also putting her years of service in our community. Her insight continues to benefit the residents of Vaughan.

Deputy Mayor Linda Jackson is a deeply engaging individual with the city of Vaughan. She always makes herself available when I have questions about specific programs. She brings a particular focus and care—truly, care—to issues, especially those around public safety. We both share that very high priority.

A team, as discussed, is only as strong as its weakest player or its weakest link. When everyone works towards a common goal, great things are possible, but even when one bad actor is in the mix, progress slows and trust is put at risk. When all members are working together, we function like a well-fitted puzzle, but when even one of those puzzle pieces does not fit, it distorts the vision and disrupts us as a whole. Similarly, just like a flat tire could stop a moving car, one disingenuous or uncooperative member can slow down the momentum of an otherwise effective team. Progress becomes harder and the road forward less smooth.

Too often, we've seen municipal officials not respect the investigation processes and attempt to undermine them. Our residents should not have to doubt the integrity of their municipal officials, and our municipal staffers should not be afraid of retribution when they seek accountability. Despite clear findings of misconduct, councils are often unable to hold other councillors accountable under the existing framework.

That's why it's so important that we get this proposal right, and that we get it done. Good governments demand not just an individual effort, but a team, collective accountability.

In Thornhill, and across Ontario, I'm proud to work with so many dedicated individuals who understand that our common goal, serving the public, must always come first.

We've listened to the advice of our municipal partners, including council members, heads of council and municipal staff. We've done a deep dive into this, and we have received input from experts in local governance and accountability. In short, we've done the research and the legwork to develop a proposal that, if passed, would help our municipal governments to be more accountable, effective and resilient.

I would now like to take you through some of the consultations and work that we've done to get us to where we are today.

Our government has actually been working on this initiative in earnest since 2021. We have proceeded carefully because we know how important this is and that we needed to get this right. As the Minister of Municipal Affairs and Housing said, we owe a debt of gratitude to our municipal partners for all their advocacy and the advice that fed into this initiative over the years. That includes AMO—the Association of Municipalities of Ontario—as well as the Association of Municipal Managers, Clerks and Treasurers of Ontario; the eastern and western wardens' caucuses; the Northwestern Ontario Municipal Association; the Federation of Northern Ontario Municipalities; the Rural Ontario Municipal

Association; Ontario's Big City Mayors; and Ontario Small Urban Municipalities.

The Associate Minister of Municipal Affairs and Housing has spoken about AMO in particular, but I want to take a moment to acknowledge the importance of the other municipal associations in Ontario. They advocate for certain regions of Ontario or for certain types of municipalities in terms of size and character. This advocacy strengthens our democracy by bringing forward issues and viewpoints that might otherwise not get the attention they deserve. These associations also host important conferences and other events that offer educational and networking opportunities that enhance the professionalism of the municipal workforce and the quality of municipal service. I want to thank these organizations once again for their advice that helped us develop and hone this legislation.

This initiative started because of what we were hearing from municipalities and because we saw some of the problems they were having with unacceptable behaviour in their workforce and their workplace. While it was thankfully rare for an elected municipal official in Ontario to behave in a way that betrays the public trust, when it does happen, it's an incredibly serious matter. Our government has been so clear on this. We will not tolerate workplace harassment or discrimination of any kind. That's why we once even took the unprecedented step of calling for the resignation of a sitting municipal councillor—because that kind of egregious behaviour, outlined by a municipal integrity commissioner, has no place in any work environment.

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Our proposed changes are the result of extensive consultation with the municipal sectors, including municipal staff and members of council, and with the public. The input we received from our municipal partners has been invaluable, and they have helped us raise a standard for safer and more respectful work environments.

Let's go back to 2021. At that time, we held consultations with our municipal sectors on strengthening accountability for council members and heads of council, in ensuring that they carry out their duties in an ethical and responsible manner. My colleague the Minister of Emergency Preparedness and Response hosted 18 round tables to hear from members of council, municipal associations, as well as municipal staff. At the same time, we held 90-day consultations, open to the public, to obtain feedback on how to strengthen municipal codes of conduct and maintain a safe and respectful workplace—including an online survey that received over 2,650 submissions.

As part of this exercise, we collected feedback on the recommendations from AMO on holding municipal councillors accountable, including increased financial penalties, suspension for certain violations, removal from office in certain circumstances, and better training in standards for integrity commissioners.

Throughout this consultation, many municipal sector stakeholders told us that they wanted changes to the code of conduct framework, including a way to remove

members for serious misconduct, increasing training for local officials, and greater standardizations across the province.

After these consultations were conducted with the municipal affairs and housing ministry, we talked further, and we really got to the root of so many of the issues. For example, officials in the Ministry of Municipal Affairs and Housing conducted an analysis of municipal code of conduct and integrity commissioner frameworks across Canada. We looked at Canada as a whole, with the goal of identifying rules and structures with the potential to benefit Ontario and to help our province avoid any possible pitfalls. You always want to look to your neighbours to see what they're doing, because they might be doing it better.

We learned, for instance, that in some parts of the country, codes of conduct for municipal councillors are not required at all. That's the case in British Columbia and the Canadian territories.

We also learned that in provinces where codes of conduct are required, the degree of standardization varies greatly.

Some provinces, such as Newfoundland and Labrador, Alberta and New Brunswick, require certain subject matters to be addressed within codes of conduct. That, of course, has also been the case in Ontario.

Meanwhile, other provinces require that codes of conduct set out guiding principles that define the standards and values that the council expects members to reflect through their role. That's the case, for example, in Manitoba.

A minority of provinces have taken a fully standardized approach by mandating the adoption of a model code of conduct—and this includes Nova Scotia and Saskatchewan.

These comparisons provided useful context and helped guide us towards a proposed model that was right for Ontario. We wanted to get the right fit.

During this period, we also heard more from AMO. We received correspondence from the AMO board and directors, and we took note of policy updates published by AMO on its website. Strengthening the codes of conduct has also been a recurring topic of discussion and a lively debate at the annual AMO conference and the annual Rural Ontario Municipal Association conference.

All of these ideas and advice fed into our work to develop the proposed legislation.

Speaker, I will also note with appreciation the interest the opposition has shown on this topic. In the House, the member for Orléans and the member for Niagara Centre have both brought attention to these important matters by tabling legislation that would have added certain requirements to municipal codes of conduct.

Then, last year, as the work continued within the Ministry of Municipal Affairs and Housing, the Premier wrote to the Integrity Commissioner of Ontario, seeking his advice on developing a consistent and uniform code of conduct framework for all local elected officials, because,

as I have said, we wanted to make sure we got this right. With great power comes great responsibility. The Integrity Commissioner of Ontario was asked to identify the best ways to improve standardization of the municipal integrity commissioner framework, including a possible role for the Integrity Commissioner of Ontario's office. The Premier asked him, as well, for recommendations to improve standardization of codes of conduct for members of municipal councils and certain local boards across this province.

We were very pleased with the advice the Integrity Commissioner of Ontario ultimately provided. The recommendations included, in part:

- developing a standardized code of conduct with flexibility for municipalities to create additional rules if reviewed and approved by an oversight body;

- establishing a standard process for municipal integrity commissioner investigations; and

- requiring mandatory code of conduct training for members of council.

The recommendations also helped identify a role for the Integrity Commissioner of Ontario's office to provide advice to municipalities and training to municipal integrity commissioners.

After reviewing the Integrity Commissioner of Ontario's advice, our government moved forward late last year with the legislation.

The Minister of Education—then Minister of Municipal Affairs and Housing—introduced Bill 241, the Municipal Accountability Act, 2024. If it had been passed, the bill would have enabled the creation of a new standardized municipal code of conduct and a municipal integrity commissioner inquiry process that would have been consistent throughout the province. In doing so, it would have implemented key recommendations from the Integrity Commissioner of Ontario. It would have also established a new penalty of removal and disqualification from office for serious code of conduct violations. This particular aspect of the legislation—removal and disqualification from office for serious code of conduct violations—has been something that AMO and so many others in the municipal sector have weighed in on, and we greatly appreciate their input.

I was proud that through our extensive consultation and in-depth work, our government landed on a proposal in Bill 241 that heeded that input and that struck a careful balance between respecting democracy and deterring unacceptable behaviour. Speaker, as you know, this legislation died on the order paper, with the dissolution of the Legislature ahead of the 2025 Ontario provincial election. In that election, the people of this province gave our government a strong mandate to move, and we are taking that to action by supporting our businesses and our workers, and to safeguard the economy and communities for the long term by making Ontario more resilient and self-reliant.

This plan includes our vision for effective, accountable local governments. We know codes of conduct are a

priority for the municipal sector, and they also continue to be one for our government, which brings us to today.

As I mentioned at the outset of my remarks, the Municipal Accountability Act, 2025, would, if passed, enable the creation of a new standardized municipal code of conduct, an integrity commissioner inquiry process that would be consistent throughout the province, and mandatory code of conduct training for members of council and certain local boards.

Speaker, I'm proud of the collaborative efforts this proposal represents. As the Minister of Municipal Affairs and Housing said, and as the associate minister said, we have a vision for strong local communities—a vision in which effective, accountable, modern municipalities provide the best possible services, helping residents and businesses thrive in our complex and our uncertain world.

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Once again, I want to thank our municipal partners for their advice and their advocacy on this file. That includes heads of council, council members, the municipal executive leaders and staff.

And I'm going to say it one more time—with great power comes great responsibility. The minister spoke about this, and this really means something in my community, in my home.

This is the most significant improvement to municipal accountability in decades, and it's what our partners are bringing to the table. We've been asking for this information, and they've delivered and we're so proud to be bringing it forward today. We believe that the public deserves accountability, but it must also be fair, principled and rooted in due process. That's the balance we have struck with this legislation. I'm proud of this because the process itself is so balanced, and we've taken such a remarkable and progressive look at so many areas of Ontario.

I've only been in this role for about a month, but I've been so pleased to find that we have such a great relationship with all of our municipal partners. I've had the pleasure of meeting several of them over the course of the last few days and really getting to know them—because it let me expand on my relationship of just Thornhill and go beyond that, and for that, I'm so grateful.

Our proposal, if passed, would help ensure that those municipal workspaces are safe and that municipal elected officials are held to a high standard of accountability, as the people of Ontario expect and deserve.

I want to thank everyone in the House for listening.

The Acting Speaker (MPP Andrea Hazell): Question?

Mr. Jeff Burch: First of all, congratulations to the minister for bringing this forward. I've been the municipal affairs critic since 2018. This is the third minister I've worked with on this since 2021. So it's an awful long time coming, and I know there are a lot of people who have been waiting for this.

It's also very similar to the private member's bill I tabled prior to the last government legislation, except in a

few areas, and the main area is that a decision on removal of a councillor is being left to council and not a judge—as AMO recommended, and as I had in my PMB.

Requiring a unanimous council vote following two inquiries by two integrity commissioners finding serious misconduct sets the bar really high.

So my first question is, doesn't that set the bar too high, and isn't the process politicized by referring it back to council?

Hon. Rob Flack: Thank you to the member opposite.

We've talked about this legislation, and I know there may be differences in opinion. I understand. I've listened to members opposite about the unanimous support by all members of council—I get it. But this is the democratic process, at the end of the day. It's not private industry. So we feel we need to set a very high bar for the removal of an elected council member or official.

I look over at my esteemed colleague the Associate Minister of Municipal Affairs and Housing. We've talked about it extensively, and through his extensive experience—we've thought, we've listened, we've learned.

While I appreciate your opinion, we believe this is still setting that high bar or standard to make sure that we act, and act properly.

The Acting Speaker (MPP Andrea Hazell): Question?

Ms. Mary-Margaret McMahon: Good morning, everyone. It's great to see you this early in the morning.

Bill 9 is a step in the right direction, for sure.

It's nice to hear from my colleague right here about all his work on a private member's bill. We, too, the Liberals, have a colleague from Orléans who had a private member's bill on this, which unfortunately did not pass.

So I'm glad to see that you've incorporated ideas.

I, too, am worried. It's great to have the framework for serious misconduct of elected officials and having a concrete, clear, tangible result—repercussions for those actions—but I'm very worried about the threshold. So a unanimous vote—many of us were municipal councillors. How possible do you think that unanimous vote will be? That never happens. So can it be changed?

Hon. Graydon Smith: I appreciate the question.

I think this is a really important component of the bill. I think the threshold and the bar should be very high. And I think, as it goes through the multiple tests, as it goes through the local integrity commissioner, as it passes through the Integrity Commissioner of Ontario—by the time it has circled back to that council and by the time that recommendation has been made, I think a council or an individual councillor would maybe vote against it at their peril, come next election time, for one.

We need to take this incredibly seriously. It is the will of the people to put people into office. And so those elected officials who are around that table, who know that situation the very best, who have had the guidance of multiple integrity commissioners—to provide information to make the decision—should be the ones who make that decision.

The Acting Speaker (MPP Andrea Hazell): I recognize the Associate Minister of Energy-Intensive Industries.

Hon. Sam Oosterhoff: My question is also to the Associate Minister of Municipal Affairs and Housing.

I have to ask about that bar—because I know it is so important that we have that high level—but also about the standardization for integrity commissioners. I know we had really different kinds of approaches in different parts of the province, from one municipality to the next, and frankly, that created unequal sets of expectations that either councillors or those looking to run for council were under.

We saw some politicization of integrity commissioner complaints in the past, especially at the local level.

So I'm wondering if you could share why it's important that we're going to have this standard approach that's going to actually lead to greater accountability, but also lead to consistency in the application of the law for these councillors.

Hon. Graydon Smith: I spoke about that in my remarks today.

I think the standardization is very important. Right now, it is a patchwork, among municipalities, as to what is in their codes of conduct—maybe it's appropriate; maybe it's not. I think for people who especially are in small communities—and I used this example before. What's going on in the community beside them—if you replicated that in your community, you might get two very different outcomes from a code of conduct process. That shouldn't be that way. There should be a standardization. There should be an expectation across this province that if there is a transgression, the process is going to be similar regardless of whether you're in municipality A or municipality B. It gives comfort to the citizens of those communities, and it gives very clear expectations and comfort to members of council.

So I think that's definitely a priority in this bill and one that—I'm very glad we're going to take that step. It's something that we've heard about lots in terms of consultation already.

The Acting Speaker (MPP Andrea Hazell): I recognize the member from Niagara Centre.

Mr. Jeff Burch: To the minister: One of the things that AMO has raised—and I know I've had conversations with the former minister around this—is that this could place higher costs on smaller municipalities in terms of hiring an integrity commissioner.

So are there any plans to support smaller municipalities that will have financial hardship meeting the requirements in the bill?

Hon. Rob Flack: Again, a great question.

I think, as the member knows—and I'll also defer to the associate minister—municipalities don't have to hire a full-time integrity commissioner. They can hire a lawyer or someone who has that skill set, on a part-time basis, to deal with these issues. So the costs shouldn't be punitive, but the costs are also important to have.

I want to emphasize that in this legislation, we've now moved to have the Ontario Integrity Commissioner rule on these matters, and that is very important.

And I would come back to your first question: Where I think the unanimous approval is important is that if you've got the local integrity commissioner and the Ontario Integrity Commissioner saying that they're upholding what council originally thought—I often think, if the council isn't going to follow those rules, they'll be accountable in the very next election.

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The Acting Speaker (MPP Andrea Hazell): I recognize the member for Ajax.

Mr. Rob Cerjanec: I appreciate this legislation coming forward. As previously mentioned, it builds on previous private members' bills that were brought forward in this Legislature.

I've kind of worked on both sides of it. I've worked in a political office at the municipal level, and I've worked, actually, as a senior executive on a public school board.

So my question for the minister is, has the government considered extending this legislation to apply for school boards? Has there been any thought that has been taking place into that? Some of the similar issues and matters could come up from time to time at the school board level.

I'm sure the members opposite know, as well, that there are integrity commissioners at the school board level.

Ms. Laura Smith: This is a significant improvement in itself, and we're putting one step forward with this action. We're going to be consulting over the summer. And I'm hoping that this goes to committee, because then we can get a very wholesome look at what's involved. We're really proud of it, we have to say, because this is probably one of the most significant improvements to municipal accountability in decades. And I'm proud that we were able to work collaboratively on this as a group. The partners that we've seen from AMO who have brought forward their information—it's very positive.

The Acting Speaker (MPP Andrea Hazell): We can do another quick question.

Ms. Mary-Margaret McMahon: I'm just wondering what kind of resources you're going to put forward for the Integrity Commissioner, because this is a lot more significant responsibility for them. Are you going to put your money where your mouth is and help them out?

The Acting Speaker (MPP Andrea Hazell): We will now move to members' statements.

Second reading debate deemed adjourned.

MEMBERS' STATEMENTS

NORTH SHORE FIREFIGHTER CHALLENGE

MPP Bill Rosenberg: Today I have the honour of recognizing an outstanding event that recently took place

in the town of Thessalon: the second annual North Shore Firefighter Challenge. This incredible gathering united firefighters from across northern Ontario to compete, train and, most importantly, celebrate the courage and dedication of those who serve on the front lines of emergency response.

Proudly hosted by the Thessalon Fire Department, the challenge featured events designed to test skill, endurance and teamwork, including the bunker gear showdown, hose relay, self-contained breathing apparatus obstacle course, and search and rescue simulations. These exercises were more than just competitions. They mirrored the real-life challenges our firefighters face every day and offered an invaluable opportunity to sharpen vital skills in a supportive, high-energy environment.

This event was a true community celebration. Families and residents came not only to cheer on the participants, but also to engage in fire safety education and enjoy the festivities. From the kids' junior challenge to the mobile live training unit and trade show, this event brought learning, laughter, and a renewed appreciation for the incredible work our fire services perform.

I want to commend the organizers, volunteers, and especially the firefighters, both local and visiting, who made this event such a tremendous success.

The North Shore Firefighter Challenge is a shining example of the spirit of northern Ontario—resilient, community-focused, and committed to service.

GOVERNMENT ACCOUNTABILITY

MPP Alexa Gilmour: For months, the Premier wore his "Canada is not for sale" hat—a message that I think we can all agree with. But now Bill 5 tells us a different but very familiar story.

Imagine this, friends. A wealthy foreign investor promises the Premier he'll build a new concert hall, an elaborate hotel, perhaps a roller coaster on the waterfront, if, and only if, he suspends environmental protections and workers' safety rules by calling it a special economic zone. If it sounds familiar, that's because it's Ontario Place, the greenbelt, the "notwithstanding" clause, all rolled up into one bill.

But it is so much worse: If Bill 5 passes, the government can expropriate land—yours, mine, the city's—with one stroke of a minister's pen. No municipal bylaw, no environmental regulations or even government statutes could protect it. Workers' rights, workplace safety, are all at the discretion of one ministry. It is that bad.

I am so proud of the constituents in my riding of Parkdale-High Park who, by the hundreds, have been writing letters, calling my office daily, and even coming in person to sound the alarm for all Ontarians on Bill 5.

The government may think that this election gave them a mandate for this shameless overreach of power, but we in this House serve the people of Ontario, and the people of Ontario say, "No."

NURSING WEEK

MPP Tyler Watt: It's an honour to rise today in recognition of Nursing Week, a time to celebrate the dedication, compassion and tireless commitment of Ontario nurses. As a nurse myself, I know first-hand the profound responsibility and privilege that comes with this profession.

Every day, nurses across this province provide care that is not only skilled, but deeply human. From ERs to long-term-care homes, community clinics to surgical units, nurses are there advocating for their patients, comforting families, and often holding the health care system together.

This year, as we reflect on the ongoing challenges in our health care system, we must not only recognize nurses; we must act. We must listen to their voices, address chronic understaffing, invest in necessary infrastructure, and ensure safe working conditions and fair compensation. Words of thanks must be matched with policies that show real respect.

To my colleagues in this chamber: Let us not forget that nurses are the backbone of care in Ontario.

To my fellow nurses: Thank you for your skill, your heart and your strength.

Happy Nursing Week.

ROBERT CAIRNS

EGYPT FESTIVAL

Mr. Sheref Sabawy: Today, a hero from Mississauga will be laid to rest: Robert Cairns.

At 100 years old, Bob Cairns was a patriotic veteran who served during the Second World War as part of the Royal Canadian Naval Volunteer Reserve. He was a faithful member of the Royal Canadian Legion, Erin Mills United Church, and our local Conservative association.

On behalf of the people of Erin Mills, thank you to Bob Cairns for his selfless service to Canada. May he rest in peace.

Speaker, I was honoured, in 2019, to introduce the Egyptian Heritage Month Act. Canadians of Egyptian origin have contributed to the rich fabric and culture of our province. I am proud to join the celebration of this heritage, culture and history.

This weekend, the Discover Egypt Festival will return to Celebration Square in Mississauga, showcasing Egyptian culture, music, entertainment, food and artwork. Bring your family and visit the Egyptian museum, take a photo beside the sphinx, attend the sound and light show, and learn about the mysteries of Philae temple—the eternal love story of Isis and Osiris. I invite you, all my colleagues and all Ontarians, to join me in Mississauga from May 16 to 18 for this exciting event.

HOSPITAL SERVICES

Mr. Chris Glover: A couple of months ago, an ice storm swept through central Ontario and caused all kinds of damage. One area that was particularly hard hit was the community of Haliburton. It's a place that I've been visiting since I was five years old, when my parents had a trailer there, and I have many friends in that community. Cellphone towers were down. The Internet was down. Many residents lost electricity for 10 days. So the Internet was not working, cellphones were not working—there was no way to communicate.

One thing that would have been really helpful for that community in that state of emergency would have been an emergency room. Unfortunately, two years ago, this government closed the emergency room in Minden. Even though there was a paramedic site set up during the time, there was no way to communicate with the community—“Hey, there's a paramedic site set up if you have an emergency.” So the community had no way to access emergency room services in Minden during this crisis.

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The community has been fighting for two years to reopen the Minden emergency room. Two years ago, they were here, on May 10, 2023, and the Minister of Health actually said while they were in the room, “The Minden hospital is not closing.” That's a direct quote from Hansard. Yet, four days later, the H came off the sign, they put all of the hospital beds into a van, shipped them out, and closed the hospital. The Minister of Health said the emergency room was not closing.

The people of Minden and the people of Haliburton are demanding that the hospital emergency room be reopened so that they never have to face a crisis, like the one two months ago, without an emergency room.

ARCH HOSPICE

MPP Chris Scott: Today, I'm proud to stand to recognize an exceptional cornerstone of our community in Sault Ste. Marie, ARCH Hospice. This is a place defined by unparalleled compassion, dignity and strength.

Recently, I had the privilege of attending the 11th annual ARCH Hospice Heroes dinner, an extraordinary event that celebrates those remarkable volunteers, dedicated staff and visionary community partners who exemplify the very best of service, humanity and leadership. Their actions don't just change lives; they uplift our entire community.

ARCH Hospice is powered by the remarkable efforts of over 1,000 volunteers—everyday heroes whose compassion and generosity touch lives. Last year, through their selfless dedication, ARCH raised over \$1.3 million, ensuring the delivery of dignified and compassionate end-of-life care for families when they need it most.

Madam Speaker, ARCH Hospice embodies the very essence of leadership: serving others with integrity, humility and unwavering dedication. It reminds us of the

immense power that we all hold when we come together with shared values.

I want to sincerely congratulate each of this year's ARCH Hospice Heroes award recipients, and I would like to ask my colleagues in the House to join me in congratulating them. Their extraordinary example inspires me and our community to strive for even greater heights every day.

HOSPITAL SERVICES

MPP Wayne Gates: A few years ago, my office was contacted by a Fort Erie resident who suffered a heart attack. Thanks to the swift response of the doctors, the nurses and the staff who work at Douglas Memorial's urgent care centre, he was stabilized and his life was saved. If the urgent care centre wasn't open, he wouldn't have made it to GNGH in Niagara Falls or the St. Catharines hospital. But today, if this had happened after 8 p.m., when Douglas Memorial is currently closed, the outcome would have been tragic.

Fort Erie is home to 36,000 people, with a rapidly growing population that has increased by more than 7% since 2016. Close to 30% of the residents are seniors, many of whom live alone and do not have reliable transportation. Despite this, the Ford government and Niagara Health have restricted Douglas Memorial's urgent care hours to just 10 hours a day.

Let's be clear: Residents in Fort Erie deserve around-the-clock care.

Fort Erie also faces a significant shortage of family doctors, with as many as 12,000 residents without a family doctor. That worsens the strain on urgent care services and puts lives at risk.

I am calling for immediate action: Restore 24/7 operations at Douglas Memorial urgent care. Our community's health and safety and lives depend on it.

FAMILY SERVICE TORONTO

Mr. David Smith: I rise today with great pride to recognize Family Service Toronto, an exceptional non-profit organization in my riding of Scarborough Centre, for receiving vital funding through the Ministry for Seniors and Accessibility to support its seniors' active living centre. During Mental Health Week, I had the honour of visiting their facility, and I was deeply moved by the warmth and dedication that fills the space.

For over a century, Family Service Toronto has been a cornerstone of support, offering critical services to seniors, families and individuals facing mental health challenges, gender-based violence, developmental disabilities and financial hardship. Their range of mental health services is impressive: individual, couples and family counselling, as well as walk-in sessions. But what truly stood out was the care and respect shown to every person who walks through their doors.

This new funding will enhance their Seniors Community Connections program, offering workshops on stress management, elderly abuse prevention, healthy living, and volunteering.

Congratulations to Family Service Toronto, and thank you for your continued commitment to making our community stronger.

DANI'S PLACE

Ms. Laura Smith: On Mother's Day, I had the pleasure of attending, along with my family members, at the DANI cafe for their annual Mother's Day brunch. The food was delicious and served in the beautiful outdoor cafe that has been serving the Thornhill community for years now.

DANI's cafe is just one initiative that has been redefining employment opportunities for those individuals with developmental disabilities—providing training, employment and a lifeline for so many individuals.

Founded by Kathy Laszlo in honour of her son Dani, the DANI organization has long championed dignity, autonomy and inclusion. Kathy's vision and dedication—along with her director Rudy Barell—has made such a meaningful difference in countless lives.

Their mission also includes DANI's Place residential support, which is an innovative initiative, redefining inclusive housing for adults with developmental disabilities. DANI's Place brings these visions to life, offering homes where live-in directors create warm, friendly, family-style environments rooted in care and connection.

It's funny; I went to visit them the other day, and the residents don't actually call themselves "housemates." They refer to each other as "homies," which I thought was great.

Happy belated Mother's Day, especially to my friend Kathy Laszlo and the entire DANI team.

DANI's Place is more than just a model of inclusive care; it's a model of a truly caring society.

AGRI-FOOD INDUSTRY

Ms. Bobbi Ann Brady: I love this time of year. Up with the chickens and the roosters, driving across Norfolk county to get to a highway, I get to take in the beautiful sunrises and the sight of farmers in their tractors, working up the land—perfect rows, the earthy smell all around indicating a healthy and fertile growing ground for Ontario's food.

As we stare down threats from our neighbour to the south, it's time Ontario responds with the same nature for our agricultural industry as we have for, say, manufacturing. Now, more than ever, we must work across party lines to tariff-proof our economy and protect the places we cherish and love here in Ontario.

Yesterday, I was thrilled to stand with the Green Party to introduce the Protect Our Food Act. This legislation will protect our most valuable farmland and food sovereignty while stimulating our economy and ensuring future

generations can have access to and enjoy the highest quality and quantity of food.

Right now, we are in asparagus season in my riding—one of my favourite crops—and by May 24, the majority of crops in the area will be in the ground. Over the coming months, careful hands and thoughtful minds will tend to those crops.

Of course, no crop is immune to the wrath Mother Nature can inflict at any given time. This is why it's so important to make hay while the sun shines.

Speaker, while we might have enough land today, that does not mean we will have enough for tomorrow. We must look beyond today and keep in mind the needs for the future.

I am grateful for the hard work and dedication of Ontario's farm families, and I think protecting their land is a great way to show this respect and appreciation.

The Speaker (Hon. Donna Skelly): Before we move on to introduction of guests—if I could please have some quiet in the House. The sidebar conversations could please come to a close—or at least, at the very minimum, just bring your level of your conversation down.

INTRODUCTION OF VISITORS

The Speaker (Hon. Donna Skelly): I would like to draw your attention to the Speaker's gallery, and I would like to introduce Robin Martin, who represented the riding of Eglinton–Lawrence in the 42nd and 43rd Parliaments.

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Hon. Michael S. Kerzner: I'm delighted to welcome the Ontario Association of Fire Chiefs leadership here and all the fire chiefs who have joined us today in Queen's Park. Thank you for keeping our province safe.

Hon. Sam Oosterhoff: I have a few constituents who are here today. I want to welcome David Upper and Andrea DeJong from St. Catharines fire. Thank you so much for being here.

I also want to welcome Dwayne and Catherine Otten, along with their children Austin and Morgan, who are here today with OCHEC.

Welcome to Queen's Park.

MPP Wayne Gates: I'd like to welcome all the residents who got on the bus this morning from Fort Erie to come to Queen's Park to fight for Douglas Memorial Hospital. Welcome to Queen's Park.

Ms. Mary-Margaret McMahon: I'd like to welcome a beautiful Beaches–East York resident, Sarah Dermody, from the department of psychology at TMU. She's here with Science Meets Parliament Ontario today. I hope all of you get to meet them.

Mr. Brian Saunderson: It's my pleasure to welcome to the House today members of the Ontario Association of Landscape Architects—in particular, Aaron Hirota, president; Glenn O'Connor, past president; and Aina Budrevics. Welcome to the House.

The Speaker (Hon. Donna Skelly): There are no political messages in the introductions.

I recognize the member for Waterloo.

Ms. Catherine Fife: I'd like to introduce Colleen Stevens from the Ontario Health Coalition for hospitals day of action.

For page captain day, Catherine Tao is here to support her son Hayden Huang, who has served as a wonderful page here at the Legislature.

Finally, folks with the Canadian Science Policy Centre are here today for the Science Meets Parliament Ontario program.

Welcome to your House.

MPP Tyler Watt: I'd like to recognize Dr. Michelle Acorn and Barbara Bailey from the NPAO; Sandi Jones from SEIU nursing division; Kathryn McGarry, OLP president and nurse; as well as Dianne Martin from WeRPN. Thank you for being here.

Mr. Joseph Racinsky: I'm happy to welcome to the Legislature the fire chief for Puslinch, Jamie MacNeil, and the mayor of Centre Wellington, Shawn Watters.

Hon. Stephen Lecce: I want to welcome some young leaders from King and Vaughan who are making a big difference in our community: Jean-Marc, Raphael, Luran, Lotan, Madeline, Amanda, Brandon, Maia, Ornella, and Sabrina. They are exceptional young people. Welcome to Queen's Park.

Mrs. Jennifer (Jennie) Stevens: This morning, I want to welcome St. Catharines fire chief Dave Upper and deputy fire chief Andrea DeJong, who are here today on behalf of the Ontario Association of Fire Chiefs; as well as my good friend Sue Hotte, chair of Niagara Health Coalition; and Matthew Goodman from St. Catharines, who is also here today on behalf of the health coalition, for their day of action. Welcome to Queen's Park. Welcome to your House.

Mr. Ted Hsu: I would like to welcome Paula Laughlin of Victim Services Kingston and Frontenac; and Sruthi Narayanan, Ryan Grant, Margoth Córdova and Mehrdad Hariri, who are amongst around 38 people here today for Science Meets Parliament Ontario.

I hope that everybody has a good meeting with the many people who are here from across Ontario for Science Meets Parliament Ontario.

Hon. Graham McGregor: We've got Bruce Chapman and Sarah Rogers here from Victim Services of Peel. These guys are heroes. They're doing great work for us in Peel region.

Welcome to Queen's Park.

Hon. David Piccini: I would like to give a special welcome to Cobourg fire chief Ellard Beaven and deputy fire chief Kevin Ashfield, fellow "meat draw extraordinaires" at the Cobourg Legion; and Ian, Julie and Frank, young leaders I have the privilege of working with in my office, who are here today. Welcome to question period.

MPP Kristyn Wong-Tam: I would like us to all welcome to the House the Ontario Association of Landscape

Architects; the Ontario fire chiefs; everyone who got on the bus, who drove in, who biked in, who walked into this building from the Ontario Health Coalition; as well as my own team who has been supporting me throughout these years. I want to start with Winston Lee; Ben Donato-Woodger; Emma Beattie; Elena Keuning; Amontaye Mullings; Annie Dowd, our OLIP intern; Arhaan Lulla; Loudes Alexander; as well as Sarah Gardiner, who is leaving us very shortly.

The Speaker (Hon. Donna Skelly): We've had a little delay on making the mikes hot, so I'm going to recognize one more person: Windsor–Tecumseh.

Mr. Andrew Dowie: I'd like to welcome James Waffle, fire chief from the city of Windsor, and Drew Marquardt, who is here for Science Meets Parliament. Welcome to Queen's Park.

The Speaker (Hon. Donna Skelly): A reminder: There is a time at 1 o'clock for introduction of visitors, if you were unable to introduce your guest.

HOUSE SITTINGS

The Speaker (Hon. Donna Skelly): I recognize the government House leader on a point of order.

Mr. Steve Clark: On a point of order, Speaker, I would just like to announce to the House that the night sitting scheduled for this evening has been cancelled.

QUESTION PERIOD

HOSPITAL SERVICES

Ms. Marit Stiles: This question is for the Premier, and before I begin the question, I do want to acknowledge all of the folks who are here from all across Ontario with the Ontario Health Coalition hospital day of action.

For over a year, the people of South Bruce Grey—Durham, Chesley, Kincardine—have faced closure after closure of their local emergency rooms. They've been calling for help from the province, from their member of Parliament, and instead they watched last year as things became worse. They had the worst year on record for unplanned emergency room closures. Chesley's ER was at the top of that list with the highest number of hours closed.

So my question is, does the Premier know how many times emergencies closed over the last year?

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

Hon. Sylvia Jones: As we make investments in our health care system—31% increase since 2018. I would suggest to the member opposite that, as we make those investments, as we ensure that not only we have the capital builds that are going on—over \$50 billion across Ontario in 50 different communities—that we ensure that we not only have the capital, we are investing in people through ensuring, like programs like Learn and Stay, that people have the opportunity to train in the province of Ontario.

As we direct the College of Nurses of Ontario, the College of Physicians and Surgeons of Ontario to quickly assess and review and ultimately license the internationally educated, we are seeing that we have more physicians, more nurses, more allied health professionals wanting to work in the province of Ontario, and we are welcoming them with open arms.

The Speaker (Hon. Donna Skelly): Back to the Leader of the Opposition for supplementary.

Ms. Marit Stiles: Well, Speaker, right there, you got it: The Minister of Health doesn't even know the answer to the question, because they don't track it, right? They don't collect. They don't report data to show how common their unplanned closures actually are.

Even during the Liberals' hallway health care crisis, unplanned emergency room closures were pretty rare, before this government came in. But last year, let me tell you, one in five hospitals had unplanned closures.

And by the way, thank you to all of the investigative journalists out there who do that work to track that stuff. Hospitals in Clinton, in Chesley, Kincardine, Walkerton, Durham have had repeated, sometimes simultaneous closures over the last few years. And then there's hospitals like the one in Minden, where they had their emergency room permanently closed.

So back to the Premier: What is the Premier going to do to make sure this year is not even worse than last year?

Hon. Sylvia Jones: Well, in this discussion, facts do matter, and in fact, last summer, we had the lowest number of unexpected closures.

Why do we have unexpected closures? Because we need to make sure that we have sufficient staff in those hospitals. We are working directly with Ontario Health. They work directly with those individual hospital corporations to ensure that they have those coverages.

I think it's really important to remind everyone that we need to ensure these emergency departments are safe. That means, at an absolute minimum, two nurses and one physician need to be there. Is the member opposite suggesting that we should be ignoring those safety measures while we ensure that we continue to expand health human resources across Ontario?

The Speaker (Hon. Donna Skelly): Back to the Leader of the Opposition.

Ms. Marit Stiles: There were 25,000 hours last year of emergency rooms closed in the province of Ontario. The only reason they are not unplanned anymore is they have become so darn common that they have to actually plan them now.

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You don't have to look much further than northern Ontario to see that. They are facing very unique challenges, certainly, with health care access, and that's why we have supported the OMA's call to create a northern command centre to help coordinate services and personnel and other resources among those northern communities.

The government recently said they were going to move forward with creating some kind of northern health care

command centre. I would like to know, when will northern communities see this command centre become operational?

Hon. Sylvia Jones: As Ontario Health continues to work with individual hospital organizations, we in fact have seen a 96% decrease in the number of unexpected closures. Why? Because we're doing the work on the ground directly with those hospitals.

We're also working very closely with the Ontario Medical Association to make sure that our compensation model is appropriate for, as the member opposite says, remote, rural communities across Ontario. We're doing that work, and I will stand by the work that Ontario Health and the Ministry of Health have been doing with other partners, including the OMA, the College of Nurses of Ontario and the College of Physicians and Surgeons of Ontario.

A hundred thousand nurses we've been able to license in the province of Ontario since 2018. Why? Because they know that Ontario is an amazing place to work and live and practise in health care.

HEALTH CARE FUNDING

Mr. Jeff Burch: To the Minister of Health: Niagara hospitals are routinely running at over 100% capacity. Emergency departments have long waits. Patients have to transport themselves from town to town to access different hospital services or to support their loved ones in hospital. Yet, under this government, the urgent care centre in Port Colborne is slated to close in 2028, and emergency services are being scaled back in Welland.

Will this government take responsibility, commit to stopping the urgent care closures in Niagara and restore our hospital capacity?

Hon. Sylvia Jones: You know, Speaker, as I was at the groundbreaking for the South Niagara Hospital—standing, actually, with the MPP from Niagara Falls, who understands that these investments, whether it is in West Lincoln Memorial Hospital in Grimsby or, of course, the South Niagara Hospital, we are adding 600 hospital beds in the Niagara region because of those investments. That is the impact that we have when we actually invest in health care.

The member opposite needs to think about that when he listens to the budget tomorrow and, ultimately, gets an opportunity to decide whether he is going to vote for or against these hospital investments, because that is the work that we have been doing as a government under the leadership of Premier Ford. That is how we are ensuring that while Ontario leads Canada in terms of the matching individuals with primary care, in terms of the wait times, we can do better. And we will get to that last 10%, ensuring that people have a primary care provider in their community.

The Speaker (Hon. Donna Skelly): Question? The member for St. Catharines.

Mrs. Jennifer (Jennie) Stevens: To the Premier: With both Port Colborne and Fort Erie Urgent Care Centre slated to close, currently operating at decreased hours, and no emergency surgeries taking place at the Welland Hospital, the St. Catharines hospital site is completely overwhelmed as a result. ER wait times of over 18 hours and six seniors laying on gurneys in the hallway for days on end is the new normal. The St. Catharines site was never designed to service the entire region, and skilled front-line staff are at the breaking point.

Will this government commit in the 2025 budget to include funding to restore emergency services across all Niagara before the system completely collapses?

Hon. Sylvia Jones: In addition to the 600 new beds that will result when we open the South Niagara Hospital and the West Lincoln Memorial Hospital, I have to ask the member opposite, why did you vote against a \$2-million investment for the Niagara region, connecting 7,600 additional individuals to primary care? You cannot have it both ways. If you believe that health care is something that you want to invest in, then you actually have to vote, and you're not doing that. We make investment after investment. As I've highlighted, a 31% increase in the hospital and health care budget in the province of Ontario, and the member opposite and the party opposite continue to vote against those investments.

The Speaker (Hon. Donna Skelly): Reminder: questions and answers through the Chair.

I recognize the member for Niagara Falls.

MPP Wayne Gates: My question is to the Premier: A busload of 48 residents is here at Queen's Park to ask why this government will spend \$9.4 billion on private, for-profit nursing agencies while refusing to invest \$10.4 million needed to keep the Douglas Memorial urgent care doors open 24/7. The Auditor General's report was very clear: Urgent care centres are essential to our health care system. They save lives and reduce pressure on ERs. In towns like Fort Erie, a community with a largely senior population and very little public transit, closing overnight creates a risk of somebody dying.

Will the Premier stop the cuts and ignoring Fort Erie by committing right now to fully restoring 24/7 urgent care in all service at Douglas Memorial—yes or no—before another person dies?

Hon. Sylvia Jones: Only in an NDP alternate reality could a 31% increase to a health care budget be characterized as a cut. The member opposite from Niagara Falls was standing at the groundbreaking, begging to be part of the announcement, because we were investing in health care in the Niagara region. And we will invest in health care, whether it is in Windsor, in London, in Ottawa, in Timmins, and the list goes on and on—50 different capital projects.

We are making that commitment, we are making those changes, and I will not stand with an organization and a party that is philosophically opposed to any type of innovation. If we want to actually make it better for the people of Ontario—

Interjections.

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

Hon. Sylvia Jones: —then we're going to invest in community surgical centres. We are going to invest in people who want to upskill in their communities. We are going—

The Speaker (Hon. Donna Skelly): I recognize the leader of the third party.

HEALTH CARE FUNDING

Mr. John Fraser: My question would be for the Premier. We all know it's Nursing Week here in Ontario, and I think all of us want to thank nurses for the care they provide us and for caring for the people that we care for most.

What is this government doing in tomorrow's budget to ensure that nurses in long-term-care homes and hospitals have safe nurse-to-patient ratios?

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

Hon. Sylvia Jones: I'm certainly not going to pre-suppose what the Minister of Finance is going to announce tomorrow. What I will say is keep listening, because it is a very positive continuation of the work that our government has already done. As I said, 31% increase to the health care budget. Why? Because it was ignored by the previous Liberal government.

We had a government who was choosing to cut residency seats and medical seats in the province of Ontario. Compare that to what our government has been able to ensure: not only expanding the number of medical seats in every single medical school across Ontario but actually opening two new in Brampton that are taking on students in September of this year. That is making progress. That is ensuring that we have a made-in-Ontario solution to ensure, as our population ages and grows, we have the health care human resources there ready to work.

The Speaker (Hon. Donna Skelly): Supplementary?

Mr. John Fraser: Don't tell me how much you're spending; just tell me what the results are, and the results aren't good.

Many of you know my mom was a nurse for 33 years at National Defence Medical Centre. She worked on the floor. I would pick her up from work often—night shift, overnights—and I knew when they were short because I saw how physically and mentally exhausted she was, and also how late she was for the pickup. Right now in Ontario's long-term-care homes and hospitals, they're running short every day—every day—just as any nurse working in one of them.

It's a fairly straightforward question: What is the government going to do in this budget to ensure that those nurses in long-term care and hospitals have safe nurse-to-patient ratios?

1050

Hon. Sylvia Jones: Real examples mean that people get service in their community. What does that mean? It means that in February of 2024, we announced 78 new or expanded primary care teams. That means that in 78 communities across Ontario, we have nurse practitioners, we have primary care providers who are providing service right now, today. In Innisfil, nurse practitioner-led clinics; in Minto-Mapleton, nurse practitioner-led clinics, who are taking on patients and taking that load off to ensure that people have pathways other than just going to an emergency department.

I know that we can continue to do better. While Ontario leads Canada, we have an opportunity to train and educate and ultimately hire people in our communities. That's what we're doing with our primary care expansion. That's what's making an impact in our communities.

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

Mr. John Fraser: The minister might have missed a piece in the first two questions: I'm talking about hospitals and long-term-care homes and the fact that they're running short there all the time. Nurses are exhausted. They're tired. They're burning out. And for every 10 nurses this government hires, six leave. That's a result that's not good.

I guess the question is, again, is this government going to do anything in this budget to relieve the pressure on nurses by creating safe nurse-to-patient ratios in this budget?

Hon. Sylvia Jones: Well, frankly, those numbers are not borne out when you talk to the College of Nurses of Ontario. What we see is that we have been able to license over 100,000 nurses in the province of Ontario. We have 30,000 nurses in the province of Ontario, who are training right now in the system. What are we doing in our hospital systems? We are upskilling existing primary-care and front-line nurses. Why? Because we want to give them opportunities in their communities, in their hospitals, to be able to upskill and be part of a different department.

We are ensuring, through working with colleges and universities, to have a Learn and Stay program. That means that people who traditionally have not been able to invest in their education have an opportunity through a Learn and Stay program, where the province of Ontario, the people of Ontario, cover their tuition and their books.

NURSE PRACTITIONERS

Mr. John Fraser: Just for clarification, this question won't be about hospitals or long-term-care homes; it will be about the community. We know that 2.5 million Ontarians don't have a family doctor: That's one in six. Actually, in the Premier's own riding, it's closer to one in three. That's a pretty bad result, I think. How did we get here?

My question is—

Hon. Sylvia Jones: You cutting medical seats didn't help.

Mr. John Fraser: My question, if the minister wants to hear the question, is, what is this government doing in this budget to bring nurse practitioners in our community under OHIP?

Hon. Sylvia Jones: With the greatest of respect, it's a bit rich for a member from the Liberal Party who actually cut medical seats in post-secondary institutions to suggest, "How did we get here?" Well, how we got here is Ontario leads Canada in the number of primary care practitioners matched to patients—

Interjections.

The Speaker (Hon. Donna Skelly): The leader of the third party will come to order. The government House leader will come to order. The Minister of Education will come to order.

Hon. Sylvia Jones: —why? Because we know that when people are attached to a primary care provider, they get better service, and that allows them to continue to stay well and get access.

I will say, even though Ontario leads Canada with over a 90% attachment rate, that last 10% is exactly what we are doing, focusing on our primary care action team under the leadership of Dr. Jane Philpott. We've already made an announcement of 78 new primary care multidisciplinary teams last year. We've just closed the application process for this year, and there's more to come in June.

Mr. John Fraser: Right now in communities across Ontario, nurse practitioners work in the community. Too many of them are being forced to ask people for their credit card instead of their OHIP card. We all know it's happening in all the ridings. I know the minister and the Premier want to pretend it's not happening. It's happening. So, I guess it would be better if we actually brought those nurse practitioners in the community under OHIP. I think the government can find a way. It might provide a quicker solution than the ones that you're suggesting right now, because look where we ended up. Your solutions so far over seven years have left 2.5 million Ontarians without a family doctor, and that number is just going to grow. I know you've got a primary care plan, but it's not too ambitious.

So will tomorrow's budget provide the resources necessary to ensure that nurse practitioners working in all of our communities, trying to provide primary care, will be covered under OHIP?

Hon. Sylvia Jones: Only a Liberal could suggest that a \$1.8-billion investment in primary care expansion is nothing. We have ensured through our pathway that not only—

Interjection.

The Speaker (Hon. Donna Skelly): The member for Don Valley East will come to order.

Hon. Sylvia Jones: It's really important to reinforce that the last 10% who are looking for that primary care provider—those multidisciplinary teams include doctors; they include nurse practitioners; they include dietitians

and mental health workers. Why? Because it is exactly how our health care professionals want to work, and it is exactly what patients need because, no matter where you are in your continuum of care, you have a pathway and an opportunity to deal with exactly the appropriate primary care provider clinician that you need to deal with your existing condition. That's what we do when we expand and we ensure that there's an expansion of primary care—\$1.8 billion.

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

Mr. John Fraser: Some 2.5 million Ontarians don't have a family doctor and don't have access to primary care. Right now, across all of our communities—I would argue probably everyone in this Legislature, all of our communities—there are nurse practitioners who are being forced, when they hang out a shingle, to ask people for their credit card instead of their OHIP card. It's something the Premier says never happens in Ontario, but it seems to be happening more and more and more every day.

Part of a simple, quick solution would be just to find a way to support nurse practitioners in the community under OHIP. They're out there. There are lots of them. Why won't the government just simply provide the support that's necessary to allow nurse practitioners to be able to practise in our community under OHIP?

Hon. Sylvia Jones: As we expand the opportunities within our communities, we have nurse practitioners working in hospitals. We have nurse practitioners working in long-term-care homes. We have nurse practitioners leading nurse practitioner-led clinics in places like Minto-Mapleton, in Innisfil. Those—

Mr. John Fraser: You paused nurse practitioner clinics for seven years.

Hon. Sylvia Jones: Absolutely inaccurate. We were the first jurisdiction to actually allow and train nurse practitioners in Ontario, across Canada. We lead when it comes to ensuring that multidisciplinary teams, including nurse practitioners, work together to serve that patient. We will continue to do that work because—again, I will remind the Speaker and the member opposite—it is exactly the type of multidisciplinary team that patients and clinicians want. It is the best form of service, and we will continue to do that, as opposed to the one-offs that you are referencing.

HEALTH CARE FUNDING

Mr. Terence Kernaghan: Speaker, my question is to the Premier. Because of this government's snap election, a promised funding formula review of public health was cancelled. In my community, Middlesex-London Health Unit is funded the third lowest in the province, despite our city growing 5% faster than the rest of Ontario. Public health is cost-effective, but because of funding inadequacy, health promotion programs are gone and health protection programs are being eroded.

My question is simple: Will London be brought up to the provincial average of public health funding?

The Speaker (Hon. Donna Skelly): Response? The Minister of Health.

Hon. Sylvia Jones: Perhaps the member opposite wasn't paying attention with previous budgets where we actually increased public health funding by 20%. I want to be very clear: That is outside of the COVID-pandemic-related funding that, of course, we provided for public health units across Ontario. When public health units make a determination that they want to provide services above and beyond what the mandated programs are, then yes, there is an obligation for the public health units and their boards to plead their case and make their case for why that is needed in their community.

1100

But I think that when we stand up and talk about our investments in public health, when we ensure that we have said a 1% increase annually so that they can plan, that is the kind of consistency that we need to ensure that public health units have continuity and understand where and what their funding will be—

The Speaker (Hon. Donna Skelly): Back to the member for London North Centre.

Mr. Terence Kernaghan: These are Conservative “facts.” Only this government would call a 1% increase restoring a cut that they had made somehow a benefit. This government will congratulate itself for shifting public money into private pockets.

Fewer dollars means fewer staff and poorer health. This government's cuts and neglect have meant that people at MLHU have lost their jobs and health is being affected. Last year, 22 and a half positions were cut; seven and a half positions are being cut right now. More than 13 people will lose their jobs next year. The year after that, 20 more people will lose the jobs that keep people healthy. By the end of this, MLHU will have only a third of their staff left.

Through you, Speaker, I implore the Minister of Health: Will you allocate MLHU a million dollars in emergency funding so that health professionals will keep their jobs and keep protecting our community? Yes or no?

Hon. Sylvia Jones: Of course we see and know the value of public health units. We saw it during the pandemic when they were out in communities, ensuring that people understood and knew the value of vaccinations and any questions that they had.

We made those investments with public health units because we knew that they were in the front of the line. We have consistently stayed with a 75% provincial, 25% municipal funding flow for public health units, and we'll continue to do that.

Having said that, when individual public health units make determinations about what they need to do to protect their community, they are empowered to do it. It is exactly why we have public health units in the province of Ontario.

I'm not sure what the member opposite is suggesting when we see not only a 20% increase to their budgets but

also a commitment to add 1% annually so that they can plan accordingly.

GOVERNMENT ACCOUNTABILITY

HEALTH CARE FUNDING

Mr. Adil Shamji: For the Premier: As we speak, there is legislation before this House that seeks to establish new objectives for health care in Ontario. Notably, this bill promises, without any guarantees whatsoever, that health care will be province-wide, convenient, connected, inclusive, empowered and responsive.

In his remarks last night, the member from Sault Ste. Marie went so far as to say that this bill is his promise to his constituents, yet even as he said that he was breaking that promise because 4,000 patients in Sault Ste. Marie have just been fired from their doctors. In Bruce–Grey–Owen Sound, that promise has been broken already with the closure of the Durham ER. In Algoma–Manitoulin, that promise has already been broken with repeated closures of the Thessalon emergency department. In fact, not even 20 minutes ago, emergency doctors throughout the province received an email desperately asking them to keep them open.

Madam Speaker, why is the Premier allowing his MPPs to make promises that they are already breaking?

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

Hon. Sylvia Jones: The debate that happened last night for the Primary Care Act really is a watershed moment to ensure that, going forward, we have consistency in how we expand and offer primary care in the province of Ontario.

I've said many times—and this is CIHI data; it is not Ministry of Health data—that Ontario leads Canada in the attachments for their individual physicians' primary care to a patient.

Having said that, we are laser-focused on that last 10% because we know that people who have a primary care provider in their community have better health outcomes. We are ensuring, with a \$1.8-billion investment, something that started in February 2024 with 78 new primary care and multidisciplinary teams continues under the leadership of Dr. Philpott. We will ensure that that work happens. We've had that second round, and you will—

The Speaker (Hon. Donna Skelly): Back to the member for Don Valley East.

Mr. Adil Shamji: I will say again that even as this minister says that she's connected more people to health care than any other province or government in history, her ministry is literally sending out desperate emails to doctors across the province begging them to keep understaffed emergency departments in hospitals open. And I should have known that I wouldn't get a serious answer from her, even as she has 17,000 people in her riding without a family doctor.

In Huron–Bruce, this government's promise has already been broken with repeated closures at the Clinton Public Hospital emergency department. It's broken in Haliburton–Kawartha Lakes–Brock, with the closure of the Minden emergency department. The Minister of Health has herself had ER redirects in her own riding—not surprising, considering one in five hospitals have had unplanned ER closures in the last year.

So, Madam Speaker, to the Premier: Will tomorrow's budget reverse these closures and restore ER access for Ontarians, or will it leave health care as an afterthought, just like in this government's last throne speech?

Hon. Sylvia Jones: As we make investments in primary care, as we train new students who want to practise and learn in the province of Ontario, as we expand medical school seats not only in our existing medical schools but two new, in York region and, of course, in Brampton, is the member opposite suggesting that those investments shouldn't happen? Because, respectfully, when you vote against those investments you are de facto suggesting that you do not believe in them.

We make those investments. We will continue to ensure that the remaining 10% of Ontario residents who are looking for a primary care provider get that opportunity, unlike the Liberal government, when they were in power, actually cutting medical seats in the province of Ontario. Imagine, Speaker: Over 350 students who did not get the opportunity to train to become a doctor. That is your legacy. We will do the work to get it done.

HOUSING

Mr. David Smith: My question is to the Minister of Municipal Affairs and Housing. Families in Ontario want a safe and affordable place to live. They want a chance to own a home. But for too long, the previous Liberal government let costs rise and delayed growth. They didn't act. That is why our government is taking action. We are cutting the red tape, we are building faster and we are working with cities and towns to get shovels in the ground. Our new housing legislation will make it easier to build roads, bridges and homes. It will help builders work faster and help people find a place to live.

Speaker, can the minister share how this new legislation will help us to build more homes and support our economy?

Hon. Rob Flack: I think everybody knows we're facing economic headwinds from the Trump tariffs to the attacks on jobs in Ontario. We all know that it can't be business as usual. That's why we're pro-acting, Speaker.

In Vaughan this week, I introduced Protect Ontario by Building Faster and Smarter Act. And what's it doing, Speaker? It's creating the environment, the conditions, to get housing built.

We're providing tools to our municipal partners, like key critical infrastructure. The Minister of Infrastructure announced \$400 million more to provide our municipal partners with getting key infrastructure in the ground.

That's on top of the already \$2 billion we've invested to support their need to get shovels in the ground.

Speaker, I was proud to stand there with the association of municipalities, Ontario home builders, BILD, RESCON, LIUNA and more. Why? They're all in support of our plan. In unison, together, everyone achieves more. It takes too long to get shovels in the ground. We're going to change that.

The Speaker (Hon. Donna Skelly): Supplementary?

Mr. David Smith: I want to thank the minister for the great work he's doing within the ministry.

For too long, the previous Liberal government let costs rise and delayed growth. That is why our government is taking action. We are cutting red tape, we are lowering costs, we are making it easier to build. With this legislation we will help builders put shovels in the ground faster. More homes mean stronger community, good jobs and a secure future for Ontarians.

We are also supporting critical projects like long-term-care homes to get built. This means our seniors get the care they deserve.

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Can the minister share how these changes will help us build more homes and keep life affordable for Ontario families?

Hon. Rob Flack: As I said in my initial response, it takes too long and it costs too much to build a home in this province. That's why we are not waiting, Speaker. We're acting; we're pro-acting. That is why we deferred DCs until occupancy, again, helping our home builders get shovels in the ground, enabling key cash flow to get the job done. That is why, to the member's question, we eliminated DCs in long-term-care homes—eliminated them, Speaker. And that is why we're making it easier for schools to accommodate growth.

It takes too long to get shovels in the ground. That is what this act is going to improve. We're going to make it more affordable for people to buy a home and keep the dream of home ownership alive in this province for generations to come.

HOSPITAL FUNDING

Ms. Catherine Fife: My question is for the Premier. In April, the Grand River Hospital and St. Mary's General Hospital announced their merger to become the Waterloo Regional Health Network. The merger includes a new hospital at the University of Waterloo's north campus. Right now, there's a sign in a field.

They are asking for support from the province to help fix their structural deficit and support other enhancements, including their request for 119 additional beds across their sites to support our ever-growing community. They hope to be included in the upcoming budget.

To the Premier: Will the government adequately fund hospitals and hospital infrastructure in tomorrow's budget?

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

Hon. Sylvia Jones: Respectfully, we already do. When you invest \$50 billion in 50 different capital projects, that would suggest that you are actually making investments in hospital capital.

Now, what happens tomorrow at 4 o'clock when Minister Bethlenfalvy announces his budget, I will leave to him. Having said that, when you have hospital capital builds across Ontario, whether it is in Windsor, whether it is in Mississauga, in London, in Ottawa, in Niagara, those are investments in people. We are ensuring that as our population ages, as our population grows, we are putting the capital in place to ensure that not only the hospitals in Kitchener-Waterloo but across Ontario have the commitments and the investments they need to ensure that top-of-the-line, quality care that the people of Ontario have come to deserve and know so well. We'll get it through their capital pieces.

The Speaker (Hon. Donna Skelly): Supplementary.

Ms. Catherine Fife: Seventy-five percent of the hospitals in the province of Ontario are running operational deficits. It is a serious issue.

Recently, the Premier released a list of nation-building projects to be prioritized. While this list included the \$100-billion 401 fantasy tunnel, hospitals did not make the cut, even though the list of communities waiting for a hospital continues to grow.

We put forth a motion asking the government to designate critical hospital infrastructure as nation-building projects and fund them in the 2025 budget. This government voted against that.

If the Premier wants to invest in nation-building infrastructure, as he says he does, he should start here: build hospitals, expand urgent care, reopen our emergency rooms.

To the Premier: Does your government consider building hospitals to be a nation-building project? Because hospitals and a strong health care system pull investment into the province of Ontario. We need to protect this great province.

Hon. Sylvia Jones: It sounds like, based on the member opposite's question, she actually wants us to pause and wait for the federal government to suddenly come and be part of the solution for hospital capital. They have never been part of the solution for hospital capital, and I don't expect that they will be any time soon.

What we will do is—we as a government and we as a province—make those investments. We've done that with \$50 billion for 50 capital projects, and we will continue to do that as we have subsequent budgets and fall economic statements.

I think it's really important and telling that the member opposite is suggesting we need to pause hospital capital while we wait for the federal government to come to the table. I have no intention of stopping. I will not wait for the federal government. We will get it done.

NURSES

MPP Tyler Watt: It is nurses' week, and as a nurse, I want to share a little bit about what it's like to be a nurse in Ontario today. Right now, you get to work, you pay ever-increasing parking fees, and you wonder if you're going into your shift fully staffed—chances are, you're not. You get there, you work through your 12-hour shift, and then you're mandated to stay an extra four hours, to 16, because once again, you're too short. You're burnt out. You're frustrated.

As nurses, we all just want to do what we came there to do—it is to provide quality and compassionate care to our patients. But in this current system, we are unable to do that.

Premier, nurses don't need more slogans. They need respect, fair wages, and safe working conditions. We don't like to be called heroes and then you slap us with Bill 124 and freeze our wage increase annually during a pandemic.

Premier, will you finally listen to Ontario's nurses and commit today to investing in nurse retention and guaranteeing safe staffing levels in our hospitals and communities?

The Speaker (Hon. Donna Skelly): I want to remind the members to ask your questions through the Speaker.

Response? I recognize the Minister of Health.

Hon. Sylvia Jones: I'm not sure if the member opposite is aware of an upskilling program that has actually trained over 1,000 nurses to be able to work in their emergency departments, in their local hospitals, in their communities. Have they spoken and do they talk to the nurses who have been able to benefit through—over 400 nurses from 72 rural and remote hospitals who have received upskilling training? That's the investment that we make in people, to ensure that individuals who are practising in, perhaps, one department—want to work in ICU, in an emergency department. When we invest in our people, we are investing in our communities.

We have seen a very high interest and uptake in individual RNs who are taking advantage and using those opportunities to upskill and ultimately better serve their communities.

We will continue to invest in people. We will absolutely continue to invest in capital. But at the end of the day, this is about ensuring individuals have opportunities to train, work and stay in their community.

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

MPP Tyler Watt: With respect to the minister—nurses aren't buying it. You're saying that you're investing in us and you're investing in people, but we live the real lives on the front lines in the hospitals and in the communities, and that is just not what's going on. If this government were truly making historic investments, we wouldn't have hospitals relying on agency nurses at double the cost, we wouldn't see ERs in rural and urban communities alike closing because they don't have staff, and we wouldn't have thousands of nurses leaving the profession, telling us

that they feel disrespected, unsafe, and unheard, especially from this government.

Minister, you can't fix a health care staffing crisis with press releases—

The Speaker (Hon. Donna Skelly): Once again, I'd like to remind the member that you ask your questions directly through the Speaker.

MPP Tyler Watt: Sorry.

Through you, Speaker: You can't fix a health care staffing crisis with press releases or slogans. You fix this by listening to nurses—by giving them the wages, working conditions, and respect they've been pleading for.

So, Speaker, through you to the Minister of Health: Will this government finally act—not with more spin, but to ensure safe nurse-to-patient ratios and make public health care a place where nurses want to stay?

Hon. Sylvia Jones: Speaker, I certainly understand that the member opposite is new and perhaps doesn't understand the history of the Liberal government. They actually cut medical seats. It is important to understand, by cutting medical seats, you have actually ensured that fewer people—

Interjections.

The Speaker (Hon. Donna Skelly): The Liberal Party will come to order.

Hon. Sylvia Jones: —have access to medical training in the province of Ontario.

Allow me to quote Doris Grinspun from the RNAO—you may know her. She commends the government's intention to celebrate the integration of internationally trained nurses as one of the urgent actions required to address nursing.

"Ontario's hospitals appreciate the province's continued commitment to building a strong health care workforce, which will help ensure patients continue receiving high-quality health care close to home." That came from the president and CEO of the Ontario Hospital Association.

Stakeholders understand that the commitments we have made, the investments we are making, the expansions we have done lead to more people being able to practise in their communities—and offering those opportunities to young people.

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GOVERNMENT ACCOUNTABILITY

Ms. Bobbi Ann Brady: My question is for the Premier.

I'm not sure where to begin on Bill 5, other than that it might well be the most undemocratic bill I've seen since arriving at Queen's Park. And I'm dizzy from listening to the spin on this bill.

The Minister of the Environment, on Monday, said the Dresden landfill site will be subject to an environmental approval. Why is it in the bill, then? We've also heard from this government that capacity is necessary if Donald Trump decides to turn our garbage trucks around at the border. Fair enough. But wouldn't it make sense to look at

the hundreds of active landfill sites in this province, not just one?

I feel for the people of Lambton–Kent–Middlesex who feel they were duped by this Premier, and I feel terribly for the member opposite, who is wedged between his community and his leader.

This issue will continue to stink far beyond the next election.

Since the Premier's promise to Dresden and the breaking of the said promise, one thing has changed: the ownership of the landfill property, which is held under different variations of Whitestone Fields. Information on Whitestone is elusive. Speaker, can the Premier please inform this House who the partners are so we are aware with whom Ontario is doing business?

The Speaker (Hon. Donna Skelly): I recognize the Minister of the Environment, Conservation and Parks.

Hon. Todd J. McCarthy: Madam Speaker, leadership means facing down a challenge and a crisis. We are in a crisis. We are here to protect Ontario.

The day before this government received a third majority mandate from the people of this province, it was reported publicly that the Michigan governor was putting forward a proposal in the 2026 Michigan budget to increase landfill fees by 1,000% or more. So we won't be able to rely on exporting our garbage—40% of our garbage—to Michigan or New York any time soon.

We have to pivot. We have to build our landfill capacity. We will do so, and we will do so with strong environmental oversight—that, I can assure the House.

The Speaker (Hon. Donna Skelly): Back to the member for Haldimand–Norfolk.

Ms. Bobbi Ann Brady: I think the whole situation stinks.

I understand that we have to expand landfill, but there are nearly 800 active landfill sites in this province, and we are looking at one in Bill 5.

We all know the key players here are not only involved in the landfill business, but they are also developers. Two of them control Empire Communities and have requested a minister's zoning order to build a city of 40,000 at the Nanticoke industrial park in my riding. Empire Communities has built over 10,000 homes in this province, and its partners have generously donated to the PC Party over the past number of years. So you can imagine the anxiety in my riding that an MZO will be another curried favour.

I was heartened when the Minister of Municipal Affairs assured me, two weeks ago in question period, that the request for the MZO would be consulted on extensively. I want to believe the minister; he's a great guy. But his leader is using tariffs as a camouflage to create the conditions in which corporate greed continues to flourish.

Speaker, the Premier should start today in earning back the trust.

How will the Premier assure my constituents that their voices are heard on the MZO, when they see what has happened in Dresden?

The Speaker (Hon. Donna Skelly): I will give the member 10 seconds to relate her question to her original question. The supplement did not follow with the original question.

The member for Haldimand–Norfolk.

Ms. Bobbi Ann Brady: Speaker, I'm respectfully asking, when we see Bill 5 specifically mention Dresden and we see the centralized decision-making of this government, how do the people of Haldimand–Norfolk have the assurance that they will be heard on the MZO request?

Hon. Todd J. McCarthy: Madam Speaker, this is about protecting Ontario jobs in Dresden, in the members' communities and all communities across Ontario. If we cannot send 40% of our waste across the border—

Interjections.

The Speaker (Hon. Donna Skelly): The members of the third party will come to order. The members of the opposition will come to order.

Hon. Todd J. McCarthy: —we won't be able to. That is the threat we face. This will threaten jobs. If businesses cannot dispose of their waste and we don't have the landfill capacity, they cannot operate. If they cannot operate, they shed jobs. That is the crisis we face. Our government is prepared to face it and pivot and act pragmatically based upon the need that we face in facing this crisis down. We will do it in a balanced, responsible way in Dresden and anywhere else where landfill capacity needs to be expanded.

SMALL BUSINESS

Ms. Natalie Pierre: My question is for the Associate Minister of Small Business.

Ontario's small businesses are the backbone of our economy. They create jobs and keep our communities strong. But our small businesses are facing real threats. They're dealing with global competition, supply chain disruptions, and the risk of new US tariffs.

That's why our government is taking action. We're cutting red tape and providing direct support to entrepreneurs. From start-up programs to digital modernization, we're giving businesses the tools they need to compete and grow.

Speaker, can the associate minister share how our government is standing up for small businesses and protecting Ontario jobs in the face of these threats?

Hon. Nina Tangri: Thank you to the hard-working member from Burlington for the important question and for being an absolute champion for her job creators.

Speaker, our government understands that small businesses need support to grow and compete, and we're delivering real results. Our 47 small business enterprise centres, and programs like Starter Company Plus and Summer Company are giving thousands of entrepreneurs access to mentorship, training and grants. Summer Company launched over 1,700 youth businesses in the last five years, and applications are still open through small business enterprise centres. In that same time frame,

Starter Company Plus has supported over 5,500 companies and created well over 6,300 new jobs.

Programs like the Digitalization Competence Centre, the DCC, provide support and training for small businesses with the potential for growth through digital adoption, particularly in manufacturing, agriculture and resource industries.

These programs grow our economy and are a prime example of our work to protect Ontario.

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

Ms. Natalie Pierre: Thank you to the associate minister for her continuing leadership.

Ontario's small businesses are at the heart of our economy. They create jobs, drive growth and support local communities.

But starting and growing a business isn't easy. Entrepreneurs need access to capital, mentorship and the right supports to thrive.

That's why our government is taking action, investing in programs like Futurpreneur Canada, which provides young entrepreneurs with start-up loans and mentorship. We're also cutting red tape and making it easier for small businesses to access government supports. These steps are helping businesses grow, create jobs and strengthen our economy.

Speaker, can the associate minister share more about how our government is supporting small businesses, ensuring they can thrive in a competitive global environment?

Hon. Nina Tangri: Thank you again to the member for the question and their advocacy and continued support for small businesses.

Speaker, we know that access to capital and cutting through red tape are two of the biggest hurdles small businesses face, especially in the early stages.

That is why this past year, we invested \$2 million into Futurpreneur Canada, which helps entrepreneurs aged 18 to 39 access loan capital of up to \$75,000 and mentorship resources to help them launch new ventures in Ontario. These supports are helping turn bold ideas into thriving businesses.

Also, our senior business advisers are working one-on-one with entrepreneurs to help them navigate the full range of government supports, whether it's permits, regulations, or connections to funding opportunities.

Speaker, our government and the Premier want to send a clear message to Ontario entrepreneurs: We will always support you and have your back, and that's how we—

The Speaker (Hon. Donna Skelly): I recognize the member for Toronto Centre.

NURSING AGENCIES

HEALTH CARE FUNDING

MPP Kristyn Wong-Tam: My question is for the Premier.

This week, we learned that Ontario has paid private for-profit nursing agencies \$9.2 billion over the past decade to fill hospital staffing gaps. These agencies charge triple what staff nurses are paid. Hospitals are reliant on these agencies because this government has failed to stop the mass exodus of nurses leaving the profession.

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If this government tackled nurses' biggest issues, including shrinking wages, lack of respect, and burnout, there would be no need for these for-profit agencies.

Instead, nurses are leaving the profession that they love and trained for because the working conditions are so bad.

Speaker, why is the Premier deepening the health care crisis instead of investing, retaining, returning and recruiting nurses to our public system?

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

Hon. Sylvia Jones: Where was the member opposite when we directed the College of Nurses of Ontario to quickly assess, review and ultimately license, when appropriate, internationally educated nurses? They were silent.

Where was the member opposite when we were investing in 911 models of care that ensured that front-line personnel, whether it was firefighters or paramedics, were able to work directly with their hospitals to ensure that ED patients were able to quickly get seen and have a program in place, a dedicated off-load nursing program, that ensured that there are front-line officers—our paramedics could get back out onto the road and do what they need to do in communities.

Where was the member opposite when we were expanding a Learn and Stay program across post-secondary institutions to expand the number of nursing opportunities across Ontario? They were silent.

We're getting the job done, and we are seeing the results.

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

MPP Kristyn Wong-Tam: It's unfortunate that the Minister of Health will not take any responsibility, because one of the reasons why we are bleeding nurses in this province is because of Bill 124.

Speaker, Ontario hospital nurses are already overburdened and overworked. This government makes their job even harder by refusing to invest in public health interventions that would take the pressure off the hospitals—interventions such as services provided by the Hassle Free Clinic, which provides low-barrier sexual health services in my riding. When other doctors refuse to treat STIs, when they send them away because of stigma—they keep those patients away from the hospitals. That's what this clinic does, because they provide treatment for them—by preventing disease without discrimination. This modest sexual health clinic is busier than ever before, seeing patients from outside of Toronto, because their services simply don't exist in other parts of Ontario.

So, Speaker, instead of restoring the funding in public health that this government has cut, and just simply doing

that, why will they not provide new funding to ensure that public health and sexual health clinics—

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

Hon. Sylvia Jones: The member opposite, of course, was talking about nursing in her first question, so I will continue—

The Speaker (Hon. Donna Skelly): I will actually apologize.

I do think that that question was not—I'll give the member a few seconds to try to bring it back, your supplementary, to follow your original question.

MPP Kristyn Wong-Tam: I'm talking about the pressure on nurses and the overburden on the hospitals. When we have the inability to keep people safe and healthy, the hospitals can become further burdened. That is the connection, Speaker.

The Speaker (Hon. Donna Skelly): Back to the Minister of Health.

Hon. Sylvia Jones: As I've mentioned a number of times since 2018, when Premier Ford formed our government, we've had over 100,000 new nurses registering in the province of Ontario. Why? Because we have opportunities in Ontario, whether it is, absolutely, in our public health units, our hospitals, our community care organizations, and our long-term-care organizations.

As our population ages and grows, we are making those investments.

What those investments entail and involve are ensuring that no matter where you live in the province of Ontario, you will get equitable care and you will have that opportunity to match with a primary care clinician. A \$1.8-billion investment ensures that the last remaining 10% of individuals who are looking for a primary care provider have that opportunity in Ontario. We should be incredibly proud of that investment, and we are ensuring that we're getting it done.

The Speaker (Hon. Donna Skelly): Before we move forward, I would like to remind members that your supplementary must relate to your original question.

I recognize the member for Etobicoke–Lakeshore.

PUBLIC TRANSIT

Ms. Lee Fairclough: Thank you to my colleagues for acknowledging the state of health care and the critical roles that nurses play, caring for patients. As somebody who just came from working in a hospital before this chamber, I echo their pleas to the government.

However, today, I have an urgent local issue to raise. Later this month, we will mark National Accessibility Week. In Etobicoke–Lakeshore, my constituents were told in 2018 that the Mimico GO station would be accessible by 2023. And around election time in 2022, a new Park Lawn GO station was announced to meet the explosive growth at Humber Bay Shores. Yet, years later, my constituents are waiting. Nothing has changed.

Through the Speaker, to the Minister of Transportation: Will the residents of Etobicoke–Lakeshore finally receive good news in tomorrow's budget that these long-promised projects will actually begin, or will they face more broken promises?

Hon. Prabmeet Singh Sarkaria: I assure the member opposite that tomorrow she will hear from the Minister of Finance that we are investing \$70 billion over the next 10 years in public transit—included in that will be the Mimico station. The Mimico station will be a part of that \$70-billion plan. I urge that member that when it comes time to vote in support of that budget document, when it comes time to support and vote for the Mimico station—that that member gets up and votes to support that investment of \$70 billion over the next 10 years, to support public transit, support building Mimico station and stations across the entire province. That is exactly what we are doing. We're investing in every one of your communities.

We hope the NDP and the Liberals get up and support public transit and this government's vision to build.

The Speaker (Hon. Donna Skelly): We are out of time for questions.

I just would like to mention to all of our guests in the gallery that I'm pretty tough when it comes to the amount of time that we spend introducing guests, so I apologize if some of you were not introduced—but, believe me, the members would have loved to. We welcome all of you to the chamber today and to the gallery.

SUPPLEMENTARY QUESTIONS

The Speaker (Hon. Donna Skelly): As we are at the beginning of a Parliament, I would also like to remind members of the rules regarding supplementary questions.

Standing order 35(c) provides that, "In the discretion of the Speaker, a reasonable number of supplementary questions arising out of the minister's reply to an oral question may be asked by any members."

A supplementary question is, therefore, required to be related to the initial question and response. It should not be seen as an opportunity to introduce a completely different issue. I urge members to keep this in mind when asking their supplementaries.

On that note, this House stands in recess until 1 p.m.
The House recessed from 1138 to 1300.

INTRODUCTION OF VISITORS

MPP George Darouze: Madam Speaker, thank you very much for allowing my younger brother to participate and come to your gallery this afternoon.

This is my brother Elie Darouze. It's his first time here at Queen's Park.

Welcome to your House.

Mr. Steve Clark: This morning during question period, I was honoured to have my fire chief in the city of

Brockville, Chief Melanie Jones, here as part of the delegation of fire chiefs. I want to welcome her to Queen's Park, and I want to congratulate her on receiving the King's coronation medal from the Solicitor General.

Mr. Logan Kanapathi: I'm so happy to introduce the amazing fire chiefs from the wonderful city of Markham: the fire chief, Chris Nearing, and deputy chiefs Ryan Best and Robert Cullen. Thank you and welcome to Queen's Park.

Ms. Laura Smith: This morning, we were so pleased to see someone who is known in Vaughan as Chief Andy, but his name is Chief Andrew Zvanitajs. He's the fire chief of the city of Vaughan Fire and Rescue Service.

MPP Kristyn Wong-Tam: These are the wonderful guests from the Ontario Health Coalition, who are not in the chamber today, but they're still having meetings throughout the building, and with your indulgence, I'd like to name them: Joy Lehmann, Shalom Schachter, Nancy Olivieri, Jacqueline Karabatos, Doug Allan, Janice Ariza, Mackenzie Currier, Janet Manzo, Deborah Deveau, Alanna Kong, Salah Shadir, as well as Allison Cillis.

Mr. Anthony Leardi: I'd like to welcome to Queen's Park the interns from the Ministry of Health: James Madore, Paulina Sulsky, Matthew Panacci and Luca Quatela.

INTRODUCTION OF BILLS

ONTARIO UNIVERSITY ATHLETICS WEEK ACT, 2025

LOI DE 2025 SUR LA SEMAINE DES SPORTS UNIVERSITAIRES DE L'ONTARIO

Mr. Saunderson moved first reading of the following bill:

Bill 22, An Act to proclaim Ontario University Athletics Week / Projet de loi 22, Loi proclamant la Semaine des sports universitaires de l'Ontario.

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

First reading agreed to.

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

Mr. Brian Saunderson: Yes, I do. The bill proclaims that the first full week in October of each year be declared as Ontario University Athletics Week, in order to recognize the incredible accomplishments of our Ontario athletes, who will go on in many cases to play professional sport, to represent Ontario nationally and internationally at Olympic Games and Pan American Games. This is a way to pay tribute to their representation of our great province.

PROTECTING SENIORS' RIGHTS IN CARE HOMES ACT, 2025

LOI DE 2025 SUR LA PROTECTION DES DROITS DES PERSONNES ÂGÉES DANS LES MAISONS DE SOINS

Ms. Pasma moved first reading of the following bill:

Bill 23, An Act to amend the Residential Tenancies Act, 2006 and the Retirement Homes Act, 2010 respecting tenancies in care homes / Projet de loi 23, Loi modifiant la Loi de 2006 sur la location à usage d'habitation et la Loi de 2010 sur les maisons de retraite en ce qui concerne les locations dans les maisons de soins.

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

First reading agreed to.

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

Ms. Chandra Pasma: I would, Speaker. Thank you. This is the Protecting Seniors' Rights in Care Homes Act. The bill puts a stop to exploitative practices being carried out by retirement homes and other care homes by raising fees by unlimited amounts, a lack of clarity around what care packages actually cost and what services are being applied, by regulating the practice of raising fees and tying fees particularly to care, and it also closes loopholes that mean that the Residential Tenancies Act does not apply in all cases to seniors living in care and retirement homes.

PETITIONS

ASIAN HERITAGE MONTH

Mr. Jonathan Tsao: Speaker, it's a pleasure for me to rise to introduce my second petition to this honourable House, "Recognizing Asian Heritage Month and the 20th anniversary of the Asian Heritage Act, 2005." This petition highlights the vital contributions of Ontario's diverse Asian communities and acknowledges the continued challenges of racism and discrimination and calls for renewed efforts in public education, cultural recognition and inclusion.

The petition urges the Legislative Assembly of Ontario to reaffirm its commitment and support for initiatives that celebrate and recognize the contributions of Asian Canadians in Ontario.

It's my honour to support this petition, affix my signature to it and pass it on to page Aashman for your consideration.

SOCIAL ASSISTANCE

MPP Kristyn Wong-Tam: I rise to present this petition to the House to raise social assistance rates. It reads:

"To the Legislative Assembly of Ontario:"

Whereas the "social assistance rates are well below" the "official Market Basket Measure poverty line," where we see "the rising costs of food" and groceries, and now that those individuals who are receiving OW and ODSP to be respectively receiving \$733 and \$1,368—simply, that is not enough. A lot of citizens are left behind, and they're finding themselves struggling more and more because of those frozen OW rates.

This petition calls on the Legislative Assembly to double the social assistance rates for OW and ODSP.

I want to thank Dr. Sally Palmer for her hard work and advocacy for collecting these signatures.

I'll proudly affix my signature to this petition and send it to the table with the wonderful page Manur. Thank you very much.

AFFORDABLE HOUSING

MPP Kristyn Wong-Tam: Once again, I'm very pleased to present this petition. This petition is calling for action on the housing crisis, calling for safe and affordable housing now.

"To the Legislative Assembly of Ontario:

"Whereas Toronto's residential vacancy rate is 1.1%," where we're seeing that a one-bedroom apartment in this city is now costing over \$2,000 a month, which is the highest in this country, where we're seeing that the social housing wait-list for Ontario is over 200,000 households deep—we know that the government has eliminated rent control, and we recognize that, with new need, everybody in Ontario deserves to have a safe, affordable and livable house and home.

Therefore, they are calling upon the Legislative Assembly of Ontario to reverse the elimination of rent control protections for new rental units to ensure that we can end vacancy decontrol so landlords are not allowed to just wildly increase the rents whenever they want, whenever a tenant moves out, and to end the above-guideline rent increases to ensure that repairs and maintenance are done in a timely fashion, and to strengthen the Residential Tenancies Act to protect tenants from renovations and demovictions.

I will proudly sign this petition and send it to the centre table with page Manur. Thank you very much.

ORDERS OF THE DAY

SUPPLY ACT, 2025

LOI DE CRÉDITS DE 2025

Ms. Mulroney moved second reading of the following bill:

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

1310

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

Hon. Caroline Mulroney: It is my honour to rise to speak to the Supply Act today. I would like to begin by noting that my parliamentary assistants, the member for Carleton and the member for Algoma-Manitoulin, will also be participating in today's debate.

As many members know, the passage of the Supply Act by the Ontario Legislature is required every fiscal year. It represents the final approval of all spending by the government of Ontario and legislative offices for the fiscal year that ended March 31, 2025. It's an important fiscal process and it is central to our democracy.

Should the Supply Act pass, it signifies the final approval by this House of expenditures proposed by the government and the expenditure estimates that have been tabled for the fiscal year 2024-25. This estimates process constitutes the government's formal request to the Legislature to approve spending requirements. It's an annual process that every Ontario government must complete.

Our government is not proposing any new spending today. The government is only looking to approve the spending outlined in the 2024-25 estimates, spending that was outlined in our 2024 budget and fall economic statement.

Madam Speaker, it should never be forgotten that every single dollar spent by the government comes out of the pocket of this province's hard-working taxpayers. This is the lens through which the government views all of its spending, and as President of the Treasury Board, it is why we must carefully account for every cent that is being spent in their name.

Madame la Présidente, il est important de noter que cette approche prudente sera toujours guidée par l'engagement du gouvernement à veiller à ce que la situation budgétaire de notre province reste solide en cette période d'incertitude économique.

Maintenant plus que jamais, le gouvernement doit poursuivre son approche responsable en matière de gestion budgétaire, parce que les décisions budgétaires, les décisions financières que le gouvernement prend aujourd'hui auront des répercussions sur les générations d'Ontariens à venir. Et cela comprend la réponse du gouvernement à l'agression extérieure qui vise à compromettre notre économie et des emplois ontariens bien rémunérés.

Comme la Loi de crédits est une procédure qui vise à confirmer toutes les dépenses du gouvernement dans le budget, j'aimerais profiter de ce temps pour discuter des mesures fiscales initiales du gouvernement en réponse à la menace des tarifs douaniers.

Therefore, Madam Speaker, at this crucial time, it gives the government the opportunity to reiterate our response to the egregious threats being made against our economy by the United States. Let's be clear: Canada will never be the 51st state. In swift response to the new tariffs imposed

by the United States government, Ontario is providing \$11 billion in urgent relief. These funds will help to provide the fiscal flexibility that is necessary to adapt and to confront the growing challenge of economic uncertainty.

Specifically, these funds will be earmarked in part to support Ontario's crucial auto sector. It has never been more important to stand with Ontario's auto workers. The government will continue our firm commitment to an industry that has been the backbone of our economy for generations. It's an industry that has put food on the table and kept the lights on for so many families across this province. We expect our federal counterparts to be in lockstep in this support for the auto industry and its workers as well. Ontario is keeping a keen eye on the impact of new tariffs on our auto industry, and we will continue to respond as the situation evolves.

Madam Speaker, another way that the government is responding to the threat and implementation of tariffs is by adjusting our procurement policy, which is led by the Treasury Board Secretariat. Earlier this month, the government announced an update to the province's procurement policy. This new procurement restriction policy was designed to restrict United States businesses from accessing public sector procurements here in Ontario. It applies to all public sector entities, which means government entities and all designated broader public sector organizations.

It is more crucial than ever to harness the immense purchasing power of this province to support our own businesses. The updated policy applies to all new procurements of goods and services, consulting and non-consulting, at any value, and it applies regardless of the method of procurement, whether it's invitational, open competitive or non-competitive.

La modification rapide de l'approche du gouvernement illustre le sérieux et l'urgence avec lesquels le gouvernement a réagi aux menaces de ces tarifs douaniers injustifiés, injustes et illégaux. Ces changements étaient nécessaires, madame la Présidente, car nous avons tous pris conscience que le gouvernement ne pouvait plus profiter des avantages de notre partenariat économique avec les États-Unis. Il n'a jamais été aussi clair que la vigueur de l'économie ontarienne ne peut plus dépendre de notre partenaire commercial traditionnel. En réponse, le gouvernement se concentrera sur l'édification d'une économie plus autonome et canadienne que jamais.

Of course, Madam Speaker, it should be noted that the government will continue to engage with American lawmakers in good-faith discussions about the future of our trade. On behalf of the people of Ontario, the government will continue to make the case that we are stronger when we work together, that there is a road already travelled to mutually beneficial trade, that years of partnership and friendship should not be thrown away. However, these efforts should not be interpreted as weakness or acquiescence. The government will go to great lengths to ensure that Ontario and Canada can stand on their own.

Madam Speaker, I would like to thank all the members for taking the time to listen during today's debate.

Les répercussions des nombreuses annonces de tarifs douaniers ont été difficiles à quantifier. Mais les Ontariens et les Ontariennes peuvent être sûrs que leur gouvernement lutte de manière efficace et proactive pour eux. Et, madame la Présidente, le gouvernement s'est engagé à poursuivre dans cette voie.

C'était un honneur pour moi de participer à la procédure finale du cycle financier.

I'm looking forward later today to hearing my parliamentary assistant George Darouze, as well as my parliamentary assistant Bill Rosenberg, to conclude our government's portion of the debate with their remarks later today.

In closing, I urge all members to support the passage of the Supply Act so that the government spending can be authorized for the current fiscal year. Merci beaucoup. Thank you very much.

The Acting Speaker (MPP Andrea Hazell): I recognize the member from Timiskaming-Cochrane.

Mr. John Vanthof: It's always an honour to stand in the House, and today, to discuss the Supply Act. Basically, the Supply Act, from the way I understand it, authorizes the government to basically pay their bills till the end of March—pretty important thing to be discussing.

The government finances many things. Many of our most important services are dependent on the government. It's obvious that, as official opposition, we disagree philosophically with many of the ways the government invests money, but I think we all agree that bills need to be paid, projects need to be done, people need to be paid on time. I actually did listen intently to the President of the Treasury Board and about the unique challenges we face right now with President Trump and his tariff threats. I've also listened very intently to the Premier talking about how we need to build infrastructure and how we need to take part in making this country stronger to withstand the threat of our closest neighbour, who seems right now not to be our closest ally—and hopefully that will change for the future.

1320

But in northern Ontario, some of those statements ring rather hollow. We've all heard about the Ring of Fire, how we're all going to get this province, this country—it's going to boom on the Ring of Fire. Okay? We've all heard we're going to have a Trans-Canada corridor. Well, I would challenge the members here to take a trip on the Trans-Canada Highway. While here we talk about building a tunnel under the 401—basically next to the United States—we also have something called the Trans-Canada Highway, which links the country together, basically the backbone of the country. But once you get into northern Ontario, that Trans-Canada Highway shouldn't even be called a highway in many places.

I heard the President of the Treasury Board talk about how important the car industry is to Ontario. I fully agree. There are quite a few things I agree on with the President

of the Treasury Board—quite a few I don't, but quite a few I do. Did you know that in the last few weeks on the Trans-Canada Highway in northern Ontario, a car carrier—you know what I'm talking about, the transports that carry cars, right? They're pretty vital to the car industry. A car carrier was going north of Englehart and it hit a pothole on the Trans-Canada Highway so big that one of the cars flew off the carrier. That is the Trans-Canada Highway in Ontario.

So when we hear how we're going to build Ontario, and we know that on the Trans-Canada Highway trucks can't even make it without damaging their cargo, we've got a problem here. The Premier sent a letter to the Prime Minister, and one of the things was the tunnel under the 401, another was a deep-sea port—well, a northern deep seaport. I'm taking it that would be somewhere by Moosonee. Not only isn't there a road to Moosonee, but even the Trans-Canada Highway to get to Cochrane is not actually up to standards to actually bring the cargo that you're talking about.

So if you're really talking about building infrastructure, how about we start with actually building the Trans-Canada Highway in Ontario up to the standards of the rest of the country, where it's the only part of the Trans-Canada Highway that isn't divided four-lane?

You know how the government always says, "We're number one. We're number one at this, we're number one in education"—not true, in our opinion—"number one in hospitals"—not true again. But there's one place I can guarantee we're not number one: We are the only part of the Trans-Canada Highway that is not four-lane—the only part. So you can talk about building a tunnel under the 401 all you want, but we are always going to be the weak link in the Trans-Canada Highway until it's four-laned.

Today I heard the Minister of Health talk about a question from our side about health care, and she chastised us for not talking about the new 911 system to access health care. That also rings a bit hollow for people in northern Ontario, because there are big sections of this province that are habitated, including where I am, that do not have 911. So while I hear the Solicitor General talking about enhanced 911, I have constituents who would be happy with any kind of 911. We have to realize that you keep talking about northern Ontario as part of the solution—we've always been part of the solution—but the problem is the government as a whole doesn't recognize that we also need the services that other parts of the province take for granted.

That's why northerners always take it with a grain of salt when the province says, "Oh, here, this is going to be great for us all," when it hasn't been great for us in the past. And that's something I needed to put on the record, Speaker.

Yes, we are here to pass the Supply Act, and it will pass, as it should. We will likely vote against it because we disagree with many ways the government is spending their money, but let's all agree that the bills need to be paid.

When people in my riding—and I'm going to go back to Highway 11 again. Highway 11 is our main street. If we

go to the hospital, we have to be on Highway 11. When we go get groceries, we have to be on Highway 11. School buses—on Highway 11. It's the Trans-Canada Highway, so people who are used to the four lanes get in my part of the world and transports pass school buses with red lights on a regular, regular basis. The highway is regularly closed because transports force cars off into the ditch or cars force transports off into the ditch. This happens on a regular basis.

The province is losing millions and millions—the country is losing millions and millions and millions of dollars because transport traffic is stopped regularly. And you never used to notice that because, yes, let's be honest, most of our production always went to the States. Great—big market. But now everybody is talking about how we have to unite Canada, we have to be stronger. Well, if you're truly going to unite this country and actually unite this province, you have to think about things like the Trans-Canada, things about actually providing—and we're not even talking about equal service for northern Ontario. We're talking about equivalent service for northern Ontario.

In this House—if you'll remember, in northern Ontario we have five pretty big cities. That's where our major hospitals are. If I need to go to the hospital or my family or anyone, often we have to travel. Or we have to travel to Toronto if it's a bigger procedure that's required. We accept that. So they have the Northern Ontario Travel Grant, which is supposed to equalize. And up until we pushed, when you come down here, you could get \$100 a night for a hotel room. Right now, it's \$400, so they raised it to \$200. It still costs us way more for medical service being a northerner than for somebody from the south. Until you fix that, we're not one Ontario.

With the Ring of Fire, we've all been through this before—been through it with Cobalt, been through it with Kirkland Lake. You're just looking at the Ring of Fire like a breadbasket to take and build industry down here. We've all been through this before. Please, let's this time—we all want to develop the Ring of Fire, but we want to actually build this province—the whole province.

The Acting Speaker (MPP Andrea Hazell): Further debate?

1330

Mr. Ted Hsu: I really welcome the privilege to stand today to speak to the supply bill and to talk about how money was spent or not spent in the last fiscal year ending March 31. I have a number of things that I want to discuss. Since one of the things of today is health care, maybe I'll start with that.

We know that we have a shortage of family doctors and other primary care providers. Something that this supply bill brought to mind was a conversation that I had with one of the doctors in the family health organization, and this doctor told me—and I remember this very clearly—“If we could hire another registered practical nurse, we could roster a couple of hundred more patients.” In other words, this team had organized things so that they knew that if

they could add a certain team member, they would have the capacity to roster patients.

I know this team is thinking carefully about how much investment it takes to roster patients because this family health organization is located on the east side of Kingston, east of the Cataraqui River. They have succeeded several times in the last couple of years clearing the Health Care Connect wait-list—like clearing it—nobody left on the wait-list until somebody else signs up. This is the Greenwood clinic on the east side. Clearly, they've had some success in creating one of Ontario's first geographic health hubs where, if you live on the east side of the Cataraqui River in Kingston, you will get primary care pretty quickly.

When I knock on doors and I talk to people on the east side of Kingston, they say, “Oh, my family doctor is in Markham, and I can't get on the wait-list unless I drop my family doctor in Markham. What am I going to do?” If they live on the east side of Kingston, I can tell them, “Don't worry. Drop your family doctor because this clinic on the east side of Kingston will pick you up.” So these guys know what they're doing.

The point of this is, when it comes to the supply bill, here's a case where we know, and I can be pretty confident—and I think this government could be pretty confident—that we know how to convert money into rostering patients in a really efficient way because these guys are doing it.

I guess what surprises me is that it seems like the government was dragging their feet until, for other reasons, they decided to call an election this winter, and just before they called the election, they decided to make the announcement that they would put a little bit less than \$2 billion towards expanding family health teams. Well, way before that, there was a way to efficiently convert spending into rostering patients. So I'm a little bit disappointed that the government had to rely on its own election call to get moving on primary care, committing the needed funds for primary care.

Let me move on to post-secondary education funding. We've just gone through some strikes at Queen's University and St. Lawrence College—two of the three public post-secondary institutions in my riding of Kingston and the Islands. I spoke with a couple of the faculty at St. Lawrence College who ran programs at St. Lawrence College which were cut. It's very strange when you look at the details. One of them is the bachelor's in business administration program. This is a four-year program—practically all domestic students, so the visa question doesn't come in. This cut in visas doesn't matter. It's a class of about 30, 35 students every year, and every single one of them last year got a job when they graduated. So they're heavily in demand. In fact, there are businesses in southeastern Ontario that are worried about when the last cohort from this business administration program graduate, because after that, there's going to be a shortage. Businesses and other places like hospitals are worried about a lack of no more graduates from this business

administration program, where the grads are in heavy demand.

The way that is connected to the supply bill is that we know that this government has been very tight, shall we say, on funding for post-secondary education. Colleges such as St. Lawrence College have had to cut a lot of programs and lay off a lot of people. But it's very strange that such a program was cut where every single graduate—and these are domestic students; visas don't come in—got a job last year when they graduated.

Here's another program that got cut from St. Lawrence College: It's the law clerk program—same deal, almost all domestic students—and there's a shortage of law clerks. In fact, when I talked to the person who ran the law clerk program, they said, "Well, some judges may even retire if this shortage of law clerks continues." They might retire early—sorry, just to be a little bit careful there.

I had to experience that shortage in staff in our legal system myself. I am the executor of one of my late aunt's estates, and when we applied for probate, my lawyer told me, "Well, in Kingston, they're a bit short-staffed, and so the wait is about 10 months," when normally it's maybe one or two months. Indeed, I had to wait 10 months to get a response on probate. And I got a lot of letters from constituents complaining about this long delay.

But let me just say that—and I don't like to be too knee-jerk partisan. I did have a conversation with the Attorney General about this localized situation in Kingston, and he was aware of it, and he knew the sort of things that had to be done to clear this backlog. But it is related to a staff shortage. Some of that is funding in the court system, but some of that is because programs like this law clerk program at St. Lawrence College produce critical graduates that are in high demand in different parts of our society, in different parts of our economy. And this law clerk program was cut because of budgetary issues at St. Lawrence College.

My question for this government is, did the ministers even look at or reflect upon the kinds of cuts that have been happening at colleges? Have they been listening to the businesses and other employers who are concerned about a lack of skilled employees, trained employees, that they need and what's going to happen when the last cohort graduates?

Under post-secondary education and the poor funding for post-secondary education, I also want to mention that I had a group come to my office a few weeks ago to talk about the fact that 70% of the users of the Queen's University food bank are graduate students. This group that came to talk to me included people studying how to use AI to design proteins, how to handle mine tailings, how to deal with toxins in our water supply, as well as somebody studying law, somebody studying how to teach science better, somebody studying film. Some of them are STEM people, some of them are not STEM people, but we need all of them to work together; that's why we have "uni-versities." All of these different disciplines work together to make Ontario more competitive in the world

and able to compete on the world stage. That's really important right now, especially as we're fighting this trade war with Donald Trump and we need to rely less on our relationship with the United States and more on being able to, for example, market our goods and services around the world. But to do that, we have to be competitive, and to do that, we need a really strong education system, actually, all the way from child care to post-secondary education and post-graduate education. This is something, when I look at the supply bill, that was underfunded last year.

1340

I want to take another example from my riding, and this is characteristic of many organizations that serve the community that have some or all of their funding from the provincial government. Kingston Literacy and Skills is coming up to its 50-year anniversary. It's been around for a long time, and its longevity is a testament to how important it is in the community.

Kingston Literacy and Skills helps people. Some of them might be new immigrants. For whatever reason in their life, they didn't get all the skills, training and literacy that they should have for lots and lots of different reasons. They focus on helping these people get literacy, get other skills, like math, so that they can take on higher-skilled jobs, so that they can enter training programs. They need the basic skills before they can enter these training programs so that they can qualify for better-paying, more productive jobs. It's really important to our society. It makes Ontario more productive, and productivity is more or less the only way we can be prosperous in the long run.

The funding for organizations like Kingston Literacy and Skills—and I can name many other organizations whose funding has not kept pace with inflation for many, many years now. The funding for Kingston Literacy and Skills has not kept pace, and they have to really stretch things. People are teaching way more students than they should, and the quality of that instruction and the ability to retain their best employees is being stressed. In fact, a lot of these organizations—and I could name a whole bunch in the community—are relying on the passion and love for the work that already exists amongst these employees, but they're not being compensated fairly.

I'd like to talk now about something that's really important in my riding. A lot of it comes under provincial jurisdiction—not all of it, in fact; it's kind of interesting—so I'll mention it, and that is ferries. I don't know how many ferries other ridings have, but I have a lot of ferries in my riding. I have five ferries.

One of them is a pretty new ferry. It goes to Simcoe Island, and that was funded by the province. The province does now and then fund new ferries.

Another one is a really little ferry to Howe Island. It handles about two vehicles and anybody else who wants to walk on. It's one of these cable ferries. But the main ferry to Howe Island is one of the three ferries I want to talk about today. It is getting pretty old, and it has had to undergo extensive emergency repair work. I went to visit the factory in Woodstock that does that, that handles that

kind of repair work. Eventually, it needs to be replaced. The maintenance for ferries is something that is in the provincial budget, but, going forward, we're going to need something like \$10 million to replace that Howe Island ferry, so that's something that I want this government to keep in mind.

Another ferry I want to talk about before the big ferry is called Horne's Ferry. Horne's Ferry—many people may not know—is a private ferry. Because my riding is one of the few ridings that's on the border with the United States, Horne's Ferry goes between Cape Vincent, New York, and Wolfe Island in my riding, and it's privately run currently. It's not just for tourism. It certainly brings up a lot of tourists from New York, but it also connects families. Cape Vincent and Wolfe Island are separated by just a little bit of water, and in the last 100 or 200 years—it's only recently that the border has gotten really thick. But there are families that straddle the border between Cape Vincent and Wolfe Island, so this ferry connects extended families.

Recently, Mr. Horne passed away, and his family doesn't want to keep running this ferry. The ferry never made a lot of money; it has significant debts. There are some proponents who are interested in taking over the operation of this ferry, which is critical for the community on both sides. Cape Vincent is putting in some money to help with the cost of maintaining a dock on that side. That's what I understand. So I want this government to be open if and when some proponents bring forth a proposal to take over Horne's Ferry to prevent it from closing down because the family doesn't want to keep running it. Some proponents may come to the provincial government to ask for some help so that that ferry can be kept running.

The biggest ferry I want to talk about is the Wolfe Islander IV. That has had a very sorry saga. It was delivered in 2021, four years ago, and it's only been running for a few months, for various reasons. Now, I guess we could throw blame all over the place, but what I want this government to pay attention to is all of the things that we need to do to make sure that we can get the ferry to run properly going forward.

One of the things that I would like to make sure—so what happened last year was that the ferry, which has a little deeper draft than the old Wolfe Islander III, scraped the bottom and there was a big gash in it and it had to be towed out to the dry docks in Hamilton to be repaired. But it's repaired and it's returned to Kingston and it's undergoing some tests before it goes into service.

But one of the things that—it's one of those things that you don't pay attention to in past budgets but now you have to pay attention to: It's to make sure that the maps and charts of the bottom of the water actually match the bottom and that the buoys that are floating on the surface of the water, which the pilot uses, are actually in the right place, where they're expected to be, given what's on the bottom of the water. So I am looking forward to talking with the ministry and also Transport Canada to make sure that those things are taken care of.

The last thing I want to talk about is—well, a couple of more things: One is something that I've participated in, and that's the school food program in Kingston—actually, it's broader than my riding; it goes into the riding of several colleagues here. The Food Sharing Project currently provides breakfast to many, many, many schools, and the idea is that there are many kids who we know don't get food at home in the morning and therefore can easily be distracted and not be able to learn properly during the day, and teachers know that.

I had the privilege, with my wife, many years ago when my daughter was in elementary school to help with this program, and so I kind of know how it works. Not all of the kids who participate in the program are unable to get food at home, but it's supposed to be a situation where people who don't get food at home don't feel uncomfortable going to use the breakfast program, so it's open to everybody. Nobody is asked, "Are you poor? Can your parents not—?" They don't ask those questions. There shouldn't be barriers like that.

So the base funding—there's funding for this program that comes from the MCCSS—I can never get the words right, but the Ministry of Children, Community and Social Services—and I have spoken with the minister. He's very enthusiastic about the program, but the base funding for that program needs to be increased.

1350

I know the federal government has put forward some money, and the province has put in some extra money recently, and I'm looking forward to continuing to talk to the minister. He's certainly very open. This speech is not about criticizing the minister, because he has been very willing to talk to me.

It is a program that really makes a difference for a lot of kids in my riding of Kingston and the Islands. I'm hoping that they can plan for a future where the increased funding can pay for increased costs. Right now, we have, across the province, a vastly increased usage of food banks, and a lot more kids are going without breakfast to start the day, so these school food programs are even more important.

Let me just give a shout-out to the volunteers who work on the Food Sharing Project. These volunteers—you know, a lot of the cost of food is just moving it from one place to in front of the person who's going to eat. A lot of the volunteers pack up the food and they ship it to different schools every day. And so, I want to give a shout-out to the volunteers who do that.

Speaker, I think that's about it. I will cede the rest of my time to my other colleagues in the Liberal caucus, but I thank you very much for the opportunity to address the supply bill.

The Acting Speaker (MPP Andrea Hazell): Further debate?

MPP George Darouze: It's an honour to rise to speak to the Supply Act today in my capacity as the parliamentary secretary to the President of the Treasury Board,

Minister Mulroney. I also want to thank her for sharing her time with me.

As the minister mentioned, the passage of the Supply Act by the Ontario Legislature is required every fiscal year. The procedure represents the final approval of all spending by the government of Ontario and the legislative offices for the fiscal year that ended on March 31, 2025, and it is an important part of the fiscal responsibility that is a central tenet of this government.

For seven years in a row now, we have received a clean audit opinion from the Auditor General, the gold standard in financial auditing. Madam Speaker, fiscal responsibility and transparency are perhaps more important now than ever before. That's because our province is now facing the very real threats of unfair, unjustified, and illegal tariffs imposed by the United States.

Les tarifs douaniers, madame la Présidente, peuvent avoir des répercussions dévastatrices sur notre économie et sur les entreprises et les familles qu'elle soutient. Le débat sur la Loi de crédits donne au gouvernement l'occasion de faire le point sur la situation financière actuelle de la province. Il permet aussi de souligner certains des principaux investissements réalisés par le gouvernement au nom des familles et des entreprises de l'Ontario.

Bien entendu, c'est avec plaisir que je discuterai de certains chiffres budgétaires de base qui illustrent l'excellent travail réalisé par le gouvernement au cours de l'exercice précédent pour jeter les bases d'un avenir économique positif pour la province. Le gouvernement a géré efficacement l'argent des contribuables.

Because of our government's effort to build the economy, Ontario is on strong financial footing, with revenue up \$59 billion since we took office. This has allowed us to invest billions of dollars more in health care and education while keeping costs down for the people. This has all been done without raising a single tax on people or businesses. Our government's fiscal plan is thoughtful, targeted, and responsible. While we look back at the spending that was outlined in the 2024 budget, we realize that the next budget will be delivered as a proactive response to a new economic reality across Ontario.

Madam Speaker, our government will do whatever it takes to protect Ontario's businesses and workers who are affected by these unfair tariffs, and we will continue with our responsible, targeted approach to build a more resilient economy and stronger Ontario.

Minister Mulroney already outlined some of the government's initial response to the tariffs. This includes billions of dollars to support our auto sector, an update to Ontario's procurement approach and a comprehensive plan to finally tear down the interprovincial trade barriers across all of Canada. These responses were swift, and they should be seen as just one part of the government's comprehensive plan to protect Ontario during this time. As the situation unfolds, the government will proactively adjust and calibrate its response.

Cependant, madame la Présidente, l'engagement du gouvernement à protéger les familles et les entreprises de cette province restera indéfectible. Comme l'a mentionné la ministre Mulroney, le gouvernement profite de ce moment important de l'histoire pour innover et aller de l'avant avec un plan ambitieux de protection, de construction et d'amélioration de l'Ontario. En plus de mettre à jour la politique en matière d'approvisionnement de la province, le gouvernement poursuivra ses efforts visant à créer la fonction publique la plus efficiente et la plus rentable au Canada.

Je suis fier des efforts déployés par le gouvernement pour inculquer l'excellence et accroître la productivité grâce à l'introduction des méthodes « Lean » dans la fonction publique de l'Ontario. La réduction des formalités administratives et du gaspillage dans toutes les activités gouvernementales aura des effets bénéfiques à grande échelle.

L'amélioration de la fonction publique fait partie de notre plan visant à poursuivre l'excellence dans tous les secteurs. Je crois que l'économie de l'Ontario a le potentiel d'être la plus concurrentielle du G7. Le gouvernement voit dès à présent l'occasion de rendre les investissements et les activités commerciales en Ontario plus attrayants que jamais.

As we face the reality of a shift in the global trade environment, Ontario can seize a rare opportunity. But there are steps that need to be taken first. That's why our government will be introducing legislation that will work towards tearing down interprovincial trade barriers within Canada.

Interprovincial trade barriers have long been an impediment to the province realizing its full economic potential. Madam Speaker, these barriers cost Canada's economy \$200 billion each and every year. To put into terms we can all understand, interprovincial trade barriers increase what all Ontarians pay for goods and services by nearly 15%. That is an extra 15% that families and businesses across this province just can't afford. It is time to get rid of these barriers that do nothing but hold us back.

Je sais que les députés de cette Chambre sont heureux d'avoir l'occasion d'appuyer une mesure législative qui améliorera considérablement la position de la province. C'est une équation simple : les biens produits et les services fournis dans les autres provinces et territoires seront traités de la même façon qu'en Ontario, à condition que les autres provinces et territoires fassent de même. Si la mesure législative est adoptée, cela marquera une nouvelle ère de coopération et de solidarité économiques à l'échelle du pays, à un moment, madame la Présidente, où l'on en a le plus besoin.

Enfin, il n'y aura plus de restrictions injustifiées, mais seulement un libre-échange à l'intérieur du Canada. Les possibilités pourraient être incroyables—de nouvelles voies ferrées, des autoroutes, des pipelines, des aéroports et des ports maritimes. En renforçant les liens entre les compétences provinciales, nous nous rassemblerons enfin pour affronter notre réalité économique commune.

Another way this government is responding to the current economic uncertainty is by continuing our efforts to build Ontario. The government's historic infrastructure plan, which was the cornerstone of the 2024 budget, is even more necessary now.

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More than a decade of neglect of our province's infrastructure has led to congestion and gridlock that paralyzed Ontario's cities. This is especially true right here in the province's biggest city. Each year, it is estimated that gridlock costs the province more than \$56 billion. Madam Speaker, if the government doesn't address this issue, the cost is projected to grow to \$108 billion annually in less than 20 years. This is a cost that families and businesses across this province simply cannot afford.

That's why the government remains focused on implementing the most ambitious capital plan in Ontario's history. This historic infrastructure investment includes more than \$191 billion over 10 years towards highways, transit and other community infrastructure that the people of Ontario depend on. That also encompasses a \$27.8-billion investment over the next decade to connect communities, fight gridlock and keep goods and people moving across the province.

In 2024-25 alone, Ontario is investing almost \$3.9 billion towards projects that will expand and repair provincial highways and bridges. The government knows how important it is to get shovels in the ground on road and highway projects. We have heard from the people of Ontario that alleviating gridlock and making our highways and roads as safe and efficient as they can be is a high priority to them. The investments we are making now will help meet the future needs of a growing province, improve travel options, tackle gridlock and drive economic growth.

Madam Speaker, that brings me to the important Highway 413 project. By 2051, the population in the greater Golden Horseshoe is expected to reach nearly 15 million. That is accounting for growth of approximately one million new residents every five years. The upshot of that growth is a clear need for new highways to help alleviate congestion on Highway 401.

As we all know, Highway 401 is already one of the busiest corridors in North America. To help alleviate this, the government continues to move ahead with building Highway 413, a new 52-kilometre, 400-series highway, to better connect the highway network across Halton, Peel and York regions. In fact, the province is currently completing preliminary design of the whole corridor.

Dans ce contexte, madame la Présidente, la province prévoit le lancement des premiers contrats de construction préliminaire pour l'autoroute 413 cette année, sous réserve de toutes les approbations nécessaires. Bien entendu, la construction elle-même profitera à de nombreuses entreprises locales. La construction de l'autoroute 413 devrait contribuer à hauteur de 350 millions de dollars au PIB réel de la province et soutenir jusqu'à 3 500 emplois chaque année. Ces emplois sont nécessaires plus que jamais.

Une fois les travaux terminés, on estime que l'autoroute 413 permettra aux usagers d'économiser jusqu'à 30 minutes dans chaque sens sur leur trajet aux heures de pointe. L'Ontario doit procéder à ces améliorations, car elles représentent une nouvelle étape vers l'efficacité, l'autonomie et la croissance à un moment critique de notre histoire.

Along with investing in infrastructure, the government is building up this province by protecting health care for the people of Ontario. This includes continuing to invest in health care and expanding access to primary care in all corners of the province. The government's fiscal plan has always included increased investments in public service that enhance choice and access to ensure that communities and businesses continue to thrive.

Primary care is an area that the government continues to support. After all, primary care is a foundation of a strong health care systems. It provides individuals with essential, continuous and comprehensive health services that promote prevention, early intervention and management of day-to-day health.

The government has long recognized the importance of primary care, and it's why the government created a new task force, chaired by Dr. Jane Philpott, that will help connect every person in Ontario to primary health care within the next five years. Of course, a task force by itself would not be able to improve this complex situation. So, through the 2024 budget, the government committed \$546 million over three years to give the people of Ontario better access to primary care.

I'd like to thank all the members for taking the time to listen during this supply debate. Cela m'a fait plaisir de présenter les investissements substantiels du gouvernement dans l'avenir de la province.

Madame la Présidente, malgré la nature sans précédent de la situation commerciale avec les États-Unis, le gouvernement continue de respecter son engagement à être responsable et transparent en ce qui concerne les réalités économiques et financières pour la province.

La discussion d'aujourd'hui et le vote qui s'ensuivra sont deux étapes importantes dans l'approbation des dépenses du gouvernement pour l'exercice financier actuel, qui a pris fin le 31 mars 2025.

I would like to close my remarks by expressing my gratitude for being part of this important process today. Now, my colleague parliamentary assistant Bill Rosenberg will conclude the government's portion of this debate with his remarks after.

The Acting Speaker (MPP Andrea Hazell): Further debate?

Ms. Jessica Bell: I'm pleased to be rising today to speak to the Supply Act. The Supply Act approves spending from March 31, 2025, and prior. It's important that we're talking about spending today because tomorrow we will be seeing the 2025 budget. The budget is a signature piece of legislation in the year, and it identifies who gets prioritized and who doesn't, and who this

government cares about and who they don't. It is very important.

Now, I went to the Empire Club to listen to the Minister of Finance's speech. When I went there and listened, I noticed a few things. I was sitting there, and I was thinking, "Well, who is this budget going to be for?" That was the question that was going through my mind. When I heard the minister speak, it struck me that the budget that is going to be coming out tomorrow seems to be a budget that is focused on luring capital and big business to come to Ontario to invest. We heard talk about building more east-west infrastructure, like pipelines, to support and expand the oil and gas industry. We heard talk about building a deep-sea port at James Bay, and it was interesting hearing the member for Timiskaming-Cochrane talk about how it's actually very difficult to travel up to James Bay because of the lack of decent road access to that area, so he questioned the validity of that.

The minister talked about developing mines to secure critical minerals from the Ring of Fire and investing in novel and untested forms of delivering nuclear power. This is related to some of the other measures that we're hearing the government talk about around investing in the tunnel—the 401 fantasy tunnel—and also creating special economic zones which would exempt whole regions from local and provincial law. You've got to question what kind of laws does the provincial government want to exempt industry from abiding by? Is it labour law? Is it laws to protect our drinking water? Is it laws around zoning? Or is it laws that require the province to accommodate and consult with First Nations on projects that are on their traditional territory?

As you can imagine, there are a lot of stakeholders in Ontario right now whose alarm bells are ringing, who are wondering, "What exactly does this mean?" First Nations, in particular, have very real issues about pollution, health care, housing and issues on-reserve that need to be addressed when new developments come into their area, and First Nations also want free, prior and informed consent before a project proceeds.

1410

Is this still something that the government is interested in or committed to? That's what I heard overwhelmingly from Bethlenfalvy's speech and from what the government has been saying recently about what could be in the budget, where spending is going and where spending isn't going.

What also struck me is what I didn't hear in the speech. What I didn't hear in the speech about the budget are specific plans that will tangibly help Ontarians.

How is this budget going to make life more affordable for people, given the continuation of inflation and rising costs? I didn't hear a lot about how this budget is going to help people pay the rent or buy their first home. I didn't hear a lot about how there are going to be measures in place to make food at the grocery store more affordable. There are some very valid concerns about what this government is going to do and what they're not going to

do to address the rising unemployment rate, especially for young people in Ontario today.

I didn't hear any firm commitments from this government about the value of increasing the amount of investment in infrastructure and services that would allow us to address social issues and also create jobs at the same time, like fixing schools, building new hospitals, building new transit lines and transit vehicles or building housing to address our housing crisis. It is a fact that Ontario has the lowest program spending per person of any province in Canada. We are dead last.

We also didn't hear any commitments to ensure the Ontario government leverages its power to buy services and programs to help Ontario and Canadian businesses, and there has never been a more important time to do that.

My hope is that when we're talking about spending, past spending and future spending, that the budget tomorrow leverages the funding to care for people and build our provincial economy at the same time. In fact, I think it's our duty.

I want to talk a little bit about the pre-budget consultations. That was an opportunity for stakeholders to give feedback on future spending, and there were over 200 submissions. There were hearings in seven locations across Ontario: Timmins, Kenora, Stratford, Ottawa, Leamington, St. Catharines and Hamilton. Due to the announcement of the provincial election—the surprise snap provincial election—there were no hearings held in Toronto. There was also no summary report written that encapsulated stakeholders' concerns because the pre-budget consultations did not continue after the election was held. We've just moved straight to the budget process.

I want to summarize some of the key things that I read when I went through the budget submissions, and many of them were focused on where spending has been neglected or deprioritized in previous years, as well as looking at how the government can improve its spending priorities in future years.

The first one I want to mention is the submission from the Ontario Medical Association. They gave a very comprehensive submission, and there are a few things that they wanted to highlight to us. One is how dire the crisis is in our emergency rooms and our hospital sector right now. They talked about the very real issue with more than 2.5 million Ontarians being without a family doctor. What's even more concerning is that that trend is on track to get worse. They estimate that in less than two years, that number is going to double, and the problem is particularly acute in northern and rural Ontario. They were very concerned about that. We can see why, because if people do not have access to a family doctor, then it's very difficult for them to get the preventive care that they need and also access additional services within the health care sector, like screening, additional tests, access to surgery and so on. The family doctor is really that first point of access.

Another thing that the OMA also addressed in their submission is the issue of emergency room departments.

We heard people come in today, residents from across Ontario, to raise that issue of emergency rooms and their closures.

The OMA, in their report, put some statistics on this. What they say—and I'm going to read this out—is, “Between July 2022 and July 2023, emergency departments across Ontario temporarily closed a total of 203 times in 23 different hospitals.” Can you imagine that, having a health condition, maybe worried if you were experiencing the beginnings of a heart attack, being driven to an emergency room and then learning that the emergency room is closed? That shouldn't be happening anywhere. It certainly shouldn't be happening in Ontario, and the OMA made a point of raising those issues.

They also made some recommendations which make a lot of sense. We see some of those high-level recommendations in the government's health care bill which they recently introduced. But what we're hearing from our members is that while the high-level concepts are there, the commitment to team-based care is there, the acknowledgement that we need more family doctors, especially in areas where many people are not attached to a doctor—we saw those high-level commitments, but what we haven't seen yet is the funding piece. And that's what we're waiting to see tomorrow.

So the OMA has some recommendations: One is to support team-based care; one is to ensure that northern Ontario has a plan to improve patient outcomes, reduce incidents of comorbidities, and improve life expectancy by improving health care access; addressing the emergency department coverage so we don't have a situation in Ontario where emergency rooms are closed; establishing a centralized referral system; and streamlining pathways for internationally trained doctors.

I'm very appreciative that they wrote that report and I am hoping that members on the other side have taken the time to read that report as well.

Another report I'd like to identify in the pre-budget submission is a submission from the Ontario Council of Hospital Unions. What I found about reading this submission is that they provide a very stark summary of how much funding is going to our health care sector and how we are falling behind in meeting outcomes, especially compared to other provinces. And I want to identify some of the issues that they raised.

The first one is that hospital staffing is low: “Ontario hospitals are drastically understaffed—if we had the same level of staffing as in other provinces, we would have an additional 34,292 extra full-time staff” working in Ontario hospitals. That is very concerning.

They also wanted to point out hospital bed capacity. So when it comes to hospital bed capacity—that's one of these indicators to track how our health care system is doing—they say, “In 2023, there were 34,931 Ontario hospital beds staffed and in operation in Ontario. That is about 2.23 beds per 1,000 people. Despite promises to end hallway health care, this is virtually identical to the level when the government came to power in 2018”—and that

it is actually a reduction when you factor in the fact that our population has aged and that our population has increased by 24.6%. So we are seeing a reduction in our hospital bed capacity during the time when the Conservatives got into power to the present day. That is very concerning.

They also talked about the expenditure on hospitals. Surprise, surprise, Ontario is dead last: “Provincial government funding of hospitals is lower in Ontario than any other province.” We are at \$1,935 per person, and every other province—every other province—spends more than us.

Then we can factor in long-term-care beds. The government has spent a lot of time talking about their commitment to increase the number of long-term-care beds in Ontario. We've got a lot of concerns with their interest in making those long-term-care beds run by for-profit agencies. But even when you factor in all the long-term-care beds that this government is moving ahead with, we see that we are falling behind.

1420

I just want to read this out: “The hospital capacity crisis is also compounded by a lack of new long-term-care beds. Despite a promise to increase beds by 30,000 by 2028 and by 15,000 by 2023-24, the government” has “only opened 2,246 new beds.” What this means is that it will take 125 years for this government to meet its commitment to add 30,000 beds—125 years. So clearly, you're falling behind. I appreciate the Ontario Council of Hospital Unions and the work that they've put into their submission to provide some pretty insightful statistics on the state of our health care system, and it is pretty clear that Ontario needs to invest more into our health care system and also to invest wisely. And I believe many Ontarians will be looking to see if that is going to take place in tomorrow's budget.

Another submission that was introduced in the pre-budget consultations is a submission by Fix Our Schools. Now, Fix Our Schools is one of many organizations—this one is led by parents—that are very concerned about the state of Ontario's public schools right now, and you can see why. From when the Conservatives first got into power to the present day, we have lost about \$1,500 per student, when inflation is factored in, to our public schools, and we can see the impact of those cuts every day. We have buildings that are not in a good state of repair where we have issues with boilers and HVAC systems. We have flooding. Schools are too hot in summer; they're too cold in winter. The windows need to be replaced. The playgrounds are not up to a standard where it's easy to play in them. There are a lot of issues. There are also sometimes issues with air quality and ventilation, issues with the drinking water. As most parents know, in Toronto, you cannot drink the drinking water in many public schools because of the high concentration of lead in the pipes, which means most parents out there fill up their kid's drinking water bottle in the morning and remind their child not to drink from the tap at school because of the high rate of lead. That is the reality of our school buildings today.

Fix Our Schools wrote us a report. They submitted it to the pre-budget consultation committee to call for some action on these issues. They're asking for some very practical things. Every publicly funded school in Ontario should be "safe, well-maintained, healthy and provides an environment conducive to learning and working." What they are calling for is a commitment from this government in the upcoming budget to uphold a standard of good repair, which means investing that \$16.8 billion that is needed to repair our schools, making sure they are energy-efficient, well-maintained, safe, with good ventilation and heating and cooling.

What we have seen, and Fix Our Schools makes reference to this, is that the government has consistently provided less funding, year in and year out, for school repairs, and what that has meant is that the capital repair backlog is growing—instead of shrinking, which is the direction that it should go into. And the reason why I think it's useful to talk about schools and investment is that we're in a situation where we're facing some pretty significant economic threats from down south. Trump is behaving in a way that is chaotic and vindictive. He is intent on creating economic uncertainty and economic harm to Canada, which is why it has never been more important to have the government leverage its resources to invest in infrastructure and job creation opportunities to ensure that Ontarians remain employed so we can tackle our rising unemployment rate. And when we think about that goal, investing in schools is a very practical way to achieve that because when we invest in schools, we are keeping people in the trades employed, and we're also addressing a social challenge, which is making sure that our schools remain in a state of good repair. So I appreciate the Fix Our Schools report and all that you have had to say in that.

An additional submission that came up is a submission from the Association of Municipalities of Ontario. AMO is the organization that represents the 444 municipalities across Ontario, and it is safe to say that municipalities are essential to the quality of our lives. They provide many of the services that we rely upon, from transit to garbage collection to, in some cases, day care, cleaning services, parks—lots of things.

AMO has been pretty clear over the last few years that they are very worried about the state of municipal finances and municipalities' growing reliance on the property tax system to provide the services that we all rely upon. They quote in this that, "Ontario's provincial-municipal fiscal framework is broken" and that they would like to see a commitment to address that funding formula so that municipalities can provide the necessary services that we all rely upon. My hope is that there will be measures in the budget that will address that.

Some of their specific requests are that Ontario should expand its investment in infrastructure funding, especially when it comes to infrastructure funding for new housing, which makes a lot of sense. The government has made a commitment to spur the construction of 1.5 million homes,

and we're only going to be able to do that if we provide the necessary infrastructure, from sewers to roads to transit systems, waste management, parks, community centres. We're only going to be able to achieve that goal if we're working with municipalities to provide that necessary infrastructure. You can't have one without the other. What we're seeing from this government is a real reluctance to get serious about providing the necessary funding to ensure that that infrastructure is built.

If that funding is not provided, then people across Ontario are going to likely see either significant service cuts to operations and capital or they're going to see very big property tax increases. AMO puts this in perspective. They say, "In 2022, property tax revenue would have had to increase about 20% to replace development charge revenues" that the Ontario government forced municipalities to accept. In the end, you backed down a little bit from that, but that just puts the issue of municipalities' dependence on the property tax system in context and how it is not a long-term reliable source of revenue for municipalities. They need the Ontario government to step up.

The other thing that AMO brought up in their request, which I think is particularly important, is the issue of homelessness. This government is taking a tough-on-crime approach to address homelessness, as if the problem will just all magically go away if you fine people or threaten to fine people with \$10,000 or threaten them with six months of jail time. It's an approach that is cruel, it is expensive and it is futile. Experts have been telling us, time and time again, that the tough-on-crime approach is not going to work.

AMO recently released a groundbreaking report on Ontario's homelessness crisis, and they mention it in their pre-budget submission. It's a pretty damning report to read. This is what they have to say: "More than 80,000 Ontarians experienced homelessness in 2024, a number that has grown by more than 25% since 2022." What's even worse is that if we head into an economic downturn, which economists are predicting we will, then homelessness could increase to 294,266 people.

My hope is that in the budget tomorrow there is a meaningful plan to address our growing homelessness crisis in Ontario. That is my hope, because the tough-on-crime approach that this government is proposing is just not going to work, because if you move people from one park, they are just going to go to another park. If you move people from a park into a jail, it costs a whole lot more to keep that person in jail than it does to build a supportive home or an affordable home and provide wraparound supports so that person can recover and rebuild their life. My hope is that we see that.

1430

So AMO has put estimates on this: They recommend that for \$11 billion over 10 years—so a little over \$1.1 billion a year—we can end chronic homelessness in Ontario. Now that is a goal that I hope the Conservative government has because we can solve our homelessness

crisis by building affordable housing and supportive housing and providing necessary wraparound supports for mental health care to addiction treatment. That's what we need to see.

The Ontario Public Transit Association also put in a recommendation. The reason I read out OPTA's report is because public transit is one of those sectors where we have really fallen behind when it comes to investing in Ontario. One of their recommendations includes enhancing the Dedicated Public Transit Fund, which means having Ontario get back into the job of providing operating funding to transit, so we can see service improvements and fare reductions in municipalities all across Ontario, including Toronto. And when we're thinking about that from a financial perspective, that is the single most effective way that we can tackle the growing congestion crisis in our region and regions, which has significant negative ramifications on our productivity and our economic growth. It makes a lot of sense, and I very much support it.

There is not just the operations side, there is also the capital side. Recently, I heard the Minister of Transportation talk about how they've written a letter to the city of Toronto and the TTC saying, "You need to buy Ontarian." Yes, we agree. But what's also interesting to note is that this government has made a commitment in their construction of their new lines, including the Ontario Line, to partner with US construction companies to have those lines built instead of Canadian companies.

It has also been this Conservative government that has chosen to reduce the made-in-Ontario and made-in-Canada requirements when new vehicles like streetcars or subways or buses are built, which has meant that plants like the plant in Thunder Bay—the Alstom plant does not have the orders that it needs to keep people employed at the level that they want to be employed.

It's a win-win solution here. The government of Ontario should use the resources that it has and the procurement power that it has to increase Canadian content rules to buy in Ontario and build in Ontario. We can start with public transit. I would like to see that in the budget. It's a job creator and it addresses a social challenge.

So that's a summary—actually, no; I've got one more that I wanted to read of the pre-budget submissions. There are a lot; there are over 200. This one is from the Ontario Federation of Agriculture. The reason I read out from the Ontario Federation of Agriculture is because our farming sector is one of our biggest economic drivers and it also is one of our biggest export industries. It's a sector that we need to protect. We need to protect it. They've given some very practical recommendations that they would like to see in the budget. Some of them include investing more in rural and social infrastructure, such as rural roads and so on, because they see—and I agree with them—that as a way to improve the productivity and the export markets for the food that we grow here in Ontario. It makes a lot of sense. My hope is that we get to see that in the budget.

They also talked about the value of promoting local agricultural products. They mention a report from Sustain Ontario that showed that if every household in Ontario spent \$10 a week on local food, we would have an additional \$2.4 billion in our local economy at the end of the year, and that would create 10,000 new jobs. So when we're talking about what we can do to shore up our economy and protect ourselves from the chaos down south, having a procurement plan to prioritize Ontario-grown food in public sector purchases, as well as encouraging Ontarians to buy Ontario-grown food, makes a lot of sense. My hope is that we get to see that in the budget tomorrow as well.

I want to talk in my final minute and a half about some of the solutions that we would like to see around spending and priorities. I think we need to have an Ontario budget tomorrow that cares for people and that builds a sustainable and self-reliant economy. So what I would like to see, what we would like to see, is a commitment to encourage people to buy Ontarian.

We introduced a motion recently calling for the mandating of labelling in grocery stores, so when someone is walking down the aisle and choosing what products to take home, put in their grocery cart, they know which products are going to be supporting Ontario jobs and which aren't. It makes a lot of sense. The government voted it down. My hope is that you will reverse that decision.

We would like to see a commitment to build in Ontario, which means using government money to call for services and products that are made in Ontario and Canada—not building new transit lines with US consortiums but encouraging and establishing contracts and procurement agreements with businesses that operate and are owned by people in Ontario and Canada. In fact, the member for Waterloo recently introduced a bill on this to prioritize and change our procurement process, and it was rejected by this government, which I believe is a shame.

Tomorrow is going to be a big day. Let's see what this budget is going to be about. Is it going to be a budget that helps big capital and big business, or is it going to be a budget that helps Ontarians, makes life more affordable and puts people first? That's what I hope to see.

The Acting Speaker (MPP Andrea Hazell): Further debate?

Mr. John Fraser: I'd like to begin by quoting the member from Don Valley West. Here's what she had to say last year, and it's true this year: Never has a government spent so much, borrowed so much, incurred so much debt, to do so little.

By my calculation, this government will have added more than \$100 billion to Ontario's debt in just seven years. As my friends across the aisle like to say, that's historic. It's not good historic, though. The government, the Premier, are digging future generations a deep hole. But the Premier is not satisfied with that. He wants to dig an even deeper hole under the 401, one which he says he's not going to be around for, so I don't understand why

we're actually talking about it. He's already dug a deep enough hole for our kids and our kids' kids.

When I say the government has done so little, I think the easiest thing that we can start with is, 2.5 million Ontarians don't have a family doctor. Seven years in, 2.5 million Ontarians don't have a family doctor. Now, the government is saying, "We're acting, we're acting," but how did we actually get here if they spent so much, and borrowed so much, that the simplest, most straightforward thing in health care—primary care, a family doctor, going to an appointment when you're sick or you need preventative medicine—is in such bad a state? That's because the government has been asleep at the switch on primary care, while they've been spending lots of money, tons of money, billions of dollars, adding more debt to this province than any other government in history—and we have this situation.

We talked this morning about nurses and making sure that nurses in Ontario working in hospitals or long-term care could work safe, had safe nurse-to-patient ratios. How are we here, where nurses every day in this province are working short? It's not safe for patients. It's not good for nurses. It's not good for our health care system.

So I know the government likes to extol on the virtues of their investment and how much money they've spent. Don't tell me how much money you've spent. Tell me what you've actually done. In the case of primary care, 2.5 million people less had a family doctor in seven years. Nurses are working short. Nursing ratios aren't good. Wait-lists are longer. We've had emergency room closures. So the proof is in the pudding, as they say. What do we actually see? We see primary care failing and the government scrambling and coming up with an idea that I don't think is as ambitious as they could be in terms of connecting people to primary care.

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Right now, you could actually just fund those nurse practitioners working in our communities through OHIP. Right now, what's happening? Too many of those nurse practitioners have to hang out a shingle and ask people for their credit card instead of their OHIP card. How the heck did we get there, if we've borrowed more money and spent more money and incurred more debt than any other government in history and the basic simple things that Ontarians pay their taxes for, that they expect, that are reasonable for them to expect, are not there for too many of them? One in six Ontarians don't have a family doctor; almost one in three in the Premier's riding. That is incredible when we look at how much money this government spent.

And then we take a look at things—I won't go into schools, but we all know that we're spending about \$1,500 less per pupil than we were in 2018 when you adjust for inflation. How, if the government is spending so much money, do we have that result, do we have kids with exceptional needs not being met, do we have schools in turmoil, do we have schools crumbling?

We're talking about the Supply Act here. The government wants to spend more money. We're all probably going to support it, because we want the government to be able to invest money. But you've got to ask yourself, what are the results? So far, the results in health and education just aren't bearing out what they should because of what the government has spent and borrowed.

Take a look at our colleges and universities. Take a look at Algonquin College in Ottawa. They just eliminated 37 programs—37 programs, and they're not finished yet. Our colleges are in trouble. The challenge with that is we need those colleges and we need those universities. The most important thing in a global economy is to have the most highly skilled, highly educated workforce. You're not going to get that when your colleges are shrinking, when your universities are shrinking, when your schools are crumbling.

How come we're borrowing so much money and incurring so much debt?

Now, I'm going to divert off here a little bit, because there are some expenditures in government that are really quite questionable, like spending a billion dollars so we could get booze in the corner store last June instead of this June—that's pretty ridiculous. That's a heck of a lot of money to spend. Could fix a good number of schools with that—at least all the ones in the Toronto District School Board, if you just want to stick close to Queen's Park, but you can spread it out across the province.

We have a foreign company getting a crown jewel of waterfront property here in Toronto—actually, a crown jewel for Ontario. You get a 95-year lease, \$2.2 billion in taxpayer money. And guess what? They really literally had no money and no experience, and the government just wrote them a cheque.

I'd rather they write a cheque to actually make sure that every person has a family doctor, or our kids' schools weren't crumbling, or we made sure that our colleges and universities were the best and they had the most to offer. I could stomach debating this bill and the fact that the government has borrowed so much and incurred so much debt if we actually were aspiring to be the best at something—not the best spa in North America. The government's priorities are wrong. Don't tell me how much money you're spending. Tell me what it is you're doing.

The proof is in the pudding. Primary care has deteriorated under this government, and now they're scrambling to do something. Our health care system—in particular, today, we're talking about nurses—is under stress because the government hasn't invested in a way that they should there. They're great at building hospitals—just have a really hard time with what goes on inside of them. And that's the point of building a hospital.

So, Speaker, I'll be supporting the supply motion. But I don't want the other side for any moment to actually think that the way the government has spent money, and is still proposing to spend money, is in any way what it should be.

The Acting Speaker (MPP Andrea Hazell): I recognize the member from Algoma-Manitoulin.

MPP Bill Rosenberg: I want to thank my fellow parliamentary assistant, George Darouze, for the introduction.

Madam Speaker, it is my honour, in my capacity as parliamentary assistant to Minister Mulroney, to rise to speak to the Supply Act today. In October of last year, the government released its fall economic statement. This release outlined how the government is continuing its fiscally responsible approach—a response, it bears repeating, that is all the more crucial right now. The fall economic statement illustrated that the government continues to invest in the economy by building the critical infrastructure our growing communities need; and, through these investments, reducing gridlock and preparing the province for the future by providing immediate relief to individuals and families.

I'm happy to tell the House that our government's responsible approach resulted in an improved fiscal position since the release of the 2024 budget. This improved position will better enable the province to respond to the current tariff threat. The province's improved finances have allowed the government to invest in infrastructure like roads, highways, hospitals and schools, while also keeping costs down for the people of Ontario. As well, the government has been able to provide immediate relief to Ontario families. Our plan is to continue investing responsibly to protect the province, its families and its businesses. We are committed to making our province the best place to live, work and raise a family—and to make it the most attractive place to invest in the G7.

The challenges of the new tariffs can also be seen as an opportunity for Ontario to establish new relationships and attract new investment. A key part of making Ontario attractive for new businesses are investments that will continue to improve the province's overall financial health. The government continues to make necessary investments that will make Ontario even more attractive to potential partners; investments like Ontario's historic infrastructure plan, that includes more than \$191 billion over the next decade to build and improve transit, highways, housing-enabling infrastructure, hospitals, schools, long-term care facilities and other critical public infrastructure. We will only improve our fiscal health.

As was mentioned before, the hallmark of the government is fiscal transparency, and that is why, for the seventh consecutive year, the government was pleased to receive a clean audit from the Auditor General, the gold standard of financial auditing. This independent confirmation of fiscal transparency is necessary in today's fast-changing global economic environment.

The government looks forward to presenting the next budget—a budget, Madam Speaker, that will face the tariff challenge head-on. The budget will also be proof of just how far the province has come fiscally in the last seven years. And make no mistake, we've come a long ways.

The government is rebuilding Ontario's economy. It has already reduced the cost of doing business in Ontario by nearly \$8 billion last year alone. This was done by cutting costly red tape, immediately benefiting businesses, families and the broader economy. Madam Speaker, the government remains committed to fighting for the people of Ontario. Ontario's infrastructure is finally being revitalized and rebuilt. The government will continue investing in infrastructure with the most ambitious plan in Ontario's history. It's a plan that will deliver the highways, transit, hospitals, high-speed internet, housing-enabling infrastructure and schools that this growing province needs. This government's infrastructure investments also include energy infrastructure, and that means the largest expansion of nuclear power plants in North America—plants that will keep energy reliable and affordable for decades to come and create new opportunities to export Ontario-made energy across the continent. And as we know, our energy capabilities give Ontario tremendous leverage when dealing with new trade obstacles and potential tariffs.

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The only way to rebuild Ontario is with strict financial oversight and transparent accounting. This government is proud of its record in this regard. With sound fiscal management, Ontario's provincial credit rating has improved and revenues have increased. The result is clear: Ontario created more than 900,000 new jobs since 2018 and has attracted tens of billions of dollars in new investments. This record of job creation and growth is more valuable now, as we face the sudden and unnecessary measures threatened by the United States.

I have just listed some financial accomplishments—accomplishments that the government proudly stands behind, and accomplishments that will help us protect and build Ontario as we move into the future. But that is not to say that the job is done. There is much more to do. That is why our government is doubling down on our plans to invest in growth in infrastructure and improve services. With more urgency than ever, and in the light of the current trade situation, the government will continue to support families, workers and businesses. The government knows that households across the province are struggling. Unfair trade policies are already impacting are people and our businesses.

Overall global economic uncertainty has put excessive pressure on families, workers and seniors trying to afford everyday life. In response to this, our government remains committed to putting more money back in people's pockets. The government is providing more than \$11.9 billion in relief to individuals and families across Ontario. This is made possible by lowering taxes and making it less expensive to take transit, drive a car and attend post-secondary education, while increasing support for seniors with low income and keeping energy costs down.

Earlier this year, the government provided a \$200 taxpayer rebate to all eligible Ontario tax filers. As well, Ontario provided an additional one-time \$200 taxpayer

rebate for each eligible child under 18 to those families who qualified for a Canada Child Benefit, CCB, payment in 2024. The one-time taxpayer rebate is providing \$3 billion in support for about \$15 million people across Ontario.

Madam Speaker, the relief for Ontarians did not stop here. In the spring of 2022, the government announced it would temporarily cut the gasoline tax rate by 5.7 cents per litre and the diesel fuel tax by 5.3 cents per litre, effective July 1. To continue to provide relief, these temporary cuts were extended for a fourth time last October. This cut has saved Ontario households an estimated \$380 on average since July 2022. As well, with our encouragement, the federal government reduced the carbon tax to zero.

To keep more money in Ontario's pockets, the government has also eliminated licence plate renewal fees across the board. Ontario is making life easier and more convenient by becoming the first jurisdiction in North America to introduce automatic licence plate renewals. This change came into effect July 1, 2024, and will save vehicle owners time amounting to more than 900,000 hours every year. As well, through the Get It Done Act, 2024, the government froze fees for drivers' licences and Ontario photo cards, saving drivers an estimated \$66 million over five years.

I believe it is important that, during the Supply Act debate, we discuss the government's financial record and, most importantly, its efforts to make life more affordable for the people of Ontario. The government remains proud of their efforts in each of these areas.

I would like to thank all the members for taking the time to listen to this supply debate. I would also like to thank the House for allowing me to cite a few examples of the many fiscal strides forward the province is making and to further discuss how these forward steps will ensure that the government can protect Ontario as we fight unprecedented economic challenges. Madam Speaker, in the face of challenging economic times, Ontario has repeatedly proven its strength, and we will continue to do so. The government takes its responsibility to the people of Ontario very seriously. We remain committed in protecting the people of Ontario by keeping money in their pockets while also building a strong fiscal foundation for the future.

In closing, I urge all members to support the passage of the Supply Act, so that the government's spending can be authorized for the current fiscal year.

The Acting Speaker (MPP Andrea Hazell): I recognize the member for Etobicoke–Lakeshore.

Ms. Lee Fairclough: Thank you, Speaker, for the opportunity to comment on the supply bill, the planned expenditures for this government.

We certainly hear often from this government how confident they are in the choices, priorities and investments that they're making. I would be interested, though, to understand why the government feels so confident in these choices, especially when I think about the display of

cheers and elation last night during the debate of Bill 13, the Primary Care Act, led by the MPP from Whitby. It was pretty difficult for me to reconcile the sight of government members cheering as if they won a game, against the calls I took all weekend from people—five families, actually—trying desperately to access care. I tried my best to understand where they needed to go, and some didn't even have a family doctor, so the emerg was the only option.

I also want to know, when this government is reviewing its plans to spend, does it consider how we're investing relative to other jurisdictions and the outcomes that we're achieving with them? There has been some discussion of this today, but Ontario hospital budgets reflect the lowest hospital expenditure per capita by any government in Canada. In fact, if Ontario were to fund hospitals at the average rate for all other hospitals—just average; let's just go to the average—it would cost the province an additional \$3.7 billion.

In addition—and this is important—Ontario hospitals have the lowest cost of any hospital in-patient stay in Canada, so the little money that is provided is actually used very efficiently. And I've seen the trade-offs that need to occur to achieve that, given the constant pressure to be sure we're as efficient as possible—what this means for patient care, what it means for patient experience, what it means for our teams, for our doctors, pharmacists, people cooking meals for patients. But you can't say that Ontario's hospitals aren't putting the far less money they are given on a per capita basis to good use.

So, when can it be acknowledged by this government that people are waiting in hallways is actually important? The \$3.7 billion could be found just to bring us to the average in Canada in our investment and care. We paid \$2.2 million for the Therme spa at Ontario Place, but let's make a choice not to fund hospitals any better.

The other easy example is 2.5 million people without family doctors. Yes, there's an investment approved now, seven years in. But how did we get here? Actually, how was it allowed to drop off so rapidly, when over 90% of people had a family doctor in 2018—according to the Canadian Medical Association Journal, at least. When spending is being looked at, does the government look at these outcomes to be sure that the investments are being spent to the best outcomes?

The Auditor General's report on child and youth mental health services highlighted that for community-based service there has not been an increase to operating funds for a full decade. You tell me what business could actually tolerate not raising wages for a full decade. Wait times for service have risen. Organizations have had to rely on contracts because funding is so unpredictable. And what's the result according to the Auditor General? Well, youth are waiting well over three months for the most acute service need. And, again, imagine being that child and family. I actually don't need to imagine; I've seen it. And I actually had calls on that on the weekend—again.

As you decide to spend this money, is it the best value for money? We've also known it has been reported, the

difference between what a public hospital gets paid for a surgical case versus a private provider of surgery on a per-case basis. Of course, it's all OHIP-funded, but is there value in that?

We've seen the same in the planned expenditure now to cover the cost of the MedsCheck program, in the order of \$62 million. I spoke to two pharmacists myself, actually, and they're actually getting right out of the business because of the pressure for this inappropriate practice and the overbilling that has happened.

So, I ask about priorities and I ask about value. I ask about how all these sources point to the fact that we're not making good investments with the billions that are being spent. I ask about how we compare ourselves with other jurisdictions in making these choices.

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I'll maybe just give a few other examples of these choices that resonate very close to my own community. My colleague mentioned this statistic earlier, and it's an important one: The Association of Municipalities of Ontario have estimated that with \$11 billion over 10 years, we could actually end homelessness. We've got 38 encampments in Etobicoke–Lakeshore. It's about \$1 billion a year. Again, think about the other billions that we're spending on other things. Why not get upstream and actually make that investment? Why spend that money on our correctional facilities instead? Why on arresting people? Why not get a little bit more proactive in how we spend our money?

We've also seen, as reported by the Auditor General, an increased investment of \$29 million on the Ontario Land Tribunal, little improvements in the numbers of review and a major dissatisfaction, certainly expressed in my own community, about the way these reviews happen, the lack of transparency and the ability to be engaged.

Yes, there have been some large investments in transit, but yet, in Mimico, the most basic thing, accessibility of a station, hasn't been started—promised in 2018, and it's not even AODA compliant. Just come, come see for yourself: parents struggling up the steps with their kids in their strollers, no elevator or ramp, a woman on crutches begging me on an icy day in February to say, "Can you please do something about this? You've been talking about it for years." And wheelchairs aren't able to access it. So if you arrive at that station, you actually will be stuck.

And I had a friend in a wheelchair and I used to always get texts from her whenever she was stuck somewhere, whether it was the subway, a GO train etc. I picture her trying to come visit me in Etobicoke–Lakeshore. She wouldn't be able to. She would not be able to use the Mimico GO Station, despite it being promised that it would be delivered by 2023 and the legislation taking effect January 2025.

So again, where is the lens on whether the investments are going to the right places? The basic legislative requirements of accessibility versus preliminary work on a tunnel under the 401.

As colleagues have said, this bill will pass because the government will pass it, and the bills will need to be paid, and yes, we need to pay the bills. I actually have a lot of respect for the members of the Treasury Board. I guess what I would ask next time we hear this report is that we actually get a little bit of that information. I would love to have just some more assurances that that time is being taken to look closely at what are the outcomes that we're achieving.

I think about the primary care example all the time, because we worked for a decade—we worked hard for a decade, actually—to improve the level of attachment of people to a primary care provider, and it wasn't easy work in the system. It really wasn't. And then now, when you look at the curves, it's been a pretty rapid drop-off in that attachment, and it was just a matter of keeping a close eye and making sure that it wasn't moving. And then when you start hearing the calls from the health system, how do we listen and how do we engage?

But probably, again, I'm the most compelled by facts. I think the example of the report by the Ontario Hospital Association, as we look across the—and it's not just them. Third-party neutral groups have done the same analysis. We're under-investing now in hospital care. We really are, by about \$1,000 per capita to bring us to the average. And boy, like somebody said earlier, do we not want to be the best? Do we not want to be the most innovative and the most creative? Well, we do, but we can't just keep driving down and down and down and expect to achieve that.

So that's what I would hope for, for next year. I'm new to this Legislature, as everyone knows, but boy, I would love to receive that information about how we compare with other jurisdictions factored into all these choices. I've only talked about the ones that maybe I know a little bit more about today, but I'll be keen over the course of the next year to learn about all the other areas.

The Acting Speaker (MPP Andrea Hazell): Further debate?

Pursuant to standing order 67, I am now required to put the question.

Ms. Mulroney has moved second reading of Bill 18, an Act to authorize the expenditure of certain amounts for the fiscal year ending March 31, 2025. Is it the pleasure of the House that the motion carry?

All those in favor of the motion will please say "aye."

All those opposed to the motion will please say "nay."

In my opinion, the ayes have it.

Interjection: On division.

The Acting Speaker (MPP Andrea Hazell): Carried on division.

Second reading agreed to.

The Acting Speaker (MPP Andrea Hazell): Pursuant to standing order 67, the bill is therefore ordered for third reading.

SUPPLY ACT, 2025

LOI DE CRÉDITS DE 2025

Ms. Mulroney moved third reading of the following bill:

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

The Acting Speaker (MPP Andrea Hazell): Pursuant to standing order 67, I am now required to put the question.

Ms. Mulroney has moved third reading of Bill 18, an Act to authorize the expenditure of certain amounts for the fiscal year ending March 31, 2025. Is it the pleasure of the House that the motion carry?

All those in favor of the motion will please say "aye."

All those opposed to the motion will please say "nay."

In my opinion, the ayes have it.

Interjection: On division.

The Acting Speaker (MPP Andrea Hazell): Carried on division.

Be it resolved that the bill do now pass and be entitled as in the motion.

Third reading agreed to.

MORE CONVENIENT CARE ACT, 2025

LOI DE 2025

POUR PLUS DE SOINS COMMUNES

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

Bill 11, An Act to enact or amend various Acts related to health care / Projet de loi 11, Loi visant à édicter ou à modifier diverses lois en ce qui concerne les soins de santé.

Mr. Robert Bailey: Good afternoon, everyone. It's a pleasure to be here. It's with great purpose and optimism that I share with you today the More Convenient Care Act, 2025—a transformative piece of legislation that represents a bold step forward in our collective mission to modernize and strengthen Ontario's health care system. This act is not merely a set of amendments; it is a comprehensive vision for a more connected, transparent and patient-centred future.

At its core, the More Convenient Care Act is about delivering better care in smarter ways. It's about ensuring that every Ontarian—regardless of where they live, what language they speak—can access the right care in the right place at the right time. It is about empowering our health care professionals, streamlining our systems and building a foundation of trust, equity and innovation. This legislation touches every corner of our health care landscape, from governance and digital access to front-line service delivery. It reflects the lessons we've learned, the voices we've heard and the future we are determined to build. Today, I invite you to join me in exploring the key elements of this act and the meaningful change it promises for the people of Ontario.

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A new provision will be added to the Connecting Care Act, 2019, to provide that the French Language Services Act applies to the service organization Ontario Health atHome, as though it were a government agency under the French Language Services Act. This ensures that francophone Ontarians continue to receive services in French, especially in home and community care. It reaffirms the government's commitment to linguistic equity and ensures that Ontario Health atHome maintains the same obligations that its predecessor organizations had under the French Language Services Act. This is important to my riding of Sarnia–Lambton, having been designated as a francophone and French-language area, one of a number in Ontario. I thank the minister for her support of that.

Ontario Health atHome is Ontario's crown agency for providing the public with home care services, long-term-care-home placements and information and referrals for other health and social services. Ontario Health atHome will also support Ontario health teams in providing home care as part of the government's home care modernization strategy.

By explicitly designating Ontario Health atHome under the French Language Services Act, we are continuing to ensure that francophone communities across Ontario have access to high-quality, culturally appropriate care. This designation is a testament to our commitment to inclusivity and respect for linguistic diversity. It guarantees that francophone Ontarians can access essential health services in their preferred language, fostering a sense of belonging and trust in the health care system.

Moreover, this amendment strengthens the overall framework of the Connecting Care Act, 2019. It aligns Ontario Health atHome with other government agencies, ensuring consistency in service delivery and accountability. This alignment will facilitate better coordination between Ontario Health atHome and other health care service providers, leading to more seamless and integrated care for patients.

Schedule 3: The Health Care Staffing Agency Reporting Act, 2025, introduced by the Ministry of Health, will require health care facility agencies to submit reports containing aggregate administrative, billing or pay rate information for public hospitals, long-term-care homes and other designated facilities. The Minister of Health will have the authority to publish select data from these reports. The act also includes provisions for record retention and offers liability protection for the crown.

This initiative reflects the ministry's proactive leadership in promoting transparency and accountability in health care staffing. By establishing a clear reporting framework, the act supports hospitals and long-term-care homes in making informed decisions, fostering more consistent and equitable staffing practices across the province.

The ministry recognizes the importance of ensuring that health care providers have access to reliable data when engaging with staffing agencies. By requiring disclosure of administrative mark-up rates and other key cost com-

ponents, the act enables providers to better understand the financial landscape and negotiate service agreements that reflect fair value and fiscal responsibility.

Through public reporting, the ministry is equipping health care institutions with the tools they need to manage these resources effectively and deliver high-quality care. This approach not only supports financial stewardship but also reinforces public confidence in the health care system.

Additionally, the act's provisions for record retention and legal safeguards demonstrate the ministry's commitment to sound governance and operational integrity. By setting clear expectations for compliance, the ministry is fostering a culture of transparency and trust that benefits patients, providers and the broader health care system.

The Health Protection and Promotion Act will be amended to enhance provincial coordination by requiring local medical officers of health to provide notice to, and receive written approval from, the Chief Medical Officer of Health before issuing a class communicable disease order under section 22 of the act. This thoughtful amendment reflects the Ministry of Health's commitment to ensure that public health decisions are made with consistency, clarity and the best available evidence. By providing and establishing a formal oversight role for the Chief Medical Officer of Health, the ministry is reinforcing a collaborative approach that supports both local responsiveness and province-wide alignment.

Section 22 class orders remain a vital tool for addressing communicable disease risks, particularly in urgent or evolving situations. This amendment does not limit their use but rather enhances their effectiveness by ensuring that each order is reviewed within a broader provincial context. It allows for expert input, alignment with similar measures across regions and a coordinated response that maximizes public safety.

The ministry's approach ensures that public health interventions are not only timely, but also equitable and proportionate. By requiring this additional step, the ministry is enabling a more strategic deployment of public health tools, ensuring that all Ontarians benefit from a consistent and well-supported network.

This change also facilitates the identification of provincial supports that may be available to assist local health units, reducing the need for restrictive measures where alternative solutions exist. It reflects a forward-thinking, evidence-based model of public health governance, one that balances local autonomy with provincial leadership to deliver the best outcome for communities across Ontario.

Schedule 5 talks about the Mandatory Blood Testing Act, 2006. The Mandatory Blood Testing Act of 2006 will be amended to allow nurse practitioners, in addition to physicians, to complete the medical report required as part of the application process. Nurse practitioners will also be able to take the blood sample of the respondent, send it for analysis and receive the results. This change makes it easier for individuals, such as police officers, paramedics, victims of crime, who may have been exposed to infec-

tious diseases to access timely testing and medical guidance. It reduces the emotional stress and uncertainty that can follow an exposure incident by ensuring faster access to results and care.

The proposed legislative amendments will streamline the process for individuals in rural and remote areas, where access to physicians is often limited. By enabling nurse practitioners to take on these responsibilities, individuals in underserved communities will no longer face unnecessary delays in receiving critical health information.

By expanding the scope of practice for nurse practitioners, we're improving the experience for individuals who are navigating the blood testing process. This amendment ensures that people receive care closer to home with fewer barriers and shorter wait times, especially in areas where health care resources are stretched thin.

Early feedback from these consultations has indicated a strong support for this change, particularly from those who have experienced delays in the past. The College of Nurses of Ontario and the Nurse Practitioners' Association of Ontario have both endorsed the amendment, recognizing that it enhances the responsiveness and accessibility of care for individuals at risk. This amendment will improve the lives of individuals by ensuring a more efficient, compassionate and accessible process, one that prioritizes their health, peace of mind and timely access to care in moments of vulnerability.

The Personal Health Information Protection Act of 2004 is also in the draft. It will be amended to allow the prescribed organization to be prescribed for the purpose of the act. The PHIPA will be amended to give the prescribed Ontario organization, likely Ontario Health, new powers to manage digital health identifiers and provide access to electronic records. Individuals will have a general right to access their lab and drug records through a secure online portal. The Information and Privacy Commissioner will oversee this privacy compliance.

This is a major step towards modernizing Ontario's digital health structure. It empowers patients with direct access to their health data, improves the continuity of care and enhances privacy protections. It also lays the groundwork for future digital innovations in health care delivery.

Ontarians will be able to access their records using a secure log-on mechanism. Before this log-on can be used to access certain personal health information through a provincial patient viewer, the individual's identity will need to be confirmed. The provincial patient viewer will also be in compliance with the health information requirements under the Personal Health Information Protection Act of 2004. Using a common government service provided by the MPBSDP—who the heck knows who that is—the document verification service, DVS, individuals will be able to use their Ontario health photo card to confirm their identity. This amendment ensures that patients continue to have safe and secure access to their personal health information. It enhances transparen-

cy and accountability in the management of health data, fostering trust in the health care system.

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This prescribed organization will be subject to a number of privacy and security requirements related to these activities and its handling of personal health information, including a requirement to have its practices and procedures for part V.2 reviewed and approved by the Information and Privacy Commissioner.

This comprehensive approach to digital health identifiers and activities will ensure that personal health information continues to be managed responsibly and securely. It will also support the implementation of new access regimes, including regulation-making authorities, and provide a framework for future advancement in digital health.

Under strengthening governance and transparency, they will be creating a transparency framework for staffing agencies in the hospital, long-term care and community health sectors through the Health Care Staffing Agency Reporting Act, 2025. It represents a forward-thinking initiative by the Ministry of Health to enhance clarity, consistency and accountability in health care staffing. By requiring the disclosure of administrative markup rates, this framework ensures that health care providers across Ontario will have access to clear and reliable information when engaging with staffing agencies.

The initiative supports a more standardized and equitable approach to staffing, enabling hospitals and long-term-care homes to make informed decisions that will align with their operational needs and their financial stewardship goals. With greater visibility into cost structures, health care institutions can better plan, budget and allocate resources, ultimately strengthening the sustainability of the health care system.

In parallel, the act's emphasis on enhancing hospital governance is a testament to the ministry's commitment to excellence in health care leadership. By defining best practice and equipping hospital boards with the tools and guidance they need, the act fosters a culture of informed decision-making and strategic oversight. This ensures that health care providers are not only well supported but also empowered to deliver the highest standards of care.

Together, these measures reinforce a system where transparency and strong governance go hand in hand. They promote trust, efficiency and collaboration across the health care sector, ensuring that every decision made is in the best interest of patients, providers and the public. Through this legislation, the Ministry of Health is laying the groundwork for a more resilient and responsive health care system, one that is built on clarity, integrity and shared accountability.

Under enhancing patient care:

- the modernizing of the provincial electronic health record, otherwise known as EHR, to provide eligible Ontarians with safe, secure and direct access to their personal health information online through Health811;

- allowing nurse practitioners to complete and sign mandatory blood testing forms to expand access care for people submitting applications, including victims of crime, correctional officers, members of the College of Nurses of Ontario, medical nursing students and paramedics;

- exploring options that would support consistent and quality mental health and addiction services;

- reviewing the ambulance, vehicle and equipment standards to enhance patient safety and make it faster for paramedics to access the tools they need to deliver emergency care.

The modernization of the provincial electronic health record, EHR, is a significant step forward in enhancing patient care. By providing eligible Ontarians with safe, secure and direct access to their personal health information online through Health811, the More Convenient Care Act, 2025, empowers patients to take control of their own health. This initiative not only improves the continuity of care, but also enhances private protections, ensuring that patients' health care information is handled with the utmost security.

Allowing nurse practitioners to complete and sign the mandatory blood testing forms is another crucial aspect of this act. The change expands access to care for individuals submitting applications, including victims of crime, correctional officers, members of the College of Nurses of Ontario, medical and nursing students and paramedics. By leveraging the skills of these nurse practitioners, the act reduces the delay in crucial testing, especially in rural and underserved areas, and alleviates pressure on physicians.

Exploring these options to support consistent and quality mental health and addiction services is essential for addressing the growing need for mental health care in Ontario. The More Convenient Care Act of 2025 aims to ensure that individuals receive the support they need, regardless of their location or circumstances. By reviewing ambulance, vehicle and equipment standards, the act enhances patient safety and makes it easier and faster for paramedics to access those tools they need to deliver emergency care.

Improving service delivery will come under strengthening the authority of the Chief Medical Officer of Health as a key advancement introduced in the More Convenient Care Act of 2025. This enhancement ensures that public health orders issued across Ontario are aligned, consistent and guided by the highest standards of evidence-based practice. By requiring the local MOHs—medical officers of health—to obtain written approval from the Chief Medical Officer of Health before issuing class communicable disease orders, the act reinforces a unified and strategic approach to public health decision-making. This coordinated framework empowers the Chief Medical Officer of Health to provide expert oversight and ensure that all regional measures are harmonized with provincial objectives. It supports a seamless public health response that is both agile and coherent, enabling Ontario to act swiftly and effectively in the face of an emerging health challenge.

This amendment also facilitates stronger collaboration between local and provincial health authorities. It ensures that local flexibility is preserved while enhancing the ability to deploy consistent province-wide strategies by embedding this level of coordination into legislation. This approach not only enforces and enhances the effectiveness of public health intervention; it also builds public trust and confidence in the system's ability to respond to future health needs.

Honourable members, the More Convenient Care Act is more than a legislative update. It's a forward-looking commitment to the people of Ontario. It reflects our shared responsibility to ensure that our health care system is transparent, equitable and responsive to the changing needs—all the needs, actually—of our communities. By strengthening governance, enhancing patient care and improving service delivery, the act lays the foundation for a more connected and compassionate health care system. It empowers providers, supports patients, ensures that every health care dollar is spent wisely and effectively.

Let us move forward together with confidence and purpose. Let us pass this legislation not just as policy makers but as stewards of a healthier, more resilient Ontario. Thank you.

The Acting Speaker (MPP Andrea Hazell): Question?

Ms. Catherine Fife: Well, what do you say after a speech like that, Madam Speaker? Riveting. I thought the enthusiasm that you have for Bill 11, the More Convenient Care Act, which has been introduced for the second time in this House, really speaks to the value of knowing what you're talking about in this House.

I just want to make one point that you did not touch on. I'm sorry if I missed it. Schedule 3 further entrenches private staffing agencies in our health care system. We just learned that this province spent \$9 billion on agency nurses. What happened to these fiscally responsible Conservatives? That's what I really want to know. Where have they gone? Where are they? Some \$9 billion that doesn't impact the people that we were elected to serve, their health care outcomes—the mismanagement of funds is shocking in the health care profession. What do you say for yourself? And say it with meaning, for the love of humanity.

Mr. Robert Bailey: I appreciate the member from Waterloo's response. I would say that that \$9 billion that has been spent has been spent well, because it's provided the nursing care to people across the province. We've even used it in Sarnia-Lambton to some extent when it's been needed. So I think that the Minister of Health will have a good handle on that.

1530

The Acting Speaker (MPP Andrea Hazell): Question?

Ms. Laura Smith: I listened to my colleague talk about health care. I've got some vested interest in my own community, and I know how strongly the member feels about his. One of the things that they're doing is creating

a medical school that focuses on family practitioners, really honing in on that. I was wondering if you could talk further about some of the efforts that our government is making to really tackle this challenge.

Mr. Robert Bailey: I know they've partnered with a number of the medical schools across the province. In my case—I can speak to Sarnia-Lambton—Bluewater Health, the campuses in Petrolia and in Sarnia are partnered with Western University. They've got, I think, four medical students at this time that are doing vocations there where they're training. Hopefully some of them will decide to stay in the Sarnia-Lambton area. I know that one of our doctors back home, Dr. John Butler from Petrolia, is very involved in the teaching aspects at Western University.

The Acting Speaker (MPP Andrea Hazell): Question?

M^{me} France Gélinas: I would like to ask the member, back on schedule 3: I can give you an example of a staffing agency that was able to poach 500 nurses from our existing hospital and made \$5-million profit just from the back of those 500 nurses for one year. Do you really think that the taxpayers got value for their money when \$5 million that was supposed to go to care in our hospital went for profit to a for-profit agency that poaches nurses out of our hospital system and then sells them back at twice or three times the price?

Mr. Robert Bailey: The minister—I heard her mention this morning that over 30,000 student nurses are in training now that will fill a number of those spots so that these operations won't be as attractive in the future. And hey, it's the free market system, right? Capitalists.

The Acting Speaker (MPP Andrea Hazell): Question?

MPP George Darouze: I want to thank the member from Sarnia-Lambton for his report this afternoon talking a little bit about the act, but I want to ask him a question: What's the best part of the act that will help your riding?

Mr. Robert Bailey: Thank you for that question. I think that the part about partnering with the University of Western Ontario, in my case—that's just an hour down the road, and so we're quite hopeful that that aspect of the act will create new doctor positions.

And, of course, we have the nursing school; I should have mentioned that before—Lambton College. We have a number of nurses that are graduating every year from Lambton College. Again, we partnered there with the local hospitals, both in Kent county: St. Clair College and Lambton College.

The Acting Speaker (MPP Andrea Hazell): Question?

Mr. Anthony Leardi: Part of this bill deals with the expansion of the scope of practice of nurse practitioners, and I am a big supporter of that. I have nurse practitioners in my riding of Essex, and they do a great job providing primary care to people in the riding of Essex. I was very fortunate that we had an additional nurse practitioner added in the town of Kingsville, which then would make it possible for an additional 1,200 people to get primary

care in and around the town of Kingsville. I was very happy about that.

This bill further expands the scope of practice of nurse practitioners, adds a little bit more to what they can do, taking more responsibilities and perhaps taking pressure off of family doctors, allowing nurse practitioners to do more, which also would allow family doctors to do more. I think that's a good thing, and I would like to ask the member from Sarnia–Lambton whether he thinks that's a good thing. Are nurse practitioners doing anything good in Sarnia–Lambton?

Mr. Robert Bailey: Thank you to the member for Essex. Yes, the nurse practitioners play a big part of health care back in Sarnia–Lambton. I know at the family health team in Petrolia, there are a number of doctors there and there are a number of nurse practitioners there. In the Sarnia area itself, there are two or three more. The family health teams all have nurse practitioners. There was one nurse practitioner who had dealt every day with—we had an encampment, and her specialty was wound treatment. I know she was especially busy, because there were a number of people there with serious flesh wounds that she treated personally herself. So yes, they've had a big impact and they will continue to have an impact on the province of Ontario and especially my riding—and many other ridings represented here.

The Acting Speaker (MPP Andrea Hazell): Question?

Ms. Catherine Fife: I've got to go back to schedule 3 because, I just want to tell you, I didn't find your answer to be satisfactory. Schedule 3 of this bill is meant to create greater transparency and accountability in where tax dollars are going in the health care system. You just heard from our health critic that, in one instance, a corporation made \$5 million. That's \$5 million that goes towards a lot of nurse practitioners; \$9 billion goes to a lot of nurse practitioners. But schedule 3 also has this very interesting piece that you did not mention in your speech: Current and former cabinet members, employees and agents of the crown are exempt from liabilities under this act. So you already know that there are problems out there. You are purposely creating legislation to protect yourselves.

If you know that there's a problem, address the problem. The cost-reporting should be broken down for transparency. One would think that this is already happening. Why are you not tracking where public dollars are going in the health care system, and why have you created such a weak piece of legislation to address a fundamental transparency issue?

Mr. Robert Bailey: I appreciate the question from the member opposite. Section 3, as you said—I know I touched on it; I'm not going to try to go back and find it now—about the accountability and about tracking costs will be a major responsibility after this act is in place, after we pass it, hopefully later today or tomorrow. I'm sure it will bring those kinds of numbers to the minister, who will act on them.

The Acting Speaker (MPP Andrea Hazell): Question?

Mr. Anthony Leardi: One of the other things that this act does is it deals with the section 22 orders that can be issued by a local medical officer of health. This was highlighted in the past where a local medical officer of health will make a section 22 order. That's a very powerful responsibility. A section 22 order has got the power of a Superior Court order. It forces people to do stuff. It forces people to refrain from stuff. A medical officer of health has a lot of power, and now they're going to be overseen by the Chief Medical Officer of Health. I think that's a good thing. I ask the member if he thinks it's a good thing.

Mr. Robert Bailey: Thank you for asking. Yes, I do think it's a good thing because I remember now back during COVID, there were a number of, what would you say, disagreements—

The Acting Speaker (MPP Andrea Hazell): Further debate?

Mme Lucille Collard: I rise today on behalf of the many residents in my riding. These are seniors, newcomers, young families and, yes, those living in poverty, who rely on a functioning, accessible and publicly funded health care system. While I support the goal of improving access to care, modernization must be guided by transparency, equity and trust. For 1.5 million Franco-Ontarians, that includes access to care in French.

Today, I want to focus on schedule 2 of this bill. It's an important recognition of French-language health services, but one that must be followed by real action. Schedule 2 is a step forward for French-language services. Schedule 2 amends the Connecting Care Act to bring Ontario Health under the French Language Services Act. This is actually a long-overdue action. It's something the francophone community has been asking for—including members in this House, namely the member for Nickel Belt and myself. This recognition is important, but once again it took sustained advocacy for Franco-Ontarians to even be considered.

1540

Being an afterthought is unfortunately a regular occurrence. The most recent example is the call for expression of interest for funding to create more interprofessional primary care teams to help make care more convenient for people. For some obscure reasons, the postal code where most francophones reside in my riding of Ottawa–Vanier has been excluded from the scope for submissions. I already explained to the Minister of Health on numerous occasions that my riding is grossly underserved when it comes to access to primary care altogether, having no walk-in clinics and 22,000 unattached patients, a large proportion of those people being francophone. Yet, there is clearly no plan to improve the rights to access to primary care for those francophone patients.

I do hope that schedule 2 will mean that Ontario Health is not just legally required, but truly committed to serving francophone communities through service, planning, funding and delivery. This step would not have been

possible without the ongoing work of francophone advocates and health care leaders, and I thank them for their persistence.

But legal recognition must be matched by real action. Having French-language obligations in law is not the same as ensuring access in practice. We know that even designated agencies often fail to provide adequate services in French. So I ask this government: How will Ontario help consult francophones in planning? How will it recruit and retain bilingual providers? How will it ensure that access is real, not just a theory? These are the questions that must be answered if the promise of schedule 2 is to be fulfilled.

Primary care in French remains inadequate; that's a fact, Speaker. French-language primary care in Ontario is in crisis. In designated regions like Ottawa–Vanier, Glangarry–Prescott–Russell, Sudbury, Hearst, Orléans and Hamilton—those are just examples—too many francophones can't access care in their language, and this leads to miscommunication, poorer outcomes and greater anxiety, especially for seniors, newcomers and vulnerable groups. Schedule 2 must be a beginning, not the end, of this government's effort to close the gap in care for Franco-Ontarians.

We need accountability, not just designation. If Ontario Health is now subject to the French Language Services Act, then it must develop detailed French-language service plans, report transparently on its result and be held accountable by this Legislature and by the communities it serves. We need more francophone voices at Ontario health teams, we need dedicated funding for French-language providers and we need a plan to close the access gap in primary care—and we need it now.

There are other concerns, though, with this bill, which pertain to privacy, oversight and local public health. So I want to address those broader concerns about Bill 11, specifically schedule 6 and digital health identifiers. This section introduces digital health IDs which could help coordinate care, but it actually raises red flags around privacy and oversight. There's no clear consent model, no independent oversight, no meaningful recourse for misuse. Ontarians deserve better protections when it comes to their personal health data.

Schedule 4 now: That's centralizing public health decisions. It's concerning, Madam Speaker. Schedule 4 would force local medical officers of health to get provincial approval before issuing class orders, even in emergencies. During COVID-19, local leadership saved lives. Taking that power away is not modernization; it's micromanagement, and it weakens our ability to respond quickly in times of crisis.

But not all is bad in this bill. There are some positive measures in the bill and those are pieces we can support, like expanding the scope of nurse practitioners, which is essential to address the shortage of primary care providers. Requiring transparency from staffing agencies is actually long overdue, and streamlining systems can help, but only if done equitably. Modernization must mean inclusion.

Modernization is not just about efficiency; it's about building a health care system that is inclusive, equitable and responsive to the people it serves.

With schedule 2, we have a legal framework to support French-language services, but without funding, without leadership and without enforcement, it will remain, unfortunately, a symbolic gesture. The right to receive care in French is not a favour. I'd like to remind the government of that fact. It is actually a constitutional and moral obligation of the government.

So, today, I will urge the government to fully implement schedule 2 with proper oversight and funding, amend schedule 6 to strengthen privacy protection, reconsider schedule 4 to preserve local public health leadership and work with communities, especially francophone and vulnerable populations, to ensure care is not just convenient but truly accessible. Let's build a system that reflects the values of this province: equity, dignity and care for all. Merci, meegwetch, thank you, Madam Speaker.

The Acting Speaker (MPP Andrea Hazell): Question?

M^{me} France Gélinas: J'ai bien aimé la présentation de la députée d'Ottawa–Vanier. Moi aussi, je suis inquiète de ce qui va arriver avec Santé à domicile Ontario. Je voulais rappeler que les services à domicile, c'est souvent là où les services en français sont les plus en demande. Tu parles français dans ton domicile, tu parles français à la maison, et là on t'envoie un préposé aux soins, une infirmière ou quelqu'un, qui ne parle pas ta langue. C'est vraiment déconnecté.

Que ce changement-là n'a pas été fait quand Santé à domicile Ontario a été mise en place, c'est un peu surprenant. Avec les changements que l'on voit dans le projet de loi, est-ce que la députée est confiante que les services à domiciles pourront répondre aux besoins des francophones?

M^{me} Lucille Collard: Je remercie la députée de Nickel Belt pour sa question. Évidemment, on comprend l'importance de l'accès aux services en français pour nos communautés francophones, certainement les plus vulnérables et les personnes âgées qui doivent vraiment se débattre dans un système où la francophonie n'est pas assez disponible. Moi, je le sais; j'ai ma mère de 81 ans qui habite avec moi, et elle ne peut pas aller à un rendez-vous chez le médecin si ce n'est pas un médecin francophone. Elle ne peut pas recevoir des soins à domicile à moins que je sois là, parce que sinon elle ne comprendra pas. Puis, quand on vieillit, c'est encore plus difficile de parler dans une deuxième langue qu'on n'a pas beaucoup utilisée au courant de notre vie.

Alors, malheureusement, non, ce n'est pas surprenant que ça n'a pas été corrigé parce que, encore une fois, les francophones, il faut toujours qu'on se batte comme des diables dans l'eau bénite—je suis certaine que vous allez comprendre l'expression; je ne sais pas comment ils vont le traduire. Mais c'est la réalité. Il faut toujours se battre

pour faire respecter nos droits, et ça ne devrait pas être le cas.

The Acting Speaker (MPP Andrea Hazell): Question?

Ms. Laura Smith: Thank you very much, to the opposition member, on their thoughtful comments.

I'm thinking big picture as well and I'm thinking about historical investments. We talked about that just earlier—the historic investments that we are making and increasing the amount of medical seats, which would obviously increase in a holistic way the diversity and the different languages that could be brought into the practice.

Basically, my question to the member in opposition is this: By expanding the capacity of medical schools and nurse practitioner programs, we will train more health care providers who can serve our communities across the community of Ontario, diverse communities. So, I'm just wondering, given the importance of these investments, does the member plan to support this bill so that we can get more nurses and doctors in all of these different diverse communities?

M^{me} Lucille Collard: Thank you to the member for Thornhill for the question. Nurse practitioners are an essential part of the solution to deliver more accessible health care services in our community. There's no question about it. Unfortunately, those investments are not sufficient to cover the needs that we have. I was able to obtain partial funding for a nurse practitioner clinic in my riding. I'm grateful for that. But again, it's not going to serve the 22,000 people in my riding that are unattached patients.

1550

Without providing a workspace for the nurse practitioners to work in a public health care environment, we're just going to encourage more private care where we're going to have to use our credit card instead of our OHIP card to access services, like my colleague from Ottawa South likes to say.

What I'm saying is that investment is one portion, but you need to address the whole issue and the working conditions of those nurse practitioners.

The Acting Speaker (MPP Andrea Hazell): Question?

Ms. Sandy Shaw: Just short minutes left. We hear now that Ontario spent \$9.2 billion on agency nursing, and those are public dollars going into private pockets. This is being described as a cancer.

Can you, in the time we have left, explain how this is impacting the hospitals in your region?

M^{me} Lucille Collard: It is a lot of money. Imagine what we could have done to truly improve our public health care system if that was invested in the right place.

Private care is not the way to go. Unfortunately, time and time again, that's what we see the government doing with those measures that seem a little bit under the radar. But definitely—

The Acting Speaker (MPP Andrea Hazell): Further debate?

MPP Lise Vaugeois: It's an honour to rise on behalf of my constituents in Thunder Bay–Superior North to speak to the More Convenient Care Act. I'm going to focus on a number of the schedules, not all of them.

But to schedule 2, there's an important change in that there is a requirement to provide services in French. This is something that should have always been there. It's a little bit of a surprise that it needs to be added, but I think that the francophone members of my community will be very happy to see that this is here.

I also hope that people in my community will actually be able to access health care providers who can provide that service in French, because I know that we have difficulty, in fact, in recruiting health care providers speaking in any language in many of our communities, particularly on Highway 11 and, to some extent, on the North Shore.

The More Convenient Care Act, under schedule 2, is talking about home care. It has been pointed out by others that home care has been called a number of different things over the years, and I've been around long enough to hear this. CCACs were around at one point. I remember working with CCACs when my mother broke her arm. Then we had LHINs, which were supposed to make everything better. Now that's being completely changed, and we have Ontario Health atHome, which is requiring a whole rejigging of the system. I keep hearing that it's in process but not finished.

The thing is, when I'm door-knocking in my community, there are two reasons that people open the door right away. Either they work in health care and they want to talk to me about the poor working conditions they are dealing with and the lack of staff, or the other reason is if they need home care because they can't get it.

What we have is a privatized system, privatized by the Mike Harris Conservative government, which also privatized long-term care, and we have now also seen these nursing agencies with very strong connections to the Conservative government. So there's this kind of pattern of setting things up so that there's huge profits to be made out of our health care system, and these are dollars that should be going to provide care, to provide wages and for PSWs who are working in home care—whatever it's being called at the moment.

Those PSWs are not paid for their time travelling. They have low wages. They don't get benefits. There is no question that this is why it is so difficult to keep those organizations staffed.

In the meantime, we have corporations like Bayshore that are making millions and millions of dollars in profits. That's an obvious contradiction. When we're dealing with public health care, public dollars should be going to provide public services, not private profits. That is certainly a philosophical pragmatic difference between our side of the House in the official opposition and what continuously happens under Conservative governments.

So there certainly is more that could be in schedule 2 to make things better in terms of home care, but I will move

on from there to schedule 3, Health Care Staffing Agency Reporting Act.

On the one hand, there is an acknowledgement here—I would say a very important acknowledgement—that money is being siphoned out of the health care system to provide profits to nursing agencies. We know that there has been a place for temp agencies in health care, but do you know what? That could be a public service. That does not need to be offered through these get-rich-quick corporations that have sprung up, frankly, to milk the health care system and to exploit the crises that have been there in part because of COVID, in part because of Bill 124, where we have then poor working conditions where people are understaffed.

The member from Sudbury has introduced a bill to have ratios: staff ratios, nursing ratios versus patient ratios, depending on the kind of care that's required. That would really make a difference in our health care system, in hospitals if those ratios were there. That is a retention strategy.

We also know that pay scales—there are a lot of things that are pushing nurses, health care professionals out of hospitals, out of health care. It's been going on, and we know, again, that the nursing agencies are contributing to this by cannibalizing the public system to take health care workers out, who are exhausted, and say, "Come and work for us. You'll get more money, and you'll have a lighter workload, and you can work 9 to 5 or whatever. You don't even have to work overtime." So, the result is that the people who are left who are working full-time have to train the temp health care workers, which is offensive, because they're being paid less, and there are fewer full-time people there, so the workload, in fact, just increases.

We know that this is a significant problem. I'm glad that the government has at least acknowledged that it's a problem. But what disappoints me in the way that this is set up is that the reporting doesn't require—there's no timeline for the reporting. When are the reports going to come out, how public will they be and what is the breakdown that's going to be included in those reports? Is it going to be separated according to wages paid and profits taken? Because the people of Ontario need to know how much of that money is going up in profits. That is not what public dollars are for. We don't pay taxes in order to make certain people rich; we pay taxes in order to look after each other. That is why we have taxes. To me, that is the reason that we have taxes, is to look after each other and to share that responsibility. But those taxes were never intended to make particular people wealthy at the expense of the public system.

We know also that the Auditor General's value-for-money audit was very clear. I'm glad the government has noticed that the Auditor General has also said that the staffing shortages are causing problems in emergency care, and factors included the higher pay and flexibility offered by private staffing agencies. We see in northern Ontario that agency nurses are being hired at 25 times the rate of hospitals in other parts of the province, and that

speaks to, frankly, the fact that we need incentives to bring people to the north and we want them to stay. We don't want them coming in as temps and having them short-term—lack of connection with the community, lack of knowledge of the community, lack of connection to the people they are serving, the clients. And frankly, when people go into health care, that's what they want: to be able to have relationships and build those relationships with the people they are looking after.

1600

It's interesting to me: I've spoken with a number of doctors, and one of the first things that comes out of their mouths is, "Please ban nursing agencies. Please ban them." Quebec has actually passed a law banning the use of private recruitment agencies by the end of 2025. Why don't we do the same thing in Ontario? It can be done, and it would be to our benefit, and the money, instead of going up into shareholder profits, would be going to care. Frankly, it would make a big difference in keeping people in the system and keeping the people with experience actually staying in the system.

Now, I want to look at the Health Protection and Promotion Act. It's really a mystery to me why this act wants to take away a power that's very, very rarely used by medical officers of health. But when it is needed—I just question the fact: Why go through yet another level of red tape? One of the reasons that's concerning is because the chief medical officer of health is not an independent officer of the Legislature. They are actually beholden to the Ministry of Health, which means that it's actually political. We don't want health care decisions to be made under the influence of political pressures. We want those decisions to be made on the basis of the science and whatever is happening in terms of public health, so I have difficulty seeing why that is there.

I do want to say that our public health units do incredible work. I'm very, very appreciative of the unit that we have based in Thunder Bay. I want to add a concern—now, there's been a lot of pressure to amalgamate health units, and, at the same time, I hear the government saying that they want to have services close to people's homes. Now, can you imagine amalgamating Kenora and Thunder Bay? Thunder Bay–Superior North is already 93,000 square kilometres. What sense does that make? Calling it voluntary—I'm sorry, but that's code for, "If you don't do this, we're going to cut your funding." Voluntary is a very weird concept when your funding is on the line.

I hope that that pressure to amalgamate northern units has disappeared into the sunset, and I hope very much that our health units have the resources that they need to do the work that they do. It's really important work, and I know that they have been starved for years. I see that some money has been restored. I don't think that the claim that they received a 20% increase is accurate. I won't go too far down that rabbit hole, but what we know is that they have been struggling for years to actually meet their obligations and that they have been afraid that the lack of funding—that they're in a legal predicament when they're

required to do certain services, but they don't actually have the funding to fulfill those obligations. That does a terrible thing to people working in that system. Of course, you wind up with moral distress, apart from fearing for your job if you're not able to fulfill the commitment that you're supposed to be doing.

I'm going to talk briefly about schedule 5, the Mandatory Blood Testing Act. I'm very glad to see nurse practitioners have their scope expanded and see that recognized. Understand that nurse practitioners could actually—there are many, many more areas that could be given to nurse practitioners to do. I have no quibble with that, but I would like to take a moment actually to congratulate the nurse practitioner-led clinic in Thunder Bay. It's one of the oldest NP-led clinics in the province. I think it's the second oldest. They do fantastic work. They take hard to complex care needs. They take people that often other medical clinics are reluctant to take. And honestly, they do holistic care there. It's a fantastic clinic. They also do research. I can't say enough, but one thing I do want to say is that I understand that they have received \$700,000 recently, and that that's new money. That's very deserved, and I know it will be put to really good use in that clinic—hopefully hiring more NPs. The thing about that clinic, as I say, is that it's holistic, so they draw on other kinds of health care practitioners as well.

Finally, I want to talk about schedule 6, Personal Health Information Protection Act. What's interesting about this is that the privacy commissioner asked the government to withdraw this section because they feel that it's not where it needs to be.

We understand and appreciate that people want to have access to their personal health care information. That's quite hard to access right now. Okay, so that's one piece that we want. We also know that we want health care practitioners to be able to share information in a seamless way, because that would increase the potential for care. Otherwise, you wind up going through the same intake process that can take an hour or two hours every time you go to a new practitioner, even though you're addressing the same issue.

We know that there's a need to share information, but the problem is the lack of controls that have been established. There are no guardrails, and according to the privacy commissioner, the proposed regulations were rushed, problematic and incomplete. It also confuses the many roles of Ontario Health and challenges my office's ability to oversee and enforce the law. It actually repeals Ontario's already established right of access to their records. So what I understand is that, in theory, we're supposed to have access to our records, but we don't, and this section 6 doesn't actually resolve that issue, doesn't put it into place.

No tracking requirement: Let's say this is in place, I can go and check my records, but I can't tell who else has checked them. Who else has gone into my records? Are we tracking that? Why did they? This is a question of privacy. We need to know who has access. What are the

controls? What are the guardrails on that electronic system? We know how, frankly, unfortunately, we see systems hacked, very sophisticated systems hacked frequently.

The way it's laid out in the bill, it's actually Ontario Health that is going to have access to the information. Why? Why should they? They're not health practitioners. They're a government ministry, or part of a ministry. It also mentions the potential of third-party access, or third-party control, a third party housing the information. Who are they? Where are the guardrails?

If it were just me saying this, I would say, "Well okay, maybe I'm being cautious, a little bit worried." But frankly, it's the privacy commissioner who is saying this and saying that section 6 is not ready to go. The idea is there, but how it will be implemented is left too wide open in the way it's expressed in the bill.

Why does this matter? What can happen when people's health records are out in the world or out where they shouldn't be? I don't know if people remember this, but in 2011—so it's a while ago, and things in terms of access to electronic records, of course, are much, much, much bigger than they were in 2011. This was a person who tried to cross the border into the States.

When you live in Thunder Bay, the border is only an hour away, so it's not uncommon to go down and want to cross the border for the day, maybe go shopping, whatever. But this person was turned back and fingerprinted and photographed. The reason was because her health records had gone to the police, had become part of a police record, and from there had been transferred to the United States customs and border services.

1610

Interjection: Wow, unbelievable.

MPP Lise Vaugeois: Unbelievable. Now, this particular person had had a depressive episode and had attempted suicide at one point. That's health care; that's health care. Why did that information wind up with American border services and was used, of course, to stop her from crossing the border?

So I bring back this story from 2011. We are now in 2025, where just about everything is done electronically, and we all know how sometimes loose that information is. All you have to do with your phone is mention that you're interested in buying something and all of a sudden, you've got a hundred ads popping up on your phone telling you to buy something. So we know that making information secure is absolutely critical, and we know that we only want health care practitioners accessing information when they need it—only when they need it, right? It's not like any person in hospital is allowed to go and look up my file arbitrarily. That's against the law. But frankly, it can be done. So section 6, I think, needs to be withdrawn, as has been recommended by the privacy commissioner, because it does not provide privacy protections that people need when dealing with their own health care. Thank you.

The Acting Speaker (MPP Andrea Hazell): Question?

M^{me} France Gélinas: Thank you to my colleague for her analysis of Bill 11. I would like to focus a bit again on schedule 6, the story that she shared about somebody's health information having been shared basically across the border to the US. Oof, I hope we never have to see that again, but I agree with her that in order for a health care system to function, people have to trust their care provider. They have to be able to trust that what they say to the care provider will only be to the care provider, whether it be a physician, a nurse, a physiotherapist or anybody else. Right now, in section 6, it is way broader. Does she have any worries about that?

MPP Lise Vaugeois: Thank you to the member from Nickel Belt for that question. Yes, I do have concerns about section 6 because, frankly, the places that are named in the bill that could have access to health records—some of them have no business having access to those records. Ontario Health is an administrative body. They are not health care providers.

Again, the guardrails have to be there so that that information is only shared amongst health care providers in a responsible way with the consent of the person being treated.

The Acting Speaker (MPP Andrea Hazell): Question?

Mr. Anthony Leardi: There's an organization called the Canadian Institute for Health Information; it's called CIHI. It gathers information on a de-identified basis or unidentified basis. That information is then used to deliver programs and accurately compile information regarding the delivery of health care in Ontario and other places as well. That's how we know that 90% of all people have a primary care provider in the province of Ontario. It is de-identified information.

So my question to the member is this: As long as the information is de-identified, that is to say they cannot identify the patient's name or date of birth and stuff like that—de-identified information—that appears to me to be a safety mechanism that is very useful. I just invite the member to comment on that.

MPP Lise Vaugeois: Unfortunately, that's not actually spelled out here in section 6. There certainly is a place for health care information. That's the aggregate information, right? That's how studies take place, that's how we can do epidemiological studies and so on. Now, it depends what company that is. Is that company trustworthy? What, again, are the guardrails making sure that that company never shares information that they're not entitled to share?

Again, we want to be making sure that that company never shares information that they're not entitled to share?

Again, we want to be making sure that each piece is in place and that the privacy and dignity of the person being treated is the primary concern, and then we move on from there if we want to do studies and have aggregate information.

The Acting Speaker (MPP Andrea Hazell): Question?

Mr. Chris Glover: I want to thank the member from Thunder Bay for her comments today.

Let's see. The Liberals had a fairly large legacy of fiscal mismanagement and scandal. They had the Ornge scandal. They had the gas plant scandal. They had the cash-for-access scandal. But the nice thing about the Liberals was that every time the scandal came out, they were embarrassed.

The Conservatives have a number of fiscal mismanagement scandals. They've got the \$62 million for MedChecks that just came out this week. Just this week there's this one, and then there's the \$9.2 billion that's gone to private nursing agencies. There's the \$2.2-billion boondoggle on the waterfront at Ontario Place.

So my question is: I heard you mentioning the \$9.2 billion that's been wasted on private nursing agencies. How could that money, our tax dollars, have been better spent?

MPP Lise Vaugeois: Well, imagine if we were hiring nurses and bringing back health care professionals who left, that we were actually talking with them to find out why they left, what the conditions were that pushed them out and what they need to come back. We could be paying PSWs a living wage and showing respect for home care.

Imagine if we had home care where people were happy to work there because they were being paid properly, respectfully, and had benefits. Then people like our parents—my mother—would not be waiting at home hour after hour, hoping somebody's going to come by as a PSW, which often doesn't happen—or they had to take the bus and they're travelling an hour and it just takes too long to get there.

There are so many ways that that money could be going into the system to improve health care, and it does not belong in the pockets of shareholders.

The Acting Speaker (MPP Andrea Hazell): Question?

Mr. John Fraser: I'd like to ask a question about Bill 6. I want to clean up a misunderstanding the member from Essex has, that somehow health information that's not attached to someone is not still private.

Data is the new currency. Companies use this data so they can figure out life insurance. I'm 65, and they take all this data—I'm 65, a white male, whatever. They're not going to sell me insurance that protects me from having a heart attack or getting diabetes or something like that. Data is the new currency; it has value. It has value on the stock markets. There are no protections in this bill that actually recognize that.

Do you know why this government is not actually taking the advice of the Information and Privacy Commissioner?

MPP Lise Vaugeois: I want to thank the member from Ottawa South for the question and, actually, for bringing that into the conversation, because it is a very critical point. Again, data is the new currency and, frankly, it's marketed all over the place. We have so little control about

how information about ourselves is spread out and used and exploited, for better and definitely for worse.

Why they would not be accepting the advice of the privacy commissioner—I don't have a good answer for that. I wish they would. It's clear, very clear, in her letter in response to section 6 that section 6 needs to be withdrawn, that it doesn't do what it needs to do.

The Acting Speaker (MPP Andrea Hazell): Question?

Mr. Anthony Leardi: Part of this bill deals with the expansion of scope of authority for nurse practitioners. I welcome that. I have some great nurse practitioners in the county of Essex, and they have various locations. I was very fortunate to get an expansion of their services to allow them to take on another 1,200 patients in and around the town of Kingsville. I know that there are various other members in this House who had expansions of their nurse practitioner-led clinics as well, and those were good for their areas.

I welcome the expansion of the scope of practice for nurse practitioners to do additional responsibilities as set out in this bill, and I just invite the member from Thunder Bay—Superior North—does she have nurse practitioners in her riding? What do they do? Does she welcome the expansion of their scope of practice, and how will that help her constituents?

1620

MPP Lise Vaugeois: Thank you very much for the question and the opportunity to again talk about the really amazing nurse practitioners who we have in Thunder Bay—Superior North. We have a nurse practitioner-led clinic in the city itself, but also nurse practitioners as part of family health teams and as part of hospitals throughout the entire region.

One thing I would like to say, though, is that I would also like to see a standardized scale of pay for nurse practitioners that recognizes skill and experience—so it's based on your experience level and your responsibility level, not necessarily on where you are working. Because, again, we are seeing nurse practitioners taken out of family health teams into hospitals that pay \$50,000 more. But when they're working in a family health team, they actually may well have an even greater demand on their scope of practice because of meeting people with a range of ailments.

The Acting Speaker (MPP Andrea Hazell): Quick question.

MPP Stephanie Smyth: We all know about public health emergencies. We've lived through it with COVID. Look, the measles—another public health emergency happening right now. Some might agree, or not.

Schedule 4, you mentioned, refers to the medical officer of health getting a provincial approval before issuing class orders. In public health emergencies, won't that slow down response times and reduce flexibility?

The Acting Speaker (MPP Andrea Hazell): Further debate?

Mr. John Fraser: I'm pleased to speak to Bill 11.

I just want to start where I left off with the question. I'm going to talk about the last schedule first, and then I'll go through the schedules, because there are good things in this bill—I would argue some really good things. But they really blew it when it came to schedule 6—I mean, really blew it. The Information and Privacy Commissioner has written them at least two letters that have told them this is not ready and that it's a big concern.

Now, I'm hearing what the government's argument is, which is de-identified personal health information—it's okay to share that. It's your information. Just because they take your name off the file doesn't make it theirs, right? I hope the member from Essex understands this now. Just because you take somebody's name off a file, whether it's a personal health record or a banking record, it's their record.

That's what the concern is here. Because information is currency. Companies buy and sell and trade and use information—personal information—and it's happening in Ontario right now and across Canada, where private health clinics are doing it and it's not theirs. They don't own it; it belongs to people. Whether it has their name on it, whether it has a number on it, whatever it has on it, it's your information, it's my information—it's personal. That's why we have FIPPA. That's why we have it.

Schedule 6 is too broad, too wide open. It's not just that there are no guardrails, there's actually no thought going into the fact about how important it is for people to own their own information. Companies are buying and selling and trading information, and they're using it to their advantage, not to our advantage. They're using it to decide what they're going to market to you. They're using it to decide what kind of insurance policy they're going to give you based on the profile that you fit.

So for a government to put forward a bill with good things in it and leave this gigantic hole—it's just incredible to me. And the government can't give any assurances to people that they're going to protect their personal health information. Whether it has their name or a number on it—I'm going to say this again—it belongs to you. Your information, especially health information, banking information—any information that's personal to you is yours, and if we don't listen to the people who are trying to protect people, protect people's right to have a say over their personal information, especially health information, I don't know why we're doing this, why we're putting this in the bill.

The problem with this government is it's dragged its feet on so many things for seven years. That's why we have 2.5 million Ontarians who don't have a family doctor. That's why nurses are working short all the time. That's why emergency rooms are closing, and now they're in a hurry to fix things. We've got three weeks left until we get to the end of this session, and they want to pass a bill with a gigantic hole in it because they're in a hurry. What they're saying is, "Trust us. We'll just fix it later." I don't trust them, because the parliamentary assistant is saying people's personal health information doesn't

actually belong to them as long as it doesn't have their name or number on it, as long as we can't tell whose it is. That's not true; it's not right. The information that we give over to people who we trust belongs to us, and we turn it over to trusted people. We don't turn that over so they can sell it to somebody else. That's not the way it works.

So, it's going to make it really hard for me to support this bill. If the parliamentary assistant to the Minister of Health doesn't understand this basic fact—they haven't done their homework and they're in a hurry to try to get a piece of legislation across, and they're putting people's personal health information at risk. If this is how cavalier the parliamentary assistant is about it, it doesn't give any of us any confidence.

If there's one thing I want members on all sides to understand it's that your personal—I'll say it again: your personal health information is only yours. Just because someone takes your name off it or takes an identifying number off it or we can't say it's you, it's still yours, and you should have a say as to who gets that information, and this bill doesn't do that.

The Information and Privacy Commissioner is just giving us good advice, giving the advice that we should take to actually protect Ontarians. These guys talk about protecting Ontarians: "We're protecting Ontarians. We're protecting Ontarians." Well, in schedule 6 here, you're not protecting them. You're just saying, "Trust us. It's all good. And by the way, if it doesn't have your name on it, it's not yours." Give your head a shake. Do you honestly believe that when you turn over some very personal information to somebody who you trust, that that information is not private, that they're not going to talk to somebody else about it even if they don't say who the heck you are?

We have rules in legislation about how we handle personal health information. They're very clear; they have very big penalties. It's right thing to do. Governments of all stripes worked hard over time to make sure we had the right rules, and as we went along, we improved those rules, we sometimes increased the fines, we adapted for things that were new, and now, we're in another new environment and we've got schedule 6, where the government is saying, "Nah, don't worry. Don't worry, folks. It's all good. We'll figure it all out." But again, the parliamentary assistant says as long as it doesn't have your name on it, it doesn't belong to you. They can do whatever they want.

I don't think that there's one person in here that wants their personal health information shared with somebody else without their consent, and I'm sure that people here, all of us, our constituents, don't want someone buying and selling our personal health information, which, by the way, is happening right now in clinics not just in Ontario but across Canada. If you want to look at how bad this can be, just look south of the border and look at how that's affecting health insurance south of the border—which we don't have here yet, but the government is heading in that direction—how it's affecting life insurance. They're using people's data that's theirs against them. I don't think

people tell their physician or the practitioner the things that ail them or their personal information so that it can be used against them, and that's what this bill allows.

1630

Interjection.

Mr. John Fraser: Well, it does. My colleague across the way is shaking his head. It's like you missed the member from Essex, the parliamentary assistant, who said, "As long as it doesn't have your name or a number on it, it doesn't belong to you. It's open season."

I came into this debate not actually knowing that that's what I would hear as an argument, as a talking point, from the other side. So whoever is writing these things, if you're listening—I hope you are—pull that one out, because it just puts a gigantic hole in your argument and makes me even more nervous and should make all Ontarians more nervous. It's serious stuff.

Right now, we're in an age where people are using and trading information. We have artificial intelligence. There are tons of risks to people. It's not just in this bill; it's in our phones. We were just talking a few minutes ago about when you say something out loud and you ask a question and it appears on your phone. Well, I was once talking about—a little lighter moment here—getting a soft-serve machine for my campaign, because I like ice cream, and people come back, they'll have ice cream, and you can attract people. Literally, within minutes after saying that, on my Gmail, I got an ad for soft-serve supplies—like, literally. It scared me.

So how we share our information is really important. Our ownership of that information is even more important. And what you need to fundamentally understand about this section is that information—and I'm going to repeat it about five times—is the new currency. People are buying and trading and selling it and using it, maybe sometimes to help us, but most of the time against us. This bill doesn't recognize it. The talking point on the other side is that a de-identifier—I can't say that word today; I'm sorry folks—makes it all okay: "Take his name off. Take his number off. Who cares? It's all good."

The reason that CIHI can do that is they have very specific requirements under legislation and a regulatory framework that allows them to take that information, given permission that they have, and use that information—guess what, folks?—for the public good. Now, here, when you look at this, you're going to prescribe an organization. Is it going to be Telus Health? Is it going to be Xerox? Is it going to be any of those people in the field who collect data?

MPP Lise Vaugeois: Maple health.

Mr. John Fraser: Maple health.

How do we protect it? How do we protect it once it's out of our hands, once the government hands it over? The Information and Privacy Commissioner is saying, "Stop." Not, "You should think about this;" not, "You need to fix this and this." It's like, "Stop what you're doing. You're making a big mistake." And the government is just blissfully unaware or ignoring it.

I hope I've made my point about schedule 6. Information is the new currency. Personal health information is your information. Whether it has your name on it or not, whether people can tell it's yours or not, it belongs to you. That's a principle, and you should always have control over that, just like you should have control over your banking records—even more importantly.

I'm just going to go through the other schedules quickly here. I have some concerns about some other ones. I wanted to say, specifically, with schedule number—just give me one second here, folks; I got so worked up about schedule 6, I lost my page here.

Section 3: This is the Health Care Staffing Agency Reporting Act. This is the staffing agencies, the people we're spending a billion dollars more a year on, that I asked questions about the other day and everybody said, "Hey, it's okay. It's appropriate to actually send all this money over, and it doesn't matter."

Here's the thing: My colleague from Don Valley East put forward a bill that would actually make sure that it wasn't just reporting. This bill has just said, "You've got to tell the minister what you're doing, nothing else: no rules, no guardrails, no caps, no maximums, no penalties, no enforcement." I won't say it's the worst thing in the world that it's there, but it's not exactly a drastic measure.

Now, in Quebec it's a bit of the Wild West with private health care, more so than here, although we're getting there. They actually sanctioned five or six of these companies and gave them a five-year ban because of ethics—translation: what they were charging. So how is Quebec, which is, I think, more permissive than we are—although I say we're getting closer—able to do that, and the best that this government can come up with is, "Well, you've got to tell the minister what you're doing, end of story"? No penalties, no enforcements, no caps, no accounting—even no accounting.

I want to say that I fully support the expansion of scope for nurse practitioners. I asked some questions this morning about how the government could actually even do better than that by supporting nurse practitioners working in our community to practise, because right now, working in the community, they've got to hang out a shingle, or they go work for a clinic and then they've got to ask people for their credit card, not their OHIP card, for basic primary care services. Your kid has a cold: You need some advice. You have an infection: You need some advice. You've got a rash: You need some advice. It's not exactly tertiary care. It's primary care. It's a thing where, I think, in any event, we could expect that we wouldn't have to pull out our credit card. And then the problem with that is the people who have to do it are often the people who can least afford it because they have the lowest access to primary care, which the government doesn't seem to think is a problem—2.5 million people, one in six. Seven years later, it's, "We're going to fix it all."

You know what? After you've spent all this money and borrowed all this money—and, like I say, never has a

government in the history of Ontario spent so much, borrowed so much and incurred so much debt to do so little.

The measures around the French Language Services Act—good thing. I would like to say with Health atHome here in Ontario, that's a good thing—overdue. I'm glad to see that that is there. I would like to say, though, that I think there's a legitimate and serious concern about what happened this fall for three or four months when patients at home, because of a government change, were not receiving the services they needed.

I've got a little time left, and maybe I'll just use that again to hammer home schedule 6. Personal health information belongs to you. It's yours, whether I know it's yours or I don't. It's yours. It's mine. I don't want somebody giving my personal health information to anybody else unless I know about it. In this bill, this government doesn't protect this from happening. And it's not just us over here saying it. It's not just because we're trying to be sticks in the mud or trying to poke a stick in the spokes. It's like you stuck the stick in your own spokes. You did some good things in the bill, and then you throw this thing in it and everybody is supposed to go, "Yeah, it's all okay as long as we don't know whose health record it is. Hey, guess what, folks? It's okay."

I hope people at home didn't—well, I hope they heard that because maybe it will induce the government to do the right thing and actually listen to the Information and Privacy Commissioner, who is saying, "Stop. Stop what you're doing. Don't enact this thing right now. You need to get it right." And by the way, she knows what she's talking about. She's not one of us. She's there, if they're interested in protecting, to protect Ontarians' information and privacy. That's her job. That's what she does seven days a week, and she's saying, "Stop what you're doing."

1640

So I don't understand why the government doesn't recognize that and take that advice as good, solid advice. I can tell you right now, you can go out and talk to people who work in this field, and they will tell you that the risks I've explained and the risks that the Information and Privacy Commissioner has laid out are legitimate, and they agree. Even people who are working in the field, who are working for companies that are making money off this—I mean, they won't want you to do it. They'll want you to do it the way you're doing it right now, because, hey, your personal information doesn't matter, trading it doesn't matter, as long as we don't know it's you.

People own their personal health information. For decades, we've had PHIPA, and governments and parties of all stripes have strengthened that PHIPA. It hasn't been a static thing. We've kept building on that because of the risks that occur because of information technology and the speed with which we do things. What the government is proposing here is going in reverse.

So my advice: stop the car that's schedule 6 of this bill, get out of the car—well, first of all, turn off the ignition, put it into park and just get out of the car. Don't leave it in drive, okay? I've done that before. Don't leave it in drive

and just get out of the car and come back later, when you can drive the car safely for Ontarians and protect their personal health information.

The Acting Speaker (MPP Andrea Hazell): Question?

Mr. Anthony Leardi: I enjoyed the spirited presentation from the member for Ottawa South, and I appreciate his concerns about the collection and distribution of data. There is, of course, a whole host of legislation about that.

One of those pieces of legislation, called the Personal Health Information Protection Act, describes the wilful collection and disclosure of personal data and states that any contravention of the act imposes an offence and is liable upon conviction in the amount of a fine of \$200,000 and imprisonment of not more than one year. I'd say that's a pretty good penalty for misuse of that information, and since, of course, collection and distribution of such information is tightly regulated by the government in its various regulations, I think that's a pretty fierce penalty.

I invite the member to say, would he like to add some more penalties?

Mr. John Fraser: You don't need to add penalties; you just actually have to draft appropriate legislation. And that's not me telling you. It's not me and it's not people over here; it's the Information and Privacy Commissioner. Last time I checked, she's a non-partisan officer of this House who is actually there to protect Ontarians' information and privacy. So why in God's name would you continue on with something that somebody who's an expert, whose job it is to protect Ontarians, like the rest of you talk about all the time—why would you ignore her? That's my question, and maybe when we get around, you can answer that question.

The Acting Speaker (MPP Andrea Hazell): Question?

Ms. Sandy Shaw: To the member: Why indeed? That's the question. Why are they rushing this through? Why? I want you to look at the context of where we have Shoppers Drug Mart and their meds checks, where they're allowed to make millions and millions off of us, and privatization to Maple health.

I also want to take you back to 2018, when this government first came in power. You may not remember; I do. They did a line-by-line audit by Ernst and Young. In that line-by-line audit, they identified the valuable data sets that the government owns, and they talked about monetization of that data to health agencies that could create products that they could then sell back to us. That's the reason why.

This is a chilling piece of legislation, and I don't think you're underselling how important it is that we speak out against this misuse and abuse of our personal, private health information.

Mr. John Fraser: That's really interesting. I'm not sure Ontarians—I forgot that, and I want to thank the member for reminding me of that. I think that Ontarians would be really surprised to hear that the government wanted to monetize our personal health information without our permission. It belongs to you. I do remember

a lot from 2018; I didn't remember that, so I really appreciate the member bringing it forward.

Personal health information protection evolved over time. We're at one of those inflection points right now. So that's what my point is. You're not recognizing this in the legislation. Actually, it's not my point; it's the Information and Privacy Commissioner's. I just keep saying it, and I'll keep saying it and saying it until somebody on the other side goes, "Oh, maybe she's there to protect Ontarians. We are too. Let's go talk to her."

The Acting Speaker (MPP Andrea Hazell): Question?

Mr. Anthony Leardi: Well, again, I thank the member from Ottawa South for expressing his concerns about that.

I'd like to now ask him about the section 22 orders. As I've said before, section 22 orders are orders that are very powerful. They carry the weight of an order of a Superior Court of Justice and force people to do things and refrain from doing things. A section 22 order can be issued by a local medical officer of health, and that carries the weight of the law behind it, such as a court order—similar to that.

Right now, a local medical officer of health can issue that order without any check. This legislation proposes to add a check. Essentially, it says that the local medical officer of health has to get the approval of the Chief Medical Officer of Health first prior to issuing that order, which is kind of just a check on that authority. I think that's a responsible and good thing to do. I invite the member from Ottawa South to express his opinion on that.

Mr. John Fraser: I might think that was a good idea if this government hadn't been keeping the Chief Medical Officer of Health in a box in the basement and not making him available to Ontarians when we had a measles outbreak. The excuse that I heard, which is, if I say too much people are going to get scared—actually, if there's a vacuum of information, people will get scared. You know what? I believe that local decision-making—that I trust local public health officers. I've had a good experience with them, and they do what's in the best interest of people. Generally, they always consult the Chief Medical Officer of Health. So I don't know why you need to put this in legislation. I would actually prefer if you freed the Chief Medical Officer of Health to talk to Ontarians on a regular basis instead of keeping him in a box in the basement.

The Acting Speaker (MPP Andrea Hazell): Question?

MPP Lise Vaugeois: My question to the member from Ottawa South: I want to thank you for really spelling out the risks of data farming and that there are no guardrails at this time to protect us against that.

I want to just clarify, when I was talking about epidemiological studies, for example, using aggregate data, there's a very rigorous process of getting permissions from the people whose data is being shared and from the institute, the university or whatever before you're allowed to even look at that data. So that's a very big distinction between a corporation that suddenly has anonymized data they can use however they want or the use of anonymized data in scientific study.

Mr. John Fraser: There's a lot of rigour around that, and so I think that's well established. We're at an inflection point. We've got AI. Information is currency. It's different than it was five or six years ago. That's how fast it's changing.

So, I'm just going to say this again: Your data is your data. Your information is your information. It belongs to you, whether I know it's yours or I don't. If you haven't given permission for me to see that data or to have access to that data, then you shouldn't have it.

That's not what's happening here. I'm not saying it. It's not me trying to stick a stick in their spokes, and it's not the Information and Privacy Commissioner trying to do that. But she knows that if they don't get this right, there's a huge risk to people and their personal health information.

The Acting Speaker (MPP Andrea Hazell): Question?

MPP Stephanie Smyth: I don't know about everybody else, but I have a tough time getting my own data about my health, much less somebody else getting it. I'm thinking right now—maybe this government could help us figure out how we can monetize our data before we give it away. It would be a great thing if we could have control of and make money over our own health data.

1650

But it is about trust. It's all rooted in trust. What indication is there here that there's any cause for any trust with our coveted data?

Mr. John Fraser: Well, I'll just be straight: I can't feel the trust when I hear that de-identified personal health information is just—it's the Wild West. If it doesn't have your name on it, I can take it; I can use it. Then when you couple that with what the member reminded me, from 2018, that they want to monetize it—but there's no effort

that's out there to say to people, "Can we use this?" It doesn't belong to the government; it doesn't belong to a business. It belongs to us.

And the Information and Privacy Commissioner—I know I'm a broken record—is telling you, "Don't do it." I've been on the other side. I've sat there when people like the Information and Privacy Commissioner have provided advice, and I know the times that we took that advice, and I know the times that we didn't. The times that we didn't, it didn't work out right. The times that we did, it generally always worked out.

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

Mr. Anthony Leardi: Just following up on the Global News interview that was given by the Chief Medical Officer of Health on May 9—that is, a televised Global News interview from the Chief Medical Officer of Health from May 9 that I was just reading up on before this debate got started. The member from Ottawa South had made the comment that somehow the Chief Medical Officer of Health was hiding in a basement. I don't think that when you go onto—

Mr. John Fraser: No, you put him in a basement—

Mr. Anthony Leardi: Oh, correct me—maybe he said something else. I'm sure he'd like to clarify it.

But anyway, he was on Global News and other news agencies as well, so I thought that was useful. Did the member see those interviews?

Mr. John Fraser: Only after repeated questions by members on the other side stating that he wasn't out there and that it was a concern to constituents did he actually get out there and you let him out of the box in the basement.

Report continues in volume B.

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| Anand, Deepak (PC) | Mississauga—Malton | |
| Armstrong, Teresa J. (NDP) | London—Fanshawe | |
| Babikian, Aris (PC) | Scarborough—Agincourt | |
| Bailey, Robert (PC) | Sarnia—Lambton | |
| Begum, Doly (NDP) | Scarborough Southwest / Scarborough-Sud-Ouest | Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle |
| Bell, Jessica (NDP) | University—Rosedale | |
| Bethlenfalvy, Hon. / L'hon. Peter (PC) | Pickering—Uxbridge | Minister of Finance / Ministre des Finances |
| Blais, Stephen (LIB) | Orléans | |
| Bouma, Will (PC) | Brantford—Brant | |
| Bourgouin, Guy (NDP) | Mushkegowuk—James Bay / Mushkegowuk—Baie James | |
| Bowman, Stephanie (LIB) | Don Valley West / Don Valley-Ouest | Deputy Third Party House Leader / Leader parlementaire adjointe de parti reconnu |
| Brady, Bobbi Ann (IND) | Haldimand—Norfolk | |
| Bresee, Ric (PC) | Hastings—Lennox and Addington | Second Deputy Chair of the Committee of the Whole House / Deuxième Vice-Président du Comité plénier de l'Assemblée législative |
| Burch, Jeff (NDP) | Niagara Centre / Niagara-Centre | |
| Calandra, Hon. / L'hon. Paul (PC) | Markham—Stouffville | Minister of Education / Ministre de l'Éducation |
| Cerjanec, Rob (LIB) | Ajax | |
| Cho, Hon. / L'hon. Raymond Sung Joon (PC) | Scarborough North / Scarborough-Nord | Minister for Seniors and Accessibility / Ministre des Services aux aînés et de l'Accessibilité |
| Cho, Hon. / L'hon. Stan (PC) | Willowdale | Minister of Tourism, Culture and Gaming / Ministre du Tourisme, de la Culture et des Jeux |
| Ciriello, Monica (PC) | Hamilton Mountain / Hamilton-Mountain | |
| Clancy, Aislinn (GRN) | Kitchener Centre / Kitchener-Centre | |
| Clark, Steve (PC) | Leeds—Grenville—Thousand Islands and Rideau Lakes / Leeds— Grenville—Thousand Islands et Rideau Lakes | Government House Leader / Leader parlementaire du gouvernement |
| Coe, Lorne (PC) | Whitby | |
| Collard, Lucille (LIB) | Ottawa—Vanier | Third Party House Leader / Leader parlementaire de parti reconnu |
| Cooper, Michelle (PC) | Eglinton—Lawrence | |
| Crawford, Hon. / L'hon. Stephen (PC) | Oakville | Minister of Public and Business Service Delivery and Procurement / Ministre des Services au public et aux entreprises et de l'Approvisionnement |
| Cuzzetto, Rudy (PC) | Mississauga—Lakeshore | |
| Darouze, George (PC) | Carleton | |
| Denault, Billy (PC) | Renfrew—Nipissing—Pembroke | |
| Dixon, Jess (PC) | Kitchener South—Hespeler / Kitchener-Sud—Hespeler | |
| Dowie, Andrew (PC) | Windsor—Tecumseh | |
| Downey, Hon. / L'hon. Doug (PC) | Barrie—Springwater—Oro-Medonte | Attorney General / Procureur général |
| Dunlop, Hon. / L'hon. Jill (PC) | Simcoe North / Simcoe-Nord | Minister of Emergency Preparedness and Response / Ministre de la Protection civile et de l'Intervention en cas d'urgence |
| Fairclough, Lee (LIB) | Etobicoke—Lakeshore | |

| Member and Party / Député(e) et parti | Constituency / Circonscription | Other responsibilities / Autres responsabilités |
|---|---|---|
| Fedeli, Hon. / L'hon. Victor (PC) | Nipissing | Chair of Cabinet / Président du Conseil des ministres Minister of Economic Development, Job Creation and Trade / Ministre du Développement économique, de la Création d'emplois et du Commerce |
| Fife, Catherine (NDP) | Waterloo | |
| Firin, Mohamed (PC) | York South—Weston / York-Sud— Weston | |
| Flack, Hon. / L'hon. Rob (PC) | Elgin—Middlesex—London | Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement |
| Ford, Hon. / L'hon. Doug (PC) | Etobicoke North / Etobicoke-Nord | Premier / Premier ministre Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Leader, Progressive Conservative Party of Ontario / Chef du Parti progressiste-conservateur de l'Ontario |
| Fraser, John (LIB) | Ottawa South / Ottawa-Sud | Leader, Third Party / Chef du troisième parti |
| French, Jennifer K. (NDP) | Oshawa | First Deputy Chair of the Committee of the Whole House / Première Vice-Présidente du Comité plénier de l'Assemblée législative |
| Gallagher Murphy, Dawn (PC) | Newmarket—Aurora | |
| Gates, Wayne (NDP) | Niagara Falls | |
| Gélinas, France (NDP) | Nickel Belt | |
| Gilmour, Alexa (NDP) | Parkdale—High Park | |
| Glover, Chris (NDP) | Spadina—Fort York | |
| Gretzky, Lisa (NDP) | Windsor West / Windsor-Ouest | |
| Grewal, Hardeep Singh (PC) | Brampton East / Brampton-Est | |
| Gualtieri, Silvia (PC) | Mississauga East—Cooksville / Mississauga-Est—Cooksville | |
| Hamid, Hon. / L'hon. Zee (PC) | Milton | Associate Solicitor General for Auto Theft and Bail Reform / Solliciteur général associé responsable de la Lutte contre le vol d'automobiles et de la Réforme relative aux mises en liberté sous caution |
| Hardeman, Ernie (PC) | Oxford | |
| Harris, Hon. / L'hon. Mike (PC) | Kitchener—Conestoga | Minister of Natural Resources / Ministre des Richesses naturelles |
| Hazell, Andrea (LIB) | Scarborough—Guildwood | Third Deputy Chair of the Committee of the Whole House / Troisième Vice-Présidente du Comité plénier de l'Assemblée législative |
| Holland, Hon. / L'hon. Kevin (PC) | Thunder Bay—Atikokan | Associate Minister of Forestry and Forest Products / Ministre associé des Forêts et des Produits forestiers |
| Hsu, Ted (LIB) | Kingston and the Islands / Kingston et les Îles | |
| Jones, Hon. / L'hon. Sylvia (PC) | Dufferin—Caledon | Deputy Premier / Vice-première ministre Minister of Health / Ministre de la Santé |
| Jones, Hon. / L'hon. Trevor (PC) | Chatham-Kent—Leamington | Minister of Agriculture, Food and Agribusiness / Ministre de l'Agriculture, de l'Alimentation et de l'Agroentreprise |
| Jordan, John (PC) | Lanark—Frontenac—Kingston | |
| Kanapathi, Logan (PC) | Markham—Thornhill | |
| Kernaghan, Terence (NDP) | London North Centre / London- Centre-Nord | |
| Kerzner, Hon. / L'hon. Michael S. (PC) | York Centre / York-Centre | Solicitor General / Solliciteur général |
| Khanjin, Hon. / L'hon. Andrea (PC) | Barrie—Innisfil | Minister of Red Tape Reduction / Ministre de la Réduction des formalités administratives |
| Kusendova-Bashta, Hon. / L'hon. Natalia (PC) | Mississauga Centre / Mississauga- Centre | Minister of Long-Term Care / Ministre des Soins de longue durée |
| Leardi, Anthony (PC) | Essex | Deputy Government House Leader / Leader parlementaire adjoint du gouvernement |
| Lecce, Hon. / L'hon. Stephen (PC) | King—Vaughan | Minister of Energy and Mines / Ministre de l'Énergie et des Mines |
| Lennox, Robin (NDP) | Hamilton Centre / Hamilton-Centre | |
| Lumsden, Hon. / L'hon. Neil (PC) | Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek | Minister of Sport / Ministre du Sport |
| Mamakwa, Sol (NDP) | Kiiwetinoong | Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle |
| McCarthy, Hon. / L'hon. Todd J. (PC) | Durham | Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs |
| McCrimmon, Karen (LIB) | Kanata—Carleton | |

| Member and Party / Député(e) et parti | Constituency / Circonscription | Other responsibilities / Autres responsabilités |
|--|---|--|
| McGregor, Hon. / L'hon. Graham (PC) | Brampton North / Brampton-Nord | Minister of Citizenship and Multiculturalism / Ministre des Affaires civiques et du Multiculturalisme |
| McKenney, Catherine (NDP) | Ottawa Centre / Ottawa-Centre | |
| McMahon, Mary-Margaret (LIB) | Beaches—East York | |
| Mulroney, Hon. / L'hon. Caroline (PC) | York—Simcoe | President of the Treasury Board / Présidente du Conseil du Trésor |
| Oosterhoff, Hon. / L'hon. Sam (PC) | Niagara West / Niagara-Ouest | Minister of Francophone Affairs / Ministre des Affaires francophones |
| Pang, Billy (PC) | Markham—Unionville | Associate Minister of Energy-Intensive Industries / Ministre associé des Industries à forte consommation d'énergie |
| Parsa, Hon. / L'hon. Michael (PC) | Aurora—Oak Ridges—Richmond Hill | Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires |
| Pasma, Chandra (NDP) | Ottawa West—Nepean / Ottawa-Ouest—Nepean | Deputy House Leader / Leader parlementaire adjointe de l'opposition officielle |
| Piccini, Hon. / L'hon. David (PC) | Northumberland—Peterborough South / Northumberland—Peterborough-Sud | Minister of Labour, Immigration, Training and Skills Development / Ministre du Travail, de l'Immigration, de la Formation et du Développement des compétences |
| 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 |
| Surma, Hon. / L'hon. Kinga (PC) | Etobicoke Centre / Etobicoke-Centre | Leader, New Democratic Party of Ontario / Chef du Nouveau Parti démocratique de l'Ontario |
| Tabuns, Peter (NDP) | Toronto—Danforth | Minister of Infrastructure / Ministre de l'Infrastructure |
| 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 | |