



Province of Newfoundland and Labrador

FIFTIETH GENERAL ASSEMBLY
OF
NEWFOUNDLAND AND LABRADOR

Volume L

FIRST SESSION

Number 31A

HANSARD

Speaker: Honourable Derek Bennett, MHA

Tuesday

November 2, 2021
(Night Sitting)

The House resumed at 6 p.m.

SPEAKER (Bennett): Are the House Leaders ready?

Order, please!

The hon. the Government House Leader.

S. CROCKER: Thank you very much, Speaker.

Speaker, I call from the Order Paper, Order 17, second reading of Bill 26.

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

J. HAGGIE: Thank you, Speaker.

I move, seconded by the Government House Leader that, An Act To Amend The Licensed Practical Nurses Act, 2005, Bill 26, now be read a second time.

SPEAKER: It is moved and seconded that Bill 26, An Act To Amend The Licensed Practical Nurses Act, 2005, be now read a second time.

Motion, second reading of a bill, “An Act To Amend The Licensed Practical Nurses Act, 2005.” (Bill 26)

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

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

This is the first of the legislation that I have on this Order Paper, and it is An Act to Amend the Licensed Practical Nurses Act, 2005. This is a very specific, narrow piece of amendment to an act that is 16 years old, and it is brought in at the request of the College of Licensed Practical Nurses of Newfoundland and Labrador, the governing body who set best clinical practice for LPNs.

There are five specific asks: removing the definition of a “practical nurse” to allow it to be managed through regulation, consistent with other such legislation; updating the bylaw-making power; amending provisions relating to protection from liability; adding quality

assurance provisions; and adding a duty to report.

This is to update outdated legislation and bring it into line with the licensed practical nurses current scopes of practice and practical needs. It is a fairly straightforward, fairly tight piece of amendment and I would be happy to take questions on this in Committee, Mr. Speaker.

Thank you.

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

P. DINN: Thank you, Speaker.

It’s a pleasure to speak to this bill. I would agree with the minister in terms of this being a fairly straightforward piece of legislation, but I’ve come to learn that, many times, stuff is not straightforward.

But just to talk to this bill – so it’s an overview of the legislation. The current act, 2005, has been in force for 15 years and these amendments, as the minister mentioned, is made at the request of the College of Licensed Practical Nurses in Newfoundland.

The fundamental changes here: removing the definition of LPNs, as there has been a movement in scope and the college felt changes were appropriate. Most boards in Canada allow for the bylaw changes enacted at the executive level versus requiring the entire membership to vote on it, which is the current practice.

It also speaks to establishing the quality assurance committee and allows the committee to appoint assessors or others to assist the committee, for example peers or external experts. Quality assurance issues can now be moved to disciplinary proceedings, and vice versa, depending on the severity of circumstances. It also provides the board with liability protection for decisions they make.

Changes in Bill 26 are being accompanied by, of course, a change in Bill 27, the Pharmacy Act, regarding dispensing of medications.

These changes are extremely important as our province moves to enable health care

professionals to practise to the full scope of their professions to ensure Newfoundlanders and Labradorians have better access to timely, high-quality care. This is especially true in rural areas, but also in larger centres, these days, where access to family doctors is lacking.

Some of these changes simply reflect the profession's desire to update the language and procedures that determine how it regulates itself, reflecting best practices. For example, clause 1 of the bill updates the definitions in section 2 of the act. One of those definitions is a very lengthy definition of practical nurse. It is very outdated.

Here is how it currently reads: Practical nurse means a person who undertakes or performs duties or services relating to the care of patients that is consistent with his or her training as approved by the council, or a person acting under the direction of a registered nurse, a qualified medical practitioner or a member of a health care profession approved by the minister, who (i) performs procedures or treatments prescribed or ordered by a registered nurse, medical practitioner or member of a health care profession approved by the minister, (ii) undertakes or assists in the care of subacutely – I assume I pronounced right.

AN HON. MEMBER: (Inaudible.)

P. DINN: Is that what it is?

AN HON. MEMBER: (Inaudible.)

P. DINN: Sounds correct. Thank you.

Chair, (ii) undertakes or assists in the care of subacutely ill, chronically ill, custodial – collaboration at its finest – and convalescent patients, or (iii) assists registered nurses in the care of acutely ill patients, but this definition shall not be construed as being an approval of the delegation and direction of nursing functions by a person other than a registered nurse, but functions which may be performed by a qualified medical practitioner or a member of a health care profession approved by the minister, other than a registered nurse or a licensed practical nurse, may be delegated and directed by a member of that health care profession.

That's how it currently reads in the act. This bill is looking to change that.

The College of Licensed Practical Nurses realizes that the scope of the work that LPNs do, and are qualified to do, has changed. The definition that I just read out is not quite accurate. The college has pointed out that a definition is not actually required. The profession does what it does as regulated by the college. That is how its work is defined and refined over time.

The bill has 13 clauses in total. Some of the changes seem to be subtle at first glance, but they have implications that are very important to the profession and we see their value. The changes bring the profession in line with other health care professions and with LPN governing bodies elsewhere.

Nurses have been practicing their profession for time immemorial; they are among the highest respected professionals in the world. Where would we be without the professional nurses? As medicine has advanced, the way the profession defines itself and governs itself has also evolved, not just here but nationally and internationally. Today, we recognize the importance of respecting those advances by updating the legislation.

Here are some of the other changes the bill will make, as noted by the minister: Clause 2 makes a change to section 6 of the act allowing the board rather than the entire college to make bylaws. This is consistent with how other professions are governed.

Clause 3 adds a new function of the college in section 8 of the act. That new function is to administer a quality assurance program.

Clause 4 amends section 10 of the act on the functions of the registrar.

Clause 5 changes the scope of the bylaws and how they are made in section 11 of the act.

Clause 6 changes section 12 of the act regarding licensing.

Clause 7 changes certain definitions in section 13 of the act.

Many of these changes are not huge but they are important.

Clause 8 adds a new section, section 14.1 on duty to report. Here is how that section will read, section 14.1: A licensed practical nurse who has knowledge, from direct observation or objective evidence, of conduct deserving of sanction of another licensed practical nurse shall report the known facts to the registrar; (2) A person or a corporation, partnership or association that terminates or imposes restrictions on the employment of a licensed practical nurse based on direct knowledge of the licensed practical nurse's conduct deserving of sanction shall report the known facts to the registrar; (3) An action shall not be brought against a licensed practical nurse, person, corporation, partnership or association or its directors or officers for the sole reason that he or she or the corporation, partnership or association complied with this section.

Speaker, this is an important change, fully in line with the highly regarded health care profession regulating itself responsibly.

Clause 9 amends section 17 regarding the complaints authorization committee to make reference to the quality assurance committee mentioned earlier.

Clause 10 adds five new sections after section 29 regarding the quality assurance committee. These changes ensure quality of work that LPNs do and refine the process for holding that work to the spotlight to ensure accountability.

That section reads: 29.1(1) The board shall establish a quality assurance committee that shall have responsibility for, and shall establish and operate, a program of quality assurance for licensed practical nurses.

Section 29.1(2): The committee may appoint the following persons to act as assessors or to assist the committee to perform its duties and exercise its powers under this Act. That would be: (a) a person registered as a licensed practical nurse under this or another Act, including an Act of another province or territory of Canada; or (b) a person licensed as a registered nurse or a nurse practitioner under the *Registered Nurses Act*,

2008 or another Act, including an Act of another province or a territory of Canada.

Section 29.1(3): The committee and a person appointed under subsection (2) shall have the powers, privileges and immunities that are conferred on a commissioner under the *Public Inquires Act, 2006*.

Section 29.1(4): A person appointed under subsection (2) has the powers of the committee under paragraphs 29.3(3)(a)(b) and (c).

Section 29.2: A licensed practical nurse shall –

SPEAKER: Order, please!

You should be debating the rationale for the bill rather than line by line. We'll be doing that in the Committee stage of the bill.

P. DINN: I can certainly go to that, yeah.

AN HON. MEMBER: (Inaudible) speaking to the bill. It's still relevant to the bill.

SPEAKER: Yeah, but you're going through it clause by clause. Clause by clause is discussed in the Committee stage. He can discuss the content of the bill and the rationale of the bill, but not to be going clause by clause.

P. DINN: I cannot read it into record?

SPEAKER: Not the clause by clause.

P. DINN: Okay.

Thank you, Speaker. I'll go to the bill; I'll talk to it.

As I said when I started, the minister talked about it as being a fairly straightforward bill and, as I said, nothing's usually straightforward and fairly.

Before they call me on repetition, I'll move on to something else. I got, yeah, 47 minutes. I can do that.

In dealing with this bill, we're in a tremendous health crisis in this province. This bill is designed to address part of that, when you talk to being able to write prescriptions and such that

come in from family physicians or other primary health care workers.

We have in this province – in my meetings with the licensed Nurse Practitioners Association and that – 220 nurse practitioners in this province. They brought many, many issues forward to me. That’s where this is originating from. This is looking at how they can exercise the full scope of their education and their professional association. You hear it from many nurse practitioners; some are able to exercise the full scope of their practice, many are not.

So when this allows the LPNs to – it says here: removing the definition of LPNs as there has been movement in scope and the College felt that the changes were appropriate. That speaks directly to what I’ve heard from nurse practitioners.

When you talk about the shortage in health care here – the crisis – and we talk about the team approach, and within a team approach you may have a doctor, you may have a nurse, you may have a licensed practical nurse or you may have a nurse practitioner. They’re all the intent, moving forward, to try and deal with this health care crisis, to ensure that these teams operate in concert together so that they may be able to provide the best health care to the province.

One of the cogs in that wheel, if I may, is our nurse practitioners. Our nurse practitioners are well trained. They can certainly add to the health care system here. There’s no doubt about it.

They have many issues when you can talk about pay issues and the like, but they want to be able to change the act that has been in effect since 2005 to allow them to have a little bit more movement in the scope of practice.

So going through this, the Explanatory Notes for this: This bill would amend – and I’m making sure I’m not repeating myself, because I’ll be called on that –

AN HON. MEMBER: (Inaudible.)

P. DINN: Yeah, thank you.

So it’s actually deleting the definition of practical nurse. You gave me leave earlier and I

read out the whole definition of that. So I appreciate that – let me find my page again. The other thing that’s added here is the addition of the quality assurance provisions to enhance public protection and accountability. That is huge.

We spoke earlier on another bill. The Government House Leader mentioned that any time we can enhance transparency and accountability, we should do so. And we agree. We spoke to that when we talked about the AG bill, and we want to be leaders. I’m sure the licensed practical nurses want to do the same.

In health care, it’s extremely, extremely important that we enhance public protection and accountability, because we are dealing with people’s health. We are dealing with lives in many cases. If we are going to deal with a crisis that comes around, as an example this current – well, until fully confirmed, this current cyberattack, we’ll call it, we’re going to depend on our primary health care workers to be able to operate to the full scope of what they’ve been trained to do.

When you look at this, I mean, that is basically what we’re trying to do here. We’re trying to ensure that our licensed practical nurses are able to perform their jobs to the fullness of their capabilities and in the professional and competent way in which they have been trained.

In my discussions with licensed practical nurses, with nurse practitioners, with doctors, with pharmacists – of which there will be another bill coming up – with everyone that I spoke to in health care, they all want to do the best for their clients, their patients, the families they look after. They all want to do the best.

They will all tell you they have pros and cons and you have negatives and positives that they could talk to, but in a lot of respects these groups talk to scope of practice. They went in and did training. Some, spending years doing the training, years of practising what they do in a controlled environment, but then they want to get out and put that to good use for the benefit of the health and safety of the residents of the province.

This act gives them a little bit more of that, a little bit more leeway to be self-governing. I can't sit down and tell you what a licensed practical nurse should or shouldn't be doing; I'm just not qualified. I can take whatever they tell me as gospel, and why wouldn't I? They are the experts; they are the professionals in their role. When I see this, I can only assume that this is being driven by the college and this will help them in terms of practising what they've been trained to do. Again, it's a long time coming; it's 15 years.

Without getting ahead of myself, when you're talking about the changes coming in the Pharmacy Act – and we know, in dealing with COVID, and we know in dealing with more virtual care, this allows licensed practical nurses to be able to avail of their full complement of skills, even though they may not be in the physical location of a patient. They can work with a doctor. They could receive a call to give an injection. Doctors elsewhere, they're there and they're able to do that. It certainly respects what they've done in terms of training.

The other piece that I heard in talking to the health care, primary health care providers – and I'll say this is no reflection on anyone, other than as a very common comment that I heard when speaking with the many medical groups, including the nurses and that. It was only to find out and get their opinions. A lot of them spoke to respect or lack thereof. I guess part of that comes from that legislation that's outdated.

You go in, you take a course and you put your time in – time and money, and in a lot of cases time away from home – and you expect to come out with a career. You expect the curriculum that you studied, the skills that you've learned, when you graduate, you come out and you're ready to hit the road running. Then you get out there and there are things you want to do that you can't. Well, not that you can't, but you may not have the opportunity to do, for various reasons.

They talk about the respect or lack of respect because of that. That's one of the reasons. When we're able to take what they bring forward and we're able to actually make changes to the legislation, that's certainly a step in the right direction. That's showing our licensed practical nurses that we do value what you say. We do

value what you can do. That's what this is about. They're trained to help people.

I mean, that's an amazing job to go into and train for and that you're going to come out. Whether you're a nurse, doctor, nurse practitioner or a licensed practical nurse, when you come out and you can actually make a huge difference in the lives of people, that's all you want to do because that's what you trained to do. That's what you went in to do. That's what you committed to do. But to come out and then be limited in what you can do, that's discouraging. That's discouraging on nurses, on licensed practical nurses.

So this is a good bill. I understand the minister when he says it's fairly straightforward –

B. DAVIS: (Inaudible.)

P. DINN: Yeah, it is. I thank you for that. Let's see if I can get you right here; I got you hidden here somewhere, the Member for Virginia Waters - Pleasantville.

Thank you for that.

D. BRAGG: (Inaudible.)

P. DINN: Yeah, I do appreciate the applause from the Member for Fogo Island - Cape Freels. Thank you for that as well.

This is an important bill and, again, I'll go back to the point I was making before I was – I won't say rudely interrupted. I appreciated that interruption because anything positive is good. I thank you for that.

I mean, it is fairly straightforward, but when I say nothing is fairly straightforward it's because behind this bill there's a lot of work. There has been a lot of work done on this. You don't just produce bills without doing your research, without having staff work on it and without sitting down and analyzing and do a jurisdictional scan. There's a full complement of work that goes into producing any bill that comes to this hon. House. I thank all of them for that. I thank them for that because this bill will make big changes. They may seem fairly straightforward, and I understand where the minister is coming from. It is fairly

straightforward, but I think in terms of this it makes huge changes for this group – huge changes. To be honest with you, I wouldn't expect anything to come to this hon. House unless it was for a real good reason. I mean, you don't just bring them forward for no good reason.

This is a fabulous bill. I applaud it. I mean, it's certainly regarding this health care profession when they take them and make these changes and respect what they do. That's what a lot of them look for. That's what they're looking for: respect, full scope of their practice to be able to come home at the end of their workday. We know many of them are overworked, overstressed and burdened, we know that, but if you can come home at the end of the day and say to yourself that I was able to make a difference to the fullness of my abilities, that's a hell of a lot better than coming home and saying I could've done more if only I was able to, if only I was allowed to. That's really important.

I'm sure everyone in this House when they talk to anyone in health care – and this is the correction I get from people out there, because we do talk about the shortage of doctors. But I get corrected by many other groups that it's a shortage of primary health care of which this group is. It's the shortage of primary health care. Going around door to door during the past election I'm sure everyone has health care workers in their districts and there are past, present and, maybe, future – I don't know – in this House that have worked in health care. It's a real, I guess, rewarding job, but if you're working without the resources there or without the legislation that allows you to perform to your full capacity, it can be a pretty discouraging job.

Again, we've all heard some of the stories through COVID. We've heard some stories recently, of course, with this cyberattack, for lack of a better word. Health care makes people very anxious. What may seem like something simple, like a blood test or that, is huge for others. For us to give the authority to the group, their own group, to regulate and oversee how they do, I mean, that's a huge step. That's certainly a vote of confidence for them. I don't say, in any way, that we have any kind of a lack of confidence in our health care workers. I have full 110 per cent confidence in our health care

workers and our front-line workers, which I think everyone in this House would agree they have done an outstanding job for us and this can only make them better. This bill can only make them better in what they can do.

B. DAVIS: (Inaudible.)

P. DINN: Thank you, the Member for – I'll get you again; you need to hear this – Virginia Waters - Pleasantville. Thank you so much for the support. He is a fabulous minister.

SOME HON. MEMBERS: Hear, hear!

P. DINN: Speaker, it's wonderful –

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

The hon. the Member for Topsail - Paradise.

P. DINN: Thank you, Speaker.

You don't have to stop it. I mean, any time I can get some positive response from anyone in this House is wonderful. The Members for Virginia Waters - Pleasantville and Fogo Island - Cape Freels, any time you applaud me is wonderful. Thank you. I'm not even talking about Evel Knievel tonight – not at all, no.

With that, you know, they've thrown me off, which is what I think they wanted to do, but I could go on for another 28 minutes and 58 seconds, but I'm going to –

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

The hon. the Member for Topsail - Paradise.

P. DINN: I'm going to finish what I'm saying now and I do appreciate it.

Thank you.

SOME HON. MEMBERS: Hear, hear!

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

T. WAKEHAM: Thank you, Speaker.

I wasn't sure if there was anybody else that wanted to jump in but I'll certainly go.

I've had a long history in health care and I'm very proud of it. I've seen the evolution, I guess, or something like, and perhaps the minister and some of the other ministers have over the years, of moving from what used to be called nursing assistants to what we now call licensed practical nurses. Certainly their roles and their responsibilities have changed over the years and this, of course, is simply a part of a recognition of how far we've come to make it a much more professional organization that it has become.

It is interesting when I looked up the definition of "practical" it said: Of or concerned with actual doing. That is what a licensed practical nurse does and brings to health care every single day. Whether they're in a clinic or whether they're in a hospital, whether they're in a long-term care facility or whether they're providing services at home they actually are concerned with the actual doing. To have legislation like this or a bill to improve their professional association and to make it more professional, again, is something I think we all support and will continue to support.

It was interesting, I looked up the competency profile for an LPN, for a licensed practical nurse, and it actually has 264 pages. It covers everything from the professionalism, the nursing process, to the nursing practice, to all different aspects of nursing from surgical care, orthopedic nursing – the whole gamut.

So, again, these are professional people working in our health care system and a very integral part of the health care system. As I said, you will find licensed practical nurses in all parts of our health care system and sometimes when people are in hospital and somebody comes to provide a service to them, they often say we thank the nurses.

In a lot of cases, that actual person that actually performed or helped them was a licensed practical nurse. So even though they're called licensed practical nurses, they are there on the front line, assisting and performing a lot of

functions that the people that rely on their services need.

You know, we've talked a lot about our health system in the last couple of weeks, but we've also talked and taken time to acknowledge the hard work that the professionals in our health care system do. Everyone that works in health care plays a part no matter what job you have.

I've said this before and say it again, you know, we've compared our health system to if New York City is the city that never sleeps, well the Department of Health and the health care system is the department that never sleeps. Health care is 24-7, 365 days a year. And until you need it, sometimes you don't know how valuable it is or how valuable that service is to you.

Now, we find ourselves in a situation where we have shortages in our province in different areas, in different things, including licensed practical nurses, I would add.

We've expanded programs for licensed practical nurses across the province and that's a good thing. I think we need to keep expanding those services. Again, this particular act really puts that professionalism on the licensed practical nurses of Newfoundland and Labrador and helps the board establish that and just adds that further enhancement that these are professional people that work in our health system.

We can't lose sight of that fact, that, as I said, sometimes they don't necessarily get the credit they deserve, but it's not because – those of us that are in the system know full well what they bring, whether it's in long-term care, whether it's in acute care, whether it's in community, as I said. When we talk about community centres and the new model of primary care, licensed practical nurses will be an integral part of this.

Taking the legislation and amending as is being done, just as I said, helps with improving that quality piece and adds some more professionalism. I'm not going to go through every piece or word in here, but I just want to make that point and recognize the significant contribution that licensed practical nurses make to the delivery of health care in the Province of Newfoundland and Labrador, no matter where they work.

On that note, Speaker, I'll stop.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Lake Melville.

P. TRIMPER: Thank you, Speaker.

I won't say too much but I did want to say some quality words for a group of people – and as other speakers have indicated before me – that we owe a huge debt to.

So many of the comments over the last little while have been about the professionalism, the stamina and the compassion that this group of professional people demonstrate. They show up to work every day and sometimes they have to work yet another day before they even get home to their own loved ones. The dedication is truly something to be admired, something to be respected. I think when there's an opportunity for us as legislators to do what we can to support them we need to do that.

I just wanted to say I'm very proud to be sitting here today. I look forward to watching the advance of this bill and supporting it all the way home.

Thank you very much.

SPEAKER: The hon. the Leader of the Third Party.

J. DINN: Thank you, Speaker.

The essence, I guess, of this bill to me is one of confidence in the competency and the qualifications of the health professionals who treat us, certainly since we seem to be heading towards an approach in the system where we, not just rely on doctors, on physicians but we also rely on other health professionals to treat us.

Certainly, we see here the connection with the Pharmacy Act that LPNs will be able to do partial dispensing of medication. For patients, any of us who run out of a prescription, that's going to be a significant improvement and source of comfort.

I think for most part in Newfoundland and Labrador, and maybe elsewhere for that matter, for the most part, we've been very reliant on the family physician, on the doctor as the sole health authority. This is sort of a change here and an attempt to bring this legislation into the modern era to reflect their qualifications and their scope of practice.

I'll speak to this: one of the things that stands out in this bill is certainly with regard to the quality assurance program. It goes back to my idea or belief that really what we're attempting to do is to establish or to give confidence in the professional qualifications of this group of people.

What I like about it, for the most part, it's a very detailed process of due diligence. It's not just punitive but it does provide the opportunity to resolve the matter before it goes to a quality assurance committee. It gives the licensed practical nurse who's under question or complaint to improve, to get the help that he or she needs, to get the counselling, the medical treatment to get the necessary – it can be the course of studies and basically to do what he or she needs to do to get back on his or her feet.

I can tell you, for the most part, that inevitably with any union usually where we get the employer always, Mr. Speaker, is on the process; due process was not followed. Punitive actions are taken without any indication that a process was followed and at least here in this we're seeing an attempt to – a whole section really, a significant section that deals with the duty to report and the procedures laid out as to how that compliant and how the issue for that LPN is to be dealt with. Even up to the point, if the licensed practical nurse fails to comply with the requirement, it then takes it one step further.

From my point of view, when I look at that, I think, if anything else, as a layperson I would assume then that getting assistance from or treatment from a LPN I would have a very strong confidence in the professional standards of that person and of the regulatory body around that person to make sure that I was, indeed, getting the best possible care that that professional would give me. I think, in many ways, if used properly that will be a significant addition to the health care. It may not solve our

problems right now, but long term it's heading in the right direction.

Thank you, Speaker.

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

P. LANE: Thank you, Speaker.

I'm glad to have an opportunity to speak to Bill 26. I'm actually not going to take long this time.

Just to say, Speaker, that on numerous occasions in this House of Assembly I think one of the themes we've heard in the House when it comes to health – well, we've heard some unfortunate themes lately. But that aside, when it comes to our health care system, in general, in terms of how we enhance our health care system, how we make it more efficient and try to deal with some of the issues that we have in our health care, I think one common theme we've heard from Members on all sides of the House – and government does seem to be moving in that direction, which is good to see – and that's the whole concept of having health care professionals at all levels and all disciplines working to their maximum scope of practice. I think it makes all the sense in the world that we would have that.

Obviously, as the government increases responsibility – if you will – by opening up scopes of practice and having people work to their maximum scope of practice, there also with that responsibility must come accountability. I think we've seen in this House over the last couple of years, for sure, there have been a number of disciplines and so on where we have looked at the principles which guide those organizations representing those various medical disciplines. We've seen a number of bills like this where we've modernized the language and recognition around those organizations and we've, in some cases, added additional scopes, responsibilities and also more accountability.

One of the significant pieces in here, which I won't repeat what others have said, is the idea of having accountability. That is very, very important. If we're going to be adding responsibility, then we must have accountability.

It seems like we have a reasonable process here put in place to ensure that – in this case, we're talking about licensed practical nurses, but in the past we talked about nurse practitioners and so on, or if we're talking about pharmacists, whatever field we're talking about under medical professionals, to have these legislative changes around how these health care professionals are managed from the bodies that would have responsibility for those disciplines and having proper procedures in place to deal with these organizations and to have more accountability.

In a nutshell, that's what is happening with this piece of legislation as it relates to licensed practical nurses. As I said, we went through a similar exercise with the nurse practitioners and so on. Of course, I will give credit once again to the government on the midwifery, which was another initiative to try getting more health care providers in place and people who are able to contribute and, in many cases, at higher levels than they have traditionally in order to try to make our system more efficient.

With that said, Speaker, I'll conclude my remarks and just say that I feel it is a good piece of legislation and I will be supporting it.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Any further speakers to the bill?

The hon. the Member for Terra Nova.

L. PARROTT: Thank you, Mr. Speaker.

As always, it is a privilege to get an opportunity to speak to a bill in the House. Bill 26 is a 15-year update to the LPN act of 2005. Again, it is a theme that we talked about earlier: how long it takes to go over some of these acts and how things change. The reality of health care is that health care changes pretty quickly and scopes of practice should have been adjusted a long time ago and perhaps we wouldn't be in the mess we're in today.

What is really good about this bill is that it is being driven by the profession, so that speaks volumes to the bill itself and where a lot of these clauses came from. The college certainly has spoken out about the capabilities of LPNs and I

think, as a government, and government House Members, we all understand exactly what LPNs bring to the profession and they should be applauded for what they do on a daily basis. They are a very key cog in the spokes of the health care wheel for sure.

Some of the changes that I see as being most critical is the ability to allow the utilization for a full scope of service. Like I said earlier, when we look at some of the situations with health care today, a big part of what's going on is the underutilization from a scope, and we've heard the minister say that several times. Hopefully this changes some of their ability to function in the workplace.

Rural Newfoundland certainly struggles with all types of health care and this act will help LPNs work better in rural Newfoundland. That has to be a welcome change for certain because, you know, nowhere is this crisis in our health care more evident than it is in rural Newfoundland. We all know the tertiary centre is here in St. John's, but the reality of it is the centre in St. John's is filled by people in rural Newfoundland also, not just the people who live in the greater metro area. The college realizes that the scope of work that the LPNs do has been changing for years and the whole idea of allowing anyone in the health care profession to do more is critical.

LPNs, certainly in my neck of the woods, in the area I represent, are throughout the entire district and they do great work and all throughout health care in the district. Some of the common complaints are their rate of pay and different things they deal with as an LPN versus some of the people they work alongside. Hopefully, with a change in the scope of what they can do, then it will allow a review of that also at some point. If you go to a hospital, you most likely have seen or been in contact with an LPN before most anyone else.

So this bill is pretty detailed; there are a lot of different changes. No changes that are negative, in my opinion. If you look at the bill in its entirety, it, again, only helps the LPNs perform the duty that they were hired to do. It changes the scope of health care practices for them and it will certainly allow their profession to progress at the rate it should have progressed probably a few years ago.

The biggest complaint that I would have about this legislation is that it's probably five or 10 years too late. Since 2005 – the training that they undertake has changed substantially. Not in the last two years or three years. It changed substantially probably about 10 years ago. So it's a little bit too late, but I guess it's better late than never.

At the end of the day, I think all the LPNs and all the people who work in our health care system deserve a debt of gratitude from all of us, certainly with what they're going through right now and certainly with what the patients and the people that are hoping to get in the hospitals are going through right now.

I won't carry out this debate very much longer, but I would like to say again just a personal thank you to everyone in the health care system. I will be supporting this bill.

Thank you.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Seeing no further speakers to the bill if the minister speaks now, he will close debate.

J. HAGGIE: Thank you, Speaker.

This is a specific piece of asks from the College of Registered Nurses. It is great to see support on all sides of the aisle. I commend this bill to the House.

Thank you.

SPEAKER: Is the House ready for the question?

The motion is that Bill 26 now be 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.'

Carried.

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

SPEAKER: This bill has now been read a second time.

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

L. DEMPSTER: Presently.

SPEAKER: Presently.

On motion, a bill, “An Act To Amend The Licensed Practical Nurses Act, 2005,” read a second time, ordered referred to a Committee of the Whole House presently, by leave. (Bill 26)

SPEAKER: The hon. Deputy Government House Leader.

L. DEMPSTER: Speaker, I call from the Order Paper second reading of Bill 27, An Act To Amend The Pharmacy Act, 2012.

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

J. HAGGIE: Thank you very much, Speaker.

I move, seconded by the Deputy Government House Leader, that Bill 27, An Act To Amend The Pharmacy Act, 2012, be now read a second time.

SPEAKER: It is moved and seconded that Bill 27, An Act To Amend The Pharmacy Act, 2012, be read a second time.

Motion, second reading of a bill, “An Act To Amend The Pharmacy Act, 2012.” (Bill 27)

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

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

This is an even tighter piece of legislation to amend the *Pharmacy Act, 2012*, also in

conjunction with the previous bill which has just passed second reading.

This is a very specific ask. It requires an amendment to the Pharmacy Act because it removes a barrier to LPNs current scope of practice. LPNs are, within their scope of practice, allowed to administer drugs – a wide variety of drugs, pretty well any that are available, that don’t require special or specific training.

They are, however, not allowed because of the way the Pharmacy Act is written to dispense it. The difference between administration and dispensing is – for those who may not know – a practitioner hands you the drug or injects you with the drug, and that is called administration. Dispensing is kind of like to go, where you take the medication with you, with instruction and appropriate teaching, to consume on your own. This would be under very limited specified circumstances, which would be set out in regulation. Certainly, the Pharmacy Board is on board, if you’ll pardon the expression, with the restrictions that have been imposed. It will limit it to RHA facilities and there will be, obviously because of that, the usual practices and protocols in place for the RHA.

It will not have a significant impact across the province, but it will certainly continue the work of enabling practitioners, particularly LPNs, to practice to their full scope of practice. It’s very tight, very specific. The amendment is short and I would be happy to deal with any questions in Committee.

Thank you. I commend this bill to the House.

SOME HON. MEMBERS: Hear, hear!

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

P. DINN: Thank you, Speaker.

I do agree with the minister. It is a very tight bill, no doubt about it. It certainly does, it removes a barrier to LPNs in terms of enabling them to practice to the full capacity of their scope of practice.

This bill makes just a single change to subsection 3(2) of the Pharmacy Act. It added the words “or licensed practical nurses” after the words “registered nurses” in the subsection on dispensing necessary drugs or medicines. These are the types of changes we’ve been calling for to help facilitate improved access to care for patients who cannot see a family doctor.

In many areas – rural, but also urban – people would have an easier time accessing a registered nurse or a licensed practical nurse than they would a family doctor. We have been calling for the establishment of multi-disciplinary health care clinics and changes to the fee structures so such clinics can be set up and function properly. Such facilities different health care professionals could practice to the full scope of their profession, giving patients optimal care, access to the kind of care they require without compromising health care delivery at all. In fact, health care delivery would be improved.

When we add on the element of virtual care, which I spoke to earlier, this legislative change is incredibly important. If a physician can prescribe via a virtual visit and an LPN can dispense, as they are professionally qualified to do, patients can have access to improved care, their essential medications will not be delayed and they will not have to suffer the health consequences of delayed care.

We hope there will be more discussions with all health care professionals about the kind of changes that can be made to improve people’s access to care without compromising the level of care or quality of care they receive. I know when I spoke earlier I spoke about the many primary health care providers, from your LPNs to your nurses to your nurse practitioners. I think we all agree in this House that allowing them to practice to the full scope of what they’re trained to do is only going to do better for the health care of our residents.

Every time we hear people suffering because of delayed care – that’s what we’re hearing. We realize that the failure to adapt is having dire consequences on people and that’s not acceptable. This bill, which I’m happy to support, will help alleviate some of that. It is a good start. Like everything, we have a bit of a

ways to go, but this is a positive bill and I will be supporting it.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Any further speakers to the bill?

The hon. the Member for Mount Pearl - Southlands.

P. LANE: Thank you, Speaker. I was having an important meeting there.

Speaker, Bill 27 in this case, allows for licensed practical nurses to work to their full scope of practice. That is something that I support 1,000 per cent, so I will be supporting the bill.

I will say when we get to Committee I do have a couple of questions. Maybe the minister, when he clues up debate, can answer it now or whatever. I’d just like to have an example.

The minister says there are limited times where this type of thing would happen, that it would be needed. I would just like to hear an example of specifically what kind of a situation would rarely happen that this may apply. He can answer it now when he speaks or we can wait for Committee, but I’ll be supporting it.

Thank you.

SPEAKER: The hon. the Member for Exploits.

P. FORSEY: Thank you, Speaker.

This act to amend the Pharmacy Act is certainly a good act, no doubt about it; it goes along with the nurse practitioners. That will help alleviate some of the obstructions that they may have, removing barriers for LPNs so they can dispense medication. This will become more important as we go on.

Doctors prescribe the medicines now so this will help the LPNs to administer medicines that need to be done. Like our colleagues who said that changes are made in the system all the time, it’s time that some other changes have to be made. It’s needed to be made so that we can move along with those medicines and it can be adhered to in particular ways to alleviate the problems that can occur.

So this, no doubt, is a good change and it's a good act. I'll certainly be supporting it because it's something that we can all take a look at along the way. The dispensing of the – LPNs allowed for specific shortages, so it's something that can be done quickly. It's certainly a sweeping change across the province that LPNs are taking over that part of it.

We've been calling for those types of changes in the past few months and couple of years, especially in the rural areas, because from what we've seen there are shortages of doctors. We need extra help in those areas. LPNs will be a great asset to those regions, especially in the rural regions. I see it every day, people looking to see doctors just to get prescriptions to help them alleviate some of the problems they have.

LPNs being able to administer the medicines and drugs to those patients will certainly be a great asset to those people at the time, because they need to get those medicines and they need them in a timely fashion. Not being able to see a physician, especially in the rural areas, makes it certainly a different and harder way to receive the medicine and the treatment that they need.

This Act to Amend the Pharmacy Act for the LPNs certainly strengthens that procedure. Like I say, it's something that we've been calling for in the health care clinics. The fees and structures is something that we'll have to look at, too, such as the clinic can be set up to function properly so that the fees can be there for the LPNs. That's a good addition as well. It's something that will carry on and be a good aspect especially in the rural areas.

Health delivery would improve. It would keep the patients with the drugs that they need. This is good for the LPNs. It's a good part of the act and we certainly agree with this one.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Grand Falls-Windsor - Buchans.

C. TIBBS: Thank you very much, Mr. Speaker.

I agree it's a great piece of legislation. I have many friends that are LPNs, licensed practical nurses. If you talk to some of them about doing the course it's so – it's a very difficult course to do. They have so much information in such a small period of time to get through. It just goes to show the competency of our LPNs across the Province of Newfoundland and Labrador. They are very competent. We are in very good hands with the LPNs we have. Like I say, I have many of them that are friends; they do a phenomenal job.

But when it comes to dispensing drugs, it's something that I think should have been done a long time ago. It clearly shows that they have been trained to do it. We need to pull from and use every single resource we have in this province to help our health care get better, much better than it is now. This is definitely one resource that we're going to pull on. It's something that I know I support. I'm sure that the nurses and doctors support it as well. Anything to alleviate some of the pressures and burnout that these great individuals have at the end of the day is fantastic.

If that's what the bill is intended for – it seems to be that way – we need to make sure that we utilize those resources when it comes to utilizing our LPNs. They do a fantastic job.

You look at if they're going to dispense the drugs on behalf of the doctors, I know that this world is going more virtual and you have to keep up with it. It's a little bit difficult for some folks to take, especially some older folks who are used to the face-to-face doctor scenario, but if they see competent LPN in person with them that can dispense their drugs to them, well that might give them a little bit of assurance at the end of the day as well. Because LPNs are health care professionals and that's what they're looking for at the end of the day.

The LPNs, again, are quite competent in doing this; there are no issues. I thank all LPNs across the Province of Newfoundland and Labrador and the team that they contribute to as well. I know it is a team effort between the doctors, the nurses, the LPNs and there is more support staff on the sides as well.

Again, I am sure that all the health care professionals within the province would agree with this and anything to help our health care move in the right direction is a win for the Province of Newfoundland and Labrador.

I know that I'll be supporting this bill. I think it is a great piece of legislation. I thank the minister for taking it forward.

Thank you, Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Any further speakers?

The hon. the Member for Humber - Bay of Islands.

E. JOYCE: Thank you, Speaker.

I'm just going to have a few minutes on this and talk about some of the concerns. Of course, I'll be supporting this bill also. It's great to take into the scope of their practice. They're all qualified to do it and they've been asking to be able to do it for a while.

Some of the concerns I heard from LPNs that have contacted me out on the West Coast are they're a bit overworked as it is. I don't know, especially in the long-term care facilities, they're a bit overworked as it is. Now, it is going to be something else that they can do, which I'm sure they're going to do because they're professionals.

I just want to bring that to the government's attention. I have been contacted by many of the LPNs and the workload has increased, especially since COVID their workload has gotten higher. There is a high burnout there. They were hoping that maybe some more would be added to the system somehow that could help out.

I just want to raise that to the minister and to the government, some of the concerns that I have received out on the West Coast, especially with the long-term care and especially with some of the patients and especially with some of the siblings of the patients saying that they need some extra help and support for the LPNs on the West Coast.

I would be remiss if I didn't bring that to the government's attention in this opportunity. I am very confident that they will look forward to doing their full scope of duties and they will do it very professionally, but their workload has increased a fair amount. I would just like for the government to look at that. I'm sure it is not just Western Newfoundland. My colleague, the Member for Mount Pearl - Southlands, said it's here also.

I would just bring that and put it on the government's radar, I'm sure they're aware of it. I can tell you that a lot of residents and a lot of siblings who were in helping them with their mothers, fathers, brothers and sisters are bringing attention to the workload of the LPNs.

I look forward to voting for this bill, but I also look forward to trying to help out somehow with the overload of the nurses and the LPNs – not just LPNs, of the nurses also in this province. I trust that will be reviewed somehow and I trust that they would try to help with the overload.

Thank you, Speaker.

SPEAKER: The hon. the Member for Labrador West.

J. BROWN: Thank you, Speaker.

I just wanted to have a quick word there on this. It does coincide with the previous one that we just did, but it's important that we continue to move to the national standards on these kind of health care workers, that we have everybody working at the full scope of their practice. We have the ability to move and shift and use the resources we do have at our current disposal. We do have the ability to utilize every aspect we have.

We need every individual who's currently trained in this province right now in health care. We need to have them working at their full scope of practice; having the ability to do everything they can within the scope of their field because we need them.

We need the resource, we need these people and we need to be able to move and shift as the dynamics of everything currently moves. If there's a person out there right now, training out

there right now or anything like that, even reconsidering going back into your profession right now, because we need them. We need them to practice and we need to be at their full scope.

I really do support this. I hope to see more of this kind of thing as we try to get our health care professionals practising at the level that they are trained to do.

Thank you.

SPEAKER: Any further speakers to the bill?

Seeing none, if the Minister of Health and Community Services speaks now he will close the debate.

The hon. the Minister of Health and Community Services.

J. HAGGIE: Thank you very much, Speaker.

It's great again to see support from all sides of the aisle for this relatively straightforward but nonetheless important amendment to legislation.

In response to the Member for Mount Pearl - Southlands, examples of this are varied. I would give one, for example, in a virtual clinic setting whereby medication may be available in the RHA facility and the specialist on the other end of the consult might advise that this medication be taken away and taken at a specific time.

An LPN would be allowed to do that under these circumstances, otherwise it would entail some workaround by involving a third party who may not actually be present, for example. In a rural clinic, for example, in coastal Labrador, where the LPN might be the only person on shift physically in the building, it would allow someone to have medication to tide them overnight. Whereas, otherwise they'd have to call in a practitioner either virtually or in real time and then the patient or client would actually have to physically go to a pharmacy or some other service provider, not necessarily in the community, to access a dose of medication. That whilst the LPN could give it, they couldn't actually give it to take away.

Those are granular examples of how this would work in enhancing front-line care. I think it's

great to see this all-Member support, and I commend this bill to the House.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Is the House ready for the question?

The motion is that Bill 27 now be 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.'

Carried.

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

SPEAKER: This bill has now been read a second time.

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

S. CROCKER: Tomorrow.

SPEAKER: Tomorrow.

On motion, a bill, "An Act To Amend The Pharmacy Act, 2012," read a second time, ordered referred to a Committee of the Whole House on tomorrow. (Bill 27)

SPEAKER: The hon. the Government House Leader.

S. CROCKER: Thank you, Speaker.

I move, seconded by the Deputy Government House Leader, that this House resolve itself into a Committee of the Whole to consider Bill 36.

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 Bill 36.

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 considering Bill 36, An Act Respecting The Office Of The Auditor General And The Auditing Of The Public Accounts Of The Province.

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

CLERK: Clause 1.

CHAIR: Shall clause 1 carry?

The Chair recognizes the Member for Stephenville - Port au Port.

T. WAKEHAM: Thank you, Chair.

Just a few questions relating to the act. In section 5(3) it talks about the Auditor General shall not hold a public office within one year of ceasing to be the Auditor General.

I'm wondering: Is that a new clause?

CHAIR: The hon. the Government House Leader.

S. CROCKER: It's my understanding that it is and that reflects other public office holders, no different than a Cabinet minister and so on.

T. WAKEHAM: And I wondered: Does this clause also apply to the deputy Auditor General?

CHAIR: The hon. the Government House Leader.

S. CROCKER: I will get you that answer, Sir. It's not in the act, so I would say no but I can confirm that for you.

T. WAKEHAM: And the other question I –

CHAIR: Order, please!

The hon. the Member for Stephenville - Port au Port.

T. WAKEHAM: Sorry, Chair.

The other question I had around that: What about other Officers of the House of Assembly? Does it apply to them?

CHAIR: The hon. the Government House Leader.

S. CROCKER: That's not what we're discussing at this point in time, I guess, as they come forward – and I think the importance, when you think about the role of the Auditor General, is all offices need a level of independence, but I think none more importantly than that of the Auditor General.

CHAIR: The hon. the Member for Stephenville - Port au Port.

T. WAKEHAM: Again, under section 9, it talks about the Lieutenant-Governor in Council may, on the recommendation of the commission, appoint an acting Auditor General.

I was just wondering why the deputy Auditor General wouldn't become the acting Auditor General.

CHAIR: The hon. the Government House Leader.

S. CROCKER: I guess that, again, would be the role of the LGIC to make that. I think if you look at past circumstances you'd find that, typically, that's what happens, but that right remains with the LGIC.

CHAIR: The hon. the Member for Stephenville - Port au Port.

T. WAKEHAM: Again, this time I want to go under section 12. It says: “The auditor general shall, in the manner provided by law, appoint those auditors and other employees that the auditor general considers necessary to enable the auditor general to carry out the auditor general’s functions under this Act.”

I guess that comes down to what type of budget are we looking at for the Auditors General and who will determine it because, given what this act does, the new powers for the Auditor General, there is a potential for new employees to be hired.

So I’m just wondering who has the authority. It says the act gives the authority to the Auditor General, but how does that work in terms of the whole budget process?

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

S. COADY: I thank the hon. Member for his question.

You are correct in that the Auditor General – we are assuming they may need additional supports and the Auditor General will be considering their work plan for the year and what supports they will require. We will be able to, as Treasury Board then, reach into the circumstances of other agencies, boards, commissions and departments to pull that money.

For example, if the Auditor General now is going to act as the auditor for, I’ll use, an agency, board or commission, a Crown corporation and, therefore, the Crown corporation doesn’t need the monies that it currently has in order to hire an outside auditor, we’ll take that money and give it the Auditor General. So we’ll be moving around pots of money in the budget process to allow them to have the supports they need to do their work.

CHAIR: Order, please!

The Member for Stephenville - Port au Port.

T. WAKEHAM: That’s what I would interpret, that it has the authority to hire outside auditors, if necessary. But I guess I was more concerned with – given that flexibility, I know they’ll take

the money that Nalcor, for example, would pay to an external auditor.

But how does that deal with the staff? Because hiring staff, if you’re trying to hire staff on a permanent basis, is it the intent to try to build our own Auditor General’s department up, or is it the case of what we’re doing is allowing the Auditor General to contract with private auditing firms to do the role and they report directly to the Auditor General?

So I’m just trying to understand what direction we might take that in.

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

S. COADY: I understand in the act we’ve given that flexibility and that opportunity to the Auditor General. He or she – and currently it’s a she – would be able to make that determination as to whether or not an outside auditor is acceptable in that particular year or circumstance, or whether or not the Auditor General themselves will be going in to conduct that audit.

I think there’s a general recognition that we need to provide additional supports to the Auditor General, and they’re reviewing what their requirements are.

CHAIR: The hon. the Member for Stephenville - Port au Port.

T. WAKEHAM: On that note, do we know if the Auditor General’s office is fully staffed now? Are there any vacancies?

CHAIR: The hon. the Government House Leader.

S. CROCKER: The Management Commission would deal with staffing issues at the Office of the Auditor General, and I think, just recently, we made some changes in that office to realign some of the staff in that office.

But again, to the minister’s point – and I think one of the reasons in the proclamation and the timelines in this act is certainly we know that for the Auditor General to take on this responsibility – because we want to make sure that, in this

case, she has the ability and the finances to move forward and do the job whole.

Somebody said today – it might have been the Member for Mount Pearl - Southlands mentioned – if we're going to give her all these duties, she has to have the resources to do it or it won't create the situation we're looking for. So we realize that she will need that.

That actually is a question that will come before the Management Commission when we do Estimates in the spring because obviously the Office of the Auditor General is funded through the House of Assembly.

CHAIR: The Member for Stephenville - Port au Port.

T. WAKEHAM: Thank you.

Again, that's the whole point, is to make sure they have the resources to be able to do their job so that they're not forced into contracting out. With the budget process starting now, obviously for next year, and the ability to look at how much money was spent by other agencies, boards and commissions and how much can be done internally versus externally, that's what I wanted to make sure of, that that flexibility is being looked at and you just said it was.

CHAIR: The hon. the Government House Leader.

S. CROCKER: Yes, that will certainly come forward in the Estimates that are presented to the Management Commission for the Legislature. Those Estimates are very – they're usually accepted pretty easily.

CHAIR: The Member for Stephenville - Port au Port.

T. WAKEHAM: Again, just to clarify, the understanding is that the AG will have all the necessary manpower to be able to do what needs to get done, whether it's contracted out or direct employees of the department.

CHAIR: The hon. the Government House Leader.

S. CROCKER: Yeah, that is certainly the intent of the act. Again, as a Member of the Management Commission – the Management Commission sits here in this House – we will make sure the Auditor General has the resources that he or she needs at the time.

CHAIR: The Member for Stephenville - Port au Port.

T. WAKEHAM: Under section 21(c) it says: "a person or organization that has, after the coming into force of this section, received government funding that the auditor general determines to be material ..." and I'm just wondering what the definition of "material" is. Have we defined what that would be in terms of a dollar allocation or an amount?

CHAIR: The hon. the Government House Leader.

S. CROCKER: I think that would be a determination of the Auditor General. If he or she at the time feels that there's something material here, because it's not only following the money it's following processes and other things. I think, without moving into it – yeah, I'll leave it for your next question.

CHAIR: The Member for Stephenville - Port au Port.

T. WAKEHAM: Under section 22(2) it says: Where the auditor general completes an audit in accordance with subsection (1), the auditor general shall (a) report back to the Lieutenant-Governor in Council, the House of Assembly or the Public Accounts Committee, as applicable; and (b) disclose to the public the subject of the audit.

I'm asking: What's the process now? Is this meant to change the process that currently exists?

S. CROCKER: I'll check with the officials on that. I don't think it is a change. I think it's still the same process, no different than what we would have seen recently when the Auditor General reported to the Public Accounts Committee. That's the way it found its way to the House or to the public.

CHAIR: The Member for Stephenville - Port au Port.

T. WAKEHAM: Yeah, and that's, I guess, what I wanted to try to confirm because the "disclose to the public the subject," the Auditor General issued a press release that she had issued a report to the Public Accounts Committee, but she didn't issue the contents of the report. She didn't issue the report. She stated that she had issued a report. So I'm just trying to see how it impacts the Public Accounts Committee, if any.

CHAIR: The hon. the Government House Leader.

S. CROCKER: Yes, certainly, I wouldn't see any impact. There's no intent of this piece of legislation to retract any abilities of the Committees or the people outlined there. It's actually to add to and not to strengthen.

CHAIR: The Member for Stephenville - Port au Port.

T. WAKEHAM: So when a report is requested by the Public Accounts Committee or the House of Assembly, the report goes back to the appropriate Committee before it is made public and they will make it public, like it has been now.

CHAIR: The hon. the Government House Leader.

S. CROCKER: I will certainly get you clarification on that, but that would be –

AN HON. MEMBER: (Inaudible.)

S. CROCKER: Right, once it's tabled in the House it becomes public because it is a report, the Auditor General is an officer of this House and so in that case – I see the Clerk nodding. Maybe we should get the Clerk – no, good. Yeah.

CHAIR: The hon. the Member for Stephenville - Port au Port.

T. WAKEHAM: Yes, under section 16 of those special reports, it goes to the Public Accounts Committee. I just wanted to make sure that that process was not changed as a result of this. So

there's no change, basically. You're going to get back.

S. CROCKER: (Inaudible.)

T. WAKEHAM: Okay.

CHAIR: The Member for Stephenville - Port au Port.

T. WAKEHAM: All good.

CHAIR: Okay.

The Member for Mount Pearl - Southlands.

P. LANE: Thank you, Chair.

I just want to seek a little more clarification on what the Member from Stephenville - Port au Port was raising as it relates to the – my God, here we go again; my mind is going, b'ys. My mind is going, just like that, it was on the tip of the tongue and it just (inaudible).

CHAIR: I remind the Member to be relevant to the (inaudible).

SOME HON. MEMBERS: Hear, hear!

E. JOYCE: (Inaudible.)

P. LANE: Yes, yes. My colleague from Humber - Bay of Islands, yes, on the issue of the resources, on having enough resources.

Listening to the Minister of Finance and Deputy Premier responding and she talked about the fact – I'm not putting words in her mouth – but my understanding of what she said was that if the AG was going in to examine MUN or they were going in to examine NL Hydro, whatever the case might be, and NL Hydro would normally pay an auditor just to audit their finances and now it's going to be the Auditor General. So they're going to pay for the audit. That's where the resources come from. Unless I'm missing something, that is the normal year-end financial audit piece that money would be spent on and could be spent on here. Not that that's not important – it should be done for every corporation, obviously – but I'm more concerned about the value for money audits, the performance and are you following policy. That

can go in a million different directions, as we know.

Now, if there are going to be more entities involved in this, potentially, like MUN and so on, that's more entities. Right now under our current system and the current resources that the Auditor General's office has, I don't know how many they do, but they will do a finite number. They might do five, six, 10 or whatever it is a year, but by the time you get through all the core government departments, ABCs and everything, it could take you 10 years to get back the second time around. Even when you go to a department you might audit two or three divisions, but then there are another bunch of divisions that never get audited because, again, of the resources. So now we're adding more duties to the AG's office.

Again, tying in to what my colleague was saying, would the intention be – and I know we have to go through the regular budgetary process – the AG is going to apply for their budget, like everything else, department, we will approve it. But is it the overall intent that we're going to add additional resources, additional bodies to that office in recognition of the fact that there are going to be more audits to be done?

CHAIR: The hon. the Government House Leader.

S. CROCKER: Thank you for the question.

Yeah, absolutely that's the intent. The Estimates of the Legislature will come forward in the budget process. The Auditor General, you know, she is out today saying that she's supportive of this legislation, her office sees the importance of it. She will submit her budget to the Legislature, taking into account the new roles and responsibilities that her office has and that budget will come to the Management Commission in the regular budget process.

CHAIR: The Member for Mount Pearl - Southlands.

P. LANE: Okay, so she'll come through to the Management Commission with the request, but the point I'm trying to drive through is that there are two ways it can be looked at. The AG can look at it and say this is the number of staff

people I have and, traditionally, we're doing 10 audits a year – I'm just saying 10. It might be five; it might be 20. I don't know what it is, but it's not 20 for sure. Anyway, maybe it's 10. I do 10 audits a year and, to get through everything, it's going to be X number of years to get to everybody. If I want to increase that, that means I'm going to have to increase the number of staff.

Now, she could say I want additional staff so I can do more every year, or she could just say I'm still only going to do 10 a year. It's just that it will be divided up over more and it will take longer to get to them. Is it government's intention, I suppose, in speaking with the Auditor General, to say we would like for you to be able to do more audits or just maintain what you're doing now? Because that will determine her budget ask, obviously.

CHAIR: The hon. the Government House Leader.

S. CROCKER: The reality is that it's not government's role; it's the role of the Legislature because, obviously, the Auditor General reports to the Legislature. The Auditor General will come forward with her budget as we lead in. There's a full expectation that there will be more resources needed.

I think, quite frankly, the Auditor General will outsource a lot of audits. But I think the spirit of these changes is that, to your earlier comments, it now gives the Auditor General the ability to go into – and all ABCs now live under the same scrutiny, as they should, as all government departments. If it's public money, the role of the Auditor General is to have the ability to follow that money.

I think in these changes some of the challenges were, in the past, the Auditor General didn't have the ability to always follow the money. This now gives the Auditor General ability to follow the money. To your point as well, not only follow the money but follow processes and follow how things are going in any given organization. Because, at the end of the day, it's all taxpayers' money.

CHAIR: The hon. the Member for Mount Pearl - Southlands.

P. LANE: Thank you, Minister.

I totally agree and I guess that's my point. As a Legislature, perhaps, more so than a government and maybe the Management Commission and so on, I just think we need to be taking the point of view that this is an investment as opposed to an expense. Providing the AG with more resources and encouraging more audits to be done than are being done now, I think can find us a lot more savings, find us a lot more inefficiencies and things that are potentially not going as they should so that we can save the taxpayers money.

So it depends on how you look at it. You can say add resources as an additional expense; but if you look at it, like I say, as an investment, then you're going to get a large return on that investment, hopefully, by having those additional resources scrutinizing what's going on. I guess that would be my point.

CHAIR: The hon. the Government House Leader.

S. CROCKER: Absolutely. This is about providing an oversight and it gives a level of accountability to every governance body out there, that if you're receiving government money you will or could be held to account by the Auditor General.

CHAIR: The hon. the Member for Mount Pearl - Southlands.

P. LANE: Final question and it relates to the outside contractor piece, any outside agency or entity or whatever that is receiving government money, that the AG can now, as I understand it, actually investigate, for lack of a better term, determine how that money was spent.

So, in other words, I'm a private business and I receive a government grant. Then the AG can now look into that if there was any question of if that grant was spent appropriately or any conflicts of interest or anything like that. Is that correct?

CHAIR: The hon. the Government House Leader.

S. CROCKER: Yeah, thank you for the question.

So, yes, if you're an ABC company and you receive a contribution from government, the Auditor General can look at that contribution. The Auditor General wouldn't be able to go in and look at your company. But, yes, if there's government money involved, the Auditor General can look at how that money was appropriated.

CHAIR: The hon. the Leader of the Third Party.

J. DINN: Thank you, Chair.

AN HON. MEMBER: (Inaudible.)

J. DINN: And I'll follow up on that. I just need some clarification. I may already know the answer to this one, but it talks about agency of the Crown and government funding public money.

I'm asking this in relation to the Provident¹⁰ and the Teachers' Pension Plan Corporation. So there's money that's paid to both of these as government's ownership of the liability. I'm just curious to make sure that's still – I'm assuming that the Auditor General doesn't have any authority over these groups in how the money is used.

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

S. COADY: Thank you for the question.

I'll talk to officials now to make sure that is the case. That is my understanding, though.

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

J. DINN: I guess a caution I would have since these are independent bodies now, joint sponsorship but, to me, there's government money going into it for those who were retired at the time. I just want to make sure that this is not opening these independent corporations which are jointly managed. They already have (inaudible) and balances there.

CHAIR: The hon. the Government House Leader.

S. CROCKER: We'll certainly follow up on that, but I wouldn't think so. That's a different organization altogether. That's on a contribution – that's government's contribution to a pension plan in this case.

CHAIR: Shall the motion 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 53 inclusive.

CHAIR: Clauses 2 through 53 inclusive.

Shall the motion carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, clauses 2 through 53 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 Office Of The Auditor General And The Auditing Of The Public Accounts Of The Province.

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 hon. the Government House Leader.

S. CROCKER: Thank you, Chair.

I move that the Committee rise and report Bill 36.

CHAIR: The motion is that the Committee rise and report Bill 36.

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 (Bennett): Order, please!

The hon. the Member for Baie Verte - Green Bay and Chair of Committee of the Whole.

B. WARR: Mr. Speaker, the Committee of the Whole have considered the matters to them referred and have directed me to report Bill 36 without amendment.

SPEAKER: The Chair of the Committee of Whole reports that the Committee have considered the matters to them referred and have directed him to report that Bill 36 be carried without amendment.

When shall the bill be received?

S. CROCKER: Now.

SPEAKER: Now.

When shall the bill be read a third time?

S. CROCKER: Tomorrow.

SPEAKER: Tomorrow.

On motion, report received and adopted. Bill ordered read a third time on tomorrow.

SPEAKER: The hon. the Government House Leader.

S. CROCKER: Thank you, Speaker.

I call third reading of 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.

SPEAKER: The hon. the Government House Leader, what are you speaking to?

S. CROCKER: Third reading.

SPEAKER: Mover and seconder.

S. CROCKER: Oh, yes, sorry, Mr. Speaker.

Speaker, I move, seconded by the Minister of Digital Government and Service NL, that – I will not go through the long title again – Bill 6 be now read a third time.

SPEAKER: It is moved and seconded that the said bill be now read a third 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.

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: This bill is now read a third time and it is ordered that the bill do pass and its title be as on the Order Paper.

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 third time, ordered passed and its title be as on the Order Paper. (Bill 6)

SPEAKER: The hon. the Government House Leader.

S. CROCKER: Thank you, Speaker.

I call from the Order Paper, Order 3, third reading of Bill 12, An Act Respecting The Renaming Of Red Indian Lake.

SPEAKER: The hon. the Government House Leader.

S. CROCKER: Thank you, Speaker.

I move, seconded by the Minister Responsible for Indigenous Affairs and Reconciliation, that Bill 12 be now read a third time.

SPEAKER: It is moved and seconded that the said bill be now read a third 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.

CLERK: A bill, An Act Respecting The Renaming Of Red Indian Lake. (Bill 12)

SPEAKER: This bill is now read a third time and it is ordered that the bill do pass and its title be as on the Order Paper.

On motion, a bill, "An Act Respecting The Renaming Of Red Indian Lake," read a third time, ordered passed and its title be as on the Order Paper. (Bill 12)

SPEAKER: The hon. the Government House Leader.

S. CROCKER: Thank you, Speaker.

I call from the Order Paper, Order 6, second reading of Bill 22, An Act – no, sorry, 20, sorry. My apologies, Bill 20, An Act To Amend The Coat Of Arms Act.

SPEAKER: The hon. the Government House Leader.

AN HON. MEMBER: Third reading, you said second.

S. CROCKER: Third reading, sorry. My apologies.

SPEAKER: For all Members' clarity, it is third reading.

S. CROCKER: Thanks to the Member for Terra Nova for keeping me straight.

SPEAKER: The hon. the Government House Leader.

S. CROCKER: Thank you, Mr. Speaker.

I move, seconded by the Minister of Municipal and Provincial Affairs, that Bill 20 be now read a third time.

SPEAKER: It is moved and seconded that the said bill be now read a third 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.

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

SPEAKER: This bill has now been read a third time and it is ordered that the bill do pass and that its title be as on the Order Paper.

On motion, a bill, "An Act To Amend The Coat Of Arms Act," read a third time, ordered passed and its title be as on the Order Paper. (Bill 20)

SPEAKER: The hon. the Government House Leader.

S. CROCKER: Thank you, Speaker.

I call from the Order Paper, Order 10, second reading of Bill 34, An Act To Amend The Schools Act, 1997.

Did I say it again?

SPEAKER: The hon. the Government House Leader.

Let's try it again, take two.

S. CROCKER: I'll take two on that one, sorry, Speaker.

Long, long day, Mr. Speaker.

I move, seconded by the Minister of Education, that An Act To Amend The Schools Act, 1997, be now read a third time.

SPEAKER: It is moved and seconded that the said bill be now read a third 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.

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

SPEAKER: This bill is now read a third time and it is ordered that the bill do pass and that its title be as on the Order Paper.

On motion, a bill, "An Act To Amend The Schools Act, 1997," read a third time, ordered passed and its title be as on the Order Paper. (Bill 34)

SPEAKER: The hon. the Government House Leader.

S. CROCKER: Thank you, Speaker.

I call Order 11, third reading of a bill, An Act Respecting The Conduct Of Municipal Officials, Bill 37.

SPEAKER: The hon. the Government House Leader.

S. CROCKER: Speaker, I move, seconded by the Minister of Municipal and Provincial Affairs, that Bill 37, An Act Respecting The Conduct Of Municipal Officials, be now read a third time.

SPEAKER: It is moved and seconded that the said bill be now read a third 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.

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

SPEAKER: This bill has now been read third time and it is ordered that the bill do pass and its title be as on the Order Paper.

On motion, a bill, "An Act Respecting The Conduct Of Municipal Officials," read a third time, ordered passed and its title be as on the Order Paper. (Bill 37)

SPEAKER: The hon. the Government House Leader.

S. CROCKER: Thank you, Speaker.

I call from the Order Paper, Order 12, third reading of a bill, An Act Respecting Accessibility In The Province, Bill 38.

SPEAKER: The hon. the Government House Leader.

S. CROCKER: Thank you, Speaker.

I move, seconded by the Minister of Children, Seniors and Social Development, that Bill 38, be now read a third time.

SPEAKER: It is moved and seconded that the said bill be now read a third 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.

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

SPEAKER: This bill is now read a third time and it is ordered that the bill do pass and its title be as on the Order Paper.

On motion, a bill, “An Act Respecting Accessibility In The Province,” read a third time, ordered passed and its title be as on the Order Paper. (Bill 38)

SPEAKER: The hon. the Government House Leader.

S. CROCKER: Thank you very much, Speaker.

I call Order 13, third reading of a bill, An Act To Amend The Adoption Act, 2013, Bill 39.

SPEAKER: The hon. the Government House Leader.

S. CROCKER: Thank you, Speaker.

I moved, seconded by the Minister of Children, Seniors and Social Development, that Bill 39, An Act To Amend The Adoption Act, 2013, be now read a third time.

SPEAKER: It is moved and seconded that the said bill be now read a third 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.

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

SPEAKER: This bill is now read a third time and it is ordered that it do pass and its title be as on the Order Paper.

On motion, a bill, “An Act To Amend The Adoption Act, 2013,” read a third time, ordered passed and its title be as on the Order Paper. (Bill 39)

SPEAKER: The hon. the Government House Leader.

S. CROCKER: Thank you very much, Mr. Speaker.

I move, seconded by the Minister of Finance and President of Treasury Board, that this House do now adjourn.

SPEAKER: It is moved and seconded that this House do now adjourn.

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.

This House does stand adjourned until 10 a.m. tomorrow.

On motion, the House at its rising adjourned until tomorrow, Wednesday, at 10 a.m.