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Mercredi  
14 mai 2025

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Speaker: Honourable Donna Skelly  
Clerk: Trevor Day

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

*Report continued from volume A.*

1652

MORE CONVENIENT CARE ACT, 2025

LOI DE 2025

POUR PLUS DE SOINS COMMUNES

Continuation of debate 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.

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

**Mr. John Jordan:** Many bills go through this House with this government directed at health care. I think this speaks to the priority this government has placed on our health care system in improving the quality and access to health care in this province.

I appreciate the opportunity to rise in the House today and speak to Bill 11, the More Convenient Care Act, 2025. Last night, we had the opportunity to debate and speak to Bill 13, the Primary Care Act, 2025. All these acts are working together to improve our health care system.

These two bills and previous bills are all directed at building capacity, using our health care resources more efficiently and getting people the care they need and deserve when and where they need it. I want to thank the Minister of Health and the Associate Minister of Mental Health and Addictions for their work to reaching this goal.

Speaker, I am confident from my experience in health care that we are on the right track. The importance of primary care and working upstream cannot be overstated. Working upstream requires team-based care. I can reference back to my day in the CHC sector and one of the programs we implemented was the lung health program.

The lung health program used respiratory therapists, respiratory educators—this is beyond the service that a physician can provide you. From spirometry, which would be read by a specialist, then the education on the outcomes of that—identifying the triggers for a person with COPD and then identifying and building and making a plan—the return on that for those patients that participated in it was a 50% reduction in emergency department visits.

The diabetes education program—the same thing. People could reach their goal of getting their A1C down below seven by participating in the program and self-managing their condition.

Getting people the care they need when and where they need it, that's our goal: increasing our health human resources; creating many training and career opportunities in health care; increasing our hospital capacity—over 50 capital projects across the province; increasing the education and scope of practice of our health care professionals, nurse practitioners, nurses, pharmacists, community paramedics and more; and, so important, increasing our access to primary care, especially team-based care.

Through Your Health: A Plan for Connected and Convenient Care, our government is delivering faster access to care, providing the right care in the right place and hiring more health care workers. We are building new hospitals, adding more beds, building more medical schools. The expansion, near my riding, of Carleton University's nursing program will produce 200 new nurses every year when fully operational. We are also investing in infrastructure, long-term care, pediatric services. We are making significant investments in health-profession education and workforce training, making it easier for health care workers who want to work in Ontario, and maximizing the skills and expertise of our world-class health care workers.

We are improving access to home and community care, mental health and addictions. Another service coming into my riding is a HART hub—homelessness and addiction recovery and treatment hub. In partnership with the member from Leeds–Grenville–Thousand Islands and Rideau Lakes, these hubs will be located in Smiths Falls and Brockville. The community is looking forward to this new service.

Investments in community paramedics and more investments through our local pharmacies, growing that scope of practice, and now a community paramedic program across the province—my riding has seen the expansion of the Ottawa Valley Family Health Team from Almonte to Carleton Place, and a new family health team in Perth—so much needed and so much appreciated by my constituents.

Bill 11, the More Convenient Care Act, if passed, would take the next steps in the province's plan to provide more people with the right publicly funded care in the right place by making it easier to access your health care records, building healthier communities and bolstering the province's health care workforce today and in the future. This act includes a number of amendments, some of which we've been discussing here tonight—amendments to the City of Hamilton Act, 1999; the Connecting Care Act, 2019; the Health Care Staffing Agency Reporting Act, 2025; Health Protection and Promotion Act; the Mandatory Blood Testing Act, 2006; and the Personal Health Information Protection Act, 2004, modernizing our legislation for today's health care needs.

The proposed legislation builds on the progress of Your Health—again, the plan for connected and convenient care which our government established in 2023—as well as our important work to strengthen public health and the province’s Digital First for Health Strategy. Your Health is a comprehensive plan for Ontario’s health care system that is connecting people to high-quality care and more effectively meeting the needs of patients and their families across Ontario. The proposed legislation will support our government’s ongoing efforts to build a stronger health care system in Ontario, now and for the long term, by strengthening governance and transparency, improving service delivery and enhancing patient care throughout the health care system.

I would like to highlight some of the progress that has occurred in our health care system over the last few years. Since 2018, we have increased the health care budget by over 31%, investing more than \$85 billion into the system last year alone. Our government continues to bring forward bold, creative and innovative solutions to ensure that the people of Ontario have access to more convenient and connected care. We are making historic investments to design a health care system that connects Ontarians to the right care, in the right place, within their communities, whether it is through primary care, mental health and addiction services, home and community care, Ontario health teams or virtual care. We are helping people get faster access to timely and more convenient care in hospitals, emergency care, pediatric care, community surgical and diagnostic centres, long-term care and in peoples’ homes.

#### 1700

Long-term care: We continue to build 58,000 new and reconditioned beds and increasing staffing for our residents to reach the four hours of care per day. Lanark–Frontenac–Kingston has celebrated four new long-term-care homes. To meet the needs of our growing communities, our government has added over 3,500 beds in hospitals across the province, and we’re getting shovels in the ground for over 50 hospital developments, which will add 3,000 more beds.

Here in Ontario, we’ve achieved some of the best health care metrics in Canada, such as the best rate of access to consistent health care providers, including family doctors and primary health care teams, and the shortest wait times for surgeries. One of the significant steps we are taking to provide patients with the right care in the right place is by taking action to increase access to primary care. Timely access to primary care helps people stay healthier longer with faster diagnosis and treatment, as well as more consistent support managing their day-to-day health, while also relieving pressures on emergency departments and hospitals.

We lead the country with nearly 90% of people connected to a primary care provider. With our recent \$1.8-billion investment in primary care, we will connect two million more people to a family doctor or primary care team over the next four years. Ontario’s Primary Care Action Team, led by Dr. Jane Philpott, will use this his-

toric investment to implement its plan to build a primary care system that draws on best-in-class models from across the province and connects everyone to a family doctor or primary care team. In every community, Ontarians will have primary care teams as their front door to care, with teams of clinicians providing care they can access in a timely way close to home. The key word, Speaker, is “teams”: physicians, nurse practitioners, dietitians, social workers, diabetes educators, respiratory therapists and more, working together to provide the best care.

This April we launched a call for proposals to create and expand up to 80 new primary care teams across the province, supported by a \$213-million investment. This call will target communities that have the highest number of unattached people and will connect 300,000 more people to a family doctor or a primary care provider.

Our government is also making historic investments in our health care workforce and expanded medical education and training programs, as well as breaking down barriers so international health care providers who want to work in our province can do so faster. We continue to increase the number of health care workers in our province by recruiting, retraining, retaining and optimizing the workforce to meet the growing demands on the health care system.

Since 2018, we’ve hired more than 15,000 new physicians and nearly 100,000 new nurses have registered to work in Ontario. That is part of the solution to the agency challenge that we have in this province that I’ll speak to later.

Last year we added a record more than 18,000 new nurses to the workforce, and we currently have another 30,000 nursing students studying at Ontario’s colleges and universities. Again, one of those is near me, Carleton University, expanding their program to 200 nurses per year.

We are adding thousands of new education opportunities, nurse practitioners and undergraduate nursing education seats across the province, including two new medical schools. Very important and exciting for primary care is York University and the focus on family physicians.

Our government also continues to expand health care professions’ scopes of practice, building on health care professionals’ skills and competencies. This builds efficiency and capacity.

These changes are an important way to make our health care system more efficient. They can save time, improve conveniences and access to health care services, improve the patient and caregiver experience, get people healthier quicker and help to ease pressures on hospitals and other practice settings.

These are some of the great accomplishments of this government so far, and I’d now like to talk to Bill 11. The More Convenient Care Act is another way, working with these previous investments, that we are building our progress to create more solutions to support delivering connected care for Ontarians. The proposed legislation and the related regulatory and policy initiatives are focused on three pillars to address system gaps and build a stronger, more connected health care system.

First, we are strengthening governance and transparency by addressing the use of temporary health workplace agency staffing, strengthening hospital governance and accountability and strengthening board of health governance in the city of Hamilton.

Second, we are improving service delivery by making enhancements to the oversight of local public health agencies and improving hospital service continuity.

Third, we are enhancing patient care by expanding the scope of practice for Ontario's nurse practitioners, improving patient access to their health information, supporting improvement in the emergency health service sector and consulting on the addiction services counselling workforce.

One of the ways we will improve transparency is by proposing new legislation to create a regulatory framework that would require temporary health staff agencies to report administrative billing or pay rate information. By having this data and information, it will provide transparency to that sector, which will lead us to greater accountability. This would also allow the government to publish this information to help ensure transparency and cost certainty for hospitals and long-term-care homes.

We are proposing to enhance governance by making amendments to the City of Hamilton Act to enable the city of Hamilton to appoint its own board of health, and where city council members and community representatives could be board of health representatives. This would also ensure a governance structure with more inclusive representation and expertise, which could benefit public health decision-making and help to include diverse perspectives.

The proposed legislation would amend the Connecting Care Act to affirm that Ontario Health atHome is subject to the French Language Services Act. Ontario Health atHome is a provincial crown organization operating under Ontario Health that provides and coordinates local in-home and community-based care for more than 400,000 patients across the province. Ontario Health atHome assesses patient care needs and delivers in-home and community-based services to support people's health and well-being. It's important to note that to assess those needs, they need data. It also provides information and referrals to other community services and manages Ontario's long-term-care home placement process. This proposal is to affirm Ontario Health atHome's status under the French Language Services Act to stakeholders by enshrining it in legislation.

Another proponent of the proposed legislation that would improve service delivery is amendments to section 22 of the Health Protection and Promotion Act, which would improve the Chief Medical Officer of Health's oversight functions of class orders issued by a local medical officer of health. Communication and standardization will build efficiency. This change is expected to support greater alignment, consistency and proportionality in section 22 class orders issued by local medical officers of health in response to a local communicable disease risk, while also providing greater opportunities to identify prov-

incial supports to help mitigate the risk. We need that communication across the province. This regulation will ensure that the Chief Medical Officer of Health is aware of what is happening in other regions.

**1710**

The proposed legislation would enhance patient care by amending the Mandatory Blood Testing Act to allow nurse practitioners to complete and sign mandatory blood testing forms. We've had a number of expansions to nurse practitioners' scope of practice, which has truly made a big impact on the capacity of our health care system. Those expansions in scope of practice have been a huge relief to physician workload and improved access to care and allow physicians to work to their full scope of practice, as well. Enabling nurse practitioners to complete and sign mandatory blood testing forms will assist in providing applicants, such as victims of crime, correctional officers or paramedics, with expanded access to this health care service. This proposed change is one of several ways we are looking to further expand the scopes of practice of regulated health professionals, allowing them to use their training, skills and education more effectively and maximizing the services they can provide.

Patient care would be further enhanced by changes to digital health initiatives. Proposed amendments to the Personal Health Information Protection Act would help empower Ontarians to have more control over their own health—important for self-management—including by providing them with a general right of access to certain records, including their personal health information in the electronic health record, subject to any exceptions specified in regulations—again: subject to any exceptions specified in regulations.

This government will continue to prioritize health care and make sure all people of Ontario have access to quality care. Thank you, Speaker.

**The Acting Speaker (MPP Andrea Hazell):** Questions?

**M<sup>me</sup> France Gélinas:** I appreciate the comments that were shared. The member and I both come from a community health centre background and had the opportunity to work with many nurse practitioners.

There are still many limitations as to the scope of practice of nurse practitioners. I was wondering if the member could comment as to the difference it would make for people who get their primary care through a nurse practitioner if those limitations were taken off and we let nurse practitioners work to their full scope.

**Mr. John Jordan:** Thanks for the question, and certainly I'm a big fan of nurse practitioners as well. I think they are a critical success factor to us meeting the health care demands that we now have in Ontario.

Yes, we've gradually increased the scope of practice for nurse practitioners, and other professionals as well. It does involve sometimes some advanced training, and I would certainly be supportive of that. But I think this government has indicated its willingness to continue to expand, continue to look at our health care professionals, make sure everybody works to their full scope of practice, and

freeing up—and it also helps with retention. If a health care professional feels that they're able to work to their full potential, they're more engaged, they're happier in their career and retention also improves.

Thanks for the question.

**The Acting Speaker (MPP Andrea Hazell):** Questions?

**Mr. Anthony Leardi:** I want to ask a question about the section 22 orders and the appointment of the Chief Medical Officer of Health to oversee local medical officers of health. I want to ask the member, does he think that's a good thing and will it head in the right direction?

And contrary to what was asserted by the member from Ottawa South, the Chief Medical Officer of Health was out speaking publicly on March 7, March 14, April 1, May 5, May 6, May 9, and even gave interviews on CityNews and CP24. It seems like he's out and about and not locked in a basement, as the member from Ottawa South had alleged.

It seems like he's the kind of guy we need to be overseeing local medical officers of health, so I'll put the same question to the member right beside me here: Would he like to comment on whether he thinks the Chief Medical Officer of Health should be overseeing the local medical officers of health?

**Mr. John Jordan:** Absolutely, and thanks very much for the question. I'll refer back to COVID: We had a great medical officer of health. She was meeting every day with the Chief Medical Officer of Health and other primary care and other health care leads. Then she would also meet with all of us health service providers—good communication across the entire province: what's working in this area, what's not working in that area. We fine-tuned our vaccination programs to meet the needs, and we met the needs of the people in Lanark, Leeds and Grenville—I guess they go Leeds, Grenville and Lanark at the public health unit.

**Mr. Steve Clark:** Gotta put Lanark first.

**Mr. John Jordan:** I could do it that way too, I guess.

Anyway, communication is very important. It's vital to doing the right thing and fine-tuning your approach to a situation like we had with COVID.

**The Acting Speaker (MPP Andrea Hazell):** Question?

**Mr. Chris Glover:** This week, there were two scandals revealed in the media. One is that Shoppers Drug Mart has billed \$62 million to Ontario taxpayers for MedsChecks that even the people working in the pharmacies say are coerced because they have a quota system and they get \$75 for every five-minute call that they make to these patients.

The other thing that we learned in the debate earlier is that every one of these MedsChecks—280,000—results in an email to the family doctor. The family doctors are already overburdened with administrative tasks; now they have to deal with these MedsChecks.

Here's a bill on health care in Ontario by this government. What will your government do to clamp down to prevent this scam from robbing taxpayers of \$62 million going forward and divert that money into proper care?

**Mr. John Jordan:** Thanks for the question. First of all, let's look at the purpose of engaging other organizations to assist with our health care services. I think the principle in which those decisions are made is better access to care, more care closer to home, care within your own community and extended hours of care. That's the purpose of involving other organizations to deliver pharmaceutical, in this case.

MedsChecks are very important. We used to have a pharmacist come over to do MedsChecks in our health centres, and the reason for that was clear: They are the specialists in medication and potential conflicts in medication beyond what a physician can keep a track of, so there's value in doing that. I'm sure there will be an investigation on these checks that were not required.

**The Acting Speaker (MPP Andrea Hazell):** Question?

**Ms. Laura Smith:** The member—and I appreciate his comments—talked about nurse practitioners and the expansion program and how he's a huge advocate. I think many in this room would agree. Nurse practitioners can help distribute the workload more evenly amongst health care providers, allowing doctors to focus on more complex cases, which really helps the entire ecosystem and overall efficiency of our health care system.

Given these benefits, how does the expansion of nurse practitioners' scope of practice contribute to improving the patient experience and alleviating the workload of doctors in the health care system?

**Mr. John Jordan:** Thanks very much for the question. In the CHC sector, where I worked, nurse practitioners had their own roster. Patients of the nurse practitioner, if they didn't need to, never saw a doctor, but they did get the services they needed. There's a capacity at our centre, which greatly grew as our number of nurse practitioners grew within that centre. Then, when you increase the scope of practice, that gets multiplied.

When the training is there, and the ability is there—and the nurse practitioners are very skilled. I had a number of them working for me for decades, and they're very skilled practitioners. But when they need to consult, that's when the practitioner would get involved. There would be a consultation every day at 1 o'clock, and those things would happen.

Excellent care—nurse practitioners grew our capacity, and we should continue to increase their scope and engage nurse practitioners in our health care system.

**The Acting Speaker (MPP Andrea Hazell):** Question?

**Mr. Anthony Leardi:** I think there's a lot of good movement in this bill towards improving delivery of the health care system. I think that we all support that. All members of this House support that kind of action.

1720

I would like to invite the member who is speaking to share with us information from his riding about health care advancements that have been made in his riding. I spoke about some health care advancements in my riding, I think they were great advancements, including the addition of



1,200 patient spots at a nurse-practitioner-led clinic, which allows people in and around the town of Kingsville to get primary care.

So I invite the member to talk about his riding and what health care advancements have been made in his riding. What would he like to share with this House? Maybe he has some that are particularly interesting. I'll give him an opportunity to do that.

**Mr. John Jordan:** I think my riding has been very fortunate, and we'll continue to advocate for more services. I can speak to the family health team in Almonte. Early on in 2022, we were able to get additional funding to move those services—not move them but expand them—into the Carleton Place area and help meet the demand of a very fast-growing community: Carleton Place, Ontario.

In Perth, Ontario, we're one of the fortunate areas to get funding for a new primary care team, a family health team, the Perth Family Health Team in Perth. Very well received, because what this team is doing, as well as providing primary care to their rostered patients and growing their rostered patients, they're also holding unattached clinics, so there is access to primary care within Perth and the surrounding area because of that funding.

Other increases include a primary care physician in Sharbot Lake, new hospice beds in Kingston through Providence Care, and of course I mentioned earlier the HART hub in Smith Falls and Brockville. Thanks for the question.

**The Acting Speaker (MPP Andrea Hazell):** Question? Further debate? I recognize the member from Hamilton West–Ancaster–Dundas.

**Ms. Sandy Shaw:** You practised. It worked. I have no responsibility for the naming of my riding, so I appreciate that. Thank you very much.

It always is an honour to rise on behalf of the people of Hamilton West–Ancaster–Dundas. Today we're discussing one of two bills that the government has tabled addressing the crisis in our health care system.

I have to say, again, the irony of the names of these bills. It's the "More Convenient Care Act." I would have to say that there really is nothing convenient for people in this province right now when it comes to accessing health care, and really, to paraphrase Al Gore, there are a lot of inconvenient truths that they are ignoring in this bill—truths like the fact that we have a rampant measles outbreak in this province. We have more measles cases in this province than in the US. This is a huge crisis and that is something that is conveniently ignored by this government in this bill.

We have had the worst year ever for ER closures in the province. The reports are everywhere. You can find them. One out of every five hospitals with an ER or urgent care had unplanned shutdowns in this province, and it's getting to the point where these unplanned shutdowns of emergency and urgent care are now becoming planned because of the underfunding of this government when it comes to our emergency services. Hospitals, particularly in rural areas, cannot keep the doors open.

And we have heard some harrowing stories about people who made it to urgent cares that, luckily, were open when they got there because they were having medical crises, like the gentleman who was having a heart attack after he was working on his rural farm in Chesley. He was able to make it to the urgent care in time, but he said it happened early on a Monday afternoon when the town's only emergency room was still open. Had that not been the case, he would not have survived.

These stories are happening in all of our ridings, your ridings. So the very fact that it's stuff of nightmares for people, that when you are in a medical crisis, when your child has perhaps unfortunately suffered an accident, you rush to your emergency room, or you rush to the alternative, which is an urgent care centre, and there's a closed sign on the door—this is happening in Ontario, in all of our ridings.

People should not have to worry that care, when they need it in their worst possible moments, is not there for them. But unfortunately, this is the Conservative reality in this province.

We also know that emergency wait times are through the roof. They're not getting better; they're getting so much worse. In fact, there are apps in the province to help people identify wait times at their local hospitals. Before people go to an emerg, they're looking to see, "Can I really wait 16 hours in emerg for this condition, or can I just tough it out and hope maybe it's not a heart attack? I hope maybe my child's fever will break in the middle of the night because I don't want to wait for 16 hours in an emergency room. I don't want to pack up diapers and snacks and all the things I need to wait in emergency for 12, 16 hours when my child is sick, so maybe I'll just stay home instead." Why are parents making that drastic choice? Why are we putting the health of people at risk because emergency rooms are so overburdened, understaffed?

We know that 2.3 million Ontarians right now do not have a family doctor. They don't have access to primary health care. Had they had access to primary health care or urgent care or a family doctor, it might lessen their need to go to emergency rooms, but we don't have that. We don't have the continuum of care that we need to keep people out of emergency rooms and out of hospitals. It's a broken system, and that is an inconvenient truth that this government seems to be ignoring.

Seventy-five per cent of our hospitals currently in Ontario are operating in a deficit position. That means they are not receiving enough funding from this government to provide the care that they want to care for—hospitals are shutting down surgical units. Hospitals are relying on—which we'll talk about—overtime and agency staff to keep the doors open. This is something that makes no sense and is not sustainable. This is a bill that doesn't even touch on this, doesn't even begin to address the need—not just to track agency use but to stop it.

We have staff working overtime in hospitals at unprecedented levels, and the sad truth also is that our public spending on private staff, on private agencies. Often, as is the case with Hamilton, these are American private agencies. The reliance on spending on private staff is outpacing

the spend, the public dollars that are going to staff that are employed in our public hospitals. In fact, a recent report came out that says that we have spent \$9.1 billion of public dollars. Your tax dollars are going to agencies to keep hospitals open and afloat. The profit component in this is massive, and I'll show you some data after. This is public dollars feeding profits of American companies at a time when hospitals are in a deficit position and people are not accessing the care they need.

I will get to schedule 3, which covers the whole issue of using staffing agencies, but before I get into that, I just want to talk a little bit about schedule 6, which I wasn't going to, but the member from Ottawa South brought it up, and some of the comments from the government side about their cavalier attitude about our health data was shocking to me. The member from Ottawa South, his concern and his warnings about this is the reason that I also want to add to this piece.

The fact that this government does not seem to understand the responsibility that they have to collect data for the public good: I reminded the member that in 2018, when this government first came to power, they commissioned Ernst and Young. They did a line-by-line audit and identified opportunities for this government—and in that report that was made public, they talked about the opportunity to monetize our data, make money off the data that the government collects that is not their data; it's our data that the government collects. They wanted to see a way, whether they could make money on this, monetize that data. They also said that these are, and I quote, "valuable data sets." The government, back in 2018, understood that this data was valuable and that there was a way to make money off of it. The chill that I'm feeling now when we come to schedule 6 is that in 2018 they didn't do it. There was an outcry then by the Information and Privacy Commissioner about that. They've waited a while, and now it's back here again.

1730

I just want for people to understand—I talked earlier about people having to take their child to emergency or people who are really frightened about this measles outbreak and are trying to access vaccines that they haven't already for their young children. When you show up with a sick child—a child that has a possibly broken limb or has a fever that's been raging—at your emergency room or urgent care, the last thing on your mind is that you are signing over to this government permission to collect data on your child's health care. Your kid is sick, you need this health care and you have no other choice.

But if people knew—I can only think about people in Hamilton. I don't know if people understand the whole mood that is Hamilton, but if Hamiltonians knew that this government is planning to collect data when their child is sick and in need of care, they would not be happy, as I am not. It's unconscionable for this government to say that it's nothing, that they'll disaggregate the data. It's our data. It's not this government's data to use.

This government has a terrible track record when it comes to allowing for-profit companies into our health care system. This is a government that has worked with

Shoppers Drug Mart and Maple health to create apps and to allow Shoppers Drug Mart to profit to the tune of how much?

**Mr. Chris Glover:** Some \$62 million.

**Ms. Sandy Shaw:** Some \$62 million came out of our taxpayer dollars for Shoppers Drug Mart to call you up unsolicited and say, "Hey, remember a year ago you were taking those antihistamine meds? Are you still taking those?" You go, "Yeah, I am." They'll say, "Thank you very much," hang up, and guess what? They send a bill to the government and then they send a report to your doctor, who has to approve it.

**Mr. Chris Glover:** Seventy-five dollars.

**Ms. Sandy Shaw:** Seventy-five bucks.

**Mr. Chris Glover:** Each call.

**Ms. Sandy Shaw:** Each call is 75 bucks. Why? Why are you allowing this to happen? It's unnecessary. It's confusing to seniors, particularly. If a doctor thought a meds check was important, a doctor would do it. But local pharmacists also have a concern. The pressure that they're feeling from this huge corporation to create a profit centre from calling people up unsolicited and asking them about their medication does not, again, instill the kind of confidence that we would expect or the kind of trust that you would need as a government to start meddling and using and manipulating our personal health data.

What would a Conservative bill be without giving themselves protection and immunity? Because that's in this bill. The very fact that they may anticipate a misuse of this data—they're saying, "You know what? If that happens, well, nothing on me because we've given ourselves protection from any kind of consequences for our actions." It's just like we saw in COVID, when not only the government had no consequences for their actions, but they gave immunity to all those for-profit long-term-care operators that had incredible levels of deaths under their care. Families never were able to seek any kind of justice because this government took the side of the for-profit bigs—the big long-term-care providers—instead of individuals and families whose family members were in situations where there was unprecedented mortality. We know that the cases of death in the for-profit homes were triple those in public, but the government, again, gave that immunity and they're back at it right now, giving themselves immunity.

I will just end this portion by saying that it's baffling why the government—a government that is interested in good governance, responsible governance, who wants to govern wisely and well, as we hear when we have our prayer every morning—why that government would not listen to, would shrug off advice from the Information and Privacy Commissioner. She is recommending removing schedule 6 from this bill.

What's the hurry? The objections here are so significant and are so well based. Why would this government not want to take the time to get this right? I can only guess it's because someone in the back wings is waiting for this data so that they can make profit off it, or perhaps they have given themselves immunity so there's no concern about rushing into a bill that puts people at risk.

The privacy commissioner expressed concern over the lack of clarity regarding the scope of personal health information to be collected, used and disclosed under the new system, and the absence of defined limitations could lead to overcollection and misuse of sensitive data. That objection alone is such a well-founded objection.

This is the job of the Information and Privacy Commissioner. It is to protect the information and privacy of the people of Ontario. It's her job to advise the government.

You would think that this is a government that would actually say, "You know what? We're a government that doesn't want to misuse sensitive data. We don't want to be in a position where you take your kid to the emergency room with a broken arm, and the next thing you know, their data is being used by a for-profit company to sell you bad products that you didn't know you needed." That's why we have an Information and Privacy Commissioner and that's why, to me, it is completely unconscionable that the government is rejecting that advice and is still rushing forward with Bill 6.

But you have to ask yourself why. Is it for the public good? I don't think so. Is it because they have some con-

nected, special, trusted partners that have the ability to benefit from it? That would be my first answer, because there isn't a thing this government hasn't done without somebody in the back corner saying, "Hey, can you build me a spa for \$2.2 billion?" "Go ahead." "Can you make sure I get into the scheme that is"—

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

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

*Second reading debate deemed adjourned.*

**The Acting Speaker (MPP Andrea Hazell):** Orders of the day?

**Mr. Steve Clark:** No further business, Speaker.

**The Acting Speaker (MPP Andrea Hazell):** This House is now adjourned until tomorrow at 9 a.m.

*The House adjourned at 1738.*



**LEGISLATIVE ASSEMBLY OF ONTARIO**  
**ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO**

Lieutenant Governor / Lieutenante-gouverneure: Hon. / L'hon. Edith Dumont, OOnt  
Speaker / Présidente de l'Assemblée législative: Hon. / L'hon. Donna Skelly  
Clerk / Greffier: Trevor Day  
Deputy Clerk / Sous-Greffière: Valerie Quioc Lim  
Clerks-at-the-Table / Greffiers parlementaires: Julia Douglas, Meghan Stenson,  
Christopher Tyrell, Wai Lam (William) Wong  
Sergeant-at-Arms / Sergent d'armes: Tim McGough

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Allsopp, Tyler (PC)	Bay of Quinte / Baie de Quinte	
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	
<b>Bethlenfalvy, Hon. / L'hon. Peter (PC)</b>	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	
<b>Bresee, Ric (PC)</b>	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	
<b>Calandra, Hon. / L'hon. Paul (PC)</b>	Markham—Stouffville	Minister of Education / Ministre de l'Éducation
Cerjanec, Rob (LIB)	Ajax	
<b>Cho, Hon. / L'hon. Raymond Sung Joon (PC)</b>	Scarborough North / Scarborough-Nord	Minister for Seniors and Accessibility / Ministre des Services aux aînés et de l'Accessibilité
<b>Cho, Hon. / L'hon. Stan (PC)</b>	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	
<b>Crawford, Hon. / L'hon. Stephen (PC)</b>	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	
<b>Downey, Hon. / L'hon. Doug (PC)</b>	Barrie—Springwater—Oro-Medonte	Attorney General / Procureur général
<b>Dunlop, Hon. / L'hon. Jill (PC)</b>	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	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
<b>Fedeli, Hon. / L'hon. Victor (PC)</b>	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	
<b>Flack, Hon. / L'hon. Rob (PC)</b>	Elgin—Middlesex—London	Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement
<b>Ford, Hon. / L'hon. Doug (PC)</b>	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
<b>French, Jennifer K. (NDP)</b>	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	
<b>Hamid, Hon. / L'hon. Zee (PC)</b>	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	
<b>Harris, Hon. / L'hon. Mike (PC)</b>	Kitchener—Conestoga	Minister of Natural Resources / Ministre des Richesses naturelles
<b>Hazell, Andrea (LIB)</b>	Scarborough—Guildwood	Third Deputy Chair of the Committee of the Whole House / Troisième Vice-Présidente du Comité plénier de l'Assemblée législative
<b>Holland, Hon. / L'hon. Kevin (PC)</b>	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	
<b>Jones, Hon. / L'hon. Sylvia (PC)</b>	Dufferin—Caledon	Deputy Premier / Vice-première ministre Minister of Health / Ministre de la Santé
<b>Jones, Hon. / L'hon. Trevor (PC)</b>	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	
<b>Kerzner, Hon. / L'hon. Michael S. (PC)</b>	York Centre / York-Centre	Solicitor General / Solliciteur général
<b>Khanjin, Hon. / L'hon. Andrea (PC)</b>	Barrie—Innisfil	Minister of Red Tape Reduction / Ministre de la Réduction des formalités administratives
<b>Kusendova-Bashta, Hon. / L'hon. Natalia (PC)</b>	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
<b>Lecce, Hon. / L'hon. Stephen (PC)</b>	King—Vaughan	Minister of Energy and Mines / Ministre de l'Énergie et des Mines
Lennox, Robin (NDP)	Hamilton Centre / Hamilton-Centre	
<b>Lumsden, Hon. / L'hon. Neil (PC)</b>	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
<b>McCarthy, Hon. / L'hon. Todd J. (PC)</b>	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	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
<b>McGregor, Hon. / L'hon. Graham (PC)</b>	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	
<b>Mulroney, Hon. / L'hon. Caroline (PC)</b>	York—Simcoe	President of the Treasury Board / Présidente du Conseil du Trésor
<b>Oosterhoff, Hon. / L'hon. Sam (PC)</b>	Niagara West / Niagara-Ouest	Minister of Francophone Affairs / Ministre des Affaires francophones Associate Minister of Energy-Intensive Industries / Ministre associé des Industries à forte consommation d'énergie
Pang, Billy (PC)	Markham—Unionville	
<b>Parsa, Hon. / L'hon. Michael (PC)</b>	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
<b>Piccini, Hon. / L'hon. David (PC)</b>	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	
<b>Pirie, Hon. / L'hon. George (PC)</b>	Timmins	Minister of Northern Economic Development and Growth / Ministre du Développement et de la croissance économique du Nord
<b>Quinn, Hon. / L'hon. Nolan (PC)</b>	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	
<b>Rickford, Hon. / L'hon. Greg (PC)</b>	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	
<b>Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)</b>	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	
<b>Skelly, Hon. / L'hon. Donna (PC)</b>	Flamborough—Glanbrook	Speaker / Présidente de l'Assemblée législative
Smith, Dave (PC)	Peterborough—Kawartha	
Smith, David (PC)	Scarborough Centre / Scarborough-Centre	
<b>Smith, Hon. / L'hon. Graydon (PC)</b>	Parry Sound—Muskoka	Associate Minister of Municipal Affairs and Housing / Ministre associé des Affaires municipales et du Logement
Smith, Laura (PC)	Thornhill	
Smyth, Stephanie (LIB)	Toronto—St. Paul's	
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	Leader, Official Opposition / Chef de l'opposition officielle Leader, New Democratic Party of Ontario / Chef du Nouveau Parti démocratique de l'Ontario
<b>Surma, Hon. / L'hon. Kinga (PC)</b>	Etobicoke Centre / Etobicoke-Centre	Minister of Infrastructure / Ministre de l'Infrastructure
Tabuns, Peter (NDP)	Toronto—Danforth	
<b>Tangri, Hon. / L'hon. Nina (PC)</b>	Mississauga—Streetsville	Associate Minister of Small Business / Ministre associée des Petites Entreprises

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
<b>Thanigasalam, Hon. / L'hon. Vijay (PC)</b>	Scarborough—Rouge Park	Associate Minister of Mental Health and Addictions / Ministre associé délégué à la Santé mentale et à la Lutte contre les dépendances
<b>Thompson, Hon. / L'hon. Lisa M. (PC)</b>	Huron—Bruce	Minister of Rural Affairs / Ministre des Affaires rurales
<b>Tibollo, Hon. / L'hon. Michael A. (PC)</b>	Vaughan—Woodbridge	Associate Attorney General / Procureur général associé
<b>Triantafilopoulos, Effie J. (PC)</b>	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	
<b>Williams, Hon. / L'hon. Charmaine A. (PC)</b>	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	