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*Speaker: Honourable Derek Bennett, MHA*

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The House met at 1:30 p.m.

**SPEAKER (Bennett):** Order, please!

Before we start today's session, I'd like to just introduce our Pages here today. Returning this year is Olivia Pendergast. Olivia is from St. John's and she's studying political science at Memorial University.

Our new Page today is Andrew Dogurga. Andrew is originally from Turkey and moved to St. John's when he was the age of 11. He is also studying political science at Memorial University.

Welcome.

**SOME HON. MEMBERS:** Hear, hear!

### Statements by Members

**SPEAKER:** Today, we will hear Members' statements from the hon. Members for the Districts of Cape St. Francis, Baie Verte - Green Bay, Exploits, Labrador West and Harbour Main.

The hon. the Member for Cape St. Francis.

**J. WALL:** Thank you, Mr. Speaker.

Mr. Speaker, throughout Canada, October marks Autism Awareness Month; a time to celebrate difference and reflect on the importance of awareness, acceptance and understanding in all aspects of our community. We have the opportunity to share the importance of learning about autism and for everyone to take their own measures to raise awareness of those with Autism Spectrum Disorder.

In our province, one in 57 people are diagnosed with Autism Spectrum Disorder, annually, the highest incidence in the country.

In my former career, I had 27 years of experience working with individuals with autism and have always admired their strengths, supported their challenges and praised their accomplishments.

On a personal level, my godson, Kip Chalker, was recently diagnosed with autism. A smart,

happy boy in kindergarten who has a positive future ahead of him, thanks to a loving, supportive and inclusive family to help guide Kip along his way.

Mr. Speaker, I ask all hon. Members to join me in recognizing October as Autism Awareness Month, to advocate for those living with autism and applaud the family members who provide the care, safety and security to their loved ones.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Baie Verte - Green Bay.

**B. WARR:** Mr. Speaker, today, I recognize the late Diane Noble of Baie Verte.

On June 27, 2021, the communities of Baie Verte and Nipper's Harbour said goodbye to one of its dearly loved and respected residents, Diane Noble, at the tender age of 57.

Diane had a keen sense for politics and always looked forward to the broadcast from this hon. House of Assembly as well as the broadcast from the Nation's capital.

Like her mother, Greta, regardless of where you saw Diane, at home, in a vehicle, or at a convention, the knitting needles and a ball of wool would be not too far away. Whenever you were in the company of Diane you knew she would have you smiling; a very warm-hearted and fun-loving lady.

Our thoughts are with her twin sister, Debbie; her parents, Warrick and Greta Osborne; brother, Dennis Noble; and all who knew her, including a large circle of extended family and many, many friends.

I ask hon. Members to join me in offering condolences to the Noble and Osborne family.

Thank you, Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Exploits.

**P. FORSEY:** Thank you, Mr. Speaker.

Mr. Speaker, on Friday, October 15, I attended the funeral of an icon and community leader in the Town of Bishop's Falls, Mr. Oliver Rose.

Oliver started his teaching career of 30 years in Bishop's Falls and during this time, he also served both as councillor and mayor for the town. Oliver also dedicated 45 years volunteering his time in many capacities, including president of the Bishop's Falls Lions Club and chair of the board of directors of the Lion Max Simms camp. He was a dedicated Lion who worked tirelessly to ensure that the Lions Club remained successful.

Following Oliver's retirement, he suffered a devastating stroke. Lo and behold, Oliver adapted to his limitations and continued to serve his community in any way he could.

The Town of Bishop's Falls would not be where it is today without the contributions of Oliver Rose.

Mr. Speaker, I ask all hon. Members to join me in saying farewell to my teacher, councillor, fellow Lion and friend, Mr. Oliver Rose.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Labrador West.

**J. BROWN:** Thank you, Speaker.

I rise today to acknowledge Marty Byrne from Labrador West. Marty is a Labrador West ceramic pottery artist who opened up an exhibit called Labrador Erratics at the Craft Council of Newfoundland and Labrador gallery this year.

Marty's work reflects Labrador and the beauty of the land and the northern lights. Marty has also a small pottery business based out of his garage called Byrne'n Mud. We all tune into Marty's social media to watch his kiln openings to see the beautiful ceramics he's created and to see the ceramics painted by people from the community who have attended one of his many events.

Marty is a major supporter of many local artists, encouraging them to exhibit their works. In July, Marty held the third annual Art Wander show, where artists in the community exhibit their works along the Tanya Lake Trail. This show has grown to be a community favourite and a platform for artists in the community to showcase all their works.

I ask all Members to join me in thanking Marty Byrne for showing us his beautiful works and encouraging many other artists to do the same as him.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Harbour Main.

**H. CONWAY OTTENHEIMER:** Thank you, Mr. Speaker.

Today in this hon. House, I would like to congratulate the winners and nominees at the recently held Premier's Athletic Awards ceremony here in St. John's.

These athletes are recognized for their outstanding accomplishments in sport and I am extremely proud of the fact that two athletes from the Harbour Main District were honoured and recognized for their success and achievement.

I would like to congratulate Halle Joy of Harbour Main for her dedication, hard work and excellence in the sport of softball, and Drew Sheppard of Seal Cove for his commitment and endurance in the sport of ball hockey.

It takes a lot of passion and commitment to excel in any sport, but it also demands perseverance and stamina. These athletes and all athletes have certainly done us proud as a province.

I ask all hon. Members of this House of Assembly to join with me in congratulating Halle and Drew and all the award winners and nominees of the Premier's Athletic Awards on their invaluable achievements in sport.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** Statements by Ministers.

**Statements by Ministers**

**SPEAKER:** The hon. the Minister of Children, Seniors and Social Development.

**J. ABBOTT:** Thank you, Speaker.

The provincial government's Seniors of Distinction Awards celebrate the contributions, achievements and diversity of older persons and seniors in the province.

I had the pleasure of announcing the 2021 Seniors of Distinction on October 1 as part of marking National Seniors' Day and the United Nations International Day of Older Persons, and today I am pleased to recognize these five remarkable individuals in this House.

This year's award recipients are Rose Andrews of Carbonear, Patrick Moore of Corner Brook, Clyde Russell of Stephenville, Dorothy Mary Senior of Paradise and Paul Smith of Conception Bay South.

Each of these individuals has demonstrated extraordinary commitment in the service of others and each is making a positive difference in the province and beyond.

Rose Andrews is an advocate for inclusion and accessibility. Rose's work has supported accessibility initiatives in her own community as well as for youth in Africa.

Patrick Moore is a long-serving search and rescue volunteer who has contributed to many community service events and is known for his compassion and generosity.

Clyde Russell is a retired Canadian Forces colonel who has dedicated much of his career to counter-terrorism and special operations, and continues to serve his community through various initiatives.

Dorothy Mary Senior is a dedicated patient advocate who maintains an ongoing role in improving patient services.

And last, but certainly not least, Paul F. Smith is a long-time community volunteer and dedicated builder, coach and executive in the sport of softball.

Speaker, I invite all Newfoundlanders and Labradorians and all Members of this House to join me in congratulating the 2021 Seniors of Distinction.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Conception Bay South.

**B. PETTEN:** Thank you, Mr. Speaker, and I would like to thank the minister for an advance copy of his statement.

Friday, October 1 is recognized as National Seniors Day and the United Nations' International Day for Older Persons. Days like these are important because we get an opportunity to recognize our seniors who have helped grow and shape families and communities all across our great province.

I join the minister in acknowledging and congratulating this year's recipients of the provincial government's Seniors of Distinction awards. A special thank you to this year's recipients – Rose Andrews, Patrick W. Moore, Clyde Russell, Dorothy Mary Senior and Paul F. Smith – for all their contributions to their communities and our province.

It's important we continue to recognize community leaders like this year's recipients, but we should also consider obtaining better support systems for seniors that live in poverty or suffer from elder abuse. It's important that we continue to recognize the value of seniors in all communities while ensuring they continue to live happy and healthy lifestyles. No senior should have to struggle in making a decision on whether to heat their home or put food on the table.

Congratulations to all the recipients of the 2021 Seniors of Distinction and thank you for all that you continue to do for our province.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for St. John's Centre.

**J. DINN:** Thank you, Speaker, and I, too, thank the minister for an advance copy of his statement.

The Third Party would also like to take this opportunity to recognize the achievements of Ms. Andrews, Mr. Moore, Mr. Russell, Ms. Senior and Mr. Smith. These exemplary individuals are pillars of their communities and have demonstrated an extraordinary commitment to this province through their selfless work and tireless dedication.

More broadly, National Seniors Day is an opportunity to reflect on the contributions that our elders have made to secure the quality of our life and the society that we enjoy today. In return, we call upon government to repay the debt and make sure that they continue to work to ensure that seniors across this province can afford the necessities of life. We also call upon government to improve the quality of publicly funded seniors care so that those who raised us can age in peace and dignity.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** Further statements by ministers?

Oral Questions.

### Oral Questions

**SPEAKER:** The hon. the Opposition House Leader.

**D. BRAZIL:** Thank you, Mr. Speaker.

Today *The Telegram* published the story of a man with complex health care needs who, between him and his spouse, made 500 phone calls to try and find a family doctor. Mr. Speaker, 500 calls.

I ask the Premier: Is this story, which is the experience of countless others, acceptable in Newfoundland and Labrador?

**SPEAKER:** The hon. the Premier.

**PREMIER A. FUREY:** Thank you, Mr. Speaker.

I'm certainly empathetic and sympathetic to that gentleman and his family. We all know that there is a problem in health care, and that is why we have taken this opportunity to launch, a year ago, the Health Accord. We know that there are also short-term solutions while we're reinventing the health care system for the future and for a sustainable future for Newfoundlanders and Labradorians. That is why the minister yesterday announced some short-term solutions.

We recognize that this isn't going to solve all the woes. But if you look across the country, every single jurisdiction is having a problem with health care. We're ahead of the curve by recognizing that this is a paradigm shift and we need to elevate ourselves to recognize the debate and discourse that is happening in the public because they want change for the future – a sustainable future for health care in Newfoundland and Labrador, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Leader of the Official Opposition.

**D. BRAZIL:** Thank you, Mr. Speaker.

I realize we recognize it now and the government has – six years too late, for a lot of people who are having to make 500 calls to try to get access to a family physician.

Mr. Speaker, imagine how many thousands of people are facing the same situation in our province today. Without a family physician, continuity of care is impossible. It means issues go unchecked and symptoms linger for longer without treatment. It is a snowball effect that cost lives, not to mention adding pressure to our health care crisis.

I ask the Premier: How many family doctors are taking new patients today in Newfoundland and Labrador?

**SPEAKER:** The hon. the Premier.

**PREMIER A. FUREY:** Thank you, Mr. Speaker.

Again, we know that there is a problem with family medicine in the province; I have seen it first-hand. I know, from the experience of some of the family doctors themselves, the problems in the system itself. But I challenge everybody in this House that this is an opportunity, every sitting of this House – this noble House, has a rendezvous with history. Ours happens to be pivoted firmly in health care.

I ask everyone to have the courage and the imagination to come with solutions, not just single off-the-hand complaints that we all know exist. We are all tasked to be bold, be imaginative and recreate this system for the future of our province, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Leader of the Official Opposition.

**D. BRAZIL:** Mr. Speaker, when we have loved ones who need access to health care, we expect our health care system to be able to provide it for them. They can't do that if they don't have the adequate resources, and that's up to the government to be able to find it. We'll work with anybody to find those solutions to make it better for people in Newfoundland and Labrador.

**SOME HON. MEMBERS:** Hear, hear!

**D. BRAZIL:** Mr. Speaker, the people in my home District of Conception Bay East - Bell Island, as well as communities all across this province, are desperately trying to find a family doctor. These people need a family doctor, while the Health Minister issues an RFP for health care recruitment six years too late. A clear admission this government had no plan to address the crisis.

How can someone in Newfoundland and Labrador find a family doctor today, Premier?

**SPEAKER:** The hon. the Premier.

**PREMIER A. FUREY:** Again, Mr. Speaker, we've recognized that this was a problem. One of the first things I did after becoming Premier was to announce the Health Accord NL, involving all stakeholders – it doesn't matter about political stripe or where they are coming from. We want all options on the table so that we can create solutions, not just one-off solutions.

I understand and appreciate and am completely empathetic to Bell Island and people in the district who can't find a family doctor, but this is bigger. We need to think bigger about how to create solutions for the entire province so that we're not back in this Legislature next year or the year after, five years from now, having one-off issues with particular jurisdictions and areas across the province. That's what we've been tasked with, that's what we're set out to do and that's what we will accomplish, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Leader of the Official Opposition.

**D. BRAZIL:** Thank you, Mr. Speaker.

The Premier finally acknowledged yesterday that for the 100,000 Newfoundlanders and Labradorians without a family doctor it is a crisis. But the health care crisis runs deep. Right now, there are hundreds of empty long-term care beds in our province due to government's failure to recruit nurses.

I ask the Premier: Do you recognize the long-term care crisis unfolding in Newfoundland and Labrador?

**SPEAKER:** The hon. the Premier.

**PREMIER A. FUREY:** Thank you, Mr. Speaker, and thank you for the opportunity to answer that question.

Certainly, we do and that's why it was part of the Health Accord to look at how we – we

recognize that not only is it a problem now, frankly, and we could come up with a quick solution to make the Opposition's questions go away; we realize that with the aging demographics that there will be significant pressure on the system well into the future.

So we need to make sure that we're looking at systems and structures in place to accommodate our aging population. That's why the Minister of Health has been working with the stakeholders to ensure that we're increasing enrolment and graduation throughout nursing schools so that we can provide those much-needed resources to our aging demographic, Mr. Speaker.

That's not just a problem for today; it's a problem for generations and years to come.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Leader of the Official Opposition.

**D. BRAZIL:** Thank you, Mr. Speaker.

Thousands of Newfoundlanders and Labradorians do not have access to long-term care beds.

So I ask the Premier: How many long-term care beds are sitting empty in this province due to the failure of this government to recruit and train enough nurses?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

The issue of access to long-term care is as much about the challenges of acute care as it is long-term care. I do not have a precise number, but I'll certainly get that for the Member opposite and bring that back to him.

The issue is fundamentally around recruitment and retention. I think one of the things we really need to do here is collectively work together to sell this province as a good place to work and a great place to live. Yesterday was the day we changed the dial on that channel, Mr. Speaker.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Leader of the Official Opposition.

**D. BRAZIL:** Thank you, Mr. Speaker.

I can say, honestly, that myself and the minister finally agree that recruitment and retention is the key objective here. It's unfortunate for the last six years it hasn't been done. That's why we're in the state we are right now.

**SOME HON. MEMBERS:** Hear, hear!

**D. BRAZIL:** This government has two long-term care facilities in Central Newfoundland that can't even open their doors because of a shortage of nursing staff.

I ask the Premier: Will these facilities be open by January 1, 2022?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

Those facilities are fully staffed. They cannot open because of issues that have not yet been resolved between the contractor and TI. It is a matter of taking possession of the building before we can occupy it.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Stephenville - Port au Port.

**T. WAKEHAM:** Thank you, Mr. Speaker.

According to the Canadian Institute for Health Information, our family medicine physicians are the lowest paid in the country.

I ask the Minister of Finance and President of Treasury Board: How are we going to recruit family physicians with the lowest pay in the country?

**SPEAKER:** The hon. the Minister of Finance and President of Treasury Board.

**S. COADY:** Thank you very much, Mr. Speaker.

I appreciate the question. We have been negotiating and discussing these very issues with the NLMA for a number of months now. As a matter of fact, on September 29 of this year, a little less than a month ago, we had presented a full proposal, full package to the NLMA regarding payment schedule review, leave benefits, rural retention bonuses, all retention and recruitment issues so that we could really get to the heart of what the Member opposite is talking about.

We do spend over half a billion dollars a year for about 1,332 doctors. We are very anxious to have NLMA return to the table so that we can continue to discuss these very important issues.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Stephenville - Port au Port.

**T. WAKEHAM:** Mr. Speaker, the Newfoundland and Labrador Medical Association thought so much of that offer on September 29 that they walked away from the table. While our family doctors continue to be paid the lowest in the country, the cost of all physicians in our province is actually 8 per cent below the national average per person.

I ask the minister: How do we attract family physicians if our compensation packages are not competitive?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

The issue of compensation is as much about the way the association chooses to divide the money that government provides for physician services as it is about anything else, Mr. Speaker. The door is open for negotiations.

My understanding is the NLMA have stepped away to consult with their membership, and that will not happen, at the earliest, before tonight. So I would suggest the Member opposite has kind of mischaracterized the situation a little bit.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Stephenville - Port au Port.

**T. WAKEHAM:** Mr. Speaker, I don't think I've mischaracterized it at all. The fact of matter is our physicians are paid less. Our family physicians make less than anywhere else in the country. Our total compensation package for physicians is 8 per cent lower per capita than the entire country. And, at the same time, the Newfoundland and Labrador Medical Association were told by the Minister of Finance that there will be zero – zero – new investment in the Physician Services budget to improve the province's recruitment and retention.

So I ask the minister: Is this the first step in implementing the Greene report's 25 per cent cut in health care spending?

**SPEAKER:** The hon. the Minister of Finance and President of Treasury Board.

**S. COADY:** Thank you, Mr. Speaker.

While I appreciate the question concerning the negotiations that are happening between the Government of Newfoundland and Labrador and the NLMA, I can certainly say that we are working very hard at the table to discuss the issues that are being raised.

As I said, we are discussing, for example, family practice renewal funding, blended payment models. We are discussing the issues – the issues – that make up the concerns around retention and recruitment, Mr. Speaker.

So I would say to the Member opposite the best we can do right now is await the consultations that NLMA wish to have with their members, and hopefully very quickly they'll come back to the table for further discussions.

**SOME HON. MEMBERS:** Hear, hear!



**SPEAKER:** The hon. the Member for Stephenville - Port au Port.

**T. WAKEHAM:** So, Mr. Speaker, the minister acknowledges that there's zero new investment in the Physician Services budget. I'm not sure if that's what I heard. That sounded like what I heard, which causes grave concern when you think about the fact that our family physicians, as I said, are the lowest paid in the country.

Mr. Speaker, with the Newfoundland and Labrador Medical Association walking away from the table due to the strong-arm negotiating tactics, I ask the minister: What is government's plan if physicians decide to take strike action?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** I think it's important at this point, Mr. Speaker, to point out, yesterday, we announced packages that total \$30 million.

**SOME HON. MEMBERS:** Hear, hear!

**J. HAGGIE:** That is slightly over 4 per cent, Mr. Speaker.

**SPEAKER:** The hon. the Member for Topsail - Paradise.

**P. DINN:** Thank you, Mr. Speaker.

It's great to hear the minister talk to the \$30 million in the package, because collaborative care clinics are an excellent model for addressing this. And I have to commend the minister on reading our Blue Book.

**SOME HON. MEMBERS:** Hear, hear!

**P. DINN:** However, they are only good if there are enough family physicians in the province.

So I ask the minister: How many new physicians will be added to the staff for these four clinics?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

I'd like to congratulate the Progressive Conservative Party for reading the Canadian Medical Association's discussion on this subject back in 2011.

**SOME HON. MEMBERS:** Oh, oh!

**SPEAKER:** Order, please!

**J. HAGGIE:** In the question, Mr. Speaker, is a flaw. The resources, from a human resource point of view, are magnified by teams. It is not the question that a family physician or a nurse practitioner or a community nurse has to work in isolation and carry the entire load. The work can be distributed.

We have spent time, over the last six years, enhancing the scopes of practice of every one of those people there. We're looking at RN prescribing, we have freed nurse practitioners to work autonomously and, by putting them together in teams, each of them works to their best scope and shares the load in a way that makes it better for all.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Topsail - Paradise.

**P. DINN:** Thank you, Mr. Speaker.

Recruiting doctors for these new clinics have to come from the local pool of doctors. So it means taking these doctors away from their practices. It will replace one group of orphaned patients with another.

I ask the minister: Where will these new family doctors come from?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

Family physicians graduating from residency programs lately have chosen to spend significant portions of their time not doing family medicine. We presented them with an opportunity, through

the new, collaborative team clinics, to return to that.

And, certainly, in metro, there is absolutely no shortage of physicians who want to go back to what they trained to do, which was good, high-level primary care. By supporting them properly, we can use them to their best efficiency and we make the best of our nurse practitioners, our midwives, our social workers, our mental health and addictions counsellors, our diabetic educators and our community nurses.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Topsail - Paradise.

**P. DINN:** Thank you, Mr. Speaker.

I would assume, if the minister knows where the graduating doctors are not going, he should know why they're not going there and should be dealing with that issue. It's not just about doctors. Collaborative care clinics will be staffed with family doctors but, as well, nurse practitioners and registered nurses.

Where will these new nursing staff come from?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** An excellent question, Mr. Speaker. The family medicine residents want to work in these environments. We employ pretty well every nurse practitioner graduate that we make in this province, and I'm looking to try and expand that. So, to feed that pool of nurse practitioners, we will be expanding the Bachelor of Nursing program with seats in Happy Valley-Goose Bay, Gander and Grand Falls-Windsor, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Terra Nova.

**L. PARROTT:** I have nurse practitioners in my district that aren't working as nurse practitioners.

In the last sitting, I spoke of a doctor who immigrated to my district and is unable to practice medicine because of the lengthy runaround to have his credentials recognized in our province.

I ask the minister: What is being done to address multiple hurdles and lengthy delays faced by newcomers who are qualified and just want to practice medicine here in Newfoundland?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** That's an excellent question, Mr. Speaker.

The paperwork that people have to do to become licensed in this province is generated by the College of Physicians and Surgeons of Newfoundland and Labrador. If I have spoken to them once on this issue, I have talked until I'm blue in the face. They are an independent group set up by legislation to control the standards of practice and, rightly or wrongly, I cannot interfere in that.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Terra Nova.

**L. PARROTT:** I'm sure the minister can introduce legislation to control it.

Mr. Speaker, in the last 10 months in my district, and specifically the Bonavista Peninsula and Clarenville area, we have had seven doctors leave in 10 months. Not one – not one – new doctor has been recruited to come back in the last 10 months.

I ask the minister: How long can the people of Clarenville and the Bonavista Peninsula expect to wait before this situation is – not resolved, before you even begin to address it?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

The last part of the question is already answered. We began to address that years ago and yesterday you saw some more steps around recruitment and retention.

Retention in rural areas has always been a challenge, Mr. Speaker. It really has and will continue to be. It is not something any one group can fix by itself: the association, the college, government. When you're attracting a physician, you are attracting a family. It needs to be a community-based effort. It needs to be a university-involved effort. It needs all parties to work together and we need to get this sorted out. That is why we have set up a provincial office of recruitment and retention that will address this issue, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Torngat Mountains.

**L. EVANS:** Thank you, Mr. Speaker.

Last October in the House of Assembly, the Minister of Transportation responded to my concerns about the inability to medevac services after dark in Nain by saying: "... there cannot be a fixed wing that will come in after dark, but the sources of search and rescue would come into assistance, should we ever need them ...."

I ask the Minister of Health: Is it acceptable that a heart-attack patient in Nain was forced to wait until daylight recently to be medevacked and are others at risk?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

I can't speak to the technical issues around aviation and why Nain has no lights at night.

What I can say, very clearly, is that decisions about timing of medevacs are clinical; they are based on the discussion between the referring practitioner and the receiving practitioner. Should those discussions indicate that a nighttime evacuation is necessary; that will be provided, Mr. Speaker.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Torngat Mountains.

**L. EVANS:** Thank you, Mr. Speaker. From 3 a.m. until daylight being told that the chopper was coming, then to be told: No, we're waiting on a fixed-wing. Am I going to have to wait another year to get the same answer again? In the process, somebody will die with a heart attack, Mr. Speaker.

A 77-year-old woman in Hopedale fell and broke her hip and was not medevacked, although the weather was clear; the medevac could have come in. She was told she had to stay at home and would fly out on the regular-scheduled patient flight the next day. When the patient finally arrived in Goose Bay, three days later, she had to be medevacked to St. John's for surgery.

I ask the minister: Is this an acceptable level of health care for service in my District of Torngat Mountains?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

That certainly is a concerning issue. I'm not sure if that's been raised with my department, but I would be happy, if it hasn't, to look into it. But, certainly, Labrador-Grenfell Health will have a role around that.

I can't comment any further because I have insufficient details and insufficient background about which to do so. So with appropriate consent and documentation, I'd be happy to do that and get back to the Member opposite.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Torngat Mountains.

**L. EVANS:** Thank you, Mr. Speaker.

In actual fact, there's an investigation going on now.

Yesterday, I received a call from a dialysis patient in Goose Bay who was told that all treatment was cancelled for the day just because there wasn't a registered nurse available. No registered nurse available, so no dialysis for the day. Later, she went in for blood work and was told, depending on the results, she may have to go to Lab City or St. Anthony for dialysis. This is exactly what she told me.

I ask the minister: Why are we forcing dialysis patients to miss their scheduled treatments and why are they exposed to the additional stress of maybe having to travel elsewhere to receive critical health care?

Thank you.

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

Of my time in the department, the Kidney Program is moving towards home dialysis. It is much safer for patients than people would have you believe. It is also much more convenient, and we do have examples of this in rural Labrador where patients receive home dialysis.

In terms of the specifics of this case, staffing challenges, particularly in Labrador-Grenfell, are more acute in some respects than in other areas, and particularly on the North Coast. I would loop back to my comments about recruitment and retention; that is the longer-term fix.

In the meantime, we have limited number of dialysis centres and in the event that one cannot perform dialysis, others cover. That is an unfortunate situation but, at the moment, is the only recourse we have.

Thank you, Mr. Speaker.

**SPEAKER:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Thank you, Mr. Speaker.

Trepassey recently lost its second ambulance and we already know incidents where the region was in red alert.

I ask the minister: Will he commit to consulting with the people of Trepassey to ensure that they are not left behind?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

There were three ambulances between two communities run by one operator. The number of people in the Trepassey area has dropped by around 60 per cent in the last 10 years and the number of calls in the other end of the district had increased by at least 20 per cent.

What we have done is allowed the request of the operator to reposition one of the furthest line rigs into the busier area. We have also committed to what we call dynamic dispatching, so in the event that one ambulance leaves Trepassey another one will be moved into a more convenient position to cover and we will monitor dispatch and arrival times.

That is the standard that we now use and we'll work with the operator to make sure they're met, Mr. Speaker.

Thank you.

**SPEAKER:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Thank you, Mr. Speaker.

This is not about cost. This is about distance and geography. That is the issue in the area, so the minister should have his department look at that and get back to the people of Trepassey.

Yesterday, the Premier acknowledged that people who cannot find an ambulance are in a health care crisis. It is time for this government to step up and address the ambulance crisis in Trepassey.

I ask the minister yet again: Will he reposition a second ambulance at the Trepassey base? If so, when does he plan to do it?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

I think it's really important, given the load on our health care system, particularly our front-line operators, that we use our resources wisely and effectively. This was at the request of the operator, we will reposition ambulances if required and, at that point, we will certainly have some –

**AN HON. MEMBER:** Oh, oh!

**SPEAKER:** Order, please!

**J. HAGGIE:** We will keep an eye on the information around dispatch times.

This has hardly got off the ground yet so I am not aware of any challenges, as yet, with meeting the standard dispatch time.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for St. John's Centre.

**J. DINN:** Thank you, Speaker.

We know the thoughtful, consultative, comprehensive work being carried out by Health Accord NL. The Minister of Health and Community Services has said, "The long-term plan is essentially going to be the Health Accord .... That will be our road map ...."

I ask the minister: Will he commit to implementing the recommendations of the report when it is released in the new year?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

What I actually said was that our long-term plan will be heavily informed by the Health Accord NL. Certainly, we will be delighted to see what has been a really significant body of work that's already been done, and we will look at that and we will see the recommendations in the light of the realities of the day.

But I am really optimistic that this is going to produce the transformative change that myself and the Premier want.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for St. John's Centre.

**J. DINN:** Thank you, Speaker.

Actually, what I quoted was from a news report in CBC. Either way, the answer doesn't sound very committal.

Now, the Premier had no problem endorsing the PERT report sight unseen. In his September 2020 mandate letter to the Minister of Finance, he asked her to – and I quote – "work with me to oversee and implement recommendations of the Premier's Economic Recovery Team." Long before the report was released or he knew what the recommendations would be.

Considering the fact that infinitely more thought and consultation has gone into drafting the Health Accord NL than his PERT report, I ask the Premier: Will he commit to implementing the recommendations of the Health Accord NL?

**SPEAKER:** The hon. the Premier.

**PREMIER A. FUREY:** Thank you, Mr. Speaker, and thank you for the question.

Certainly, what we said was – there was no "all" in that mandate letter, first of all. We said recommendations and we did commit to a consultation process, which I'm happy to say has been undertaken over the summer and is being formulated now and in analysis.

With respect to the Health Accord, this is a large body of work that is shifting the paradigm of

how we deliver health care in this province. I think we'll be national leaders on this. We're recognizing that we are the first jurisdiction to really undergo a transformational change within health care because we know we need to.

It will be informed by evidence, which we gathered, collected, and opinions based on and delivered through the Health Accord, Mr. Speaker. We look forward to working with them to see how we can best implement. Perhaps there's something in there that we're unaware of that we may not be able to implement, but it certainly will be a working road map.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Mount Pearl - Southlands.

**AN HON. MEMBER:** (Inaudible.)

**SPEAKER:** Mount Pearl - Southlands.

**P. LANE:** He's not that lucky.

Mr. Speaker, a few months after the onset of the pandemic, government held a weekly conference call with elected representatives of both Opposition parties, as well as a representative of the independent Members, in order to provide updates on matters related to the management of the pandemic, as well as to provide an opportunity for Members to provide feedback and to ask questions to the minister on behalf of their constituents.

These meetings were very cordial and served as a very useful tool for information sharing between all Members. Unfortunately, since the provincial general election and the government's subsequent change in status from minority to majority, these meetings have ceased to occur.

**SOME HON. MEMBERS:** Oh, oh!

**SPEAKER:** Order, please!

**P. LANE:** I ask the minister: In the spirit of co-operation, will he reconvene these weekly discussions and, if not, why not?

**SPEAKER:** The hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Speaker.

Those meetings did go on and I think, if memory serves me beyond the election and the change of minority status, quite frankly they stopped because nobody turned up again. From our point of view, if the Member opposite has some issues about COVID-19, which he did earlier on, he can do what he does: Come over here and I'm happy to chat with him any time, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Mount Pearl - Southlands.

**P. LANE:** Mr. Speaker, I'm not sure who didn't show up; I certainly did every time.

Mr. Speaker, despite the minister's assertion that all is well at motor vehicle registration, speak to the average citizen, particularly our seniors, and they will tell a very different story. Unanswered phone calls, no return phone calls, long lines outside in all kinds of weather, unacceptable wait times for appointments is the order of the day.

While nobody in this Legislature is averse to the concept of maximizing the utilization of technology, where appropriate, through government, its end goal should be service improvement, not the creation of chaos and frustration.

**SOME HON. MEMBERS:** Oh, oh!

**SPEAKER:** Order, please!

**P. LANE:** I ask the Minister of Digital Government and Service NL: Will she finally admit that what she has created at motor vehicle registration amounts to an experiment gone wrong and, more importantly, will she open the doors to motor vehicle registration and Service NL offices across the province?

**SPEAKER:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Thank you, Mr. Speaker.

Our offices at Motor Registration across the province are open. As for before the pandemic, there's a system where, in more than half of our offices, you can make an appointment that week. Members of the public reach out to me telling me how happy they are with the appointment system. They can get in and out really quickly.

I've also said that if you have a need that's urgent or you can't wait for an appointment, you can walk in. Across the province, Mr. Speaker, we have an average walk-in rate of 26 per cent. So 26 per cent of our attention to clients, Mr. Speaker, is walk-in.

I believe, at the moment, we kind of have a hybrid system, and we're always monitoring to see how we can make improvements for the people of the province.

Thank you very much.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The time for Question Period has expired.

Presenting Reports by Standing and Select Committees.

Tabling of Documents.

Notices of Motion.

### Notices of Motion

**SPEAKER:** The hon. the Member for Humber - Bay of Islands.

**E. JOYCE:** Mr. Speaker, I give notice of the following motion:

WHEREAS the Commissioner for Legislative Standards presented a report, *The Joyce Report*, October 18, 2018;

WHEREAS the report was presented in the House of Assembly and concurred by the majority of the House of Assembly;

WHEREAS the findings were that I violated Principle 10 of the Code of Conduct;

WHEREAS the complainant was the MHA for Placentia - St. Mary's, an elected official;

WHEREAS Principle 10 states, "Relationships between Members and government employees should be professional and based upon mutual respect and should have regard to the duty of these employees to remain politically impartial when carrying out their duties."

WHEREAS the Commissioner for Legislative Standards stated in the report: "In the manner in which he dealt with the Complainant, and particularly during the call on April 8th .... Relationships between Members and government employees should be professional and based upon mutual respect and should have regard to the duty of those employees ....

"I find that the conduct of MHA Joyce is a violation of principle 10 of the Code of Conduct.... I find that the manner in which he addressed this issue was unprofessional and showed a lack of mutual respect towards members of the public service ...."

WHEREAS it is very obvious that the Commissioner for Legislative Standards defined the complainant, an MHA, as a public sector government employee, contrary to Principle 10. This was a deliberate and malicious attempt to mislead the House of Assembly by the Commissioner for Legislative Standards, Mr. Bruce Chaulk;

WHEREAS former MHA, Dale Kirby, appealed to the Information and Privacy Commissioner in December 2018 for a copy of the Rubin Thomlinson report;

WHEREAS testimony in the report by the Information and Privacy Commissioner is as follows:

The Commissioner for Legislative Standards reversed his position and gave testimony that Members are not government employees, less than two months after he presented *The Joyce Report* to the House of Assembly;

The Clerk of the House of Assembly gave testimony that Members are not government employees;

The Information and Privacy Commissioner's ruling states Members are not government employees, Report A-2019-004.

WHEREAS other evidence to support the position that MHAs are not government employees are:

The letter from the Law Clerk who stated Members are not government employees; On November 2, 2018, former Speaker and Member of Lake Melville, in his letter stated: Members of the House of Assembly are elected officials. They are not employees;

The former Speaker's statement was before the debated occurred in the House of Assembly on November 6, 2018, and he was Chair of the Management Commission;

The Commissioner for Legislative Standards reversed his position again, contrary to what he presented in the House of Assembly, in a letter dated November 27, 2020, to the hon. David B. Orsborn – and I quote – "... members of the House of Assembly are not employees ...."

Supreme Court of Newfoundland and Labrador Justice Francis J. Knickle stated in a ruling on June 10, 2021: The appellant, Mr. Dale Kirby, MHA, is neither an employee in the traditional sense;

WHEREAS the Executive Council of the Liberal government mandated public sector employees to be fully vaccinated;

WHEREAS Members of the House of Assembly are not government employees, the government introduced a resolution on October 18, 2021, in the House of Assembly that all MHAs must be fully vaccinated;

WHEREAS the Government of Newfoundland and Labrador distinguished by mandating public sector employees to be vaccinated, and the motion of October 18, 2021, that Members of the House of Assembly are not government employees of the public sector and must be vaccinated by bringing for the motion. This is an admission by Premier Furey and the government that MHAs are not government employees, contrary to the findings of *The Joyce Report* of 2018;

WHEREAS the House of Assembly, by concurring with *The Joyce Report* of 2018, has established that Members of the House of Assembly are government employees, which now the government is admitting was a wrong conclusion;

WHEREAS former Premier Dwight Ball stated on August 23, 2018, to the media in a public statement: There's no room for political interference in the reports, said Ball, I've not received any information from the Commissioner neither have I went looking for any;

WHEREAS the Commissioner for Legislative Standards stated on many occasions: I am an independent officer of the House and these reports are independent;

WHEREAS in a letter dated May 31, 2019, Dwight Ball stated: I can confirm there were limited occasions whereby my office contacted the Office of the Commissioner for Legislative Standards;

WHEREAS the Commissioner for Legislative Standards made false and misleading findings in *The Joyce Report*;

WHEREAS the Commissioner for Legislative Standards was not independent and had political influence, which he did not declare in the House of Assembly.

I call upon the House of Assembly to rescind *The Kirby Report* of October 3, 2018, and *The Joyce Report* of October 18, 2018;

FURTHERMORE, I call upon the House of Assembly to ask for an independent review of the process and make recommendations on how to strengthen the *House of Assembly Accountability, Integrity and Administration Act* to ensure that all Members will have confidence in the process.

**SPEAKER:** Any other notices of motion?

Answers to Questions for Notice has been Given.

Petitions.



### Petitions

**SPEAKER:** The hon. the Member for Topsail - Paradise.

**P. DINN:** Thank you, Mr. Speaker.

WHEREAS there are many hopeful mothers and couples in this province dealing with infertility issues and require medical assistance to conceive; and

WHEREAS the costs associated with out-of-province fertility treatments, specifically in vitro fertilization, is extremely cost prohibitive; and

WHEREAS there are doctors in the province trained in in vitro fertilization and have the desire to set-up an in vitro fertilization clinic in the province; and

WHEREAS the province is dealing with an aging population and serious population growth challenges.

THEREFORE we petition the hon. House of Assembly as follows: We, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to establish a fertility treatment clinic within the province providing full fertility services, including in vitro fertilization for hopeful mothers and families, and, in the interim, provide financial assistance to access out-of-province fertility treatment and services.

Mr. Speaker, this has been an issue that has been ongoing for quite a long time. The Premier actually committed to enabling IVF treatments in the province during this past election, eight months ago. The Minister of Health months ago had indicated there would be a travel package within weeks, and people are still waiting. There's nothing done. There are hundreds of young mothers or women in this province and couples who want to have a family, but the barriers that are created here are preventing that. That's only the ones we know of, there are many that just gave up hope and we're not aware of.

We have doctors here that are willing to take up a clinic and start it here. The minister will say: Well, there's not enough demand and they won't keep up their skills. They beg to differ. We have

to be looking at the residents in this province, the young women and the young couples that want to have a family. We need to do this as soon as possible because time is ticking for them.

I look at the mandate letter from the Premier to the Minister of Health and I quote: "Together, we will deliver on our promises to the people of this province." This was a promise made and should be a promise kept.

Further on in the letter, they want to ensure "that the voice of lived experience is heard ...." I hear it loud and clear every day from the young women and the young couples who want to start a family here in this province and want to stay here in this province, but to this point in time they've heard nothing. They have the clock ticking against them, literally. The time is to act now.

**SPEAKER:** The hon. the Minister Responsible for Women and Gender Equality.

**P. PARSONS:** Thank you, Mr. Speaker, and I thank the hon. Member, of course, for raising this very important issue.

I want to state on the record, Mr. Speaker, our government supports people who want to have children. I'm happy to say we know that commitment has been made and I'm happy to say that there's work under way. Currently, there is a subsidization program being developed to provide funding for eligible residents who will travel out of province for fertility services.

Also, our government will certainly commit to a full review of the fertility services here in our province. It is certainly a very important commitment. I myself, as an MHA, and I'm sure many of us have heard from constituents about this very issue. But let it be known – and I can't emphasize enough, it is certainly a commitment and I am happy to work with my colleague, the Minister of Health and Community Services as the Minister Responsible for Women and Gender Equality. Again, I will be happy to report some updates and good news when that becomes available.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Harbour Main.

**H. CONWAY OTTENHEIMER:** Thank you, Mr. Speaker.

The reasons for this petition:

WHEREAS individual residents have spoken to the serious concern about the shortage of doctors in the District of Harbour Main;

WHEREAS many of the residents are without a family doctor or have a family doctor where they have to travel more than 30 kilometres to see. For some residents to get an appointment to see their family doctor at times can take up to three to four weeks.

THEREFORE we petition the hon. House of Assembly as follows: We, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to immediately take the necessary steps to implement a plan to have more family doctors in the province so that people can have access to the care that they need.

Mr. Speaker, this is affecting real people. This is a crisis that is affecting people; it is hurting people. Yes, we've heard that there are over 100,000 people in the province without a family doctor and the Harbour Main District is no exception. Constituents in the district have been reaching out desperately to get help with securing a family doctor.

I'll give you two real-life examples. One couple in South River recently retired home here from Ontario. They have been trying ever since to get a family doctor, which includes calling over 30 doctor clinics. Mr. Speaker, they have reached out and said that it has taken – they live in the Avalon area and there are no doctors – the office that they call will not even put them on a waiting list because they say the waiting list is up to 800 people on a waiting list – 800 people.

Mr. Speaker, this is an example of a couple who have spoke – and I'll quote, they have sent email to me, I've met with them, they sent an email to the Premier as well in early October; two weeks

later there was a response – a generic response I might add.

The couple had said – they're in their late 60s and they said: We have since spoken to many, and I mean many medical people and citizens. Medical people want to leave the province and so do citizens.

Mr. Speaker, we need to understand and be mindful of the serious problem that exists here. After 20 years living away, they hope to retire. They said: We cannot find a doctor close by. When calling around to numerous medical facilities for over a month, they either don't answer the phone or the message states their mailbox is full.

I have another couple from Clarke's Beach – I can go on and on. I'll give these two examples. Clarke's Beach, another couple in the district have to travel – they are seniors from Clarke's Beach – all the way out to CBS at least 40 minutes to a clinic to see a doctor because they cannot find one locally. They are senior citizens. These are people who are hurting, Mr. Speaker. We need action now – not rhetoric, action.

**SPEAKER:** Your time has expired.

**H. CONWAY OTTENHEIMER:** Thank you, Mr. Speaker.

**SPEAKER:** The hon. the Member for Lake Melville.

**P. TRIMPER:** Thank you, Speaker.

I'm very pleased to present this petition. I'll read it and then make a few comments.

While there has been substantial progress in providing mental health support in recent years, there is a financial hurdle for longer term counselling in Newfoundland and Labrador.

Federal tax credits are available for people with physical and mental impairments seeking psychological support; however, upfront financial support for those in a lower income are lacking.

The counselling programs available through our health care system are short-term solutions, for

example, Bridge the gapp, DoorWays, CHANNAL. Financial support for residents seeking counselling therapists is desperately needed. Please note that New Brunswick and Nova Scotia both provide long-term assistance.

Therefore we, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to include mental health counselling as a medical expense for those who can pay privately, and cover it entirely for those who require extended assistance but cannot afford to participate. We cannot afford as a province to not provide this critical support.

Each person, each MHA in this House, will have received an email from Ms. Kristi Allan back in the spring outlining her own personal challenges with her situation as she has sought longer term counselling. She articulated in an amazing email – I know we all receive a lot of correspondence and so on. I started reading this and I said, wow, we have to reach out to her, and I'm very glad that our office has done that. We continue to talk and learn much from someone who is really struggling with the system and offering great suggestions.

So that petition is based on so much of what she's been very concerned about. I'm pleased to present it here. For those of you watching, activists like Ms. Allan, she's been in front of this House of Assembly now for getting close to a year. She's here, usually by herself, but she's a silent, consistent, persistent voice and hopefully conscience for us to suddenly do something.

I would like to quote from her in that email that we all received, because, of course, people watching and Hansard will not have had the benefit of the email that we received as MHAs.

Here are some of the words she said: "I had the credit to access therapy in 2020. This saved my life that year. I understand we have Doorways, Same Day Walk-in, and perhaps the most accessible– Wellness Together. However, all of these are short-term and not permanent options. Trauma and chronic mental illness can't be fixed in one, two or even six sessions– treatment needs to be regular and continuous. Preventative and continuous care needs to be an option. I felt

privileged to access therapy via increasing my debt."

She also goes on to talk about how we, as a government now, are supporting people with physical health support, but we do not do this for mental health support. So I'd ask government to please consider this long-term counselling therapy on behalf of so many people who are asking for it.

Thank you.

**SPEAKER:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Thank you, Mr. Speaker.

These are the reasons for this petition:

Eastern Health has recently repositioned one of the ambulances from the Trepassey area to the Cape Broyle area. This has left one ambulance in the Trepassey area. Residents of Trepassey and the surrounding area are at least two hours from the nearest hospital.

Therefore, we petition the House of Assembly as follows: We, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to ensure the residents of Trepassey area have accessibility to an ambulance in a time of an emergency by repositioning a second ambulance back into the Trepassey area to ensure the safety and the well-being of local residents and to meet the national standard for response times.

Mr. Speaker, I've spoken on this on many occasions. The ambulance in Trepassey was taken away on June 19. I saw a Facebook message while driving back across the province. I called the minister; his reason was that the numbers of calls are down in the area and less population. But there's more to that than just the number of calls and population; it's geography. There are 70 kilometres of barren land in that country. If you live in that area and you have to drive to St. John's – so when you get a call for an ambulance, by the time the ambulance gets there, it takes two hours to drive to St. John's.

You could come out here like happened last week or the week before or recently. There was a person on the ambulance that went to the

hospital and due to COVID precautions – they weren't sure if she had COVID or not, which she didn't – but in all they had to stay in the ambulance until they determined that she didn't have COVID. Besides the two hours' drive, they're sitting in an ambulance for three to four hours and then two or three hours to get back. So the ambulance is out of the area with no ambulance from eight to 10 hours, and that's not acceptable.

If you call an ambulance and you get into a red alert in that area and he said dynamic dispatching – when I asked, they couldn't tell me where that next ambulance was situated, which I know it was probably in Cape Broyle. If you make a call to get an ambulance, you're now an hour and a bit, maybe an hour and 10, 15 minutes away for that ambulance to get to Trepassey, let alone come back to town again. It's not acceptable that they just look at the cost.

Listen, I know there's a cost involved in all this and they're trying to save money, but that is wrong in every sense of the word. They are 200 kilometres away and it's probably the longest drive in the province, on the Island, away from a hospital. It's not acceptable that they not go back and look at this for the residents in that area.

Thank you very much, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Humber - Bay of Islands.

**E. JOYCE:** Thank you, Mr. Speaker.

I present this petition again today on behalf of the people who contacted our office and signed the petition about Motor Registration and the closing of the offices for regular hours for people.

Mr. Speaker, I'll just read something that was sent to a person and he sent me a copy of it. For the minister saying that the office doors are open, but it says here: by appointment only. That's what's being sent out to people: by appointment only. Here's his note: If you have any accommodation and require communication supports, please let us know. They can't even get to speak to anybody – they can't even get to speak to anybody.

The minister yesterday in the response to the petition – and this is just mindboggling. She stated: 34 per cent of the people who register cancels. There are 34 per cent of the people who calls in for an appointment cancels; doesn't that tell you something? That there's 34 per cent of who is phoning that could be fitted in.

I hear the minister on a regular basis – and I don't mean to be harping on the minister, but I'm standing up for the people of the District of Humber - Bay of Islands, Corner Brook and out towards Baie Verte, Stephenville that way also.

**AN HON. MEMBER:** The whole province.

**E. JOYCE:** The whole province – yes, a few people are saying the whole province. But here's the point: The minister is saying the doors are open. Here's someone from Cox's Cove or from Lark Harbour – I'll just use my own district here now – drives one hour to go up to that building to get in the little corner, hopefully somebody is going to cancel out so they can get in – hopefully.

I have yet to hear the minister or anybody in this government stand up and explain why it was changed. Speak to the staff. They have no problem putting it back to the normal procedures. Every person in this province is not a computer whiz; every person in this province doesn't have a computer. Every person in this province will have complex issues about registering their vehicle. We had one who tried to get a vehicle from Alberta, couldn't get in.

**AN HON. MEMBER:** (Inaudible.)

**E. JOYCE:** I hear someone over there chirping, you want to chirp, stand up and say something. Stand up if someone wants to chirp, stand up.

Mr. Speaker, I can tell you the reason why this was changed: It was ill advised, it was never thought through. I can tell you with the pandemic going on with COVID, and for a minister to say, well, it worked well during COVID, when everything else the government is doing, they're blaming it on COVID.

Mr. Speaker, I ask the minister to change this back. Put it back the way it was because you're causing so much stress and havoc and what

happens if someone drives in an hour or an hour-and-a-half and they can't get in. They'd be sitting in a corner, waiting all day to register a vehicle. They have to drive back home and come back in.

I urge the government to reconsider this ill-thought-out decision.

**SPEAKER:** Order, please!

The Member's time has expired.

The hon. the Member for Mount Pearl - Southlands.

**P. LANE:** Thank you, Mr. Speaker.

Background to this petition is as follows: In the Province of Newfoundland and Labrador, there are over 75 patients who live with cystic fibrosis. CF is a genetic disease that causes severe damage to the lungs, digestive system and other organs in the body. Unfortunately, as of now, only the symptoms of CF are being treated.

In June 2021, Health Canada approved Trikafta, a triple combination precision medicine that targets the basic gene defect that causes CF. Trikafta has been proven to result in life-changing health improvements. And there are a number of examples here in the petition of those improvements, which I did read yesterday, Mr. Speaker.

I guess the bottom line here, Mr. Speaker, what it comes down to is that as of Friday – I do believe, so I was told at least – every single province in the country have either already added Trikafta to the drug formulary or in the case of, I think, Nova Scotia, New Brunswick and PEI, last week the Premiers or health ministers of those provinces all publicly came out, committed and said that it was going to be added. Newfoundland and Labrador, to my understanding, is now the only province in the entire country that is not providing this life-altering drug for an absolute deadly disease.

We all know the statistics as it relates to cystic fibrosis, the life expectancy. I'm sure everybody in this House of Assembly probably has a constituent or someone they know who's

impacted. I know that I do. It's one of the most heartbreaking diseases that you can think of when you think of young people and what they have to go through and the shortness of their lifespans as a result of this. If there is a drug that has been approved by Health Canada, which it has, and has now been approved by all the provinces, then I cannot see for the life of me why Newfoundland and Labrador would be any different.

I certainly encourage the Minister of Health and Community Services and the government to please, on behalf of the families that are impacted here in Newfoundland and Labrador, I urge you to please have this drug added to the formulary.

Thank you, Mr. Speaker.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Orders of the Day, Mr. Speaker.

#### Orders of the Day

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Thank you, Mr. Speaker.

I move, seconded by the Deputy Government House Leader, for leave to introduce a bill entitled, An Act To Amend The Coat Of Arms Act, Bill 20, and I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that the hon. Government House Leader shall have leave to introduce a bill, An Act To Amend The Coat Of Arms Act, Bill 20, and that the said bill now be read a first time.

Is it the pleasure of the House to adopt this motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

Motion, the hon. the Minister of Municipal and Provincial Affairs to introduce a bill, “An Act To Amend The Coat Of Arms Act,” carried. (Bill 20)

**CLERK (Barnes):** A bill, An Act To Amend The Coat Of Arms Act. (Bill 20)

**SPEAKER:** The bill has now been read a first time.

When shall the bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 20 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Thank you, Speaker.

I move, seconded by the Minister of Digital Government and Service NL, for leave to introduce a bill entitled, An Act Respecting Off-Road Vehicles, Bill 22, and I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that the Government House Leader shall have leave to introduce a bill, An Act Respecting Off-Road Vehicles, Bill 22, and that the said bill should now be read a first time.

Is it the pleasure of the House to adopt the motion?

All those in favour, ‘aye.’

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, ‘nay.’

Carried.

Motion, the hon. the Minister of Digital Government and Service NL to introduce a bill, “An Act Respecting Off-Road Vehicles,” carried. (Bill 22)

**CLERK:** A bill, An Act Respecting Off-Road Vehicles. (Bill 22)

**SPEAKER:** This bill has now been read a first time.

When shall the said bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 22 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Speaker, I move, seconded by the Minister of Digital Government and Service NL, for leave to introduce a bill entitled, An Act To Amend The Automobile Insurance Act, Bill 23, and I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that the Government House Leader shall have leave to introduce the bill, An Act To Amend The Automobile Insurance Act, Bill 23, and that said bill be now read a first time.

Is it the pleasure of the House to adopt the motion?

All those in favour, ‘aye.’

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, ‘nay.’

Carried.

Motion, the hon. the Minister of Digital Government and Service NL to introduce a bill, “An Act To Amend The Automobile Insurance Act,” carried. (Bill 23)

**CLERK:** A bill, An Act To Amend The Automobile Insurance Act. (Bill 23)

**SPEAKER:** This bill has now been read a first time.

When shall the bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 23 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Speaker, I move, seconded by the Minister of Digital Government and Service NL, for leave to introduce a bill entitled, An Act To Amend The Corporations Act, Bill 24, and I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that the Government House Leader shall have leave to introduce a bill, An Act To Amend The Corporations Act, Bill 24, and that said bill be now read a first time.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

Motion, the hon. the Minister of Digital Government and Service NL to introduce a bill, "An Act To Amend The Corporations Act," carried. (Bill 24)

**CLERK:** A bill, An Act To Amend The Corporations Act. (Bill 24)

**SPEAKER:** The bill has now been read a first time.

When shall the said bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 24 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Speaker, I move, seconded by the Deputy Government House Leader, for leave to introduce a bill entitled, An Act To Amend The Management Of Information Act, Bill 25, and I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that the Government House Leader shall have leave to introduce a bill, An Act To Amend The Management Of Information Act, Bill 25, and that the said bill be read a first time.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

Motion, the hon. the Minister of Digital Government and Service NL to introduce a bill, "An Act To Amend The Management Of Information Act" carried. (Bill 25)

**CLERK:** A bill, An Act to Amend the Management of Information Act. (Bill 25)

**SPEAKER:** This bill has now been read a first time.

When shall the said bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 25 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Speaker, I move, seconded by the Minister of Justice and Public Safety, for leave to introduce a bill entitled, An Act To Amend The Licensed Practical Nurses Act,

2005, Bill 26, and I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that the Government House Leader shall have leave to introduce a bill, An Act To Amend The Licensed Practical Nurses Act, Bill 26, and the said bill be now read a first time.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

Motion, the hon. the Minister of Health and Community Services to introduce a bill, "An Act To Amend The Licensed Practical Nurses Act, 2005," carried. (Bill 26)

**CLERK:** A bill, "An Act To Amend The Licensed Practical Nurses Act, 2005." (Bill 26)

**SPEAKER:** This bill has now been read a first time.

When shall the bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 26 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Mr. Speaker, I move, seconded by the Minister of Industry, Energy and Technology, for leave to introduce a bill entitled, An Act To Amend The Pharmacy Act, 2012, Bill 27, and I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that the Government House Leader shall have leave to introduce a bill, An Act To Amend The

Pharmacy Act, 2012, Bill 27, and that the said bill be now read a first time.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

Motion, the hon. the Minister of Health and Community Services to introduce a bill, "An Act To Amend The Pharmacy Act, 2012," carried. (Bill 27)

**CLERK:** A bill, "An Act To Amend The Pharmacy Act, 2012." (Bill 27)

**SPEAKER:** This bill has now been read a first time.

When shall the said bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 27 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Mr. Speaker, I move, seconded by the Deputy Government House Leader, for leave to introduce a bill entitled, An Act To Amend Various Acts Of The Province Respecting The Publication Of A Summary Of A Decision Or Order Of An Adjudication Tribunal, Bill 28, and I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that the Government House Leader shall have leave to introduce a bill, An Act To Amend Various Acts Of The Province Respecting The Publication Of A Summary Of A Decision Or Order Of An Adjudication Tribunal, Bill 28.



Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

Motion, the hon. the Minister of Health and Community Services to introduce a bill, "An Act To Amend Various Acts Of The Province Respecting The Publication Of A Summary Of A Decision Or Order Of An Adjudication Tribunal," carried. (Bill 28)

**CLERK:** A bill, An Act To Amend The Various Acts Of The Province Respecting The Publication Of A Summary Of A Decision Or Order Of An Adjudication Tribunal. (Bill 28)

**SPEAKER:** This bill has now been read a first time.

When shall the said bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 28 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Mr. Speaker, I move, seconded by the Minister of Finance, for leave to introduce a bill entitled, An Act Respecting The Requirement For A Balanced Budget, Bill 30, and I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that the Government House Leader shall have leave to introduce a bill, An Act Respecting The Requirement For A Balanced Budget, Bill 30, and that the said bill be now read a first time.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

Motion, the hon. the Minister of Finance and President of Treasury Board to introduce a bill, "An Act Respecting The Requirement For A Balanced Budget," carried. (Bill 30)

**CLERK:** A bill, An Act Respecting The Requirement For A Balanced Budget. (Bill 30)

**SPEAKER:** The said bill has been read a first time.

When shall the bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 30 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Mr. Speaker, I move, seconded by the Minister of Finance for leave to introduce a bill entitled, An Act Respecting A Future Fund For The Province, Bill 31, and I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that the hon. Government House Leader shall have leave to introduce a bill, An Act Respecting A Future Fund For The Province, Bill 31, and that the said bill be read a first time.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

Motion, the hon. the Minister of Finance and President of Treasury Board to introduce a bill, "An Act Respecting A Future Fund For The Province," carried. (Bill 31)

**CLERK:** A bill, An Act Respecting A Future Fund For The Province. (Bill 31)

**SPEAKER:** The said bill has been read a first time.  
When shall the bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 31 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Speaker, I move, seconded by the Minister of Finance, for leave to introduce a bill entitled, An Act To Amend The Liquor Corporation Act, Bill 32, and I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that the Government House Leader shall have leave to introduce a bill, An Act To Amend The Liquor Corporation Act, Bill 32, and that said bill be now read a first time.

Is it the pleasure of the House to adopt this motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

Motion, the hon. the Minister of Finance and President of Treasury Board to introduce a bill, "An Act To Amend The Liquor Corporation Act," carried. (Bill 32)

**CLERK:** A bill, An Act To Amend The Liquor Corporation Act. (Bill 32)

**SPEAKER:** This bill has now been read a first time.

When shall the said bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 32 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Speaker, I move, seconded by the Minister of Finance, for leave to introduce a bill entitled, An Act To Amend The Services Charges Act, Bill 33, and I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that the Government House Leader shall have leave to introduce a bill, An Act To Amend The Services Charges Act, Bill 33, and that said bill be now read a first time.

Is it the pleasure of the House to adopt this motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

Motion, the hon. the Minister of Finance and President of Treasury Board to introduce a bill, "An Act To Amend The Services Charges Act," carried. (Bill 33)

**CLERK:** A bill, An Act To Amend The Services Charges Act. (Bill 33)

**SPEAKER:** This bill has now been read a first time.

When shall the said bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 33 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Speaker, I move, seconded by the Minister of Education, for leave to introduce a bill entitled, An Act To Amend The Schools Act, 1997, Bill 34, and I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that the Government House Leader shall have leave to introduce a bill, An Act To Amend The Schools Act, 1997, Bill 34, and that said bill be now read a first time.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

Motion, the hon. the Minister of Education to introduce a bill, "An Act To Amend The Schools Act, 1997," carried. (Bill 34)

**CLERK:** A bill, An Act To Amend The Schools Act, 1997. (Bill 34)

**SPEAKER:** This bill has now been read a first time.

When shall the said bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 34 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Speaker, I move, seconded by the Minister of Education, for leave to introduce a bill entitled, An Act To Amend The Memorial

University Act, Bill 35, and I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that the Government House Leader shall have leave to introduce a bill, An Act To Amend The Memorial University Act, Bill 35, and that said bill be now read a first time.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

Motion, the hon. the Minister of Education to introduce a bill, "An Act To Amend The Memorial University Act," carried. (Bill 35)

**CLERK:** A bill, An Act To Amend The Memorial University Act. (Bill 35)

**SPEAKER:** This bill has now been read a first time.

When shall the said bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 35 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Speaker, I move, seconded by the Deputy Government House Leader, for leave to introduce a bill entitled, An Act Respecting The Office Of The Auditor General And The Auditing Of The Public Accounts Of The Province, Bill 36, and I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that the hon. Government House Leader shall have leave to introduce a bill, An Act Respecting The Office Of The Auditor General And The

Auditing Of The Public Accounts Of The Province, Bill 36, and that the said bill now be read a first time.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'  
Carried.

Motion, the hon. the Government House Leader to introduce a bill, "An Act Respecting The Office Of The Auditor General And The Auditing Of The Public Accounts Of The Province," carried. (Bill 36)

**CLERK:** A bill, An Act Respecting The Office Of The Auditor General And The Auditing Of The Public Accounts Of The Province. (Bill 36)

**SPEAKER:** This bill has now been read a first time.

When shall the said bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 36 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Speaker, I move, seconded by the Minister of Municipal and Provincial Affairs, for leave to introduce a bill entitled, An Act Respecting The Conduct Of Municipal Officials, Bill 37, and I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that the hon. the Government House Leader shall have leave to introduce a bill, An Act Respecting The Conduct Of Municipal Officials, Bill 37, and that the said bill be read a first time.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

Motion, the hon. the Minister of Municipal and Provincial Affairs to introduce a bill, "An Act Respecting The Conduct Of Municipal Officials," carried. (Bill 37)

**CLERK:** A bill, An Act Respecting The Conduct Of Municipal Officials. (Bill 37)

**SPEAKER:** This bill has now been read a first time.

When shall the said bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 37 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Speaker, I move, seconded by the Minister of Children, Seniors and Social Development, for leave to introduce a bill entitled, An Act Respecting Accessibility In The Province, Bill 38, and I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that the Government House Leader shall have leave to introduce a bill, An Act Respecting Accessibility In The Province, Bill 38, and that the said bill be now read a first time.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

Motion, the hon. the Minister of Children, Seniors and Social Development to introduce a bill, "An Act Respecting Accessibility In The Province," carried. (Bill 38)

**CLERK:** A bill, An Act Respecting Accessibility In The Province. (Bill 38)

**SPEAKER:** This bill has now been read a first time.

When shall the said bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 38 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Thank you, Speaker.

I move, seconded by the Minister of Children, Seniors and Social Development, for leave to introduce a bill entitled, An Act To Amend The Adoption Act, 2013, Bill 39, and I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that Government House Leader shall have leave to introduce a bill, An Act To Amend The Adoption Act, 2013, Bill 39, and that the said bill be read a first time.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

Motion, the hon. the Minister of Children, Seniors and Social Development to introduce a bill, "An Act To Amend The Adoption Act, 2013," carried. (Bill 39)

**CLERK:** A bill, An Act To Amend The Adoption Act, 2013. (Bill 39)

**SPEAKER:** This bill has now been read a first time.

When shall the said bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 39 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Mr. Speaker, I move, seconded by the Minister of Children, Seniors and Social Development, for leave to introduce a bill entitled, An Act Respecting The Protection Of Adults, Bill 40, and I further move that the said bill be read a first time.

**SPEAKER:** It is moved and seconded that the hon. Government House Leader shall have leave to introduce a bill, An Act Respecting The Protection Of Adults, Bill 40, and that the said bill be now read a first time.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

Motion, the hon. the Minister of Children, Seniors and Social Development to introduce a bill, "An Act Respecting The Protection Of Adults," carried. (Bill 40)

**CLERK:** A bill, An Act Respecting The Protection Of Adults. (Bill 40)

**SPEAKER:** The said bill has now been read a first time.

When shall the said bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 40 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Speaker, I move, seconded by the Deputy Government House Leader, for leave to introduce a bill entitled, An Act Respecting A Province-Wide Service For The Reporting Of Emergencies, Bill 41, and I further move that the said bill be read a first time.

**SPEAKER:** It is moved and seconded that the Government House Leader shall have leave to introduce An Act Respecting A Province-Wide 911 Service For The Reporting Of Emergencies, Bill 41, and the said bill be now read a first time.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

Motion, the hon. the Minister of Justice and Public Safety to introduce a bill, "An Act Respecting A Province-Wide 911 Service For The Reporting Of Emergencies," carried. (Bill 41)

**CLERK:** A bill, An Act Respecting A Province-Wide 911 Service For The Reporting Of Emergencies. (Bill 41)

**SPEAKER:** The said bill has now been read a first time.

When shall the bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 41 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** The hon. the Government House Leader.

**S. CROCKER:** Speaker, I move, seconded by the Minister of Environment and Climate Change, for leave to introduce a bill entitled, An Act To Amend The Law Society Act, Bill 42, and I further move that the said bill be read a first time.

**SPEAKER:** It is moved and seconded that the hon. Government House Leader shall have leave to introduce An Act To Amend The Law Society Act, Bill 42, and that said bill be now read a first time.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

Motion, the hon. the Minister of Justice and Public Safety to introduce a bill, "An Act To Amend The Law Society Act," carried. (Bill 42)

**CLERK:** A bill, An Act To Amend The Law Society Act. (Bill 42)

**SPEAKER:** This bill has now been read a first time.

When shall the said bill be read a second time?

**S. CROCKER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 42 read a first time, ordered read a second time on tomorrow.

**SPEAKER:** We have a lot of work to do tomorrow.

The hon. Deputy Government House Leader.

**L. DEMPSTER:** Thank you, Mr. Speaker.

I call from the Order Paper, Order 2, Bill 6.

**SPEAKER:** The hon. the Minister of Digital Government and Service NL

**S. STOODLEY:** Mr. Speaker, I move, seconded by the Minister of Municipal and Provincial Affairs, that Bill 6, An Act Respecting The Protection Of The Health Of Persons Exposed To Radiation And Respecting The Safety Of Persons In Connection With The Operation And Use Of The Electrical And Mechanical Components Of Radiation Producing Equipment And Associated Apparatus, be now read a second time.

**SPEAKER:** It is moved and seconded that Bill 6 be read a second time.

Motion, second reading of a bill, “An Act Respecting The Protection Of The Health Of Persons Exposed To Radiation And Respecting The Safety Of Persons In Connection With The Operation And Use Of The Electrical And Mechanical Components Of Radiation Producing Equipment And Associated Apparatus.” (Bill 6)

**SPEAKER:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Thank you, Mr. Speaker.

I am pleased today to speak to amendments to Bill 6, An Act Respecting The Protection Of The Health Of Persons Exposed To Radiation And Respecting The Safety Of Persons In Connection With The Operation And Use Of The Electrical And Mechanical Components Of Radiation Producing Equipment And Associated Apparatus. In this act, Mr. Speaker, we are enacting the *Radiation Health and Safety Act, 2021* and repealing the *Radiation Health and Safety Act* that exists today.

This was a commitment from my mandate letter. We’re striving to further improve the safety of workers and residents in Newfoundland and Labrador, Mr. Speaker. It is also a recommendation outlined in Advancing a Strong Safety Culture in Newfoundland and Labrador:

A Workplace Injury Prevention Strategy document.

Our department – we inspect food premises; we respond to environmental incidents. We enforce occupational health and safety requirements. We do school bus inspections. No matter what we do, health and safety is the forefront of what we’re concerned about, particularly for residents and workers in our province, Mr. Speaker.

The *Radiation Health and Safety Act* governs the protection of health safety of those exposed to radiation and those who operate equipment which produces ionizing radiation. I’m not an expert, honestly, in ionizing radiation. I know we have some experts here in the province. But really, what we’re talking about are kind of X-ray machines. We have X-ray machines everywhere. If you break your arm, you go and you get an X-ray. If you are visitor in the Confederation Building here or you have a visitor, they go through an X-ray machine when they come in the building downstairs. If you’re flying, your devices go through an X-ray machine and, depending on the security option you go through, you can go through a human being X-ray machine.

These are the types of machines and equipment that we’re talking about, Mr. Speaker. In the province, as of two days ago, we have 875 pieces of radiation equipment that this act would apply to. They’re mainly held by the university, hospitals, the airports and a lot of kind of commercial manufacturing organizations.

The act and associated regulations were developed in 1977 and we have made some amendments over time, but the legislation has not been reviewed in its entirety since it was first created, so we are doing that today, Mr. Speaker.

We did hold consultations in 2018 on the owners, users, sellers and maintainers of this equipment that produces the ionizing radiation. Their feedback was considered as a part of the review of the act and the changes we’re introducing today will help both modernize the legislation and address stakeholder input.

A lot of what we are bringing in today, Mr. Speaker, aligns with the practice of the industry. So we’re kind of catching the legislation up

from the safety perspective to match the practice. We don't anticipate significant changes for the industry, Mr. Speaker.

Changes will help clarify the roles and responsibilities regarding its sections, focus on the safety of individuals exposed to ionizing radiation, change the current appeals process and change the requirement for a radiation health and safety committee.

According to the standard occupational health and safety practices, it is the responsibility of the employer to ensure testing, monitoring and assessment of equipment used in a workplace. So specific sections of the regulations set out the responsibilities for suppliers and owners to have radiation surveys performed on X-ray equipment. This has been owners' and suppliers' responsibility since the act initially came into force in 1977.

What we're bringing in today introduces clarifying regulatory roles and responsibilities and also helps ensure residents of the province understand these requirements. So the amendments bring the act in line with current practices surrounding radiation equipment.

We've also added language that clarifies the roles and responsibilities of inspectors to ensure that there is a clear understanding of the safety regime moving forward. In previous years, Mr. Speaker, the *Radiation Health and Safety Act* fell under the mandate under the former Department of Health. It now falls under the Occupational Health and Safety Division of Digital Government and Service NL.

Our occupational health and safety team will continue to work with Health and Community Services as it develops new radiation health and safety regulations to ensure that workers, patients and the public are protected, and most of the radiation equipment used in the province is kind of used in a health setting. So it's important that we work with the Department of Health on that, but also we're protecting the health of the workers and residents of the province when they encounter radiation equipment, whether in their health or their work or their day-to-day lives.

A high level of expertise is required to determine appropriate radiation and diagnostic

procedures in clinical settings. As such, amendments to the legislation of regulations will now focus on all of those who work near such equipment and its safe operation.

So I want to thank my colleague, the Minister of Health and Community Services, and his teams and their staff as well as the occupational health and safety staff in my department for their valuable contributions regarding patient safety components and the overall development of the amendments that we have brought forward today.

The act, currently today, has the requirement for the establishment of a standing radiation health and safety committee. In our work in radiation health and safety, Mr. Speaker, this committee has not been active since 2002. We haven't needed to engage them. So, as such, we have amended the act to provide the Minister of Digital Government and Service NL the authority to establish a radiation health and safety committee, if and when required. A Standing Committee is not deemed necessary, and we also have radiation expertise on our Occupational Health and Safety Committee, which kind of oversees this as well, so that's also important to keep in mind.

If the Occupational Health and Safety Division requires professional or technical advice, our proposed approach would be to consult experts in the radiation field. We would bring together a committee of experts to advise on a specific issue, if we needed to, Mr. Speaker.

On routine matters, the proposed amendments will allow advice to be sought through the mandate of the larger Occupational Health and Safety Committee, which I mentioned who does have expertise in radiation health and safety. When advice is needed on technical matters, advice would be sought from Health Canada Radiation Protection Bureau. We follow all of the federal Health Canada standards and guidelines for working with radiation. Then, if local technical advice is needed, a radiation health and safety committee could still be formed.

We're proposing a new appeals process that has been added to the act to deal with inspector decisions. This aligns with the same processes



we currently have under the *Occupational Health and Safety Act* for complaints and inspections for occupational health and safety.

Appeals, we're proposing will go the assistant deputy minister rather than to the minister of the department. This will translate to more effective and efficient appeals mechanisms for any complaints or appeals that may arise.

Mr. Speaker, public safety is at the forefront of our government's priorities. This was in my mandate letter so I'm very pleased to bring forward this today.

The radiation and the protection of the public from radiation, Mr. Speaker, falls within federal legislation, specifically the Radiation Protection Regulations with the Government of Canada. I just wanted to be clear that this does not include anything nuclear. Anything nuclear falls under the *Nuclear Safety and Control Act*, which is mandated by the federal government.

These changes clarify the regulatory roles and responsibilities related to the act, help ensure a common understanding of the mandate and help bring current practice in line with the act.

I'm looking forward to discussing these with my colleagues and I'm happy to answer any questions in Committee.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Thank you, Speaker.

First of all, let me start off by thanking the department for the briefing, I'm going to say in our last session that we had. This is the third attempt, I think, to push this through and get the legislation done, so it's been pushed back far enough. I thank them, again, for their information.

First of all, Bill 6 will enact the new *Radiation Health and Safety Act, 2021*, and repeal the current *Radiation Health and Safety Act*. The *Radiation Health and Safety Act* and regulations

are under the purview of the Digital Government and Service NL.

As the name suggests, the act and regulations set out requirements regarding radiation emitting equipment such as X-ray machines, CT scanners, mammography machines, security baggage scanning devices, scientific analysis equipment and various other industrial testing devices such as hand-held equipment used by welders.

According to department officials – and the minister just acknowledged – there was 875 pieces that are currently radiation-emitting equipment currently registered with Occupational Health and Safety. As expected, the majority of this equipment is owned by dental clinics, veterinarian clinics and health authorities, but also by those using equipment for industrial materials and analysis and testing. Owners include agencies performing baggage screening, the police for explosive devices, as well as educational facilities including Memorial University and the College of the North Atlantic.

The *Radiation Health and Safety Act* and regulations govern the installation, use, maintenance, inspection and the registration of this equipment. Owners, sellers, service companies and the users of this equipment are governed by this legislation to ensure the safety of workers, patients and others where the equipment is used.

The act came into force in 1977 and that is over 40 years ago, so I think it is high time that we certainly look at it and go through some of those changes.

In April 2018, following a commitment made in a joint five-year injury prevention strategy in WorkplaceNL, government announced it was reviewing the *Radiation Health and Safety Act* and holding public consultations to modernize the act to reflect regulator practice and make it consistent with *Occupational Health and Safety Act* and regulations.

Typically, changes to this legislation are made through amendments to an act. Rather than proposing amendments, Bill 6 will repeal the current *Radiation Health and Safety Act* and enact a new *Radiation Health and Safety Act*,

2021. Department officials explained that the proposed changes are being made because the current act is dated, lacks detail and contains sections that are often misunderstood, particularly regarding owners responsibilities. Safety codes are explicitly stated and the appeals process required revision.

Officials also noted that many of the items now outlined in the new act are being safely addressed through the Occupation Health and Safety Regulations, but the new Radiation Health and Safety Act will now capture it all in one piece of legislation rather than two.

Under the registration process – there is different categories, I think there are 12 categories and I will just go through them briefly and some of the points on them – owners have to register equipment with the OHS Division of the Department of Digital Government and Service NL and be issued a certificate of registration. New owners have to register the equipment within 30 days upon receipt and registration must be renewed on an annual basis, typically every September.

Owners are also expected to notify the director of the Occupation Health and Safety Division of the department within 30 days when the equipment is taken out of service or they cease ownership. The registration can be revoked for non-compliance, officials note that while this has not been an issue it was not specified in the current act and they wanted the ability to revoke a registration should an issue arise.

Under the owners' responsibilities, officials noted that there was a high level of co-operation from owners and employers as people are aware of the potential hazard associated with this equipment. The section outlining owners' responsibilities, however, have been commonly misunderstood and officials stated it now provides clarity.

There's an added detail on how the owner will have to install, maintain, modify, operate and dispose of their equipment. This includes detail of ensuring low exposures to people in the room with the equipment but also in the adjacent rooms. There's a requirement that the radiation protection surveys be provided to the department every two years. Owners are also expected to

notify the director of the Occupational Health and Safety Division of the department of any incidents when the equipment is taken out of service.

Under deviation from the regulations, a deviation refers to a request by owners to act outside the legislative requirements. Officials noted that such requests have been infrequent and the current director stated that he hadn't had such a request in six years in that position.

Under the proposed amendments, a deviation request would be granted if it was demonstrated that an equal or a greater level of safety would be maintained and it could be revoked at any time or amended at any time.

Under the inspections and inspectors section, the proposed amendments will make investigation powers consistent with those outline in the OHS Act. Inspectors have the power to enter any workplace, unannounced, and can inspect radiation equipment, take photographs, copy documents, conduct tests and interview radiation workers, et cetera, whatever it takes. Again, officials noted there was very good co-operation from the owners, employers and workers related to these inspections.

Under orders, when an issue of non-compliance is detected an inspector can issue an order to address the issue and specify a time frame to do so. Officials noted that while inspectors also have the authority to issue stop-work orders, they have been infrequent and, again, they could recall any being issued in the last six years. So doing those briefings there was a lot of information that the departments certainly passed on and it was good information.

Under search warrants, officials noted that powers relating to obtaining search warrants will now parallel these outlined in the *Occupational Health and Safety Act* and other legislation, and the search warrant will be required if an inspector believes a charge could be laid. Telewarrants will also be permissible under the new act. In the briefing, the director noted that while officers are trained regarding search warrants, none has been used in the terms for the last six years.

Under protection from liability, the ADM, director or OHS inspectors are not liable for anything done or omitted to be in good faith while performing these duties. Again, the amendments regarding the protection of officers from liability are consistent with those outlined in the OHS Act and other legislation. Officials noted that inspections are carried out by officers with a high level of training and there have not been any issues.

Under the Appeal section, this section establishes the process for people to appeal orders or directives issued by either inspectors or the director of OHS Division of that department. If owners disagree with an order or directive, they have seven days to appeal in writing to the assistant deputy minister of the department and the ADM must begin a review of this section within 24 hours. The ADM can decide whether to confirm, revoke or vary the decision or order of the director or inspector.

The person can appeal the decision of the ADM to the Supreme Court of Newfoundland and Labrador within 30 days of getting their decision. Again, officials know that these amendments are consistent with those outlined in the current OHS Act and stated there are no appeals to date.

Under the ministerial advice and recommendation, the minister can refer matters that are of general nature regarding safety of radiation to the Occupational Health and Safety Advisory Council. Officials stated that this council consists of a balance of employer and labour representation, and that currently the labour representative is actually a radiation equipment technician.

A radiation health and safety advisory committee, comprised of experts on a specific topic, can be formed to provide advice and recommendations on particular technical matters. Under regulations, section 25 specifies a lengthy list of topics on which Cabinet can make regulations. On section 26, it outlines the minister's authority to make regulations regarding the establishment of the radiation health and safety advisory committee.

Under the Offences and penalties, section 28, the penalties have increased significantly in the new

act. The current act states that a fine cannot exceed \$5,000. The new act states a fine will not be less than \$500 and not more than \$250,000. In addition, the court may impose an additional fine of \$25,000 for each day the offence continues.

Under section 12, there are other major and minor amendments relating to the transition from the old act to the new one and also to ensure that the wording in the legislation is updated to reflect the enactment of a new act.

I'm going to say some of the key messages. Changes to the *Radiation Health and Safety Act* and associated regulations will help modernize and address the stakeholder input. The changes will help the roles and responsibilities regarding inspections and focus the act on the safety of individuals exposed to ionizing radiation, change the current appeals process and change the requirement for a radiation health and safety committee.

In 2018, consultations were launched to gather information and recommendations on issues of priority from owners, users, sellers and maintainers of equipment that produce ionizing radiation. The feedback gathered during these consultations with professional stakeholders in the medical, dental and veterinary fields who use X-ray equipment were included as part of the review of the legislation.

The act also was amended to provide the authority of the Minister of Digital Government and Service NL to establish a radiation health and safety committee, if and when required. A new appeals process has been added to the act to deal with the inspector decisions and aligns with the same processes under the *Occupational Health and Safety Act*. The OHS Division will continue to work with the Department of Health and Community Services, as it develops new radiation and health safety regulations to ensure workers, patients and the general public are protected.

That's just our outline on that. Hopefully, when we get to the general part, we have some questions that we need answered and we'll certainly go from there.

Thank you.

**SPEAKER (Warr):** The hon. the Member for Exploits.

**P. FORSEY:** Thank you, Mr. Speaker.

Mr. Speaker, it's great to speak on this bill about radiation health and safety. Today's industry, of course, safety is paramount. I know the Member for Ferryland mentioned a lot of things there so if I can take a quote from the Member for Mount Pearl - Southlands, I won't take up much time.

**SOME HON. MEMBERS:** Oh, oh!

**P. FORSEY:** Anyway, this act was enforced in 1977. Any bill that goes back to 1977, of course, needs some changes. It needs review because health and safety is now paramount. I'm sure, since 1977, the technology and the usage has become more and more important and more advanced so yes, changes definitely need to be made in that.

Workplace is priority today, especially using radiation and the way it's used. Getting rid of the wastage of radiation certainly needs a lot more attention and needs a lot more changes to be done.

There are a lot of things in this act – those changes in this act – that I do agree with. I think, at the end of it, I will certainly be in agreement with the changes that are going to be made to this act.

There are many uses. It's used for the radiation equipment. The Member for Ferryland did mention a few. I'll just reiterate a bit. Those radiation units are X-ray machines, CT scanners, security baggage scanning devices and other industrial uses. Welding equipment also is another usage for the radiation. It shows in the industry that radiation has really advanced and certainly changes need to be made to the act.

In some of the changes – registration of equipment, that's very important. Every piece of equipment, of course, needs to be registered so that we know where it's placed, we know the whereabouts and know how it's disposed of and the radiation equipment can be traced and know where it's to at all times so that it don't end up in the wrong areas that it's supposed to be. So those changes definitely need to be made.

Other things – there's non-compliance implications there. There can be licences revoked. There could be hefty fines. I'm sure all the stakeholders involved, all the industry would be in favour. I'm sure they are of those safety aspects, Mr. Speaker. Safety is the paramount issue here and it certainly needs to be addressed. The compliance to the act is another great thing because the exposures to radiation, it's dangerous; we all know that. So the usage of it needs to be addressed and changed. I'm sure, again, all the stakeholders involved would be in favour of all the compliances that's placed on there.

Inspectors are another great addition to enforce the operation and provide additional safety, to enforce that everything is registered, everything is working the way it should, everything should be in place where it's to, know where it's to at all times, do inspections when they can, surprise visits probably – which is there in the act – to the areas that have the radiation equipment. That would be, again, great for a safety aspect and that would be acknowledged by all stakeholders, I'm sure, all uses of it.

Again, the fines and penalties have increased since 1977. I'm sure all the fines would be increased since then, and it needs to be done so that everybody adheres to the radiation equipment that's been in use. Plus, an advisory committee put in place that's comprised of experts and they're able to address specific topics and particular technical matters because I'm sure there's not only changes in the regulations, but there's been changes in the systems, changes in the technology itself over the years since 1977.

So the changes in this act are really needed, especially on the safety aspect of workers. The safety aspect is paramount and we need to acknowledge all that.

I do agree with a lot of changes that are being made there. Other than dragging it out too long, Mr. Speaker, I would say that I will be in favour of those changes, and thank you for your time.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER (Trimper):** Thank you.

The hon. the Member for Labrador West.

**J. BROWN:** Thank you, Mr. Speaker.

It's a good thing to see that the changes are now coming down from this. I can relate to a story from when I still worked in industry. Actually, it was one of my first days on the job as an apprentice welder. I was doing a work stint with IOC and we were in a facility called a pellet plant, one of the last stages of the iron processing process in Labrador.

During one of our on-the-job safety orientation to show my area and stuff like that, we walked by an area that was barricaded off with chain and only authorized personnel. In there were actually two radiation devices attached to a conveyor belt that monitored the ore and stuff coming in through a processing thing called flotation. My supervisor at the time said: This is a radiation area, you have to be trained to go in here. It kind of just stuck to me today speaking about the importance of radiation safety and stuff like that. It is everywhere in our work sites, industrially, too.

Like I said, I was trained as a welder and one of the aspects of welding is also welding inspection, which uses hand-held radiation devices to inspect your welds on high-pressure pipe welding. Actually, when my grandfather was a welder, towards the end of his career, that was just a new thing coming out then. That was in the '80s, so even then we started seeing radiation devices coming into the industrial world and into the workplace.

Now, if you look at it, we have different types of medical devices, more than just the common X-ray. Now, we have a lot more medical devices that use ionizing radiation in our workplaces and so we obviously have to be mindful of the safety of it, mindful of the equipment and the processes and the maintenance and stuff like that.

Remember, we have this equipment there for people to use in their day-to-day workplaces, but there is also people who have to repair this equipment as well and we have to make sure that there is adequate protection and guidance for those people who have to actually take these things apart and work on them. There are different layers of it, too, that we have to be absolutely mindful and we have to make sure

that these individuals have to be protected as well.

You think about it, every time we – especially myself, flying back and forth from Labrador, every other day you walk through a metal detector and they also have the full-body scanner and then your bags are scanned by X-rays. It's everywhere present in our day-to-day lives and we have to be extremely mindful of that. We have to make sure that everything we do, we protect the individuals who use the equipment, individuals that repair the equipment and individuals who are operating the equipment.

So this is really important that we have everything we can possibly do when it comes to legislation and enforcement, everything like that, that these people are protected. Because it's very dangerous. It is radiation. It's very dangerous. We have to be mindful of that.

Another thing is – and I always find this interesting as well – not that long ago I had to go and have a scan done. I'm there getting a scan, but the person who is operating the scanner is putting the vest on and putting on the stuff. This person is in that room every day for long periods of time, so we have to make sure that that person there, every opportunity for that person who operates this, they have their operation – the equipment is there, the equipment is maintained and everything that we can possibly do for those individuals in the workplace, they are safe.

It starts with legislation and it goes on to regulation and also to make sure that the employers are living up to the commitments in the legislation and in the regulation that they are protected.

I'm happy to see that we are updating a bill that is quite considerably old and we're going to follow modern standards and try to move on. But I'd also like to suggest this to the minister that we should be reviewing this very frequently because the world around us, especially in the world of radiation and stuff like that and equipment, is changing so rapidly that I feel this is something that should be reviewed almost on a biannual basis, at a minimum. Because the world around us is changing so fast when it comes to technology and even in technology radiation and stuff like that. We need

to make sure that we are on top of everything because it's such a dangerous thing to be working with, but, also, if it doesn't impact your life today, it's one of those things that down the road it'll impact your life.

Anyway, thank you, Mr. Speaker.

**SPEAKER:** Thank you.

The hon. the Member for Torngat Mountains.

**L. EVANS:** Thank you, Mr. Speaker.

I won't go on too much. Like I said, this change is long overdue. I guess what we're looking at is why are we changing, why are we repealing the act and brining in another act? It's all about protection. It's protection from exposure to radiation and to ensure the safe operating and handling of the equipment. It's very, very important.

Just in my former life, basically I worked in health and safety in the environment for so many years that we were always kind of surprised at how outdated the regulations were for the Radiation Health and Safety Act compared to Occupational Health and Safety.

It talks about this bill now actually being repealed rather than being amended. I believe, personally, that's a really good thing because the act that came into force in 1977 has not been updated very much, only a few amendments. I think the last significant amendment was in 1997, which is a long time ago as my fellow MHA said. I think the point is safety isn't static nor should the legislation be.

I agree with my fellow MHA from Lab West when he says about radiation is dangerous. There's a huge need for safety and the review of the act and the regulations is needed to be updated.

Just looking at the act; the old act lacked clarity, very little direction was given and a lot of times the sections were misunderstood. I think that created a gap in the legislation where companies could say they didn't understand. Ignorance should never be a defence for safety.

I'm glad to see that this new act has a lot of concise direction given and it actually provides a lot more clarity, which is very, very important. Because as the MHA for Lab West said, this is a huge safety issue.

Of course, because it can be unsafe when there's a lack of clarity and a lack of direction, what happens is companies and owners then can actually have a sense of not being responsible; actually not taking responsibility to ensure health and safety.

What I see with this act is it actually restores that. It brings it more in line with the *Occupational Health and Safety Act*, which is much more modern, which is much more elastic and moves with the changing of the times, which brings me to my next thing.

You look at outdated legislation regarding safety and the changes in technology for radiation, like all the gauges and the equipment that's used now in the workplace; a lot of it is portable. So the handling and the transportation and the use, if people don't really understand what their responsibilities are and there's not a lot of direction given, it could be misused, it could be mishandled, it could be damaged and put people at risk. Not just the workers who are actually exposed to the gauges and the equipment, but also bystanders.

The one thing I must say, in my former life, is the *Occupational Health and Safety Act* actually provided really clear direction to the owners, to the companies and what their responsibility were for making sure the workplace was safe, whether equipment was being used, transported or being modified. So it's very, very important.

Another thing with the old legislation, it didn't actually have a correlation with the safety codes. Of course, when you don't have clear direction and a clear prescription that you actually have to follow the safety codes, then there's basically a gap there where a lot of companies, to save money, they're not making sure that they're having best practices in place. So all these things are very, very important. Like I said, safety is really at the forefront now in this day and age.

What we found with the old act there was always a huge reliance, a heavy reliance on

safety programs. I worked with huge companies. I work with Aurora, which is a uranium company; I worked with Inco back in the day, big mining company. We had the money and the expertise to actually develop safety programs that ensured people were safe and that we were following the legislation.

Smaller companies and contractors don't have that ability. If it's not prescribed in the act and the supporting regulations then that creates a gap. A lot of times companies fall victim to it and workers suffer. So it's very, very important.

What I found, in my former life, looking at the old act is that we had to rely on the *Occupational Health and Safety Act* and the regulations. It was the same thing with the inspectors. Something as specific as radiation that's not directly covered in the *Occupational Health and Safety Act* and regulations created additional gaps.

So I do commend updating the act because now the Radiation Health and Safety Act and the *Occupational Health and Safety Act* and regulations, they're more in line. As I was going through the changes I was saying, well, that brings it more in line with the *Occupational Health and Safety Act*. I could continue on down through.

I know a lot of people don't know what I'm talking about, but it's so important because safety is everywhere now. The thing about it is the need for procedures, the need for direction, the need for training and all of these things. An *Occupational Health and Safety Act* and Occupational Health and Safety Regulations prescribe the training, the orientation, the responsibility.

This act is just catching up now where they actually are assigning clear language, what the responsibility of the owner of the company is. The company can't say, well, I told them. I told them they weren't allowed to do that or that was somewhere – you got to actually make sure that your workers are safe. There's also required training for supervisors to make sure that they are ensuring a safe workplace, not only for their workers but for just the general public.

The one thing I did like that I saw in the early sections of the revised act is that an inspector can ensure that the owner is actually following the act. If not, they can actually revoke the registration, which actually removes the hazard from the workplace. So there are consequences for non-compliance.

I've got to say, it's ridiculous that the gap existed for so long. I come from a different world, I'm sorry, but it's just ridiculous. In this new age of safety, that's a given. I think now putting in the ability to revoke a registration for equipment or gauges really actually puts the emphasis back on the owner now to make sure that any equipment they have is being used safely, is being handled safely, is being inspected properly. So it's very, very important.

Just going on now to owner responsibilities. I just kind of laugh at the gap that existed before and misinformation, but now the owner is actually in the regulations. The owner is actually directed on ensuring safe installation, maintenance, modification, operation and disposal of equipment because all of this impacts the workplace. You've got to make sure that everything is done, you know, to a level of safety. There's a lot of clarity there that's more in line with the *Occupational Health and Safety Act*, talking about exposures not only for the workplace but for the general public. It's very, very important.

Like I said, everything that I read is more in line with the *Occupational Health and Safety Act*. There is a responsibility for the owner to ensure the workplace is safe. I keep saying very, very important but when it comes to safety – and it's not only about the workplace, it's about educating and making sure people are aware of the hazards especially when it comes to radiation, safe signage, monitoring, equipment, PPE and training.

Also, there is reporting requirements and these are more in line with *Occupational Health and Safety Act*. What I really like, too, is there is a reporting requirement for incidents that has to be followed and there's consequence as well; this is in line with *Occupational Health and Safety Act* as well. The *Occupational Health and Safety Act* is very prescriptive in what has to be reported. It

takes the onus off then of the supervisors and the managers.

I like the flexibility for companies to be able to deviate from some of the regulations. Of course, the request for a deviation would be actually granted, but they have to demonstrate an equal or greater level of safety. That's the common language that's used. It allows companies who have a much different work environment to be able to actually modify but still be compliant with the intent of the act.

Looking at the amendments here talking about what the inspectors have the right to do, it's very, very important for them to be able to have the powers that are very similar to occupational health and safety. The occupational health and safety officer can go in and do an inspection. They can actually demand to see workplaces. They can document and they can actually investigate and record information that can be used in court. That's something that's very, very important. That was sort of lacking in the last act.

Looking at the orders, too, if non-compliance is there they can issue orders, a stop-work order or they can actually issue directives where the unsafe work conditions have to be corrected. It gives a lot of, I guess, authority to the inspectors to make sure the workplace is actually safe and compliant.

I'm not going to go on much longer. Another thing that caught my eye was the ability to do telewarrants. This is something that's used elsewhere. It's very, very important. The biggest thing for me, I think, is just making sure that safety in Newfoundland and Labrador is consistent. You had this old, archaic dinosaur of the old act and then you had this modern, flexible *Occupational Health and Safety Act*.

I must say, Mr. Speaker, it's really good to see that this act is actually being brought up to the same level that the *Occupational Health and Safety Act* is.

There was one thing I was just going to mention here as well – anyway I can't get into it, it will take too long. Anyway, I'm just going to end there.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**SPEAKER:** Okay, thank you very much.

The hon. the Member for Mount Pearl - Southlands.

**P. LANE:** Thank you, Mr. Speaker.

I'm just going to take a couple of minutes here now, I won't be too long; a few comments about this bill.

Mr. Speaker, the previous speaker there, the Member for Torngat, talked about her former life so I'll just sort of talk about mine a little bit as well before I got into politics. This is something I would be very familiar with.

Prior to becoming an MHA, I actually worked as an occupational health and safety practitioner, that's what I did for many, many years. I actually worked as the safety officer for the City of St. John's for about four years. I was the safety manager at Oceanex for a period of time and for the many years prior to becoming MHA, I worked for the A. Harvey group of companies as the safety manager there.

I've been around an awful lot of construction sites: water and sewer jobs, new builds, waste water facilities, water facilities with the A. Harvey Group. Of course, we had Argentia Freezers; we had Browning Harvey, which is manufacturing, of course; Harvey Autocarriers; Argentia Freezers and Terminals; the big giant salt pile everyone is familiar with downtown; crane operations; offloading of offshore vessels; you name it. I had to become very well versed, obviously, in the *Occupational Health and Safety Act* regulations and so on.

I never had a lot to do when it came to radiation. The only one that comes to mind, which is one you might not necessarily expect and that would be at Browning Harvey. What they actually have, they have one little device there. When they're actually producing pop, Pepsi or whatever, in cans, when the cans got filled, it would go through a production line and it would pass through this device, which was actually a radiation device, it almost took like an X-ray.



As the can went through, if the can wasn't filled to the fill line with Pepsi, because sometimes when you're filling it, the cans didn't get filled up all the way; sometimes they are half-full or three-quarters full or whatever, they don't always get filled. When it would pass through that device, through the radiation, like an X-ray would pass through the can and it would know that the can is not full and then a little arm comes out and just flicks the can into a basket and it all gets dumped, basically. It's what we always called low fills.

That was the only nuclear device, radiation device that we had. Obviously, the requirements under that legislation were not necessarily great because there was nobody actually working with it per se. It was just a static piece of equipment that was along the assembly line. Obviously, the maintenance guys had to have more of an awareness of it. Obviously, all the employees had to be aware: Look, if you ever hit this thing with the forklift driving by or something like that; there had to be a plan for that. But, generally speaking, there was nobody operating it per se, day in and day out the same way as an X-ray technician is operating in a hospital and so on.

Anyway, that was a bit of experience I had there. But as I look through the regulations, and because of that I was aware of the old legislation that did apply to that one particular piece of equipment. There is no doubt that it was old and antiquated as has been said. No doubt, this piece of legislation is far superior to what was there to govern the use of these devices.

I guess the only observation I make – and I don't know if this was ever considered when this was being put together or the rationale and so on, and perhaps when the minister closes debate or, if not, in Committee stage, she may want to address – is when I read through this, and the Member for Torngat basically touched on it as well, several times, she kept saying: I see that you have this in place and that's just like the *Occupational Health and Safety Act*; and there's another section here which is the same as the *Occupational Health and Safety Act*; and there's another section here that's the same as the *Occupational Health and Safety Act*. She's right, it is.

Not that that's a bad thing. It's a good thing. I guess the question kind of becomes one of a radiation device, piece of equipment that has radiation as part of it, whatever that device is, is no different than any other piece of equipment in a workplace, in that under the *Occupational Health and Safety Act* the employer has a responsibility to ensure a safe workplace. The employer has a responsibility to ensure that any equipment that they have is in safe working condition; that all of the required preventative maintenance is done; any replacement of equipment is done; employees are trained in how to safely operate equipment; that if there's any requirement for any warning signage or guards or anything around any equipment, that that's provided.

So whether we're talking about any piece of equipment on a manufacturing line, whether we're talking about some sort of, I don't know, tools or something that employees would be utilizing, whether we're talking about electrical components of equipment, whether we're talking about the use of chemicals and so on in a workplace, that's involved in a process or whatever.

Regardless of what we're talking about in terms of the function in terms of the equipment, whether it's radiation, whether it's chemical exposure, whether it's potential electrical exposure, physical exposure, whatever that exposure is, it's all still covered off under the *Occupational Health and Safety Act* anyway. The employer still has all of those same responsibilities as is listed here for this piece of legislation.

Supervisors still have the same responsibility in terms of ensuring that all employees under their supervision are abiding by any policies and procedures, are working in a safe manner, are utilizing any personal protective equipment provided to them for its use and so on. Those responsibilities are in the *Occupational Health and Safety Act*. Those same responsibilities would apply to employees who are working around or with this type of equipment.

Under the *Occupational Health and Safety Act* employees have a responsibility to work in a safe manner to protect their own health and safety, that of their co-workers, that of anybody

else who comes in contact with the work they are doing. They have a responsibility to utilize the personal protective equipment provided for them. They have a responsibility for following policies and procedures that have been put in place for their safety, abide by everything they were taught in the training and so on. Whether it's on a device that is a radiation device or whether it's utilizing a saw, whether it's utilizing chemicals, whatever it is they're doing, any job, anytime, any kind of job, regardless of what that job is. So it's all covered off under the *Occupational Health and Safety Act* in any case, I guess, is the point.

The piece here about inspectors, that's covered off in the *Occupational Health and Safety Act*. Because under the *Occupational Health and Safety Act* you have your inspectors – the minister does under her department. And they can show up at any workplace at any time unannounced and they can say we're here and we're going to do a walk-through inspection. They can demand to see training records of employees, they can demand to see preventive maintenance records on equipment and they can do all these things. They can issue stop-work orders. They can write directives. They can lay charges. They have all those powers now. No different, really, than what we're proposing in this piece of legislation.

Not that I'm against this piece of legislation, because I'm certainly not. Like I said, a vast improvement on what was there. Definitely covers everything off. This is one way to do it, to have a stand-alone piece of legislation. But I guess my point is that I think pretty much everything in here is already covered under the *Occupational Health and Safety Act*. If there are any differences, if there are any particular sections that apply to a radiation device, specifically, that's no different than under the *Occupational Health and Safety Act* regulations where there are equipment-specific provisions in that for all kinds of things.

Like, we don't have a trenching act, but under the *Occupational Health and Safety Act* regulations there is a whole section on trenching. There's a whole section on working from heights. There's a whole section on working with chemicals. So there are sections specific to certain types of hazards, certain types of jobs

that present certain types of hazards, certain types of equipment are covered off in the act and in the regulations.

So, theoretically, instead of having a lot of repetition here which is basically mirroring what's already in the *Occupational Health and Safety Act* and regulations, another thing that could have been done was leave all those things as they are under the *Occupational Health and Safety Act* and any specific requirements for these devices in particular could have simply been stuck under a section of the existing act and regulations specific to radiation devices.

Now, maybe there is a very good reason that I'm not thinking of and perhaps one of your staff, if they're listening in as they usually are and sending messages to the minister, maybe they're going to say here is why we did it this way. I have no problem with it; it is not a big deal. The biggest concern is that employees are looked after; they're safe; that employers are held accountable to make sure employees are safe. All that is achieved in this piece of legislation; all that is also achieved under the *Occupational Health and Safety Act* and regulations.

I'm just curious why we need to have two. Why not just have it all covered under the one? That is more of an observation than a complaint; it really is. I see nothing wrong with anything that is in here in terms of requirements for training, requirements by employers and employees, duties of inspectors and powers of inspectors and mechanisms to hold employers accountable. All those things are all good things; there is not a thing wrong with any of them. My point is simply that all those things, from a general point of view, are already covered under the *Occupational Health and Safety Act* and regulations and any specifics here, perhaps, could have just been put in the act and the regulations as has been done, like I say, for any other number of hazards besides radiation hazards.

Again, just an observation. Other than that, Mr. Speaker, everything is definitely covered. I think it does a great job in protecting all workplace parties and it certainly is, as has been said, a vast improvement over what was there, what we're replacing.

I'll support the bill because I think the bill itself is good; I just question whether or not it could have been done as an amendment to the *Occupational Health and Safety Act* as opposed to a stand-alone piece of legislation for this in particular.

Thank you, Mr. Speaker.

**SPEAKER:** Thank you.

Any further speakers to the bill?  
If the hon. the Minister of Digital Government and Service NL speaks now, the minister will close debate.

The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Thank you very much.

Thank you to my colleagues for the feedback and the support of this piece of legislation. To respond to the Member for Mount Pearl - Southlands questions: In the consultations that we did, we asked stakeholders and users of radiation equipment whether or not this should be a stand-alone piece of legislation, continued to be or live within the occupational health and safety.

When we look across Canada, some provinces have this specific legislation within occupational health and safety and some provinces have their own separate piece of legislation. So we went with the results of the consultations where stakeholders strongly wanted the radiation health and safety to be its own unique piece of legislation.

I think we're achieving the same thing, but that's kind of the rationale for not having it within the *Occupational Health and Safety Act* instead. So I'm happy to answer any questions in Committee.

Thank you, Mr. Speaker.

**SPEAKER:** Thank you.

Is the House ready for the question?

The motion is that Bill 6 be now read a second time.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

The motion is carried.

**CLERK:** A bill, An Act Respecting The Protection Of The Health Of Persons Exposed To Radiation And Respecting The Safety Of Persons In Connection With The Operation And Use Of The Electrical And Mechanical Components Of Radiation Producing Equipment And Associated Apparatus. (Bill 6)

**SPEAKER:** Thank you.

This bill has now been read a second time.

When shall the bill be referred to a Committee of the Whole House?

The hon. Deputy Government House Leader.

**L. DEMPSTER:** Presently.

**SPEAKER:** Presently, thank you.

On motion, a bill, "An Act Respecting The Protection Of The Health Of Persons Exposed To Radiation And Respecting The Safety Of Persons In Connection With The Operation And Use Of The Electrical And Mechanical Components Of Radiation Producing Equipment And Associated Apparatus," read a second time, ordered referred to a Committee of the Whole House presently, by leave. (Bill 6)

**SPEAKER:** The hon. the Deputy Government House Leader.

**L. DEMPSTER:** Speaker, I call from the Order Paper, Motion 26 and move, pursuant to Standing Order 11, that the House not adjourn at 5:30 p.m. on Tuesday, October 19, 2021.

**SPEAKER:** Thank you.

Any further motions?

I need approval and a seconder.

**L. DEMPSTER:** Seconded by the Government House Leader.

**SPEAKER:** The Government House Leader.

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

We're sitting tonight, thank you.

The hon. the Deputy Government House Leader.

**L. DEMPSTER:** Speaker, I move, seconded by the Minister of Digital Government and Service NL, that the House resolve itself into a Committee of the Whole to consider Bill 6.

**SPEAKER:** It is moved and seconded that I do now leave the Chair for the House to resolve itself into a Committee of the Whole to consider the said bill, Bill 6.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

The motion is carried.

Thank you.

On motion, that the House resolve itself into a Committee of the Whole, the Speaker left the Chair.

### Committee of the Whole

**CHAIR (Warr):** Order, please.

We are now considering Bill 6, An Act Respecting The Protection Of The Health Of Persons Exposed To Radiation And Respecting The Safety Of Persons In Connection With The Operation And Use Of Electrical And Mechanical Components Of Radiation

Producing Equipment And Associated Apparatus, Bill 6.

A bill, "An Act Respecting The Protection Of The Health Of Persons Exposed To Radiation And Respecting The Safety Of Persons In Connection With The Operation And Use Of Electrical And Mechanical Components Of Radiation Producing Equipment And Associated Apparatus." (Bill 6)

**CLERK:** Clause 1.

**CHAIR:** Shall Clause 1 carry?

Chair recognizes the hon. the Member for Ferryland.

**L. O'DRISCOLL:** Thank you, Mr. Chair.

Just to start off with a couple of general questions. Consultations were held through EngageNL in 2018. What was their response?

**CHAIR:** Chair recognizes the hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Thank you, Mr. Chair.

We engaged users on a range of questions. As I mentioned just recently, one of the things we asked was whether or not this should be stand-alone legislation or whether or not it should be included in the occupational health and safety legislation. So we heard from stakeholders that it should continue to be stand alone.

Something else that comes to mind is we consulted stakeholders on the committee and the fact that the committee had not met and whether or not it was appropriate to eliminate the committee or keep it. The majority indicated that it is sufficient to eliminate the committee.

There were a range of items that we consulted on and there was a *What We Heard* document published as well. But those are just some highlights.

Thank you, Mr. Chair.

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Do all these proposed amendments stem from the public consultations and were other consultations held as well?

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** I can't say for sure whether or not each element was consulted on specifically, but we did reach out to all organizations and stakeholders and we did have very sufficient participation from users of radiation equipment. So there were no outstanding, major things that I can think of that are related to this act in particular.

Thank you, Mr. Chair.

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** That's it for this clause, Mr. Chair.

**CHAIR:** Thank you.

Any further speakers?

Shall clause 1 carry?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, 'nay.'

Carried.

On motion, clause 1 carried.

**CLERK:** Clauses 2 through 34 inclusive.

**CHAIR:** Shall clauses 2 through 34 inclusive carry?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**AN HON. MEMBER:** (Inaudible.)

**CHAIR:** Sorry, the Chair recognizes the hon. the Member for Ferryland.

**L. O'DRISCOLL:** Thank you, Mr. Chair.

I noticed that some definitions were revised, new definitions were added, but others such as medical inspector, the radiation health and others were removed: Why is that?

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Thank you, Mr. Chair.

We aligned our definitions, where possible, with the occupational health and safety legislation for consistency and clarity. Obviously, we removed definitions that were no longer relevant or needed based on the wording in the legislation.

Thank you.

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** There is no definition of radiation protection survey included in the new act. Will that be defined in the regulations?

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Yes, it will be in the regulations.

Thank you.

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Thank you, Mr. Chair.

Section 8 of the current act includes a section of medical examination of radiation workers that is not included in the new act. Why was that removed and how will it be addressed under the new act and the regulations?

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Sorry, can I ask the Member to clarify more detail about the section that he is referring to?

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** This is section 8 of the current act; it includes a section on the medical examination of radiation workers that is not

included in the new act. I am just wondering why it is removed and how it will be addressed under the new act and regulations.

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** That will be included in the regulations.

Thank you, Mr. Chair.

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** When the consultations were launched in 2018, there was approximately 760 pieces of radiation equipment in the province and according to officials there are 875, I think you said today. What explains the increase in the last few years?

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Thank you for the question.

I don't have a breakdown in front of me of the industries that have – the breakdown of where the new ones came from. Every dentist office, for example, have radiation equipment. The more dentists we have, the more equipment we might have. These are private businesses or the university or our regional health authorities buying this equipment and registering them with us.

There is nothing that we, as a government, have done to impact the number of radiant equipment, it's just the private and public industries have had more equipment and we register them. There is no upper or lower limit as to how many we should have.

Thank you.

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Maybe while you're checking that out, maybe can you tell us, geographically, where they're located as well. If you're checking that out just to let us know if there is a certain area that they're going to, as well.

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Sure. I know off the top of my head that there's more in the metro region than in other regions of the province. But anywhere there's a dentist is where they're going; anywhere there's a health clinic or a doctor's office that do X-rays, that's where they're going.

Thank you, Mr. Chair.

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Thanks for that.

That's 125 to 130 pieces of equipment since 2018. I was just wondering where they may be.

Are there food-processing facilities in the province using this equipment as well?

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Yes. There would be a range of organizations using equipment. As we heard from another Member earlier in debate, a local bottler uses radiation equipment in checking the quality of their products. So, yes, a range of organizations use radiant equipment.

Thank you.

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** I understand that this equipment can be taken out of service by the owners for various reasons. This sort of equipment, is it commonly sold second-hand to others? If so, where is this addressed under the new legislation?

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Thank you.

In the legislation we've indicated that any new or any new-to-the-business equipment has to be installed by a manufacturer or a person authorized by the manufacturer. So not just anyone can install. You can't hire a contractor or

a handyperson to come and install a piece of radiation equipment.

I would imagine there could be an opportunity for a second-hand piece of equipment to be installed but it would have to be installed by someone authorized by the manufacturer.

Thank you.

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Officials noted there are currently seven inspection officers in the province. Is that the full complement or are there vacancies?

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Thank you, Mr. Chair.

We do not have any vacancies at the moment for inspectors of radiation equipment.

Thank you.

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** And there are still seven? Is that the number?

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** I'm just waiting for my experts to let me know. Yes, we have seven.

Thank you.

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Where are these inspectors located, right across the province or just more in metro area, obviously, I would think but —?

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Thank you.

We would have some in the metro region. We would have some in alignment with our other

Government Service offices throughout the province.

One thing that we do, when needed, we have inspectors travel. Sometimes it doesn't make sense to have a full-time person in an area where there are not many devices. They would travel and do inspections as needed, as well as respond to complaints as needed. For example, in Corner Brook, Grand Falls-Windsor and Lab West, we do have full-time inspectors in those locations as well.

Thank you.

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Is inspecting radiation equipment their sole responsibility or do they have other duties as well?

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** So when we're taking about inspecting radiation equipment, the equipment themselves has to be inspected every year by our inspectors. So they would also inspect other things. They need a special radiation survey every second year and that has to be done by a special radiation safety expert that, you know, is not in our department, like a professional person. The operator of the equipment also has standards. They have to do an inspection, like a visual inspection every day of their equipment to make sure that it's functioning properly.

Then we would also do other inspections if we had a complaint or if there was an incident, or if there was a report that the radiation equipment wasn't working properly or, you know, it exposed someone to more radiation than was planned. There's a range of reasons why there would be, I guess, an ad hoc inspection. But, yes, the officers do inspect other things as well.

Thank you.

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Thanks again, Mr. Chair.

How many inspections are carried out in the province each year and how often is a piece of

equipment inspected – and I'm going to say once a year but it might be different, so I just want to verify.

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Mr. Chair, our department inspects every piece, every year. Each company or the owner of the equipment has to get a professional survey done every two years, in addition to our inspection, to make sure that the device is emitting an appropriate amount of radiation. Then the individual, the operator of the equipment, is mandated to perform a visual inspection every day to make sure that there's nothing, you know, mechanically wrong with the inspection. Then, as well, if there's a complaint or an incident is reported, if equipment is not working properly, then there's an inspection as well.

The number of inspections by occupational health and safety, these are published on our website. So they're inspected for all kinds of reasons, not just radiation. It could be other hazards as well.

Thank you, Mr. Chair.

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Under appeals, the new act says that the ADM must begin a review of an appeal within 24 hours. How often are there appeals to the ADM and how long would such a typical review take?

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Thank you, Mr. Chair.

I'm not aware of any appeals currently for radiation health and safety. I know for our occupational health and safety, we get regular appeals of some of the orders that are given. Those could take a few days to a few weeks. We have not received any complaints specifically, I guess, on radiation. Sorry, complaints was the wrong word – appeals. They are rare under the occupational health and safety. We have received a few but we work through them as timely as we can.

Thank you.

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Under clause 24, appointments, will appointments to the committee go through the IAC?

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Thank you, Mr. Chair. The appointments, if we needed to get a radiation health and safety, the challenge with this committee would be that they would need to be radiation experts. Just speaking from all the needs that I need from the IAC and other areas, it is just anecdotally very difficult to find – to get even a gender balance, honestly. We struggle with getting an appropriate gender balance to sit on the other committees through the IAC.

The occupational health and safety advisory committee is part of the category two boards and is appointed by the Public Service Commission.

Thank you.

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Have regulations been drafted to coincide with this new act and when can we expect to see those?

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Thank you, Mr. Chair.

I have not seen the regulations yet. After I've approved them and after the House, they would have to go through the appropriate approval process with the Lieutenant-Governor in Council. I would expect that they would be in place in the next year.

Thank you.

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Just a couple of more questions.



In the Offences and penalties, what explains the significant increase in fines and penalties? Is this in line with other jurisdictions?

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Thank you, Mr. Chair.

Absolutely, we have aligned our fines with other jurisdictions. I think this reflects the importance of radiation safety, and it's important that companies understand that they have to maintain the radiation equipment safely and there could be dire consequences to their employees and the general public if they're not maintained appropriately.

Yes, the fines are in line with other provinces and in line with the importance of the fact that we need companies and owners of this equipment to follow the rules.

Thank you.

**CHAIR:** The hon. the Member for Ferryland.

**L. O'DRISCOLL:** The last question for this one: How will stakeholders be informed of the changes outlined in this new act?

**CHAIR:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Thank you.

Upon proclamation, we would notify all of the people who have licences and there would be a news release, Mr. Chair.

Thank you very much.

**CHAIR:** Shall clauses 2 to 34 inclusive carry?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, 'nay.'

Carried.

On motion, clauses 2 through 34 carried.

**CLERK:** Be it enacted by the Lieutenant-Governor and House of Assembly in Legislative Session convened, as follows.

**CHAIR:** Shall the enacting clause carry?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, 'nay.'

Carried.

On motion, enacting clause carried.

**CLERK:** An Act Respecting The Protection Of The Health Of Persons Exposed To Radiation And Respecting The Safety Of Persons In Connection With The Operation And Use Of The Electrical And Mechanical Components Of Radiation Producing Equipment And Associated Apparatus.

**CHAIR:** Shall the title carry?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, 'nay.'

Carried.

On motion, title carried.

**CHAIR:** Shall I report the bill without amendment?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, 'nay.'

Carried.

Motion, that the Committee report having passed the bill without amendment, carried.

**CHAIR:** The Deputy Government House Leader.

**L. DEMPSTER:** Chair, I move that the Committee rise and report Bill 6.

**CHAIR:** The motion is that the Committee rise and report Bill 6.

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, 'nay.'

Carried.

On motion, that the Committee rise, report progress and ask leave to sit again, the Speaker returned to the Chair.

**SPEAKER (Bennett):** Order, please!

The hon. the Member for Baie Verte - Green Bay and Chair of Committee.

**B. WARR:** Mr. Speaker, the Committee of the Whole have considered the matters to them referred and have directed me to report Bill 6 without amendment.

**SPEAKER:** The Chair of the Committee of the Whole reports that the Committee have considered the matters to them referred and have directed him to report Bill 6 without amendment.

When shall the report be received?

**L. DEMPSTER:** Now.

**SPEAKER:** Now.

When shall the bill be read a third time?

**L. DEMPSTER:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, report received and adopted. Bill ordered read at third time on tomorrow.

**SPEAKER:** The hon. Deputy Government House Leader.

**L. DEMPSTER:** Speaker, I move, seconded by the Minister of Finance and President of

Treasury Board, that this House resolve itself into a Committee of the Whole to consider a resolution respecting the imposition of taxes on sugar-sweetened beverages, Bill 29.

**SPEAKER:** The motion is that I do now leave the Chair for the House to resolve itself into a Committee of the Whole on Ways and Means.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**SPEAKER:** All those against, 'nay.'

Carried.

On motion, that the House resolve itself into a Committee of the Whole, the Speaker left the Chair.

### Committee of the Whole

**CHAIR (Warr):** Order, please!

We are now debating the related resolution and Bill 29.

### Resolution

*"Be it resolved by the House of Assembly in Legislative Session convened, as follows:*

*"That it is expedient to bring in a measure respecting the imposition of taxes on sugar sweetened beverages."*

**CHAIR:** Shall the resolution carry?

The Chair recognizes the hon the Minister of Finance and President of Treasury Board.

**S. COADY:** Thank you, Mr. Chair.

Health officials have identified the excess consumption of sugar as a contributing cause of many diseases, such as Type 2 diabetes and cardiovascular disease as well as obesity. Chronic diseases impact the health of the population as well as the sustainability of the health care system. Over half of Newfoundland

and Labrador's residents aged 12 years and older have at least one chronic disease. Many people have more than one. That is why, today, government will be introducing amendments to the *Revenue Administration Act*, which will introduce a tax on sugar-sweetened beverages.

Making better beverage choices without the added sugar and placing greater emphasis on healthy living is central to achieving better health outcomes.

The average household in Newfoundland and Labrador spends an estimated 2.8 per cent of its total annual food and beverage expenditures on sugar-sweetened beverages. This is the highest in Canada and twice the Canadian average of 1.4 per cent. Our goal is to encourage residents to switch to healthier beverages, resulting in long-term health gains for our province.

Effective September 1, 2022, a rate of 20 cents per litre will be collected at the wholesale level. This is similar to the model currently used for the provincial gasoline and tobacco taxes. It is not meant to impact manufacturers, distributors or retailers in this province: it is simply about making better beverage choices.

I want to thank and acknowledge the following stakeholders: the Canadian Beverage Association, the Retail Council of Canada, Atlantic Convenience Stores Association, Beer Canada, Labatt breweries, Coca-Cola Canada Bottling Limited, restaurant association of Canada, Browning Harvey, F.J. Wadden and Sons, among many others. I thank them for their feedback, their contribution and their input. I know we all have one common goal and that is of ensuring the health and well-being of our communities.

This new tax only applies to beverages with added sugars including regular soft drinks, fruit-flavoured drinks, sports and energy drinks, pre-packaged milkshakes and coffee beverages and concentrated mixtures such as frozen fruit-flavoured drinks and flavoured powders.

It would not apply to beverages sweetened with non-caloric sweeteners; diet drinks; 100 per cent natural fruit juice or vegetable juice; medical or therapeutic beverages, such as infant formula and nutritional meal replacement beverages;

milk and fortified plant-based milks and yogurt beverages; ingredients primarily intended to be used in cooking or food preparation; beverages prepared for the consumer at point of sale, such as tea and coffee; beverages packaged in containers holding less than 75ml; and beverages brought into the province by a consumer with a total quantity of less than five litres.

Now, there are several medical groups and associations that recommend a tax on sugar-sweetened beverages as a measure to reduce consumption. These include the World Health Organization. Allow me just to read a quote from their recent paper that talks about taxes on sugary drinks – why do it. They say: “A major action for comprehensive programmes aimed at reducing consumption of sugars is taxation of sugary drinks. Just as taxing tobacco helps to reduce tobacco use, taxing sugary drinks can help reduce consumption of sugars.”

The Canadian Paediatric Society, Dieticians of Canada, Childhood Obesity Foundation, Heart and Stroke Foundation of Canada and Diabetes Canada; here are some of the comments we've heard in support of this new sugar-sweetened beverage tax.

The Canadian Cancer Society on June 1 said: “We strongly support measures announced by the NL government to implement a provincial sales tax on sugary drinks ....” “Taxation is an effective and evidence-based strategy to reduce consumption and use.”

Senior vice-president of the Newfoundland and Labrador, Nova Scotia and PEI Heart and Stroke Foundation, Mary Ann Butt, said: “Our organization has long supported a sugary drinks tax as one mechanism to help address the social determinants of health and are delighted to see Newfoundland and Labrador step forward as a Canadian leader on this issue.”

Dr. Seema Nagpal, vice-president of science and policy with Diabetes Canada, said on June 2, “This is an important step to addressing the negative health consequences related to the regular consumption of harmful sugar-sweetened beverages (SSB).”

As quoted in *The Globe and Mail* on June 4, Dr. Mary L'Abbé, a professor in the department of nutritional sciences, faculty of medicine, at the University of Toronto said: Newfoundland and Labrador's tax was a good first step in reducing consumption of sugar, since it takes aim at one of the worst culprits, sugar-sweetened beverages. Those drinks have negligible nutritional value, are packed with quick-to-consume calories and are the single biggest source of sugar for Canadians.

Now, I'd like to address and speak to what I heard about this tax that will have harm and impact on low-income earners. This is about healthier choices and for better health outcomes. This is not about income. We have currently one of the highest rates of sugar-related diabetes in the country. In fact, we spend approximately \$1,500 more per capita on health care than the national average, which is the highest in the country. Chronic diseases impact the health of the population as well as the sustainability of our health care system. Over half of Newfoundland and Labrador residents age 12 years and over have one chronic disease and many live with more than one.

Making better beverage choices is just one of several initiatives that will support health and wellness of our population. Other initiatives announced in *Budget 2021* included a Physical Activity Tax Credit, which will provide a refundable tax credit up to \$2,000 per family; more than \$1 million for continued support of the Kids Eat Smart Foundation, which supports the education, health and well-being of school-aged children through nutrition; approximately \$500,000 in new funding for the Mother Baby Nutrition Supplement, which will increase the monthly support for nutritional food during pregnancy and infancy up to \$100 per month and that's up from \$60 per month; \$3.3 million for the expanded Insulin Pump Program; and \$1.8 million to prevent and reduce tobacco and vaping use.

Now, I have also heard today about the impact on jobs. Let me just say what we are doing here is encouraging people to make smart choices. This is not about limiting the amount of soft drinks that people drink. I will say that there is a study that has been published in *The BMJ*, which is one of the oldest medical journals in the

United Kingdom, and a team of researchers, led by the University of Cambridge's epidemiology unit, considered the impact of the levy that was put on sugar drinks in the United Kingdom.

I'm going to quote from that study, which is readily available on the Internet: Researchers say tiered sugar-sweetened beverage taxes such as the one introduced in the UK might represent a benefit for public health by reducing sugar purchase from soft drinks without substitution to confectionary and alcohol, without any commensurate harm to the soft drinks industry by not effecting total volume of soft drinks purchased.

We are working hard to position Newfoundland and Labrador as one of the healthiest provinces in Canada by 2031. This is just another way toward that aim.

I thank you and I'd be happy to take questions during the appropriate Committee stage.

**CHAIR:** The hon. the Member for Stephenville - Port au Port.

**T. WAKEHAM:** Thank you, Chair.

I'm going to start off my comments and end my comments with the same quote. It's not often I have an agreement in principle with the minister but, in this particular case, I'm going to quote the Minister of Health who in 2016 said: "The last thing we need to do is create extra bureaucracy to collect a tax for a marginal benefit." Couldn't agree with him more, so let's identify that.

Yesterday, in the briefing, we were told that it's going to cost \$200,000 to set this up and it's actually going to cost \$300,000 per year on an annual basis. So there's your extra bureaucracy. Now, let's talk about marginal benefits. The comments by the Minister of Finance on the excess amount of sugars is key factors in chronic disease are absolutely correct. No one is going to argue that.

No one is going to argue with the fact that over half of the population in Newfoundland and Labrador have at least one chronic disease. Those are facts and they make a significant impact on our health care system. What we're

talking about today is simply a means of how we go about addressing those issues. There are positive ways to do it and there are negative ways to do it.

I firmly believe that introducing negative, regressive taxation is not the way to do it. It does nothing to increase the availability of healthy food. It, instead, punishes those with limited options. Instead of helping people access healthy options, the Liberals are actually making a cash grab on our most vulnerable population. The people of Newfoundland and Labrador should be interested or should be encouraged to make healthy choices, but a sin tax is not the correct approach.

NAPE has said Public Health education programs have proven effective during the pandemic, and they're right. Education and promoting healthy lifestyles are a much better option than simply putting a tax on the people who can least afford it.

The minister mentioned the World Health Organization and commented on one of the things they said. Let me read you another comment. This is from the UN Secretary-General's *Policy Brief* on the impact of COVID-19 on food nutrition and security in 2020. The World Bank, the IMF, the FAO, the OECD and other respected organizations recommend reducing tax burdens during a recession, such as the one caused by COVID-19, in order to stimulate consumer spending and begin economic recovery.

As the UN Secretary-General has stated, "High levels of unemployment, loss of income, and rising food costs are making access to food difficult for many." At a time when people have less money in their pockets due to the COVID-19 global pandemic, taxes that raise prices on foods and beverages are counter productive.

That is the essence of what this tax does. It increases the cost of living for many people in our province who can least afford it. You know, the minister also made a comment about making healthy choices and encouraging people to make healthy choices. We've had a lot of discussion around the Health Accord and their focus on the social determinants of health, and included in that are housing and jobs and clean water.

So I ask the minister: How is a healthy choice to drink more water available to those people in over 200 communities in our province that are on boil orders? How is it a healthy choice for the people of Piccadilly Head and West Bay who actually have no water flowing through their taps? How can we make water an alternative choice? They would love to be able to drink clean water. Those people in over 200 communities would love to be able to drink clean water, but we don't need a tax to help them do that. What we need is funding to put the systems in place to allow that to happen, that's what I think needs to happen.

Let's also make a point here, this is not just a 20 cent tax; this is another example of a tax on tax. You're going to turn around and implement the tax at the wholesale level, so when you pick up the product at the grocery store on the shelf, the 20 cent additional tax will be on that price. When you go to the checkout to pay for it, you're going to pay HST on that. So you're paying tax on tax once again. We've seen it on the gas tax and now we're going to see it on this sugar tax; double taxation on the people of the province who can least afford it – least afford it, that is a critical point of this tax.

I'd also like to talk about – the minister mentioned the subsidy that is provided as part of a rebate on your income taxes for memberships in gymnasiums and all that. When that was first announced I thought that was a wonderful thing, \$2,000; everybody was going to get \$2,000 so they could go and buy the gym memberships so they could get to workout. Nope, I guess the details didn't prove out that way. Before you could avail of that, you have to have \$2,000 in your pocket to buy the membership. There are lots of people in our province that can't afford to spend money upfront on a membership that costs \$2,000 and wait to get a rebate back in your income tax. So, again, we've missed the boat on helping those who need the most help in our particular province.

The whole issue here, again, is what are the impacts of this? Is this going to achieve the health benefits that we talk about it achieving? I can see no such benefits.

The minister alluded to the journal in the UK. Well, the UK implemented the tax a little

differently. They didn't tax the people. They taxed the companies. They put it on companies to say if you reduce the amount of sugar in your beverages, we're going to tax you based on the amount of sugar you put in your beverages. They encouraged those companies to lower the amount of sugar in the beverage, not put the tax on the people in the United Kingdom or, as we are doing, taxing the lowest income earners in our province.

**SOME HON. MEMBERS:** Hear, hear!

**T. WAKEHAM:** The University of Oxford did a study – and Philadelphia brought in a similar tax into the City of Philadelphia. They did an analysis of the economic impacts on that and they said: Overall, our models indicate an employment decline of 1,192 workers in Philadelphia as a result of that. So they scraped it.

When we look at the Northwest Territories, they talked about bringing in a tax similar what this government is bringing in. They studied it in 2017 and 2018 and the government report concluded that the tax would have a disproportionate impact on low-income users. I would suggest that is exactly what's going to happen in the Province of Newfoundland and Labrador.

They went on to say: Individuals would not change their consumption and the tax would put financial pressure on families because there would be less money available for other purchases. Again, the idea that this tax is somehow going to help people live healthier. In order to do that and move to healthy choices, as I just said, you need to have those choices available to you.

That is part of the challenge we face here in our province; we all agree with the challenges with the health care system.

The minister mentioned the Canadian Beverage Association. The Canadian Beverage Association has provided evidence, I'm sure, to the minister that other similar beverage tax programs have only reduced calorie consumption by five to six calories per day – insignificant.

They were also provided evidence that actually drinking sugar-sweetened drinks in this province is on the decline – it's already on the decline. So, again, let's not focus on taxing people, let's focus on education. Let's focus on getting the word out there. Let's focus on making it better so that people have healthier choices, lowering the cost on some of those.

If we really want to improve the health of the people of our province, we need to target the full diet of our residents, not just what they drink; if we believe that there are better ways to do this than simply reaching in their pockets and taking more money.

Food First, Josh Smee, said: There's always a worry about the equity of these kind of taxes because they are not just regressive in the sense that they're hitting low-income households harder.

A lot of people have talked about the fact that this tax will have the biggest impact on the people who can least afford it and the fact that it is a tax on a tax once again. If we are truly concerned about the well-being and health of the people of our province, then let's focus on making our people healthier by giving them the opportunity to purchase healthier products, healthier goods and healthier supplies. That's the way that we could actually move this agenda and move this forward.

The minister quoted some other government departments and agencies, but even the federal Liberals – back in 2019 the former Minister of Health said: "We've made it clear during the course of the past few years that adding a tax to sugary beverages was not a part of our healthy eating strategy ...."

So the federal Liberal government has said taxing sugary beverages is not a part of their healthy eating strategy. Then why is it a part of Newfoundlander and Labrador's? That's what I would like to know. What are the reasons that you believe that somehow or other you're going to make a healthy-eating strategy and a healthy-drinking strategy based on putting an additional tax on the people who can least afford it? How does that work? I am going to be extremely interested in hearing that so that the analysis can prove to us that this, in fact, will actually make

people healthier. Otherwise, this is nothing more than another tax.

There is nothing there that says the \$9 million in revenue is going to be given and assigned to reduce the cost of healthier alternatives. It is not earmarked for any of those, it goes into general revenue. While they've announced other programs, this is not identified that this is going to help people in Newfoundland and Labrador achieve the so-called desired results.

I don't see how this tax does what it's supposed to do according to what we're being told. It's simply another tax measure; it's a tax on a tax. A tax on the lowest income people in our province and does nothing for healthy living in the province.

I will end by repeating my quote from the Minister of Health: "... the last thing we need to do is create extra bureaucracy to collect a tax for marginal benefit ...." I hope that statement by the minister, we live up to it.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**CHAIR:** The Chair recognizes the hon. the Minister of Health and Community Services.

**J. HAGGIE:** Thank you very much, Mr. Chair.

Before I get into the meat of my comments around this resolution, I think it would be best to address the comments. Those were made, I think, in *Budget 2016* and they referred to financial elements. A marginal financial return for simply the fact that we would create a point-of-sale tax. This is not a tax that's proposed with those mechanics at all. This is different.

To go back to the original statements that I had, this is a question of connecting a few dots. We have the largest consumption per capita of sugary drinks: double the national average. We have, as a province, the worst figures for childhood obesity. We have, as a province, seriously bad figures for adult obesity. We have 11.1 per cent of our population who have diabetes. The bulk of those, numerically, are Type 2 diabetes. The single biggest risk factor

for Type 2 diabetes is obesity and ingestion of refined sugar.

Join the dots: The logic behind this is based on the experience with smoking. We know, and we've seen over the years, that as you increase the price point of cigarettes, the consumption goes down. We see that in health because every time we have increased the taxation on cigarettes and tobacco, the Smokers' Helpline gets an increase in calls for people who want their addictions assisted. They want to manage them. They want to get off the cigarettes. It works; it reduces consumption.

The reason the focus is on these drinks is because if you get into good, healthy habits as a child or a youth, they will carry over into adult life. This is the importance, for example, of our School Milk Program, which provides free school milk for school-aged children.

**SOME HON. MEMBERS:** Hear, hear!

**J. HAGGIE:** It is the money that will be generated by these taxes that will help pay for that. We support healthy eating in schools through Kids Eat Smart and the breakfast program, which my late wife set up in Glenwood and worked extremely well, but it focused on healthy choices.

If you get children and youth to get into the habit of consuming healthy drinks and healthy drinking, then that will carry them over into adult life.

I spent from 1997 to 2015 in Gander, and each week from about 1998, I would do a wound clinic. That was for patients who had wounds that would not heal. I thought it was a way of generating casework for my interest, which was in arterial and vascular surgery. It actually turned me into a manager of diabetic feet and diabetic legs. And once you've had a few conversations with Type 2 diabetics in their 40s and their 50s whose legs are unsalvageable because of diabetes and their lifestyle choices, you start to realize that what you're doing is basically palliative surgery. You're not curing anybody. You're providing comfort and symptom relief.

The opportunity to prevent diabetes exists in measures like this. Will it work by itself? No. When will you see the results? It won't be the week after we introduce this tax. This will be my grandchildren and, hopefully, my children. But they have fortunately never acquired a taste for sugary and carbonated drinks, except when mixed with other drinks.

From the long-term perspective, the Premier and I have stated that our aim is to change the story about chronic, persistent disease in this province. These are the kind of measures that will do that. But they're not glamorous, they're not popular and they will not work overnight.

The fact is we need to go down this road, because the Member opposite referred to not being able to afford the consequences of this. I would argue, from my experience as a clinician, no one personally can afford the price of walking down that road. Will it happen to everybody? No. Just like some smokers never get lung cancer; some smokers never end up with arterial disease, but that is good luck, not good planning or good management.

Our job here is to provide the safest, healthiest environment we can. Basically, these drinks are toxic, long term; let alone the side effects I saw from my other clinical aspects. From the point of view of some carbonated drinks, they are very injurious in other ways, but that's not the focus of this. It will be a helpful by-product, but the main aim here is to reduce the ingestion of useless empty calories from a source that the body, by and large, was never really designed to deal with.

The body will deal with sugar, but it is the kind of sugar you'll find in oranges or the kind of sugars you'll find in berries: the complex sugars. Refined sugars like this, basically, go straight to your arteries. It goes straight to damage your metabolism and straight to damage your liver. In large quantities – some people unfortunately in the province drink colossal quantities of these drinks – they will find themselves the worse off from a health point of view.

Again, there is a case – a very clear case – to be made as a behaviour modification tool, this will work. It will not work immediately, it will not work overnight, but this is a measure to make

our children and our grandchildren healthier and to take the edge off for some of us whose health is perhaps not as good as it could be.

To close, as it were, I'll see you a Minister of Health quote and I'll raise you a premier's quote, from Premier Davis in 2017, who clearly said that he had evidence – and it is in *Hansard* from May 3 – that a sugary-drink tax will reduce the consumption of these calories and will make people healthier.

With that, Mr. Chair, I would endorse this resolution and encourage all forward-thinking Members of this House to support it.

Thank you very much.

**SOME HON. MEMBERS:** Hear, hear!

**CHAIR:** The Chair recognizes the hon. the Member for Bonavista.

**C. PARDY:** Thank you, Chair.

Sugar consumption is an issue. There is no debating that: Sugar consumption is an issue. The only thing, taxing is not the right first step. In the short time to speak on this, there are many that I've consulted with in the District of Bonavista that I think many would agree. My colleague from Stephenville - Port au Port mentioned that there are some people out there who are financially hurting, and there are. They consume sugary drinks, not in a large amount because they can't afford it, but they do. Will they continue to consume it? Yes, they will. But they do not have the economics or the means of which to purchase it if we are going to tax.

I stated in the House before that the Province of Newfoundland and Labrador is usually the 10th province and we probably have three Territories before us before we adapt legislation. Well, this is new. This is a first. There's nothing wrong with being first, but maybe there's a reason why we are first. Think about it. I'm not sure what other legislation we've had where we've gone first and every other jurisdiction in Canada, the other nine provinces and three Territories, decided not to. But every one of them will agree that sugar consumption is an issue – every one of them, without a doubt.



The Northwest Territories did an extensive study in 2019, and it was an extensive study. They did massive research on doing the sugar tax. But let me cite some from their extensive research for the sake of our debate here today. In their Executive Summary, they state: “Although research supports that the conclusion that taxes on sugary drinks will reduce their consumption, other factors, such as substitution of other forms of sugar and public education, make it difficult to draw conclusions on how much a sugar-sweetened beverage tax would reduce consumption of sugar-sweetened drinks and therefore have an influence on reducing obesity and improving dental health.” Inconclusive.

So 140 calories in a can of Coke. Many Newfoundlanders drink responsibly. There are 140 calories in two doughnut holes that are covered in chocolate. One chip is 10 calories. I just share that with you to know that calories can be attained in other than the sugary drinks.

Again, my colleague who spoke prior to me, from Stephenville - Port au Port, mentioned that our calorie consumption was going down before the sugar tax. In 2004, it was assessed that we were consuming 189 calories per day; 2019, 119 in our province. The diet sales and the no-calorie soft drinks were close to 50 per cent in Newfoundland and Labrador, a significant increase, while the rest of Canada is at 37.6 per cent.

Continuing on another note, from the research from the Northwest Territories: “A tax on sugar-sweetened beverages is expected to influence consumers of the taxed beverages in two ways: First, the tax will reduce the consumer’s ability to buy other goods if expenditures of the tax beverages are not reduced. Second, the tax makes the sugar-based beverages more expensive relative to other products, which may encourage consumers to substitute other products for the taxed beverages.”

This is my concern. I’ve spoken with several, many, in the District of Bonavista who are having difficulty making ends meet. They are having difficulty making ends meet. They certainly do not have the affordability to buy healthy foods or to make healthy choices.

Again, to reference my colleague who is sitting close to me here, he stated the water in many parts of the District of Bonavista, it’s advised you do not drink the water. And I know there are healthier choices, but the healthier choices are far more expensive on the group of Newfoundlanders who are going to be affected the most and the hardest here.

It is a regressive tax. It will burden those who can least afford it the most. I think we can probably agree with that. It will burden those who can least afford it the most, and that is the definition of a regressive tax.

Just to continue with the research, Oxford Economics, which was cited a little earlier, they stated that establishing sugar taxes for health objectives is highly speculative since there are very few studies that provide complete and vigorous amounts of the expected impacts. According to the study, the success of sugar taxes to reduce consumption depends on the pass-through rate of the tax, how responsive people are to the price increase, how much consumers substitute the tax on healthy food for other equally unhealthy food that is not taxed and whether the introduction of the tax creates trans-border purchases. I don’t think we have to worry too much about that here in Newfoundland and Labrador, but let me get to the last point to conclude.

The premise of this tax is that we would tax Newfoundlanders and Labradorians and that is going to arrest their desire to consume sugary drinks. We want to become the healthiest province in 2031 in Canada. I think if we looked at statistics that are out now in Canada, Alberta may come out in front. They may be the province that may be the healthiest. In the school system they are, because they have quality, daily physical education. They invest a lot within their school system – we’re not taxing, but we are providing quality, daily physical education to their students; they’re healthier.

They consume less because we consume more, according to the minister. But what do they do? They do not tax 15 per cent. We have 15 per cent tax now; Alberta has 5 per cent tax. We have a 10 per cent higher tax as we stand now than what Alberta does, but we consume more. What we’re going to do is we’re going to

increase and tax more and expect to get a different result.

There are different ways of doing it. BC is another one that doesn't tax as much as we do. They often don't tax candy and snack food either. But they're doing something right that we're not; they're not resorting to adding more tax in order to get the result back, and it is inclusive. There are no studies. For us to be first out of the blocks in Canada, without any conclusive studies being done in Canada, and the one I cited in the Northwest Territories is the only one I could come across that had some extensive research done on sugary drinks.

So I would say, in conclusion, if you read in an article – it was assistant professor, and I think he still is, at the faculty of medicine here at MUN. He is an occupational and environmental health expert, Atanu Sarkar. If you read his comments: A tax meant to address chronic diseases seems certain to put a financial burden on those least able to pay. “With the intervention of one product, you cannot expect any such perceivable change,” like in the health of those involved.

So the only thing I would say is I am in favour of reducing the sugar consumption issue. There are other steps that we can take that does not mean taxing – a regressive tax of those who can least afford it.

Thank you, Chair.

**SOME HON. MEMBERS:** Hear, hear!

**CHAIR:** The Chair recognizes the Deputy Government House Leader.

**L. DEMPSTER:** Chair, I move that the Committee rise, report progress and ask leave to sit again.

**CHAIR:** The motion is that the Committee rise and report progress and ask leave to sit again.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, 'nay.'

Carried.

On motion, that the Committee rise, report progress and ask leave to sit again, the Speaker returned to the Chair.

**SPEAKER (Trimper):** Order, please!

The hon. the Deputy Speaker and Chair of the Committee of Ways and Means.

**B. WARR:** Mr. Speaker, the Committee of Ways and Means have considered the matters to them referred and have directed me to report that they have made progress and ask leave to sit again.

**SPEAKER:** When shall the Committee of Ways and Means meet again?

**L. DEMPSTER:** Presently.

**SPEAKER:** Presently.

Thank you.

On motion, report received and adopted. Committee ordered to sit again presently, by leave.

**SPEAKER:** The hon. the Deputy Government House Leader.

**L. DEMPSTER:** Speaker, in accordance with paragraph 9, section 1(b) of the Standing Orders, this House now stands in recess until 6 p.m.

**SPEAKER:** This House is now in recess until 6 p.m.