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Wednesday 4 June 2025

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mercredi 4 juin 2025

Report continued from volume A.

1800

PRIVATE MEMBERS' PUBLIC BUSINESS

HOSPITAL PARKING FEES TARIFS DE STATIONNEMENT DES HÔPITAUX

Mr. Jeff Burch: I move that, in the opinion of this House, the government of Ontario should adopt the recommendations from patients and families, health care professionals, and staff by eliminating hospital parking fees in the province of Ontario and adequately funding public hospitals for patients and families, health care professionals and staff.

The Acting Speaker (MPP Andrea Hazell): Mr. Burch has moved private member's notice of motion number 8. Pursuant to standing order 100, the member has 12 minutes for their presentation.

Mr. Jeff Burch: It's a pleasure to be here, and it's been an interesting three or four weeks as I've travelled this motion around Ontario. I have to say I'm pleasantly surprised by the level of interest in this, carrying on from what I saw in the recent election campaign.

I want to start off by thanking the Niagara Health Coalition for the incredible job they've been doing, and my staff and others across Ontario collecting literally tens of thousands of signatures on petitions, both hard-copy and online. They've done an absolutely fantastic job. I also want to thank all the health care workers who I've made contact with in the Niagara area and across Ontario.

I used to work for a health care union for 10 years, negotiating and representing them as a staff rep with SEIU. I can tell you that this issue goes way, way back. I remember dealing with this issue as far back as over 20 years ago, negotiating with the OHA and trying to get hospital parking for free for staff in their collective agreements, so this is a long long-standing issue. Clearly, it's gotten more acute over the years, because hospital fees have gone up and, as I will describe, they're being used now to cover hospital deficits. It's a tax on sick people that's used to cover hospital deficits, and it's becoming a real problem.

I also want to thank the Canadian Cancer Society, who appeared in my press conference with me along with my colleague from St. Catharines; the Ontario Nurses' Association; and the many community organizations that are

coming out to support us. We're going to continue to build that coalition.

Before I start, I want to thank my staff as well. All of our staff work incredibly hard, and when you have an issue like this that you're trying to get out over three or four weeks—they've just done a fantastic job connecting with media.

I want to thank my colleagues as well. They've gone out across the province, and you're going to hear from my colleagues from different regions who have had petitions out there and have been handling some of the media as well. I really appreciate their support.

I made a promise in the election campaign. I had three issues in the campaign. They were on my literature, I raised them in my debates and I campaigned on them. Two of them were emergency room health care issues, and the other was hospital parking, so this is a fulfillment of my election promise to my constituents that I would fight to eliminate hospital parking.

No one should have to worry about paying for parking when they go to the hospital. Right now, people are spending hundreds or, in some cases, thousands of dollars just to access care, whether it's for regular treatments, emergency visits or to support a loved one. It's unfair to charge health care workers to pay for parking when they're literally going to work to save lives.

As of May 1, Nova Scotia's Conservative Premier, Tim Houston, eliminated hospital parking fees across that province. The Nova Scotia government announced it will cover any resulting revenue shortfall and is developing a ticket validation system to ensure parking is reserved for patients, visitors and health care workers. That is the kind of action we want from this government.

I want to share a few of the powerful stories we've heard over the past few months since pushing this initiative forward. Debbie MacGregor, who I spoke about earlier this week—her mother passed away earlier this year after a seven-year battle with cancer. Over that time, Debbie collected a stack of parking receipts at the hospital. She and her daughter spent over \$7,000 on parking alone, and these are people who don't have a lot of money. That was just to be with her mom as she passed in the hospital.

How can this government, the Ontario Hospital Association or any hospital board justify creating this kind of financial hardship for a woman and her sister who must visit the hospital just to comfort and be with their dying mother? This is the situation we're in today.

Speaker, 82-year-old Gay Willing lives in Port Colborne with her 82-year-old husband, Douglas. He's

dealing with cancer. She says that she spent, on hospital parking alone, in St. Catharines, Welland, Niagara Falls and Port Colborne, a total of \$116 in 2024, and already this year, in 2025, \$115. Her husband now has regular CT scans, X-rays, bone scans, MRIs, and regular oncology and hematology appointments. They can now look forward to hundreds, even thousands of dollars in parking fees as they struggle with cancer.

To make matters worse, there was yet another incident in January, when Willing returned to her vehicle after less than five minutes to find a person preparing to give them a parking ticket. She said he watched as she loaded her husband into the passenger seat and put the wheelchair in the back of their Honda CR-V. She told him, "I've only been here for four minutes. I'm sorry." Later, she received an invoice in the mail from Precise ParkLink for \$124, a charge stemming from that incident. She called my office for help, and through the intervention of my amazing staff, the charge was eventually waived. However, she said that most people would have quietly handed over the money rather than fight the charge.

These are seniors and people suffering from serious illnesses, being taken advantage of when they're trying to access care at their most vulnerable moments.

Recently, the CBC reported on the case of Marie Grgic's family. When her mother was diagnosed with cancer, her father had to use his retirement funds and sell his home to finance costs related to her treatment, including parking fees. Marie was diagnosed with cancer herself, and spent about \$400 a month on hospital parking passes when she underwent treatment, creating great financial hardship for that entire family.

My office has received hundreds of these stories from all over Ontario.

The people of Ontario want this government to recognize that hospital parking fees have gotten out of control and now constitute a tax on sick people, their families and front-line workers. It's a tax that is increasingly being used to finance hospital deficits. Ontario has the lowest per capita funding of hospitals in the country. Cash-strapped hospitals, many of which are facing deficits, are increasingly reliant on hospital parking fees to keep afloat.

In Ottawa, as reported in a recent article in the *Ottawa Citizen*, hospitals and their foundations took in more than \$35 million in parking revenues in 2024, minus costs related to parking. The city's largest hospital, the Ottawa Hospital, took in the bulk of parking revenue at its multiple campuses, totalling \$25.5 million, with parking expenses of only \$5.5 million. That's an 18% increase in parking revenue over one year, paid for by sick people, their families and staff at the hospital.

As our leader, Marit Stiles, said during a recent trip to Ottawa, people have to go to the hospital to see their loved ones, and they're paying extraordinary fees to park there, when they have no other option. We don't think that is fair. We know that hospitals are trying to keep up with the cost of things. The answer is for the government to actually cover those costs and not download them onto patients and families.

I'm proud that this motion has been endorsed by the Ontario Health Coalition, the Canadian Cancer Society, the Ontario Nurses' Association and thousands of supporters across Ontario who have signed our petition and shared their stories with my office.

In the past few weeks, I've done 15 radio interviews, and this issue has been covered on television and in newspapers across the province.

People want this government to support this motion and bring in legislation to eliminate this tax on the sick.

I want to thank representatives from the Canadian Cancer Society for joining me at our press conference when this bill was tabled, along with my colleague from St. Catharines. Here is what they had to say in a recent letter to the government: "Ontarians face many challenges when faced with a cancer diagnosis, with financial burden being a major concern. The 2024 Canadian Cancer Statistics report revealed that cancer costs the average patient around \$33,000 in their lifetime, and most Canadians worry about covering these expenses. The Canadian Cancer Society works to address this issue, recognizing that solving the cost of cancer requires collective action—it takes a society. Ontario should follow Nova Scotia's lead and ensure patients pay for the care they need, when and where they need it, with their OHIP card, not their credit card."

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"Over two thirds of Canadians note that additional monthly out-of-pocket expenses related to cancer care would make it difficult for them to manage financial necessities like paying for monthly household expenses, making mortgage or rent payments, and paying off debts. Thirty per cent said they would have to go into debt to pay for out-of-pocket costs of a cancer diagnosis, while an additional 10% said they would need to ask friends or family to be able to cover the financial cost. Sixty-three per cent of Canadians said the financial burden of cancer-related expenses has a significant impact on their stress and mental health."

In a letter sent to the government last week, the Ontario Nurses' Association stated: "On behalf of residents in the Niagara region and nurses and health care professionals across Ontario, we are writing to you today to urge you to support MPP Jeff Burch's motion to eliminate parking fees for staff and patients at public hospitals." I thank my colleagues in Niagara for signing onto that letter.

While some hospitals provide free parking to staff, nearly 90% do not. At some hospitals, such as St. Joseph's in Hamilton, staff are forced to pay \$120 for a monthly parking pass while they provide life-saving care to patients. By removing fees, the government would remove a substantial financial barrier and take an important step to improve retention among nurses and health care professionals. As we outlined in our previous letter, free parking at the hospital is also a necessary safety measure for staff who work long hours; that includes female nurses who have to walk to their cars.

Increased hospital parking fees in Ontario have made life even more unaffordable and placed a painful and

unfair burden on patients, families and front-line health care workers. It's a tax on our sickest citizens, their families and those who care for them. While there are many challenges facing Ontario's health care system, this is one practical measure we have proposed as the opposition to help reduce financial barriers to accessing care.

Speaker, I sincerely hope this government will support my motion, listen to the people of Ontario and pass legislation to finally eliminate parking fees at Ontario hospitals. Thank you.

The Acting Speaker (MPP Andrea Hazell): I recognize the member for Don Valley East.

Mr. Adil Shamji: I'm pleased this evening to share my time with the member for Etobicoke–Lakeshore.

I thank the honourable member for bringing this really important motion forward. Health care's hard, and it's hard to talk about, it's hard to fix, and it's harder to confront when you're the patient who's sick or the family member caring for someone who is sick. That's why this motion is so important.

To fully understand this motion, we have to consider that it has, really, two elements to it, both of which are so reasonable. The first element is that it calls for us to adequately fund hospitals. Who could possibly argue with that? The second element is that we should eliminate hospital parking fees. And as I will demonstrate, there's no one who should be able to argue with that.

Under this government, we've seen hospitals pushed to their limit, both in terms of the care that they have to provide and the resources with which they can provide it. We've seen hospitals across our province pushed to major deficits and forced to get private, expensive lines of credit to get their balance sheets to work—and it's because of things we've seen brought forward by this government. We've seen hospitals left with no choice but to pay tens, if not hundreds of millions of dollars for temporary staffing agencies. We've seen them put on the hook for back payments for Bill 124. Of course, the funds for that were promised and, ultimately, have mostly materialized, but there is a major cash flow issue that forces hospitals to reach deep into their own pockets or into private lines of credit. And hospitals are being asked to fund millions of dollars for major infrastructure projects and expansions.

So against that backdrop, who could possibly blame hospitals, when they're not getting the funding that they require from the provincial government—who could possibly blame them for looking to alternative sources of revenue? It's just really unfortunate that they've been forced to see patients as that alternative source of revenue.

I want you to consider what it's like for a patient or a family member or a health care worker to have to pay \$25 or \$30 to park for a few hours at a hospital. Imagine the impact on a patient. I've treated patients in the emergency room who can't afford to pay for parking in the hospital, so they're parking on the street, and even that's expensive. They're paying for 30 minutes or an hour at a time, and then halfway through their encounter with me, are like, "I've got to run out and put more money in the meter, otherwise my car is going to get towed," when they should

be talking to me, when we should be working on helping them feel better.

It's just as bad if you're a family member. You're rushing to the hospital because you deeply care about someone who's sick, perhaps critically ill. You want to be there for the patient, for your loved one, and instead, you're being forced to ask yourself: Can I afford to go and see them?

And then, of course, we have our health care workers who are underappreciated and under-remunerated. We've seen policies such as Bill 124 that artificially restrained their wages, forced them to struggle to make ends meet—and then on top of that, being forced to pay \$25, \$30 or more in order to park at the place in which they give up themselves so selflessly. So I can't blame hospitals for feeling as though they have to turn to this measure, but I can blame this government.

This is something—waiving those parking fees at hospitals—that everyone, all of us, should be calling for. If you think about paying for parking at a hospital in terms of economic terms, parking is inelastic for demand. You need to do it if you're going to the hospital, because your alternatives are just as expensive. If you're sick, you can't walk to the hospital, so you take a cab, but you've got to pay for that too; those are not cheap. If you don't take a cab, you can take an ambulance—that's at least \$50. So why would we ask people who need help in a hospital to pay for that?

I would remind all the members in this House: We're all taxpayers. We're all paying for health care. We're paying for the right to be able to access care in a hospital. So why should we be asked to pay for that twice by, on top of that, being forced to pay for the parking?

So considering all of these things, there is a very clear, ethical argument, moral argument, clinical argument and, finally, economic argument for us to say it's not fair for us to force patients, their families and health care workers to pay for parking at hospitals. It should be the responsibility of our provincial government to fund health care and hospitals adequately, so that they are not left with any choice but to resort to charging our most vulnerable people in this province.

With that, I'm pleased to yield the remainder of my time to my very good colleague.

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

Ms. Lee Fairclough: I'm sharing the time. Is it to them first?

The Acting Speaker (MPP Andrea Hazell): Yes—on rotation.

I recognize the member from Sault Ste. Marie.

MPP Chris Scott: Thanks a lot, Speaker, I appreciate that.

After 15 years of neglect, scandal and incompetent Liberal rule, our government has come in, turned the page and made bold, transformative investments across the continuum of care. Since taking office, we've increased Ontario's health care budget by 49%, bringing it to over

\$91 billion this year. We are strengthening hospitals, expanding—

Interjections.

MPP Chris Scott: I like my fan club over here—and supporting the dedicated professionals who serve our communities every day. These aren't just small steps; they represent a fundamental shift in how health care is delivered in Ontario.

Let's be clear: Ontario is leading the country in health care investments, innovation and impact. We're not just keeping pace; we're setting the pace. Across the province, we're modernizing hospitals, expanding services and building new facilities that reflect the needs of growing and diverse communities. And while some may focus on issues like hospital parking fees that have existed for decades and are managed locally through community hospitals, we'll remain focused on what matters most to the people of Ontario: delivering better care, faster access and stronger outcomes for patients and families. We are responsible for the most ambitious health care transformation in our province's history, Speaker, and we're proud of these results. Our government is defining what real investment in health care looks like.

1820

We're also investing in the livelihood of our public health care workforce. With \$300 million dedicated to new teaching clinics, we are training the next generation of health care professionals. Many of these clinics will focus on primary care, which is the foundation of stronger health care systems, especially in communities like Sault Ste. Marie, where access to family doctors and preventative care is vital to ensuring people can get timely support close to home. Since 2018, we've added 15,000 new physicians in Ontario, including nearly 10% in family doctors.

Ultimately, expanding our health care is about outcomes. It's about reducing wait times; it's about keeping people out of emergency rooms; it's about building a system that works for people. Part of building this system is making care more convenient and more accessible in people's daily lives. That's why our plan includes better access to services and expanding them to evenings and weekends, and we're reducing the administrative burden on primary care professionals so they can spend more time with patients and less time on paperwork.

These changes are about creating a health care system that fits into people's lives and delivers care where they are. To truly deliver on that promise, we're integrating care across the system. We're connecting primary care with home care, mental health services and community supports so that patients experience seamless, coordinated care no matter where they are in their health journey. We're creating pathways to foster innovation in health care delivery. That means expanding digital tools and virtual care options, giving patients more flexibility to access services in ways that work for them. Whether it's booking appointments online, accessing test results, or receiving follow-up care remotely, we're making sure the system is more responsive and more convenient for you.

This is how we're building a health care system that meets people where they are.

Ontario is leading the way with innovative models of care. We're proud to be the first province in Canada with a publicly funded nurse practitioner-led clinic program. These clinics are a model for the country to follow, delivering high-quality, team-based care that is both efficient and patient-centred. These investments are only a part of our broader vision to strengthen every part of our health care system.

Ontario is home to some of the best hospitals in this country—world-class institutions that continue to be recognized among the top in North America. But we know that excellence in health care doesn't happen by chance. It requires leadership, commitment and sustained investment. That's why we're delivering targeted, high-impact investments to strengthen hospital care across Ontario.

Our plan recognizes these unique challenges and responds to investments designed to meet the needs of all Ontarians, no matter where they live. We know, Speaker, that in the north health care means something different than it does down on University Avenue in Toronto. For us in the north, health care is about keeping our ERs open in Thessalon and St. Joe's while we're out at camp so that—heaven forbid—if one of our kids breaks his arm or her arm or we need to access that emergency room, it's available and it's got doctors in it. It means something different and it's important, and it's important that we empower those community hospitals to make the best decisions for them.

We're also putting shovels in the ground for over 50 major hospital developments across the province, including building 3,000 new hospital beds over the next decade. These projects are the result of strong collaboration. We're working hand in hand with our hospital partners to ensure that every hospital has the tools and resources it needs to deliver the care that Ontarians deserve. Importantly, these solutions are locally informed and provincially enabled, driven by the real needs identified by communities and supported by the province through targeted investments and system-wide coordination. Health care leaders have praised our strategy for helping hospitals transition patients into more appropriate care spaces, improving access and enhancing the patient experience.

These aren't just promises. They aren't just words. These are funded, active initiatives that are already reshaping health care across Ontario. And while others talk about change, we're delivering on it, clinic by clinic, hospital by hospital and patient by patient.

With all this momentum—new clinics, more doctors, better access—it's important to keep our focus on what truly matters and drives better care. That's why, when conversations turn to things like hospital parking fees, we need to keep this in perspective.

Speaker, we understand that parking costs are locally decided, as previously discussed, and we're laser-focused on investing in patients, not parking lots.

Let's not forget what we inherited from the previous Liberal government. When we formed government,

Ontario's health care system was under immense strain. Hospital budgets had been frozen for years. Beds were cut. Nurses had been laid off. Medical school residency spots were slashed. And front-line workers were left without the support they needed to deliver the care patients needed most. This wasn't just mismanagement; it was neglect. And it didn't happen overnight. It was the result of years of underinvestment and short-sighted decisions by the previous Liberal government, propped up by their friends in the NDP.

We've made a different choice. We've turned a different page. We've rolled up our sleeves, and we've got to work. We've built, we've reinvested and we've delivered.

And let's not forget the facts. The facts are pretty clear on this. Our government has actually already taken steps through the hospital parking directive to make hospital parking more affordable and more accessible. We've put in place policies that limit how much parking rates can increase and require hospitals to offer more flexible, more cost-effective options for long-term parking. The directive was created to ease the burden on patients while supporting and empowering the operational needs of our health care facilities. That's actually what leadership looks like, guys: a locally driven and balanced approach that helps ensure access to care without compromising hospital operations.

Since 2019, our government has implemented the hospital parking directive to reduce barriers to accessing health care and ease the financial burden of hospital parking fees on patients and their frequent visitors.

Interjections.

MPP Chris Scott: These guys seem really interested, so I'll just read off a couple of more facts here.

What we did was, we increased their daily maximum parking rates only to annual cost of living, and for those hospitals that do charge more than \$10 a day in parking, we're requiring them to offer discounted days on bulk buys for five-day, 10-day and 30-day deals. These passes have to be at least 50% cheaper than the daily maximum rate, they must allow unlimited in-and-out privileges over the 24-hour period, and they have to be valid for both consecutive and non-consecutive days, based on what works best for patients and their families. They must also be transferable between family members and visitors, usable across the entire parking facility and valid for one full calendar year from the date of purchase.

This is a policy grounded in compassion and common sense. It's making a real difference for people across Ontario.

Our government understands that for patients and their families, being together during times of illness isn't a luxury—it's a lifeline. These regulations are about more than just logistics. They're about compassion, dignity and recognizing the lives behind every hospital stay—to support every Ontarian, no matter their situation or who is standing beside them through it.

1830

Let's be clear, Speaker: Free parking is just one item on a long list of items that the members opposite have promised voters in the past. I don't think I have enough time to go over the full list of things you guys have offered for

free, but I will say that in this land, a land where there's only one taxpayer, there is no such thing as "free." There's publicly funded. There's only one taxpayer, and this government is always going to be on the side of that taxpayer, putting money back in their pockets.

Speaker, that's the difference between a government with a plan and an opposition with a punchline. I want to thank you once again for the privilege of being able to stand up and speak on this motion.

Interjections.

The Acting Speaker (MPP Andrea Hazell): It's been a long day. I'm going to ask the members to please keep the chatter down to a minimum, so I can hear the members present.

I recognize the member for Niagara Falls.

MPP Wayne Gates: I want to talk about Minister Jones really quick. The other day, she said that parking fees and taxes pay for treatment and equipment, and I want to let her know that it's the responsibility of the provincial government to pay for publicly funded, publicly delivered health care in the province of Ontario, not taxpayers.

And I want to be clear: What they've done with the parking across the province of Ontario is they've privatized the running of the parking itself, so that private company is making millions of dollars on the backs of patients, doctors, workers. That's what's going on in the province of Ontario.

And then you say, "Okay, well, how is the government going to pay for it?" Well, I'll tell you how you're going to pay for it: Instead of having agency nurses at \$9 billion being wasted of taxpayers' money in the province of Ontario, why don't we put that towards the tax on parking, and then fund our hospitals the way they should be funded, so they don't have to have parking fees and parking taxes in the province of Ontario? Why don't we do that?

We're the richest province in the country. Nova Scotia found a way to fix it, one of the smallest provinces in the entire country. They figured out a way to fix it—think about that—yet the province of Ontario is figuring out, "How do we privatize our health care? How do we make private corporations rich? How do we make CEOs more rich? How do we make former Premiers rich?"

I want to finish by saying—somebody told me I had two minutes. I want to be clear: No one—no patient, no family member, no doctor, no nurse, no worker—should have to pay for parking in the province of Ontario. And I can tell you, everybody here tonight that's here—how many of you are paying for your parking today? I've been here since Saturday. I haven't paid a penny to park here at Queen's Park, and doctors and nurses and workers shouldn't have to pay at a hospital when they treat their patients.

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

Ms. Lee Fairclough: Thank you, Speaker, for the opportunity to discuss hospital parking today. I can say it's definitely not the first conversation on this topic I've had in my career in health care and as a leader of a hospital.

I want to acknowledge that parking does add additional financial pressure to patients and families when they are ill. Depending on the city or town where your hospital is, those rates can also be quite high.

My father was very ill just before Christmas. Luckily, he is doing better now, but he was at St. Joe's hospital here in Toronto—that's my local community hospital—and it was \$18.25 a day to park at the hospital. That's the rate.

As everyone in this Legislature likely knows, the government only covers a portion of funding that is required to deliver care and services by hospitals. There is a very clear expectation—it's built this way—that hospitals generate revenue to make that operational budget whole and the full cost to deliver care. Honestly, they will fund on the order of 85% to 87%. So 15% of a \$500-million budget or 15% of a billion-dollar budget—these are numbers for hospitals—is a fair bit of money.

That leaves a few ways that we can do that. One is that we have parking, food revenues, right? We have food. We often have food stands in hospitals; that's another way. And then the other way that we actually make it work—oh, and we can't reduce service, so there's always that—we cannot reduce service. So then the other way we make it work is by skimping in all the other areas, including the food that patients are actually eating while they're being cared for by us. So those are the options.

Now, in terms of parking, I have to say, I think it was actually the previous Liberal government that did a few things. One, they set caps for what patients will be charged and set caps for longer stretches of time as well, so if you were getting treatments for multiple weeks, you would have a discounted rate.

The second expectation was that the hospitals would publicly post how much money they're generating through parking so that it was very transparent with the public.

And then third, they set the expectation that that money would be directly invested back in care, and I can tell you it is. We use it to balance budgets. So that is what is happening.

But what I find interesting is that I actually was trying to find the report that would have been generated from all that publicly posted information about how much it actually costs. How much revenue does the government get because we charge patients for parking? And you actually can't find it anywhere, but I can say that it's estimated that it's at about \$50 million to \$100 million a year.

Now, I pulled a few numbers from those publicly posted reports so that we could be factual:

—Niagara Health is \$4.5 million a year on a \$550-million budget—that's the revenue to help make that 85% whole;

—\$2.5 million in Peterborough on a \$390-million budget;

—London Health Sciences is \$4.9 million on a \$1.6-billion budget;

—Sault Ste. Marie—do you know your number?

Interjection.

Ms. Lee Fairclough: —\$1.47 million on a \$260-million budget; and

—William Osler in Brampton is \$9.1 million on a \$500-million budget.

That's what it takes. It ultimately varies depending on the size of the hospital, the land the hospitals may have, how it's run, what the market rates are, and whether you're

in the middle of the city, like UHN's parking lot over here—the market rate there is about \$30 a day.

So, for many, when I think about the time when Bill 124 was in place under this government—frozen for years, and then we suddenly have settlements. Now, we're being told to solve those settlements with the same model. I don't know how we can do it.

Anyway, at the end of the day, you decide what you pay for. And it is about choices, right? You can make those choices within one envelope—you can make it within the health care budget. You can say, "Oh, well, we're going to have to cut \$50 million to \$100 million," which is what parking costs, especially for patients. I feel really firmly about patients. If you're going to cut that, then you have to find it in the health budget. But you don't. That's the thing.

The spa is \$2 billion for a parking lot. Ripping out the bike lanes—this is actually taking millions of dollars to undo taxpayers' money's work—\$48 million. You know what? That \$48 million would actually fund parking. There's the solution. And let's not forget, we actually spent a billion dollars to make alcohol available in convenience stores one year earlier for the sake of it.

I'm a bit impassioned. I always took my responsibility as a hospital CEO seriously. I figured out how to charge revenue. I figured out the best I could the ways to reduce parking costs, for patients especially. Certainly, we have rates for if you're getting care for 30 days, 15 days, many months—and it is a lot lower, and we would do our best to help people. But this is about choices.

And so, you've made choices across the budget, not just in the health care budget.

The Acting Speaker (MPP Andrea Hazell): I recognize the member for London North Centre.

Mr. Terence Kernaghan: It's an honour for me to rise in support of my friend the MPP from Niagara Centre's motion to stop the fees for hospital parking. This is excellent work.

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London is the health care hub and heart of southwestern Ontario, home to Victoria Hospital and Children's Hospital, University Hospital, St. Joe's hospital and Parkwood Institute. The broader region relies on the world-class care and advancements available here. When someone is staying at the hospital, their loved ones want to visit them, see their progress and hope that they'll be home soon. I hear from many constituents who are upset that there is no other choice than to pay the punishing parking fees just to see their loved ones. It's unavoidable. It's a situation where people could easily end up paying money that they don't have and plunge themselves into debt just to see their loved ones.

It comes down to morality and ethics here. Cuts, underfunding and government neglect have forced hospitals to raise capital on people's love and raise capital on people's grief. Think about that for a moment, Speaker: raising money on people's love and grief. Hospitals have to squeeze money from people who have no other choice and just want to see their loved one who is, at best, sick and, at worst, dying.

My own father managed to survive an abdominal aortic aneurysm, AAA as they call it, and most people are dead by the time they arrive at the hospital. Dr. Luc Dubois was able to save my father's life. He spent 76 days in the ICU. While my mother was able to afford those fees, that's not the point. The point is, in our public health care system, patients should not have to pay, workers should not have to pay, the public should not have to pay in what is a truly public health care system.

During a cost-of-living crisis, I urge this government to support the MPP for Niagara Centre's motion, pass this bill, do the right thing and make sure that people don't have to pay at a health care institution.

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

MPP Catherine McKenney: I do want to thank my colleague from Niagara Centre for bringing this forward.

Just the other day, we heard the Minister of Health argue that parking fees are actually necessary to maintain hospital operations. But that really is not how a health care system should be funded. If they are relying on parking revenue to pay for necessary equipment, to pay for treatment, then that's a failure of government.

This government has gone so far in the riding that I represent, Ottawa Centre, as to force an enormous parking garage for the new Ottawa Hospital, which still hasn't been funded. But we've got this massive behemoth of a parking garage going up. It's four storeys high, going up across the street from a UNESCO world heritage site. It's an abomination, and there will be 2,900 parking spots—2,900. That, at \$15 a day, is over \$43,000 a day—a day. That is the tax on people who will have to go to the Ottawa Hospital.

And our children's hospital, CHEO, Children's Hospital of Eastern Ontario, is building a new children's treatment centre. But before it's been built, they're also forced to build a parking garage—1,050 spaces. Again, \$15,000—that is the tax on families who are going to visit their children who are getting treatment at CHEO. This is not how we fund health care. We have got to put people before profit.

This government should do the right thing and support this motion.

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

Ms. Sandy Shaw: I am proud to represent Hamilton, where we have Hamilton Health Sciences, St. Joe's, McMaster Children's Hospital, Juravinski Cancer Centre. I have eight grandchildren, and I am very grateful for our hospitals, particularly our emergency. We have hockey accidents. I'm looking at you, Thompson. We had raging fevers in the middle of the night, Sam, and even a gymnastic mishap, Emilee. And so I'm familiar with parking in our hospitals.

This bill is very simple. This government is charging inordinate hospital fees because they underfund health care. This province has the lowest spending per person in all of Canada, but don't be mistaken: This government is spending big. They're just not spending it on us. They're going to spend a trillion dollars on a fantasy tunnel under the 401. They're spending \$2.2 billion on a spa in down-

town Toronto. So they've got the bucks when it comes to their crazy projects, but they don't fund health care properly.

And you know what, Speaker? No one, when they're sick, or when they're visiting their loved ones, or when they're a health care worker, should have to pay to go to a hospital. This should not be a barrier, and it's absolutely no wonder why the Canadian Cancer Society endorses this motion, because they see the struggles that people face. They see that this should not be a barrier to accessing chemo, to accessing the treatment and the procedures that you need.

So this is clearly—make no mistake, it's a tax on sick people, it's a tax on their families and it's a tax on health care workers. This government should acknowledge that, and they should eliminate these parking fees and fund health care adequately in this province.

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

M^{me} France Gélinas: Ça me fait tellement plaisir d'appuyer la motion de mon collègue de Niagara-Centre pour abolir les frais de stationnement dans les hôpitaux.

Je dois dire que, moi, je représente une circonscription du Nord et 33 petites communautés. Il n'y a aucune place dans mon comté où est-ce qu'on paie pour le stationnement; ça n'existe pas. Il y a plein de mines. Les gens qui travaillent dans les mines peuvent se stationner. Tout le monde peut brancher leurs autos s'ils veulent. Tout ça, c'est gratuit.

Quand tu arrives à l'hôpital, c'est un minimum de 8 \$ à chaque fois que tu sors du stationnement. Un minimum de 8 \$, ça veut dire qu'à chaque fois que tu vas voir quelqu'un de ta famille qui est malade, c'est un minimum de 8 \$ qui peut aller jusqu'à 11,50 \$ par jour.

Ce que ça veut dire, c'est que lorsque tu es malade, suffisamment malade pour être admis ou admise dans un hôpital, tu as besoin de ce qu'on appelle un cercle d'appui—des gens qui sont là pour t'aider. Le plus que tu as de gens qui sont là pour t'aider, le plus que tu as de chance de regagner la santé rapidement.

Mais, dans mon comté, où est-ce qu'on ne paie pas de stationnement nulle part, il y a bien des gens qui vont hésiter à aller à l'hôpital, aller voir les membres de leur famille, parce que ça va être un minimum de 8 \$ à chaque fois que tu te rends à l'hôpital.

Horizon Santé-Nord, le nom de l'hôpital à Sudbury, fait 6 millions de dollars par année—beaucoup plus que bien d'autres hôpitaux. Pourquoi? Parce qu'il n'y a pas de transport en commun dans Nickel Belt. Il n'y a jamais eu un autobus qui est venu proche de chez nous et il n'y en aura probablement jamais, donc on n'a pas le choix que d'utiliser notre voiture. On n'a pas le choix que de se stationner. On n'a pas le choix que de payer 8 \$.

C'est la responsabilité du gouvernement provincial de financer nos hôpitaux, et ils doivent prendre leur responsabilité au sérieux.

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

Mrs. Jennifer (Jennie) Stevens: I rise today to voice my full support for my colleague the MPP for Niagara

Centre's motion to eliminate hospital parking fees across Ontario.

In my community of St. Catharines, I've heard from countless families who are burdened by the high cost of parking when visiting loved ones in the hospital. Whether it's for regular treatment, emergency visits or simply to provide support, these fees add unnecessary stress during already challenging financial times. On top of that, we have nurses and health care workers, who are the backbone of our medical system, paying out of pocket each month for parking while they provide life-saving care for our communities. This is unfair, this is unsustainable, and it is one of the many reasons our health care professionals feel undervalued.

Other provinces, like Nova Scotia, have recognized this issue and have taken steps to eliminate hospital parking fees. Ontario should follow suit and ensure that access to health care is not hindered by sky-high parking costs.

This motion is not just about parking fees. It's about dignity. It's about affordability and access to care. It's about ensuring that no one is penalized for seeking medical attention or supporting loved ones during their time of need.

In St. Catharines, we have the highest population of senior residents—residents who have paid taxes for decades upon decades. Seniors should not have to spend their whole CPP cheque to visit loved ones at the hospital.

It's not the job of Ontarians to pay out of pocket for hospital operation costs. There is a funding gap in hospital operation costs. Here, in Ontario—

The Acting Speaker (MPP Andrea Hazell): The member has two minutes to reply.

Mr. Jeff Burch: I want to thank all of my colleagues—the member from Don Valley East, for pointing out the main problem, which is that hospital deficits are being funded by a sick tax on patients and families and staff, and also the impact on health care workers, so thank you. And also my friend from Etobicoke–Lakeshore, a hospital CEO—in hospital negotiations, on the union side, I have a lot of respect for hospital CEOs and the work that they do. Thanks for paying me and patients and workers the respect of a well-researched response. I appreciate that.

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For the government: I found the presentation actually insulting. They started out by insulting a former Liberal government. I have to say, we're hearing that a lot, but I have news for this government. They're also the former government and the former former government, so they should really start putting their big boy pants on and take some responsibility.

And this patients not parking thing—patients are in the cars that park. What a ridiculous thing to say.

But I want to thank my friends from Niagara Falls, London North Centre, Ottawa Centre, Hamilton West–Ancaster–Dundas, Nickel Belt—en Français—and my colleague from St. Catharines for their remarks.

I can guarantee you that we are not going to stop fighting to remove those parking fees for patients and families and workers across the province.

The Acting Speaker (MPP Andrea Hazell): The time provided for private members' public business has expired.

Mr. Burch has moved private member's notice of motion number 8. Is it the pleasure of the House that the motion carry? I heard a no.

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

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

The nays have it.

A recorded vote being required, it will be deferred until the next instance of deferred votes.

Vote deferred.

The Acting Speaker (MPP Andrea Hazell): Pursuant to standing order 36, the question that this House do now adjourn is deemed to have been made.

ADJOURNMENT DEBATE

LABOUR DISPUTE

The Acting Speaker (MPP Andrea Hazell): The member for Thunder Bay–Superior North has given notice of dissatisfaction with the answer to a question given by the Minister of Labour, Immigration, Training and Skills development. The member has up to five minutes to debate the matter, and the minister or parliamentary assistant may reply for up to five minutes.

MPP Lise Vaugeois: Thank you, Speaker. The Minister of Labour accused me of spreading falsehoods, so I would like to correct the record and address the lack of knowledge displayed by the Minister of Labour.

The minister claims that workloads have decreased by 60%, but I assume that that number is coming from the big spenders in management using employer dollars to play golf in Texas with BetterUp because that claim does not correspond to the reality experienced by WSIB employees working closely with injured workers: "An internationally-recognized, peer-reviewed study confirmed that WSIB employees, primarily in areas servicing injured workers, suffer from elevated levels of anxiety and depression; this is directly caused by excessive workload. The occupational hygienist who carried out the survey informed WSIB this problem is so severe that some staff are at risk losing their life by suicide, but the WSIB has not acted with urgency." In fact, they are pretending that workloads have been reduced.

One worker who deals with calls from injured workers described dealing with so many and without enough staff, "There isn't even time for bathroom breaks, of which management keeps track."

The minister claims that I'm against investment in skills training and investments that elevate the lot of workers, but that is so false, frankly, it's silly, and the minister knows this. Frankly, it's rich coming from a member that just voted to give his government the ability to eliminate all labour laws.

The minister said that workers want to get back to work healthy, and, indeed, we all want this. But then why does the WSIB force workers back to work while they are still in so much pain they are being medicated with opioids?

Regarding claim suppression: A freedom-of-information request on WSIB data revealed that over 191,000 form 8

claims submitted by doctors over four years have not been investigated by the WSIB. Employers have a legal responsibility to submit the initial report of work injury and disease, but these 191,000 injuries have not been reported by employers. That's about 40,000 a year, but the figure of 20,000 is the number reported in the media, so let's go with that, and that's what I said this morning.

Originally, the Workers' Compensation Act was set up so that businesses had shared liability, but that is long gone. Instead, we now have the so-called experience rating that incentivizes businesses to suppress claims so that they get a higher rebate from the WSIB.

Then, there is the practice of deeming, where compensation is reduced to injured workers based on jobs that may or may not exist, that a worker doesn't actually have. It's a good way to save money for the WSIB; a terrible thing to do to a worker. Is the minister aware that 49% of workers with permanent injuries are living in poverty with many forced onto public support?

Promises made in 1998 to return the loss-of-employment rate to 90% and a return to a 10% contribution to the injured worker's pension—this was supposed to happen once the unfunded liability was addressed, but that liability is also long gone, and nothing has been done to bring those rates back.

The reality is that it is a falsehood, repeated frequently in this House, that no injured workers have been left behind, because there are thousands who have. The minister needs to meet with the Ontario network of injured workers support groups and meet with the front-line workers at the WSIB who work with injured workers because I can tell you, there is trauma and despair on both ends of the telephone line.

That the government thinks it's okay to reduce WSIB payments by 30% and then dip into WSIB funds, which are not taxpayer dollars—so why the government thinks it's theirs to throw around doesn't totally make sense to me, but they do. And they give billions of dollars back to employers, some of whom must be repressing claims or there wouldn't be the 20,000 to 40,000 claims per year that employers failed to report.

If the minister wants to correct the misinformation he is promoting, I suggest he read the book *Who Killed Sir William?*, which documents years of studies on the conditions facing workers made injured or ill on the—

Interjection.

MPP Lise Vaugeois: What, “misinformation”?

Interjection: Just say “Withdraw.”

MPP Lise Vaugeois: Withdraw. If the minister wants to become better informed, I suggest he read the book *Who Killed Sir William?*, which documents years of studies on the conditions facing workers made injured or ill on the job. Perhaps then he would have a better grasp of reality.

The Acting Speaker (MPP Andrea Hazell): I recognize the member for York South–Weston.

MPP Mohamed Firin: I'm pleased to rise today to speak about the critical role that the Workplace Safety and Insurance Board plays in protecting Ontario's workers and supporting our economy.

The WSIB is an independent, arm's-length agency of our ministry, and it provides no-fault workplace insurance

to approximately 75% of Ontario's workforce, covering workers at over 328,000 employers across the province. Every year, the WSIB registers more than 230,000 claims and processes them with increasing speed and efficiency. In fact, 87% of injured workers, excluding COVID-19 claims, returned to work within 12 months with no wage loss—a statistic that reflects our shared commitment to safe, fair and healthy workplaces.

Our government, through the Ministry of Labour, Immigration, Training and Skills Development, is committed to promoting a stable, fair and constructive labour relations climate in Ontario, one that supports both workers and a sustainable economy.

Speaker, while the ministry provides tools and supports to assist parties during the bargaining process, the collective bargaining relationship is between the employer and the union. It is their responsibility to resolve their differences at the negotiating table. We strongly encourage both sides to stay at the table and do what's right: work together toward a fair and reasonable agreement. We remain confident that with good faith and continued dialogue, the parties can reach a negotiated settlement.

Since the strike began, as reported by the WSIB, the agency has answered over 48,000 calls from workers and employers, registered nearly 7,500 new claims, issued over 45,000 benefit payments to workers who are off the job due to injury or illness, and they've also registered 750 new businesses for WSIB coverage. And Speaker, I must set the record straight: As the WSIB reported, they do not have 20,000 unprocessed claims; they have zero, full stop. But the facts about the WSIB are the following: Each year, the WSIB registers over 230,000 claims, 88% of injured workers return to work within three months, the average number of days someone is off work and collecting WSIB benefits has dropped by 14% since 2021.

I want to take a moment to speak to Ontarians, especially those who rely on WSIB services who may be concerned during this period of labour disruption. While negotiations continue, as reported by the WSIB, core services remain operational. Payments are still being issued, health care access is being maintained and urgent cases continue to be prioritized. And the results are there: Currently, 88% of workers who are off work return within three months—the best return-to-work outcomes Ontario has seen in over a decade.

Speaker, I know labour disputes are never easy for employees, for employers, for the families and for those who they serve. But the collective bargaining process is the cornerstone of our labour relations system. It is based on open dialogue, mutual respect and good-faith negotiations. This government believes in that process and we believe that the union and the WSIB can reach a fair and balanced agreement, one that reflects the important work being done and the shared commitments to serving Ontario workers.

The Acting Speaker (MPP Andrea Hazell): There being no further matters to debate, pursuant to standing order 36(c), I deem the motion to adjourn to be carried.

This House stands adjourned until 9 a.m. tomorrow.

The House adjourned at 1902.

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Firin, Mohamed (PC)	York South—Weston / York-Sud— Weston	
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Fraser, John (LIB)	Ottawa South / Ottawa-Sud	Leader, Third Party / Chef du troisième parti
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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	
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Kernaghan, Terence (NDP)	London North Centre / London- Centre-Nord	
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Khanjin, Hon. / L'hon. Andrea (PC)	Barrie—Innisfil	Minister of Red Tape Reduction / Ministre de la Réduction des formalités administratives
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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
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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
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Pinsonneault, Steve (PC)	Lambton—Kent—Middlesex	
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Rae, Matthew (PC)	Perth—Wellington	
Rakocevic, Tom (NDP)	Humber River—Black Creek	
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Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Brampton South / Brampton-Sud	Minister of Transportation / Ministre des Transports
Sarrazin, Stéphane (PC)	Glengarry—Prescott—Russell	
Sattler, Peggy (NDP)	London West / London-Ouest	
Saunderson, Brian (PC)	Simcoe—Grey	
Schreiner, Mike (GRN)	Guelph	
Scott, Chris (PC)	Sault Ste. Marie	
Scott, Laurie (PC)	Haliburton—Kawartha Lakes—Brock	
Shamji, Adil (LIB)	Don Valley East / Don Valley-Est	
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Skelly, Hon. / L'hon. Donna (PC)	Flamborough—Glanbrook	Speaker / Présidente de l'Assemblée législative
Smith, Dave (PC)	Peterborough—Kawartha	
Smith, David (PC)	Scarborough Centre / Scarborough-Centre	
Smith, Hon. / L'hon. Graydon (PC)	Parry Sound—Muskoka	Associate Minister of Municipal Affairs and Housing / Ministre associé des Affaires municipales et du Logement
Smith, Laura (PC)	Thornhill	
Smyth, Stephanie (LIB)	Toronto—St. Paul's	
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	Leader, Official Opposition / Chef de l'opposition officielle Leader, New Democratic Party of Ontario / Chef du Nouveau Parti démocratique de l'Ontario
Surma, Hon. / L'hon. Kinga (PC)	Etobicoke Centre / Etobicoke-Centre	Minister of Infrastructure / Ministre de l'Infrastructure
Tabuns, Peter (NDP)	Toronto—Danforth	
Tangri, Hon. / L'hon. Nina (PC)	Mississauga—Streetsville	Associate Minister of Small Business / Ministre associée des Petites Entreprises

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Thanigasalam, Hon. / L'hon. Vijay (PC)	Scarborough—Rouge Park	Associate Minister of Mental Health and Addictions / Ministre associé délégué à la Santé mentale et à la Lutte contre les dépendances
Thompson, Hon. / L'hon. Lisa M. (PC)	Huron—Bruce	Minister of Rural Affairs / Ministre des Affaires rurales
Tibollo, Hon. / L'hon. Michael A. (PC)	Vaughan—Woodbridge	Associate Attorney General / Procureur général associé
Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	Deputy Speaker / Vice-Présidente Chair of the Committee of the Whole House / Présidente du Comité plénier de l'Assemblée législative
Tsao, Jonathan (LIB)	Don Valley North / Don Valley-Nord	
Vanthof, John (NDP)	Timiskaming—Cochrane	Opposition House Leader / Leader parlementaire de l'opposition officielle
Vaugeois, Lise (NDP)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
Vickers, Paul (PC)	Bruce—Grey—Owen Sound	
Wai, Daisy (PC)	Richmond Hill	
Watt, Tyler (LIB)	Nepean	
West, Jamie (NDP)	Sudbury	
Williams, Hon. / L'hon. Charmaine A. (PC)	Brampton Centre / Brampton-Centre	Associate Minister of Women's Social and Economic Opportunity / Ministre associée des Perspectives sociales et économiques pour les femmes
Wong-Tam, Kristyn (NDP)	Toronto Centre / Toronto-Centre	