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Speaker: Honourable Derek Bennett, MHA

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(Night Sitting)

The House resumed at 6 p.m.

SPEAKER (Bennett): Order, please!

Are the House Leaders ready?

The hon. the Government House Leader.

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

I call from the Order Paper second reading of Bill 20.

SPEAKER: Again, I remind Members we're speaking to the amendment.

The hon. the Member for Labrador West.

J. BROWN: Thank you, Mr. Speaker.

In light of the email letter I just received, and the House Leaders just received, from the Office of the Privacy Commissioner, an Officer of this House, given the light that this is actually in violation of ATIPPA, potentially in violation of ATIPPA, I ask that this House suspend debate on this and review what has been sent by the Privacy Commissioner, because this is not good.

ATIPPA was controversial stuff in itself; just ask the Member for Mount Pearl - Southlands about that debate and all the people who actually fought for the ability to find access and information and stuff like this. So why are we considering to debate this and now we have this from the Privacy Commissioner. It's telling us that we're in violation of this and that we shouldn't actually - so why don't we just take this, suspend this, and find out what is correct and actually properly take this back to a Committee, bring in the Privacy Commissioner who seems to be slighted by the government?

Why don't we just take this, end debate now, vote on an amendment to take this back to a Committee and do this. Like I said, Speaker, you were informed of this.

We were all informed of this, prior to this now and we're still here debating this.

So clearly there's something wrong. There's something that needs to be corrected. Why aren't we correcting it? Because this isn't right. This is something that's going to change the entire fabric of health care. And I'm not saying I'm opposed to the idea that we have to move and change and all that stuff, but there was no consultation. We had no consultation. We had little to no briefing on this and now we're expected to just push this through.

Unfortunately, I have a lot of questions about this and I think a lot of people in Labrador have a lot of questions on this, because we've been burned many times before, especially in the centralization of services. Just look at the English School District, if anyone got burned in the amalgamation of the school boards, I think Labrador got burned the most. We lost Labrador-based programs. We lost support and we lost a lot of our identity when it comes to education when they amalgamated the school boards.

I don't want Labrador to get burned again when it comes to the amalgamation of health boards, because even in the system we have now, it's a struggle. The last thing we want is Labradorians' voices to get muffled out even more than it currently is right now with government.

I have 261 vacancies in Labrador-Grenfell Health when it comes to health care professionals, support staff, everything like that. That's a small town in Labrador of vacancies. They're expecting that if we amalgamate the boards together, we go from having an actual entire system that actually is based to serve Labrador and the Northern Peninsula to being muffled into a larger system.

Yes, they're going to talk about their health committees, the regional health committees, but even the wording in this it's just an

advisory committee. That's only as good as it's written on paper. Because that's all it is, is you're going to advise. It doesn't mean they're going to take your advice. They have no obligation to take the advice. Once again, who's going to get burned? Labradorians. That's what actually happened.

This is why we're very cautious when it comes to these changes. I've seen it time and time and time again where my people are an afterthought. Just look at the Medical Transportation Assistance Program. That is the most convoluted thing to ever exist. I have not seen anything else in government where you require such an amount of resources for one individual, a sick individual, and all the hoops they have to jump through just to get a thousand bucks.

What it actually does is it is costing people more to seek medical help after they've applied for MTAP. It's the most convoluted and, another thing is, discriminatory thing that government's ever come up with when it comes to health care.

Then they expect me to quietly go oh, yeah, this is great. No, I'm going to question it and I want to question it, but I should have, as a Member of this House, privilege to actually be given enough time to go through this before it's brought to the floor, to actually have a fulsome technical briefing on what is actually being asked of us.

We're going to make some huge changes and I'm just expected to accept it. But do you know what? After hearing from Michael Harvey and after hearing from what's going on, this is clearly a massive mistake that needs to be pulled back and try to do something actually positive. We talk about collaboration and we talk about this. Make it the actual meaning of collaboration. Make it meaningful. Make it actually come across and say, we hear your concerns. We hear your things, because you should.

Anyone that actually wants meaningful change in this province, especially when it comes to health care, should understand where we're coming from. As a person that has seen what I think is some of the worst of what health care is like right now, indulge me. Do this. Do the right thing.

Only a week ago, I had a constituent who reached out to me, after waiting two weeks in a hospital bed after a massive heart attack to even get medevaced to St. John's – and he did eventually but when he got there, the cardiologist found more trouble and told the gentleman he's lucky to be alive. And now he's on his way to Ottawa for massive heart surgery.

When it comes to Labrador health care, it's delicate. There has to be it's dotted, t's crossed and make sure you're implementing the correct thing because we're expecting better. The hopes of Labradorians, after a lot of these consultations and stuff with the Health Accord, they were expecting better. They're expecting something that actually was fulsome. They would actually have a voice. They would actually have some actual input into the delivery into a unique place.

It's not like delivering health care anywhere else in this province, other than when it comes to Labrador-Grenfell. It's a unique place with a different culture, with a different way of doing things, with a different opinion, a different thing. It's a very unique place. The idea that we can't actually have a say, have an actual review of what's actually going on, that myself and my colleague from Torngat Mountains, we actually don't have the ability to be properly consulted on what's going to change – it's not just like a small change. It's not just a temporary change. This is the entirety of the delivery of health care and then you take on the challenges of Labrador-Grenfell.

At the end of the day, what is really important is, why do we have to be treated this way? Why can't we have a fulsome

explanation of what this meant? What was the thought process on such a delivery system? Aren't we all in this together? Aren't we supposed to be doing a collective good? But to have such a very lacking consultation process of a huge bill – a massive piece of legislation – and this is how we're there. Because this is, in my opinion, very disrespectful to the people of Labrador.

Like I said, I have 261 vacant positions, as a small Labrador town. One was over 100 days to see a psychiatrist. Here's a good example. I had to bring my daughter down with me for an allergy test, something that normally was done in Labrador. It's such a routine test, and I had to bring my daughter to St. John's because it's the only way I can get it done for her – basic services.

For the first time apparently, I'm told, in a long time in Labrador West, we have lost both our respiratory therapists. We do not have a respiratory therapist in Labrador West. I'm told there's actually not one in Happy Valley-Goose Bay at this time either. They just quit. So what does that have to say about everything that's going on? Even though there is some glimmer of hope in the future of health care in the province, they're still quitting. They're just packing their bags and moving on.

So, in the whole theory of it, why was this done the way it was? Why was there no thought on a wholesome explanation? A wholesome, thoughtful approach of cross-floor collaboration on this is what we're doing.

Those are my thoughts in a nutshell on what this. I think it is time to call it what it is, pull this debate, listen to the Privacy Commissioner, listen to all the other things, regroup, try this again and actually listen to us and the other people that actually have expert opinions on this. Maybe we can actually deliver the true spirit of the Health Accord and what those people wanted and thought was right, because there are some

good stuff in there, and actually deliver on what we all want to deliver on, which is proper health care for the people of this province. That includes everybody. Not just metro, not just Central, but all the regions of this province and the diversity of this province. It is not a one-size-fits-all solution.

There has to be some differences and some actual input from different regions, and not just advice but true wholesome, meaningful input from different regions of this province. Just having one Labradorian sit on the board doesn't make it inclusive. It doesn't make it right, just having that one figurehead. It needs to be actually meaningful; it actually has to be with purpose and with compassion. Because this is it. We want the best for everybody, but we also have to make it meaningful and actually do what it is supposed to do.

Without any of that compassion, we're just destined for failure again and that is the long and the short of it. If you don't put the resources in, you're not going to get what you want on the other end.

Thank you, Speaker.

SPEAKER: Seeing no other speakers, all those in favour of the amendment?

SOME HON. MEMBERS: Aye.

SPEAKER: All those against the amendment?

SOME HON. MEMBERS: Nay.

SPEAKER: The amendment is defeated.

We will go back to the main motion.

AN HON. MEMBER: Division.

SPEAKER: Sorry, Division has been called.

Call in the Members, please.

Division

SPEAKER: Are the House Leaders ready?

S. CROCKER: Yes.

SPEAKER: All those in favour of the motion, please rise.

CLERK (Hawley George): Barry Petten, Helen Conway Ottenheimer, Paul Dinn, Lloyd Parrott, Tony Wakeham, Jeff Dwyer, Pleaman Forsey, Loyola O'Driscoll, Craig Pardy, Chris Tibbs, James Dinn, Jordan Brown, Lela Evans, Paul Lane.

SPEAKER: All those against the amendment, please rise.

CLERK: Steve Crocker, Lisa Dempster, John Haggie, Gerry Byrne, Bernard Davis, Tom Osborne, Siobhan Coady, Pam Parsons, Elvis Loveless, Krista Lynn Howell, Andrew Parsons, Sarah Stoodley, Derrick Bragg, John Abbott, Brian Warr, Perry Trimper, Paul Pike, Sherry Gambin-Walsh, Scott Reid, Lucy Stoyles.

Speaker, the ayes: 14; the nays: 20.

SPEAKER: Thank you.

I declare the amendment defeated.

On motion, amendment defeated.

SPEAKER: Back to the main motion.

The hon. the Member for Mount Pearl - Southlands.

P. LANE: Thank you, Mr. Speaker.

I'm glad to have the opportunity to rise in this House of Assembly and speak to this very important piece of legislation again. Obviously, it is of critical importance to the people of Newfoundland and Labrador. As I said the last time I spoke, as other Members have said I think on both sides of the House, we've been bombarded with phone

calls, emails, messages, you name it, from people who have serious concerns about our health care system; people who do not have a family doctor; people who are waiting for hours on end in emergencies; people who have hospitals and clinics in their area that are shutdown or on diversion on a regular basis; people on the West Coast who do have a nurse practitioner, but are not covered by MCP; people who are waiting on ambulances and the list goes on and on and on.

This is a very, very serious matter. I would say this is the most serious matter facing our province right now. This is number one. I've had a number of constituents who have reached out to me and said, Paul, b'y, I want to say first of all that I thank you for raising a number of issues in the House of Assembly and in the media and so on, important issues to people and we really appreciate it, but, please, the number one focus now has to be health care. And I absolutely couldn't agree more.

That's why this piece of legislation is critical because it's going to, in many ways, change the direction of health care. Now, many people would argue the direction needs to be changed and we've heard it talked about before, the concept of bringing health care under one roof, under one health care authority. This was recommended, as I said earlier, by the Health Accord NL, Dr. Parfrey and Sister Elizabeth, after doing significant consultation and reaching out to all the stakeholders. Even after they did the consultation, they came back with a: this is what we heard, did we get it right?

So I do have confidence in the fact, as I said earlier, that they feel that this move to bring everything under one health care authority is the right move. I'm supportive of that. I'm supportive of it. Again, I'm not going to speak for my colleagues over here because they're more than able to speak for themselves, I can assure you, but I've got a feeling that they're not against that concept

either. I don't think they're against that concept.

But what we have concerns about, and what I've heard here all night, is the concerns around the process by which this legislation has come before the House of Assembly, in terms of not having enough notice, not having proper briefing with the legislation.

Now, I'm listening to my learned colleague here from Bonavista and he raised a very good point. He raised a lot of good points, but he raised a good point there tonight about this legislation. There was a number of things that he raised that triggered more questions in my mind, perhaps that I didn't have until he raised them.

Because it's not until you go down through this legislation line by line that you really start to realize that there are a number of concerns and there are a number of grey areas that exist. The big one that my colleague from Bonavista raised was this whole concept that Sister Elizabeth and Dr. Parfrey said about having an arm's-length group that would be advising, that would be preparing the data, if you will, and supplying the data so that the best decisions could be made. In their consultations, that's what they recommended. But this is going to put it right back to the minister and the Cabinet.

So that's a major one to me. Not something I picked up on right away, because, again, there's so much in this bill, but that's a big one. There are many other concerns.

Now, that was bad enough. But just before we closed down for supper, I happened to check my phone – what's this here? I see an email from our Privacy Commissioner, Michael Harvey. What's this all about? It's addressed to myself, the Government House Leader, the Opposition House Leader, Third Party House Leader and the Member for Humber - Bay of Islands. This is coming from our Privacy Commissioner and I am saying, what could be in this letter that

we're getting here now, because it was addressing this bill tonight.

For Members who don't know, maybe Members particularly in the backbench – I don't know if this has been shared with you or not, but this is a letter and I opened this up at 4:45 this evening. This is a bill before this House of Assembly, right now, that's going to dictate the direction that we go with health care for years into the future, that's going to impact the health of Newfoundlanders and Labradorians for years to come and, at the 19th hour here, I'm getting an email from the Privacy Commissioner.

So I open it up. What does it say? I am going to tell you, Mr. Speaker. Our Privacy Commissioner says, Today, November 2, I wrote to Minister of Health and Community Services, copied to the Speaker, the Clerk of the House of Assembly, the clerk of Executive Council, and the deputy minister of Health and Community Services to express my concern – this is not Paul Lane's concern; this is our Privacy Commissioner here now – that the introduction of this bill in the House of Assembly has resulted in – get this – a violation of section 112(1) of ATIPPA, 2015.

Our Privacy Commissioner is telling us, right now, that the introduction of this bill, right here tonight, is a violation of legislation. We are actually violating legislation right now. That's what he's telling us. An independent Officer of the House – I'm not making it up; I can provide copies to every Member.

Why are we in violation? Because he says, "... as no meaningful consultation occurred prior to notice being given to introduce this Bill into the House, a Bill which does indeed contain implications for the protection of privacy in this Province."

And everybody will agree that when it comes to health care matters, your private medical information, there are significant implications when it comes to access to

information and protection of privacy. I would say nowhere in any other jurisdiction of government and any other legislation and any other aspect of government would people have, perhaps, more concern about their privacy than when it comes to their personal health and that's what he points out here.

He says: "Indeed a copy of the Bill was never forwarded to this Office" So here we are with this bill that's going to have major implications on our health care system into the future for years to come, major implications on privacy, and you never even bothered to share it with the Privacy Commissioner. He hasn't seen it – he hasn't seen it. We're here debating it and he's emailing me and telling me he hasn't seen it and obviously he is concerned.

He doesn't just say, not only was it not forwarded to this office, he said, it "was never forwarded to this Office, despite our requests for same." So he actually asked for the legislation. It's not like it was an oversight. He asked for it, and nobody gave him a copy of the bill to look at.

"The only consultation that occurred was a brief, high-level verbal overview, which happened well after notice of the Bill was given to the House. In response to our requests to receive the Bill, we received only further offers of verbal discussion, which was meaningless if we did not have access to the Bill's specific provisions, and under no circumstances would we say that we have been consulted on a Bill that we haven't seen." Now, that sounds familiar. That sounds like the bill yesterday, the education one and the report that informed that decision, another major decision. A report that we never even seen but vote for it anyway.

Now we're going to change our health care system, permanently, in a major way, implications for privacy and we know we've had privacy issues within the Department of Health, that is for sure and certain. The

Privacy Commissioner, not only did you not share the bill with him, but he asked for it and you didn't give it to him. Yet, we're here debating it, apparently, illegally, according to the Privacy Commissioner, against the legislation.

He goes on to say: "Having been denied the opportunity for informed dialogue with the Minister's officials on the contents of this Bill prior to it being made public today, the purpose of my letter to you, further to my legislative mandate as a statutory officer of the House and in accordance with section 112(3) of *ATIPPA 2015*, is to directly provide you with our comments. These comments are preliminary in nature, and to some degree are questions which may or may not have been able to be addressed by the Department had we had the usual and statutorily mandated" – that's an important point: usual and statutorily mandated – "opportunity to consult on the Bill. Normally the considerations we raise would have been provided directly to the Minister's officials, who would then consider them and decide whether to amend the draft accordingly in order to mitigate any potential negative impacts of a draft bill on access to information or protection of privacy. If there were significant matters relating to access or privacy that we deemed to be still unaddressed through that consultation, this Office has the right, under section 112(3), to comment publicly once the Bill has been made public. Under the circumstances, I felt it was important to provide you with these comments in order to inform debate and public discourse on this Bill.

"The requirement for consultation under section 112 has been a productive process that I address each year in my Annual Report, and it has resulted in a number of improvements to draft bills over the years. It has been an opportunity for cooperative dialogue between my Office and Government that has served the people of this province well since *ATIPPA, 2015* came into force. This is the first time in seven years that a Bill with obvious access or

privacy implications has been introduced at second reading without a draft having been provided to this Office for consultation.” First time in seven years, Mr. Speaker. You wonder why there was an amendment, if there was a need for an amendment. They didn’t even know it at the time; none of us did. We know it now.

“I am particularly dismayed about that given the significance of the Bill before the House.” He ought to be dismayed, because this is probably the most significant piece of legislation that we will debate during this term of office, I would suggest.

“Based on our limited opportunity for review, there are three primary areas where we feel there may be cause for questions and concern, and potentially some opportunity for improvement in the Bill:

“1) The term ‘learning health system,’ how it is used in the Bill, and its implications: 2(j) ‘learning health system’ means the health system where science, education, informatics, incentives, and culture are applied for continuous improvement, innovation and equity.’ All we know is that under section 19 the Authority has to ‘(l) establish a learning health system’ and under section 36(1) the Quality Council shall ‘(d) provide leadership for the learning health system.’”

Then it goes on to say: “But what is a learning health system? The definition is so broad, it could be almost anything. It’s not clear what this provision actually enables. Does the term ‘learning’ imply integration with the education system, or does it mean something else? Does it involve new collection, use and disclosure of information? Who will have access to such data, and for what purposes? This provision is wide open as it stands right now, and it is virtually impossible to discern the meaning or intent behind it from the limited definition of it in the statute. Furthermore, while the Minister’s regulation-making authorities in

the Bill are quite broad, this concept is not included among the many topics identified.”

So there’s one. He then talks about social determinants of health: “under section 2(s) ‘social determinants of health means the conditions in which people are born, grow, live, work and age.’ We know that in accordance with section 19(2)(m) the Authority shall ‘in conjunction with the minister, develop a framework for connecting the social determinants of health with the health system at the provincial level.’ Furthermore, we know that under section 32(1)(c) ‘A regional health council shall engage with social and health networks in its health region that are established to influence health and health outcomes.’ Again, this is extremely broad. Operationally, it could mean ... every aspect of our citizens’ interaction with government, education, health and other public bodies from birth to death. We have no idea what this information will be used for, who will have access to it, etc. Will teachers in the school system be able to access student health records? If so, for what purpose, and with what limitations? Will they be able to access sensitive health information that has no bearing on a student’s learning? We simply don’t know. Furthermore, there are once again no specific provisions for regulations that could more specifically set out the intent and the guard rails around this provision.”

His third point that he makes without even seeing the legislation: **“The roles, governance and appointment of the regional health councils and the quality council:** Are these intended to be separate public bodies subject to *ATIPPA, 2015*? Are they intended to be custodians of personal health information subject to the *Personal Health Information Act*? Given the way that these boards are appointed, will their decision-making process regarding the collection, use or disclosure of personal information or personal health information be sufficiently independent from political

influence? We think these are important considerations.”

He goes on to say that: “The organizational restructuring of our health care system is one of the most significant public policy considerations of our time. Even though the Health Accord discussed and made recommendations around some of these issues, it was unknown until now whether these particular aspects would be made law, and most importantly, *how* they would be made law. The specific provisions of this Bill do not, unfortunately tell us very much about what is intended here” – now here is an important one – “and unless there are significant amendments, it is my view that the Bill is far too vague about those intentions, to the point that this Bill could result in significant negative impacts on the privacy of citizens of this Province.” Let me repeat, “... it is my view that the Bill is far too vague about those intentions, to the point that this Bill could result in significant negative impacts on the privacy of citizens of this Province.

“By rushing this process at the last, most crucial stage, which is legislative drafting, privacy consultations, and debate in the House, Government runs the risk of taking good intentions and implementing them in such a way that could cause unnecessary harm to the public.

“Under the circumstances, we have had no opportunity to do a detailed comparison between this Bill and existing provincial statutes, and no opportunity to do a jurisdictional comparison to see if similar provisions exist in other provinces or territories. We have only had the bill for a few hours, in fact, at the time of writing of this letter. We therefore hope that these comments are of some value to you as members of the legislature as you carry out your duties on behalf of the Province in debating the provisions of this Bill.”

Really. I can assure the Privacy Commissioner, as one Member of this

House of Assembly, that these comments are of great value to me and they are of great concern to me. I am sure they are of great concern to all my colleagues on this side of the House and I would hope that they should be of great concern to all Members on both sides of the House.

This process is flawed. When we came here today, we knew this was a flawed process. We knew it and that is why the Official Opposition put in the amendment that they did and that is why we all support it over here because we knew it was a flawed process.

Do we agree with the premise of one health care authority? Again, I'll speak for myself, I do and I do trust the judgment of Sister Elizabeth and Dr. Parfrey and the work they have done and the consultation they have done; I think it probably is a good idea. But do I support this piece of legislation, as written, given the comments I've heard here tonight, given some of the significant concerns my colleague from Bonavista raised and now, on top of that, given the concerns raised by the Privacy Commissioner that we're actually in breach of the act and he has serious concerns for the privacy of people of Newfoundland and Labrador on an ongoing basis?

I can tell the Members opposite that based on that, here is one Member, unfortunately, while I may agree with the premise, once again, I will not be supporting this bill.

Thank you.

SOME HON. MEMBERS: Hear, hear!

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

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

I'll take a couple of minutes to speak to this as well. The first thing I want to say is a big thank you to, of course, all the health care

workers who work in the province, especially out my way in Grand Falls-Windsor – Buchans, but also across the province.

SOME HON. MEMBERS: Hear, hear!

C. TIBBS: Whether it be nurses, RTs, doctors, support staff, paramedics, I mean they put it on the line every single day and we're so lucky to have them. We want to create an environment for them which is comfortable once again, because the days of health care workers working to the bone is gone and it should be. It should be. That balance in lifestyle needs to be implemented and needs to be constantly thought about whenever we do any sort of legislation or whenever we try to fix the health care crisis that we see today. That needs to be kept in mind. That'll show the respect and the admiration that we have for our health care workers to let them know that we recognize your life balance is important to you, it's important to us and I think that we need to carry that forward with us.

This afternoon we had a Member stand up and say that what we were doing was a stall tactic and do you know what? We took offence to it at the time because what one Member would see as a stall tactic, we see as due diligence. That is exactly what we are doing here today, tomorrow, however long it takes, is due diligence to ensure, like the Member for Mount Pearl - Southlands said, the most important piece of legislation that we are putting forward is done right – it's done right.

The same Member, of course, said that – and by the way, I respect the Member, I do – but he said, you know, it's important that we don't stall it, we don't hang it up sort of thing, but it's important we get it right. The Member for Terra Nova said it earlier on as well. We can't wait, but I would sooner wait and get it right than anything at all.

Speaker, as I grew up as a boy, and I teach it to my two sons now, if you're wrong, if you make a mistake, you are courageous for standing on your feet and saying, I was wrong. I made a mistake. Let's regroup. Let's revisit.

I think that's something that government needs to do after today and there's nothing wrong with it. You know what, maybe we did rush it and maybe it wasn't given the proper due diligence. We know now it wasn't. I mean let's be honest, we know now that it truly wasn't.

So instead of ramming it through – and I get it, they want the best for the province too, they truly do, but you need to take a step back sometimes and say, whoa, let's regroup and ensure that this is done right. We know now that it was rushed. An hour and a half ago, you could say that it was subjective, but right now we know that it was rushed by what we just heard from the Member for Mount Pearl - Southlands there.

The Member for Bonavista talked about meaningful debate. When I got elected in 2019 I was somewhat naïve, just like every person that comes in here for the first time, about politics. I truly believed in the greater good and I still believe in the greater good. I truly believe that 40 Members can come in here and we can have a meaningful debate. Instead of standing your ground, I would have absolute admiration for somebody to stand up – and I pray it's me one day, I do. I may see government one day and I would be honoured to stand up and say, you know what? I made a mistake. I'd like to take a second look at this, talk to some Members, talk to people in the community and revisit it once again.

As I thank the professional health care workers throughout our community, I also need to thank and recognize the Minister of Health and Community Services. When he took on his new role, I believe a couple of days afterwards he got an email from me or a phone call actually. He called me back

within an hour as a request to meet with him in his new role to talk about the things in my district. He said whenever you're ready and I thought that was pretty fantastic at the time. We sat down; we had a 20-minute chat, so I want to thank him for that. I do believe in him.

SOME HON. MEMBERS: Hear, hear!

C. TIBBS: I do.

I believe that minister has been around long enough where he has the gumption and he has the courage to also say, you know what, let's take this and take a step back once again and see what we're looking at. Because we want the best for all of our families. I want the best for my sons. I want the best for my grandkids one day. This piece of legislation is going to be in stone for quite some time and I mean at 36, 37 pages in one bill.

We've sat here with one bill and one page and debated it for three days. The helmets on Side By Sides; we were days and days and days. Helmets on Side by Sides; we debated that amongst each other. It was a great debate, it truly was. We're expected to swallow this in one afternoon? It can't happen, it's not due diligence and we'd be doing a disservice to the stakeholders of this province.

We have two stakeholder groups that are the most important when it comes to this bill: patients and health care workers. I applaud the bureaucracy, I applaud the backroom managers, but at the end of the day the two stakeholders that we need to respect and keep in our minds whenever we are debating these bills and debating the possibility of putting them forward or revisiting them again – the two stakeholders are the patients throughout the province, which are the citizens and the health care workers. We owe it to them.

This might be the greatest thing that we are putting forward. I hope it is. I truly hope it is.

I'm not here to oppose for the sake of opposing. You know what; I've heard it quite a bit. I have.

In my opinion, I would have liked to have seen this come out – and, again, you can call it being new to politics, but I would have liked to see this come out so I can take this back to my district and sit down with the health care workers there and go through some of it and see what inputs they may have. That would've been the process for me. Let us have a couple of weeks to bring it back to my district, talk to those stakeholders which I just talked about, the citizens, the patients, the health care workers. Go through it with them. That's my job as an MHA; go through it with them so that they can have input. That doesn't look that great. Can we get some more clarification about this? Then come back and debate it. Then we would have a fulsome debate with the experts that know because those experts are on the ground. There's not an expert in this House of Assembly right now, I guarantee you.

Over the summer, Speaker, I conducted my own consultations with a lot of my health care workers throughout months and months and months. Myself, my CA and a couple of other people got together and we did our own little report. I will present that to government one day – I will. I will table that. That's what I heard from doctors, nurses and RTs out my way. It was a good debate; it was good meetings I had. I learned a lot and I was very thankful that they could come over and talk to me about it.

The other thing I would've liked to have seen is for this to be sent back to the Health Accord that we put so much faith into and so we should. For Dr. Pat Parfrey and Sister Elizabeth Davis to give up so much of their time and put together a package and a report to put us on the right path for a better tomorrow when it comes to health care. I would've liked to have gotten their take on it. We put so much confidence in their opinions and their expertise, which we

absolutely should. We owe them a debt of gratitude. I would have liked to have seen what they had said to that.

But it's mind-blowing and absolutely ridiculous to think that this can be pushed through in one afternoon, two afternoons, a week. It's not feasible. It just isn't. This is not a slight against government by no means. It's just not feasible. I wouldn't be able to do it. In all good conscience, I wouldn't be able to vote for something that I don't know what I'm voting for. I think that's the biggest thing here.

We're not knocking this bill by no means. I'm not, because I don't know everything in it. I think there's a lot there that needs to be dissected. We look forward to dissecting it and I hope that we can. Again, without having the proper time, I can't do it.

But you know what I would like to see in a bill someday, and this is one thing that I'd heard this summer. I would like to see somewhere in a bill like this a section where health care workers can speak with impunity, can speak their minds. You wouldn't believe how many health care workers I sat down with this summer who felt as though they couldn't speak their minds because they were afraid of repercussion or punishment. That's not right. The health care workers are the ones we need to hear from, whether it be good, bad or ugly. We need to hear from our health care workers because those are the workers on the ground and we need to ensure that we create the environment, once again, for them.

We talk about being arm's-length from government. I lost track of how many times I've seen the word "minister" throughout this bill. Upon the minister's implementation – what else do we have here? The minister shall, in conjunction. If we're going at arm's length from government, which is what's been called for through the Health Accord, then again, it's something that should be in

the bill and it's something that I would like to see in that bill as well.

Part 2, when we talk about this bill, it appears to create or provide regional representation to delivery of health care; however, the terms of reference will be defined in regulations. I don't know how many times we've heard that. Again, maybe that's the way it has been done for some time now, but when we hear that, we have to be a little bit skeptical. We do because it almost seems like to me – and I could be wrong – it's a bit of an out. It will be determined in regulations. Well, let's sit down and figure that out now. Let's sit down and figure out what is going to be determined in regulations.

We have heard it, same thing once again with the helmets on the Side By Sides, in regulations. Unfortunately, it's not something that we can buy. It's not something that I can go along with without reading deeper into the bill.

In Grand Falls-Windsor, the diversions – and I have heard it a couple times from a couple of people – the diversion is what is absolutely stressing the Grand Falls-Windsor hospital right now.

Over the summer, I made a visit more than once to the emergency room in Grand Falls-Windsor. I went down and I talked with the staff that were down there. I wanted to see for myself, and I encourage everybody to do the same. I'm sure most of you probably have, but I wanted to see for myself exactly what they were talking about on the ground, how it looked, as practical as it was. You hear about it over and over again, you hear the doctors, you hear the nurses, but I wanted to see it for myself. It was absolutely shocking to see. They were completely overrun.

We had diversions, you know, of course, from Baie Verte and I know it is something that needs to be done because we want the best health care for everybody across the

province. But, unfortunately, what's happening in Grand Falls-Windsor is people are showing up to the ER, they see the lineup, they see the wait, they see how many people are in the hallways on stretchers and they leave. Some of these people could have diagnoses that need to be brought to light as soon as possible or sooner rather than later.

People have to be getting misdiagnosed or undiagnosed; it has to be happening. Unfortunately, they get turned away or most recently I have heard from people who say I can't get a doctor, obviously, 811 doesn't work for them. I'll tell them myself, well, do you know what? If all else fails, the emergency room is the backup and that is what everybody is being told. They immediately say, no, I'm not going to the emergency room because I don't have 12 hours to sit down and wait. So they're not even going down anymore to take a look at the emergency rooms; it's a default now, I'm not going there because I don't want to sit down and wait.

Again, what is in here that addresses that problem and the other problems that I have talked about in particular? I don't know. We are unsure. You know, 24 hours or whatever it was is not enough time to dissect 37 pages of a bill. It's just not enough.

So it may not be fair to us and that's a fact, and to the Opposition Members, but it is especially not fair to those two stakeholders: the patients and the health care workers throughout our province. They depend on us in here to make those right decisions, Again, I know I have said it 10 times throughout this last 15 minutes, this might be it. This might be the saving grace for Newfoundland and Labrador health care and I hope to God it is. I hope to God it's a good start to get us to where we need to be, a better tomorrow, where, if you have cancer here in Newfoundland and Labrador, you know that the supports are going to be

there to take care of you. But, unfortunately, we don't know.

So how can we, in good conscience, vote on a bill? I can't imagine that everybody on the other side have had a chance to dissect it, go through it thoroughly. How can anybody whether you're here, over there, or here, how can anybody vote in good conscience on this bill, either way, if you don't know what it involves? I think that's exactly what we were getting at. I think that's what the amendment was for, to take it back.

Can we afford to wait another year? Heck no, of course, we can't. Can we afford to wait 12 weeks, eight weeks, four weeks to really go through this? I don't think we have any other choice.

I think that's our biggest point that we've been debating now since 10 o'clock this morning, is that we need a little bit more time. I applaud the government for trying to do their best to ensure that health care is put in the right direction. I know a lot of people have the heart that they want to put into it for their own constituents. You guys hear it over there, just as we do over here. But without due diligence, without the proper consultations and without really diving into this and dissecting it, there's not one person here in good conscience can vote in favour of this bill right now the way it is.

I'm not kidding, I'll say this, if there's more time and we can sit down and dissect it, go through it in our districts possibly, bring it back then have a fulsome debate, a real debate of back and forth. Yes, that looks good, maybe we can change that, maybe we can change this sort of thing, by God I'd be the first one to vote for it. I really would. If we can find some common ground here and we know that it's going to help the people of the province tomorrow, it's going to help my two sons, 15 and 17 years old, I want to keep them here. I do, I want to keep my two boys here with me.

If they move away, I don't know what I'd do. I really want to keep them here. But in order to keep them here, we need the proper infrastructure and health care that they need, that they're going to need as they get older, as we get older. I want to ensure that that's there.

So when we hold up this bill and we take a look at it, we got it yesterday and the proper time was not given, again I can't imagine voting for this bill. It's not because I don't want to because I do. I truly do. It's the biggest problem right now in Newfoundland and Labrador, it is. It's on everybody's mind.

So, again, I applaud the work that was put into it, but we need more work put into it. We need the due diligence to ensure that it's going to work for Newfoundland and Labrador.

We cannot afford to make a mistake right now when it comes to this. Because what's going to happen is the bill is going to go forward, it's going to get worked on and it's going to be talked about for years. Well, we passed that back in 2022, back on November 2, 2022, how much more can we add to it? How much more could we possibly take away from it? How much more could we amend to ensure that it works for Newfoundlanders and Labradorians moving forward?

That's who I look out for. That's why I got into politics, was for my two sons and so many people like them who I want to keep right here, and I know you do, too. I would love to see this province at 600,000 people one day between immigration and birth rates. It would make my day. But in order to do that we need to ensure that the proper bills are in place to pass to ensure our health care is better for tomorrow.

So I'm going to take the time to look over this. Whether this passes today, tomorrow, next week, I'm still going to take the time to look over this. I'm going to take it back to my district, because I have doctors and

nurses who are watching this right now, and health care workers who are watching this right now, who would love to sit down with me. Who are the experts, who would love to sit down with me and add something to this, or possibly go through it, and see what can be added, see what can be taken away or see what can be changed.

AN HON. MEMBER: The regulations.

C. TIBBS: The regulations, that's right. The regulations don't work. It just doesn't work for me.

So we need to ensure we give it proper debate. When it comes to debate, I'll just say this before I sit down, Speaker, I truly believed when I came into this House of Assembly in 2019, that debate would have been more productive. Sometimes I'm so disappointed. I have to be honest, I'm so disappointed that the debate is not as productive as I thought it would be, because for us to dig in our heels and the government to dig in their heels and we just spin and spin and spin. Why are we here? What's the sense in being here? If it's *carte blanche*, why are we here?

So I think that we really need to see what's best for the province. If somebody else has a good idea, acknowledge it and let's do what we can for the future of Newfoundland and Labrador.

Thank you, Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Opposition House Leader.

B. PETTEN: Thank you, Speaker.

It's a pleasure to get up and speak on this bill today. I always qualify every time I stand in this House that the pleasure and the responsibility, Speaker, that comes with all of us in this House. I like to say that pretty often, too, because I'll always say

sometimes we forget, because this is a pretty tumultuous environment. It's a pretty hectic pace. There's a lot of back and forth. There's a lot of good debate. There's a lot of bad debate. But it's debate.

When I speak in the House and whether I'm talking on the legislation or I'm talking on a question or I'm talking on anything, petitions, ultimately, you're speaking for your district but you speak for the people of the province. Sometimes it's a juggle in that role, too. We kind of blur the lines a lot of times because you're caught up in bigger issues, sometimes, than own district. Ultimately, you're doing something to help one of your constituents, 100 of them or 1,000 of them. It all multiplies up to 520,000 we have here in the province. We all, ultimately, speak for those people.

So when you look at this Bill 20 – and I'm not going to belabour much the letter that was sent today. The Member for Mount Pearl - Southlands spoke about it and I think the Member for Labrador West. Not that it's not important; I think it's not a good show. That's something government has to deal with. We're not government. We're the Opposition. Our role here is to question government, ask questions, debate and bring in amendments or, ultimately, it's about making legislation better.

It's not about we're one up on you, or we've got you this way or we got you that way. Ultimately, we've got a role to play here. I'm the Member for Conception South and I'm proud to be the Member for Conception Bay South, as every Member in this House is proud for their own district, because it's my hometown. I'm sure most everyone here represents their hometown.

But when I see stuff like this, it comes back to the question – this is a huge piece of legislation but underneath this legislation, it's our health. It's dealing with our health, delivery of health in the province. This is a big bill. On the surface of it people would say, oh, you're getting rid of the health

authorities; putting it under one roof. In the budget it was kind of simplified to a degree and, for the most part, everyone in the province kind of saw the merits in that. There was some to and fro. Overall, I think the majority of the province is like, okay, that makes some sense.

We hear in the news issue with Central Health. The CEO didn't live in the province. You would hear issues with Western Health probably and you would hear issues with Eastern Health. There was a duplication of services. That was something I think was said by the minister today: There is a lot of duplication of services.

So on the surface of things, amalgamating them together or bringing them all under one board and setting up these regional health councils and what have you, there's a lot of merit in doing that. That's not lost on anyone on our side the House either. I mean, everyone got their own views. There might be some here on my side that might not agree with that. But missing an important step like we see in this letter – and that's a misstep and that's something that, again, we're not government; the minister and his officials can deal with that issue. I guess my question would be: Why the rush? Why does everything have to be rushed?

There was a time in this House you could come in and debate all the legislation in the world. You'd have Address in Reply some days. You'd have that opportunity to catch your breath. I understand debates in the Legislature can go on and it can go many different ways, but why do we always feel rushed? I feel like everything is rushed. I spoke to the Government House Leader about this; we speak about this often. I understand – it's more than being critical; I'm just stating the facts. It's difficult.

So you're getting this legislation a day in advance, and I question that – and I know that they'll say when you were in government, the PCs they were worse than

that, and they probably were. I wasn't part of that government. I wasn't an elected official of the day, but maybe they were. That doesn't make it right. I always say that. Two wrongs don't make a right.

But you're left with a piece of legislation and when you start reading it, there's a lot to it. The media asked a question today and I said it's a lot to it. More to it than we realized. We couldn't speak on it Monday. We knew it was coming. That could be a one pager. We're like, okay, very good, some of them can go within an hour and you're done. We knew it would be more than one page.

When we got the piece of legislation, I mean it's a fair bit to it. I have it here; it's a fairly substantive piece of legislation. When you read closely into it, this is something – I'd like to talk about some of the health issues in the province and in my own district, but one issue in general, if you have a quality council, that's like a quality assurance. That should be standalone. That needs to be almost like the AG. If you're really going to have an oversight over your health care – it is quality; that is what is called, a quality council. If you're only going to do on recommendation of the minister and you're going to be in consultation with the minister, are you really doing quality assurance or are you doing the quality council and the assurances that the minister wants or government wants or asks for? Are you really doing any benefit or is this another layer of a bureaucracy that doesn't give any comfort to people?

That's stuff that, as you're reading this legislation, you realize there's more to this piece of legislation than what you're seeing. That's just one example of many. Again, that was something actually I said when I was asked questions of the media today, as an example. Do we agree with that? No. There are lots of parts of the legislation and I can go down through some of those parts. Keep in mind – I'm putting together something – when you go and you say that

and I say about being rushed and then you see this come out this evening, there's no doubt we're rushed. There's no doubt in my mind.

We brought that amendment in because it was like, give us an opportunity so we can go back and get staff and get our own heads around stuff and have a proper debate. Because ultimately, that's what's required. That's what we get criticized for, because there are people out there that follow the Legislature, follow our debates and actually call us out for it, rightly or wrongly. A lot of times, unfortunately, they're right. They call us out for some of the legislation we put through, some of the bills we put through, some of the debates we have or we don't have, and it's not a good look for any side of this House.

But on our side, we can only exhaust avenues you have. You have second reading, you have amendment options and you have Committee and even third reading. Ultimately, if government don't respond, you run the clock and when the clock runs out, you're done. It can be very frustrating. So this is not a good look. There's no way this is a good look for government. But it's not only on this bill, Speaker, and that letter tonight, I mean, again I'm not going back to that. There will be enough about that.

But I see this as a trend with a lot of legislation, and I get that government have an obligation. They've got legislation to get through, they're running the province and they need these bills. I get that, but we have a job to do too. As painful as it is a lot of the time for government to listen to us, we have a job to do. We ask questions, and I know they don't like our questions – I know they don't like our questions. I repeat: I know they don't like our questions.

But whoever wants to listen, and I don't know if the Premier's close by, we have a tough job to do. Government has a tough job to do. Our job is no lesser, and there are

Members on that side of the House sat on this side of the House – they sat here. The Minister of Health sat over here; the Government House Leader sat over here. They know what it is about. The Member for Stephenville and St. George's I believe sat over here. I'm doing my math there, I'm going across and I think I'm getting most all of them.

But my point being said, they know what it's like. The Member for Humber - Bay of Islands sat over here and the Member for Mount Pearl - Southlands sat over here. It's not an easy place to be. This is not an easy place to be. You're on the receiving end of a lot of flack. You get it from government, obviously. You get it from government-hyper partisans out there – both sides get that. But we have a job to do. We have to ask tough questions. We have to get up every day and ask the ministers of the Crown, the Premier of the province, we've got to ask those questions.

T. WAKEHAM: We won't be here long.

B. PETTEN: My colleague from Stephenville - Port au Port says it won't be long. It won't be long now. There was a former premier and that was his slogan: It won't be long now.

But the point I'm trying to make, Speaker, to get to the point of Bill 20, is this argument is a very valid argument. What is the rush? What's so wrong with us being Opposition? Why do you see frustration around Members? Why do you see the Mount Pearl - Southlands Member get up tonight and he's frustrated? Humber - Bay of Islands, they're independent, they can speak of their own free will. Some of the points they may say, and we may not always agree with everything they say, either. I'm probably the biggest critic, I'll call them out sometimes in the House myself when I think they've gone off course. But they're not always wrong. We're not always wrong about pointing out stuff.

We've spent – we were here 10 o'clock this morning; we're here now, I don't know how many hours we've been here now: two, whatever, seven, five, six or seven hours and it's going to be longer debating this bill. Partway through the debate we were finding out that there was a step on the way missed. Fair enough. Again, that's the red herring, that's a bigger issue. But that's not my point.

My point is we have emergency rooms full. We have 125,000 people without a family doctor. We have people who are dying, literally dying, in waiting rooms, in the hallways: horror stories. We all hear it. Every Member of this House gets emails pretty regularly. It is the number one issue in this province right now: the health care crisis.

Cost of living is very important, but you go now and you talk to some who's sick and they'll tell you – what will they tell you? If you don't have your health, you have nothing. Think about that. Someone really close to me tells me that a lot of times. I'll leave it at that. My mother (inaudible), I don't like getting emotional and I'm not going to stay there very long, Mr. Speaker. That's true words. I spent a big part of this year in the hospital, I know, I've seen it first-hand. That means nothing. Her health is what she needs.

Think about that for a second for everyone in this House. When you're rushing this stuff through, think about that. There's a bigger piece to be had, there's a bigger conversation to be had. That's our job; it's what we try to do on a daily basis. Sometimes to the peril of being called out for being fear mongers, of being critical for the sake of being critical, to delay it for the sake of delaying it. That's not where we want to be. We have big misses on legislation. We miss stuff.

I remember several years back there was a piece of legislation that went through here and when it went through I voted – that was

earlier years and I was a bit greener, but I voted and someone said after do you realize what you just voted on? When I went back and I said you're right. It was one of those moments. I said that can never happen. That was ridiculous. It wasn't earth shattering but it was to the point, I actually voted on something that I really did not have my full thought process around.

That's a lesson I learned then and since then, even on complicated bills, we all have our way of getting our heads around stuff. Some of these bills can get pretty dry and they get pretty complicated, but I'll always be aware of what I'm voting for.

We also have to get an opportunity to get our own heads around it, to get the proper debate. Because, ultimately, we'll get here, the minister will get up in Committee and whenever Committee comes on this legislation, whenever that is, whenever they get through it, this hurdle that they face now, we'll ask the minister a lot of questions. Committee is for that and I'm sure the minister will stand up and answer as best he can. I'm not saying nothing about that.

But that is our responsibility and we can't ask too many questions, nor should you be ridiculed for asking those questions, nor should you be ridiculed for bringing in a motion to lift this. We've seen that this was a bigger bill than government were thinking it was. We wanted this lifted for that reason. We didn't say cancel it. As I started off saying, there's a part of me and a part of us here that feel like there's merit in this bill, but it has to be done right; make sure it's done right.

If you're dealing with controversy, if something has to be done, do it right. But don't just do it for the sake of doing it. Because when you're doing it, at the end of that, there is someone that's sitting in their house that just wants their health. That's all they want. Think about that.

I'll say it again; I'll repeat it: That's where sometimes everyone misses the ship. I can stand up here, you know, and I've had to fill in for my good friend, hopefully he's getting close to return, and people say, you need to talk about cost of living, you need to talk about health, you need to talk about this or fishing trips, whatever. If you don't have your health, you have nothing – you have nothing.

I can talk about cost of living all day long, but when I'm reading the cost of living of someone who is struggling, that's hard. I get it, that's hard. That's hard to hear. We read those stories daily and we have all these programs, you're trying to help people, but then when I read a story of a man out in the hospital who is calling me crying, his wife is pleading with me, his wound is infected. He's in the bed. He don't know if he can make it. He's being discharged. He's being sent home. The public health nurse says no, you belong in the hospital; the hospital says no, you belong home.

There's a big quagmire going in. They're pleading with me; I'm trying to deal with everything else with the House and the session. I'm hearing some of the debate that goes on. We come in here and we ask questions every day and some of it is mocked back at you.

Ultimately, I think back to not just my mother, I think back to that man and we all have them, I mean, I can open my phone now and list off a load. You try not to go down that road because everyone has their own personal issues and you don't want to be naming, I don't anyway. It is the issue that is out there, but give it the honest attention that it needs.

I'm trying to loop this together to make some sense because, ultimately, if you have an agenda full of items and this bill is one of many and it's get it done, get it done, get it done and get out of here. Along the way, it is this bill here that will affect people; this will have an impact on the delivery of health,

no doubt about it. You're getting rid of all your regional health authorities, and that may be a good thing. It's not about that, it is the principle of what is involved in the bill.

It is not the proper length; it has not even gone through the proper channels within government. I won't talk about that because the average person at home don't really get where we are coming from when we get into that. That is where we lose our point. But they understand when they got someone sick; they understand when they are in an emergency rooms; they understand when they are sent home from hospital and they don't want to go home and they're being told they shouldn't be home. That's where it hits the road, that's where the connection happens and that is the problem we have, Mr. Speaker. That is the problem we have with this legislation and rushing stuff through.

So we need to give this a lot more serious look. Whatever steps we do along the way, you know, I still believe that it is not a bad idea to go to a Committee and get the proper look at this bill. We did this with the real estate bill; I was on the Committee actually, we done it on the real estate bill as a test drive. Yes, it slows things down. Government is not going to be happy to – they like to say after every closing that they had X number of pieces of legislation through in a very productive session of the House.

But, you know, you have a lot of legislation go through and some of it is changing a word or is pretty agreeable, you're updating legislation. Most of the time we're here, we'll put one person up for five minutes and they sit down and we'll go to Committee because there is no debate required. It is like, okay, let's move on. Why waste our time here on something that we all agree with, move on.

But then when you get into the meatier bills and the ones that have more debate to them, one being like we went through the Future Fund. We were having a good strong

debate on it, but it's almost like you're mocked, it's like, how dare you? It's almost like you are offending them. How dare you ask us questions?

I mean, it astounds me, you think about it, often I go home and I sit down and I wonder, I probably think too much because I try to make sense of it. That's the biggest mistake I have ever made is going home and trying to make sense of some of the days in here because it don't make no sense.

But the thing that I remember and the thing that I'll say and I'll stick to it, it's near and dear to me, if you don't have your health – it all comes back to that, Mr. Speaker. But I think government missed the ball on a couple of things here.

Because we're dealing with an ongoing crisis and you can build a hospital, you can give \$500 cheques, you can have all the announcements you want, ultimately, we still have the same issue facing us. You can bring in Bill 20. You've still got the same issues.

This is not dealing with today's issues. This is not dealing with our problem. This has probably created another problem, but it's not going to solve our problem. In my last minute, I was just going to touch on something. This was Dr. Connors, head of cardiac surgery, and he took exception to a comment I made in the House. I'm sure someone along the way must have fed it to him because I can't see him listening to the House but, anyway, maybe he does. I said: We, as government, celebrate failures.

I never once intended to say that sending patients to Ottawa was a failure. We have a backlog. You do what you have to do. To get cardiac surgeries completed, it's very important and it's life-saving; we're all for that. I criticized government for having a big celebration in the lobby for having an announcement to do that on the backs of people dying, waiting to get surgeries. I

believe that surgery should happen in this province.

SOME HON. MEMBERS: Hear, hear!

B. PETTEN: That's the failure, not getting the Ottawa Heart Institute involved. That's your failure. We should not be sending patients to Ottawa. If you're a Newfoundlander and Labradorian, you should be getting your heart surgery done here in Newfoundland and Labrador, not in Ottawa. That's what I wanted clarified.

Thank you once again for your time,
Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Harbour Main.

H. CONWAY OTTENHEIMER: Thank you,
Speaker.

It is an honour to speak today on this very important bill, Bill 20, in regard to the Provincial Health Authority Act. Speaker, first of all, I think I am going to start off and talk a little bit about what my colleague from Conception Bay South left off with. He was talking about health and he was talking about the fact that if we do not have our health we, basically, have really nothing.

The health of the population, the health of the people and the fiscal health of the province really go together. When we look at where we are today with this legislation, I think it's important for us, and to share with people who are watching, really the impetus for this legislation comes from the Health Accord. The Health Accord was a document that involved extensive research by co-chairs Sister Elizabeth Davis and Dr. Parfrey.

I can say, as a Member of the Opposition, we had many presentations by both of the co-chairs of this Health Accord to help us better understand, so that they could

consult with us and confer with us about how to improve this important document, which really is a foundational piece. It's a transformational document to help guide government in terms of our health care system in Newfoundland and Labrador.

So one of the things that were quoted in the Health Accord, Michael Marmot had said: "Evidence from around the world shows that health is a good measure of social and economic progress. When a society is flourishing, health tends to flourish. When a society has large social and economic inequalities, there are large inequalities in health."

Speaker, I think that's a really important and significant observation that was made and that was brought to our attention in the Health Accord. It just shows us today where we are in the Province of Newfoundland. We look at whether health is a good measure of social and economic progress. We see our performance, the health performance outcomes in the province, and we see how inadequate they are today.

When we look at some of the indicators or some of the measurements of our performance in the province in terms of our health outcomes, Newfoundland and Labrador has the worst health system performance in Canada. In all of the provinces, Newfoundland and Labrador has the worst outcome. The health system performance, according to Sister Elizabeth, when she presented to us on numerous occasions, she said that is key. She said that health system performance is key.

I think that's really important to note because when we look at our performance in our province, Newfoundland and Labrador, again, has the worst health system performance in Canada. We have a health crisis; there's no question or no doubt about that. People in Newfoundland and Labrador are more likely to die from heart disease, they have the highest rates of cancer, the worst cancer mortality in the

country and there are more seniors in Newfoundland and Labrador who are living with chronic illnesses. These are some of the indicators, Speaker.

I think it's important to note that, because we need to put this in the proper context. We have a broken system, and we've heard it over and over again. We don't have enough doctors; we don't have enough nurses. That is the reality. It's not of the reality to think that we have enough doctors and nurses that are working in our health care system. Doctors and nurses, the vacancies are incredible. When we look at the nurses, for example, they're pleading for relief. We've seen this already, just as recent as last week. We've seen that they are asking for help. They are saying that there are nurses who are leaving our province, many nursing positions are vacant, not only in long-term care facilities, but in hospitals.

We even heard from the president of the Registered Nurses' Union. She said that things could get even worse, Speaker, with up to 40 per cent of nurses saying that they will leave this profession if things do not improve.

So why am I talking about that now? It's about quality care. If we don't have the health care professionals to work in our hospitals, then we're not going to be able to provide quality care. How can patients expect that type of quality care if we're allowing and if government is allowing such an exodus of health care professionals in our province? I have to say that because we need to look at the fact that so many nurses are leaving. There are so many vacancies. There are so many nursing positions vacant in our facilities.

But again, why am I talking about that? I'm talking about the fact that there has to be change. Yes, I do agree that the Health Accord provided some guidelines; it was a very transformational 10-year plan. Now, getting to this piece of legislation here, this

piece of legislation is a piece of legislation that I think the intention is good. I think that government's intention, for example, to have the transformation and have the consolidation or amalgamation of one Provincial Health Authority that, in principle, is good. I think that most people feel that, for the reasons stated by the minister – he did indicate that it should increase province-wide communications. He talked about strengthening and improving delivery of consistent health care so there are good objectives that exist in this legislation. No one is disputing that.

What we're concerned about, Speaker, is how this has come about. I attended the technical briefing and was extremely disappointed. This 36-page document, which is the act, the legislation which has many clauses and four parts to it, was not even provided at the time of the briefing. That is not good enough. No one would disagree that we need to have the actual bill to be able to really meaningfully understand any kind of technical briefing that was going to be given. That did not happen.

When we asked for even further information, that was not available at the time of the briefing. That is a concern. What does that suggest to us? It suggests that there's a rush on here and that brings me to the Office of the Information and Privacy Commissioner. Fortunately, we have an Office of the Information and Privacy Commissioner, because today we received an email, a letter from the Commissioner.

Why is that important? First of all, just for the benefit of context there are seven statutory offices that report to the House of Assembly, that are established by statute and report to this hon. House of Assembly through the Speaker. It's an independent office. It's independent of the Executive Branch of government. It's not directed by Cabinet, it's not directed by ministers.

What does it do? It performs an oversight function. Speaker, we see that oversight

function in action today. We have to be thankful that occurred because it allowed us an opportunity to look at some of the problems that exist here with this legislation.

Now, we knew about these problems, because as the Official Opposition we put forth an amendment earlier basically asking that the bill be withdrawn, that the subject matter be referred to a Committee, another Committee, a Social Services Committee of the House, so that we could have further study and consultation.

So that's what we were hoping to have but that did not happen. Then, lo and behold we have the email that we received later in the day from the Office of the Information and Privacy Commissioner. The Member for Mount Pearl - Southlands read this letter in its entirety into the record and I think there were a couple of key points that we need to emphasize in this letter. Really, it's about the fact that there was no meaningful consultation.

Why is that important? Because the significance of this piece of legislation cannot be overstated. In fact, the Commissioner indicated the organizational structuring of our health care system is one of the most significant public policy considerations of our time. This reorganization, this restructuring, this amalgamation of four boards into one has significant implications for our health care system in the province. As the Commissioner stated, it's one of the most significant public policy considerations of our time.

We have to be thankful that the Commissioner gave us and submitted that to us. His intent was to execute his duties in his statutory office. He indicated it's to inform debate and public discourse on the bill. That was the intent. He said, in fact, part of his mandate, which has been working very well for many years; it's a requirement for consultation under section 112 of ATIPPA, of the legislation.

He said it's been so positive; it's resulted in improvements to draft bills over the years. It's an opportunity for co-operative dialogue between government and the office. But, sadly, it was the first time in seven years that a bill with obvious access or privacy implication has been introduced at second reading without a draft being produced or provided to the office for consultation. We can understand the dismay that was indicated by the Commissioner, given the significance of this bill before the House.

Why do I bring this up? It's not about blame. That's not what this is about. It's about learning from this experience. It's about understanding that we have, fortunately, mechanisms in place like this statutory office that provides that oversight to government and to government decisions. That is exactly what the intent of the Office of the Information and Privacy Commissioner is, to provide that oversight of government's actions and decisions.

So I must say that I was very pleased when I saw this because it just shows that in our democracy that we have here and in the House of Assembly, that it is working effectively, that we have this oversight independent body that basically checked in here and said okay, hold off here, we need to look at this again. We need to ensure that the proper consultation takes place. That's really what we in the Opposition, what our intent was by submitting that amendment, so that there would be that consideration, that government would look at referring it to a Social Services Committee for further study and consultation.

I must say I am very pleased that we have the support of – all of us in the House of Assembly – this statutory office and that it came into play so effectively. Because, really, when we look at the Health Accord and all the work that was done, Speaker, there were a number of key elements that Sister Elizabeth and Dr. Parfrey looked at, and the many other people that conferred on this important work that was done. They

looked at three of the key elements in having a transformation of our health care system.

But you know what the most important element was? It was to listen to the voices of the people. It said in the Health Accord, the Health Accord's "fundamental belief is that, to change the health of the people of the province, it is essential to engage with the people of the province." I'm going to repeat that; it bears repeating: "... it is essential to engage with the people of the province." What better place to engage with the people of the province is through this hon. House of Assembly, where we are representatives of the people of the province.

Speaker, on that note, I just want to say that I am concerned that we are at this stage now. I'm thankful that the Office of the Information and Privacy Commissioner intervened at this point today. I am very thankful, as I think all of the Members of the House of Assembly are. We look forward to further consultation and further debate in order to have the best possible legislation that can be made and can be created. Because I think that the people, in view of the circumstances that the people of our province are facing, in terms of the people that are suffering and that are in fact dying because of our poor health outcomes and our performance, we have to ensure that we get this legislation as close to perfection as we can. That will only happen if there is proper consultation and involvement of people.

Thank you, Speaker.

SOME HON. MEMBERS: Hear, hear!

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

J. DINN: Thank you, Speaker.

The question that is top of mind: Why are we debating this at this point, considering

the letter from the Privacy Commissioner and, more importantly, how do we get here? How do we get to this place where we have a letter from the Privacy Commissioner? If I am reading into the letter or reading it correctly, before this letter appeared to the Members mentioned, there were requests for legislation, there was a brief, high level of consultation which was insufficient and that there was, today, a letter sent to five people.

Before we get to this letter that came to us, there are one, two, three steps before this. At any point, I guess, this could have been stopped or prevented. It could have stopped with the request for the legislation, because even yesterday when we asked for this – the question I had asked was if this legislation is prepared. Oh yes, it's prepared. We got it half an hour after.

But the Privacy Commissioner asked for this legislation numerous times and did not get it. If he had, I am assuming that he and his office could have done the due diligence that they needed and we could have gone ahead. That there was a brief, high-level consultation which did not – well, after notice of the bill was been given in the House, by the way, almost as an afterthought, then the letter to the five people mentioned in the letter here in the first paragraph. That is one, two, three steps and then this letter landed in our mailboxes.

There were multiple opportunities along the way to rectify the problem and we didn't – or government didn't. Interestingly enough, the Privacy Commissioner raises similar issues or almost identical issues that were raised here by the Opposition and the Third Party. The question is – I'm assuming now that government will go and consult with the Privacy Commissioner. I would assume. As I understand it, that's probably going to be the process. So we're putting the cart first, the horse coming a distant second. But nevertheless, that's a start.

Now, what I've got to ask is, well, if that's going to happen, then what are we doing? Are we looking for a patchwork solution then in terms of if the Privacy Commissioner identifies some major problems, what are we going to do? Try to fix this in a very extended session of the Committee? Because even in Committee, when we try to put amendments through and usually the bill, we would've assumed, has gone through the process, we would assume that it's more tightly written, it's been vetted, it's gone through the various checks and balances and, for the most part, is complete.

So who else was not consulted? We did get from at least one union today that didn't have members in the health care system. Nope, no consultation, nothing, nada, niet, zilch. That's the problem. So the question is, in addition to the Privacy Commissioner, are we now going to sit down with the unions that represent our health care workers, the people who are going to be dependent on them to make this system work, whether it's through CUPE, the nurses, the NLMA, NAPE, and have them and allied health care professional and figure out okay, what did we miss? Because really, that's what it's going to take.

There was plenty of time to be briefed and do the briefing with Mr. Harvey, and that was not done. But I do want to point out, it has been said a few times – section 7 has been read here already in the House but it's got to be driven home, Speaker. Because I am reminded in many ways of – this is not the first time we've raised concerns here about other pieces of legislation with similar problems: pay equity, education. This is the same issue: the lack of transparency, the lack of consultation, the lack of preparedness for major pieces of legislation.

What I look at, in the second paragraph, of having been denied informed dialogue. Informed dialogue of having basically the information to make an informed decision, of being denied the opportunity to directly

provide the government with the comments from the Privacy Commissioner. The word "normally" is used. "Normally the considerations we raise would have been provided directly to the Minister's officials ..." Yet, this was not done and we deemed that many of them were still unaddressed.

In the third paragraph, it starts with the requirements for consultation. So if I'm understanding it correctly, this is not a may, but this is a shall. There's a requirement here for consultation. I have said here in this House more than once about the whole notion of what consultation means. Is it checking a box or is it actually sitting down and having co-operative dialogue as the Privacy Commissioner speaks about? And how co-operative dialogue would have severed the people of this province very well since ATIPPA, 2015 came into force.

The first time in seven years, this has not been done, especially for a bill with obvious access or privacy implications. Now, think about this. It was only a short while ago, we're still dealing with the fallout of the cyberattack. We're still dealing with that. If we've learned anything, it's the need for due diligence on that. We've seen the fallout. I know people who actually have had their identities stolen. It's caused tremendous anxiety, yet here we have a bill, according to the Privacy Commissioner, has obvious implications for access to privacy and he has not been consulted. I'm assuming now we're going to go back and try to fix that up. That really should have been done long before that.

If you look at the three recommendation he's giving that are on the blind, some of the key words that come out – broad, the legislation is broad, "it could be almost anything. It's not clear what this provision actually enables." And this has to do with the learning health system and how it's used in the bill. For example, could the system be used for selling people's personalized information and genetic data? We don't know.

Number 2, the social determinants of health. Again, extremely broad, unanswered questions; many unanswered questions.

“The roles, governance and appointment of the regional health councils and the quality council: Are these intended to be separate public bodies ...?” I guess here, one thing that I have heard echoed, I’ve said it, I know my colleagues on this side of the House have said it, this is one of the most significant public policy considerations of our time. It’s not about simply changing the language to be gender neutral, as important as that is, it’s not about that. It’s not going to change the effect of the bill. But here we are passing legislation that will have impacts on the health and the health care of our citizens.

But it’s the second last paragraph that stands out: “By rushing this process at the last, most crucial stage, which is legislative drafting, privacy consultations, and debate in the House, Government runs the risk of taking good intentions and implementing them in such a way that could cause unnecessary harm to the public.” And that’s what we’ve been saying in this House. Slow down, it’s not coming into effect immediately, we’ve got time to do it right.

We know why the Health Accord was struck, because of major systemic problems in the health care system. It was a system that was designed for a time in the past when we had a greater population of younger people. We’ve heard the misery that health care professionals have relayed to us and we’ve heard the misery of the people who are depending on health care people and cannot get them. We cannot just simply rush this through haphazard, slapdash and hope that it’s going to fix it. We, the people of this province, deserve better, Speaker.

If nothing else, the Privacy Commissioner talks about without this proper consultation, there’s “no opportunity to do a jurisdictional comparison to see if similar provisions exist

in other provinces or territories.” To be honest with you, I don’t know if we did that either, I didn’t hear that.

But just a few things, a few other comments here. The Centre for Health Information: the centre appears to be abolished and its functions are taken over by the Provincial Health Authority. But it is necessary for the contracting out of services. The government cannot easily hand over health information management to private corporations to develop and manage if this centre exists.

This change does nothing to improve the collection of information or to ensure its public and non-political use for the study of health outcomes and the performance of the system. The new Provincial Health Authority has an interest in collecting information in a way to show it is doing great work. The current centre does not have this impetus. Also, one employer and therefore a discussion about who represents the health care workers.

Now, you might remember that I brought this same concern up when we were talking about the Schools Act. We couldn’t answer that, but here we seem, in this act, to have answered who’s going to be the employer. But we couldn’t answer it in the Schools Act.

The last thing health care workers need right now is a divisive and exhausting battle about representation and the government’s actions not only will not help with improving health care in this area but will add conflict and distraction among health care workers at the worst possible time.

The bottom line then is it comes to why is government doing this now? If it’s to be seen as doing something that’s going to help contracting out centralized authority to easily make more cuts. Those are fears of, I would say, the people who work in the system. I don’t think the fears would be there if there had been proper consultation first.

If we're going to the Information and Privacy Commissioner, then you cannot stop there. You must go and you must speak to the unions that represent the workers who work in the health care system and who will be most impacted. Because impacting them, if this is not improving their lives, you are not improving the care of the patients or the people who depend on it, who use the services of the health care authorities, of the hospitals, and you're certainly not going to improve the health outcomes.

The quality council is an example that was in the Health Accord. The Health Accord wanted it to report to the public; otherwise it wouldn't achieve what is needed. The Health Accord asked that the quality council report to the House of Assembly to make certain that this happened. Yet, if you look at it, it reports to the minister, not to the House of Assembly.

What has been a common theme, certainly from the Third Party and from the Official Opposition –

P. LANE: And the fourth party.

J. DINN: And the fourth party, the fifth column – is the need for transparency and openness and that's so key. There is a concern there that that's not going to be the case.

The Health Accord also asked for great authority for the regional councils. In the legislation, their authority seems limited to providing advice and recommendations to the Provincial Health Authority, collaborate with Indigenous communities and with other health social networks.

It's going to be interesting how that works. The Health Accord had hoped that they would be more directly involved in health care delivery in their regions and giving great voice and influence to the people of the region. So you're seeing here an increased centralization and not this – what I remember from the Health Accord is that

there's this balance of centralization with regional health authorities to satisfy the regional needs.

I can only say that the comparison to the education system, Speaker, is when you centralize you risk – and it happened – losing the voices of the regions and you're not as responsive to their needs. That's not good for education nor the health system.

Section 40 says, "The minister shall release a report received under paragraph 36(1)(a) to the public." It does say "shall" not "may" which seems positive. However, it doesn't stipulate how often this is done. Hopefully, it will be annually, but there is no indication as to how often this should be done.

So there is concern here about the actual role of the regional health councils. Are they merely advisory or are they going to take a more positive and direct role? How much influence will they have on behalf of the regions? That's the key thing about having a system that's responsive to the region.

You can centralize it in St. John's, you can centralize it out of the minister's office, wherever you want, but the fact is that the needs in Torngat Mountains, the needs on the Bonavista Peninsula, the needs in Labrador West, are vastly different. The needs on the Northern Peninsula definitely. I've had the opportunity to travel there. The needs for the school system are different. It's got to have the same needs for the health care.

Why wouldn't, for example, Labrador be its own region separate from the province? Maybe that's what it needs. Not St. Anthony but the Big Land itself have its own region. As well, and I'll end with this, that there's no reference to virtual care in the section on information systems. So is that part of it? Is it implied? Is it going to happen? Who knows?

So I think it was fortunate that the Privacy Commissioner sent this letter when he did.

It is unfortunate that he had to, Speaker. It's unfortunate that he had to point out to this Legislature that, indeed, according to section 112(1) of the ATIPPA 2015, the introduction of this bill is in violation of that section. This is not a novice government on the other side; it's been here in one form or another for seven years. By now they should know better.

I was asked today, by the media, about what was behind the delay. I really don't know. I understand we have one legislative writer up there. If this comes down to – and I've got to say this – a lack of human resources in these positions, and we have sat in Estimates here a number of times and seen the vacancies, then for God's sake we've got to start filling those vacancies so that the government can do the work of the day.

Passing legislation is not about passing legislation, it's about serving the needs of the people who elected us. Well, not only who elected us, but whether they elected us or not we've got to serve their needs.

So let's make sure we do a good job, Speaker, put the people in place. But this is amateurish, truly. It should not have happened.

Thank you.

SOME HON. MEMBERS: Hear, hear!

SPEAKER (Trimper): Thank you.

The Speaker recognizes the hon. the Member for Exploits.

P. FORSEY: Thank you, Speaker.

Being the Member for Exploits in the Central region, it's great to speak on this bill because I've heard a lot about health care in the Central region; I've talked a lot about health care in the Central region. It's something that's very dear to the people of my district and the Central region. Actually,

Central Health alone takes in six districts. I hear from all those districts every day and I'm sure other Members do too.

In this bill we're looking at taking one health authority – really, how is that going to look, one health authority? We still have Central Health; you still have Western, Labrador-Grenfell. How will it look? Are we just losing our CEOs? Are we losing more management positions? What does this actually look like, to do one health authority? Where is the directive coming from? Where would main base be?

I'm thinking the main base would probably be Eastern Health. That's probably the main base. But how does the directive, how does the management get out to Central? How does the directive get to the West Coast? How does it get to Labrador to figure out what we really need in those areas and to provide the best primary care that we can to those types of areas?

So we still need some sort of management teams, some communications teams out there. What do we lose, just one CEO? We lose a CEO of each health authority and we're just down to one CEO? Is that how it works? We'll still have, basically, four health authorities; it is just how do we streamline it to make it fit all the needs of the people in the Central districts, in the Western and Labrador-Grenfell.

I know in Central Health alone we face a number of challenges; we face a number of shortages. That goes from doctors, nurses, long-term care, personal care, emergency units, emergency paramedics, right down through the system. So if we take out some of the management positions or CEO positions, how is that still correct and getting those positions filled, having resources to fill those positions.

We're taking away some positions, so now the directive is coming from one area, one base, yet we're still short doctors, we're still short nurses, we're still short long-term

care, we're still short emergency units. We hear it every day in Central Newfoundland. The Fogo Island hospital is on diversion; Baie Verte hospital is on diversion; Harbour Breton hospital is on diversion, Buchans on diversion. It's terrible.

All those units then, people in that geographic area – all those geographic areas – end up congregating on either Central East or Central West, the James Paton or the Central Newfoundland Regional Health Centre. That congregates all those people. The areas and the wait times there are getting to be tremendous. It's terrible, actually. I've heard 12, 14 hours of wait times, probably longer, in those hospitals; people in hallways.

Those are stories that are related to me. I've got a number of stories like that and I hear it every day because of the shortages of the health care – of the physicians and of the nurses in those positions. So we need to fix what we have there first before we can move on – anything like moving one health authority. Even though Central Health, Central West, they all had – and you have one health authority and you have one ADM for recruitment.

One ADM for recruitment – the health authorities always had recruitment teams. They always did. I know Central Health always had a recruitment team. They even had community advisory committees. The community advisory committees would relay to the recruitment teams in Central Health and then they'd go out and team up. They would look for physicians, they would look for what was needed and fit the communities that needed it. So now we're going to take all that away and we're going to do that through one health authority.

I'm not saying it can't work, but this bill being pushed through like this, that's where we're losing. Are we doing the best? Is this the best reason to be doing this? Is this the best result that's going to happen to the

citizens of Newfoundland and Labrador? Is this the result that we're going to give them?

If four health authorities couldn't do it – we're in shambles now, the health care is; I don't know why – so now we're going to do it through one. When all the recruitment teams, all the community advisory committees couldn't do it, now we expect one to do it. Maybe. I'm not saying it can't work. I'm not saying that this is a bad decision. We all know that health care needs to be streamlined. But when you look at those things happening in Central Newfoundland alone, how does it work? What are we losing? What are the people of our province losing? Primary health care is not there now, how are we putting it back? We can't fix what we have there now, so we need to sit down with all the stakeholders and be doing this.

We're hearing of doctor shortages all the time. I know back in April month my hometown, Bishop's Falls, we lost our doctor. There are 3,000 people in the community. We had the clinic there and 3,000 gone. What happened? Those 3,000 people are basically left without a doctor. I think it was 1,500 files that that doctor had, so that was half the community that did go to that clinic. Where do those people go? They either had to go to Botwood hospital or Grand Falls-Windsor hospital to the emergencies. That's probably just to get prescriptions filled most of the time.

That, alone, was overloading our emergency services. That's where we need to sit down and really fundamentally think, is this the right decision we're making? How will that community alone get a doctor when, right now, you already have the recruitment team there, you have a community advisory committee there and now you're going to take all that away – it all depends because I don't know what's in the regulations, I really don't know. But I'm just asking, is that the way it's going to work, and if it does, if the hands-on people there can't get it done, we're going to expect

somebody from a different area to get those positions filled to help out with our priorities, with their priorities.

That's the kind of thing where we need to sit down and not push this through. We'd like to see more happening in here and be detailed with it before this bill actually goes through to have the costs and everything and people's livelihoods and especially their needs being taken care of.

We're out there now – it's only yesterday I asked a question to the minister about beds in the long-term care in Central Newfoundland. We know they're only half capacity. We know it's only half capacity, the beds are already there. Why? Resources – we're not talking resources from doctors; we're talking resources from LPNs, basically, nurses. That's what we're talking for resources there. We're not filling those positions. It wasn't filled.

Now, I know the minister has taken some initiatives to have those in place, but you're talking a year ago. The ribbon cutting was done on the long-term care unit a year ago. According to the previous minister, it was going to be full. It's still not happening; we're short 30 patients, 30 residents, that brand new long-term care unit. I know the minister now is taking initiatives but seven years to get this done, to streamline some health care when our acute beds now are being taken up in Grand Falls-Windsor, the acute beds are being taken up by beds that could be in long-term care. We're not fixing the problem here. We're certainly not fixing problems. We're creating problems because the communication probably be won't there if we don't do it right. We're going to miss that communication.

So if we're missing 30 beds out of the long-term care right now, and like I say the beds being taken up at the Central Newfoundland Regional Health Care Centre, this shouldn't be. Our doctors are the top professionals but when we get into the LPNs, PCAs, that kind of stuff, we should be doing more of

this in our province and we should have our staff, especially in long-term care units.

So if we can't get that done in long-term care units right now to staff those and keep those residents in those buildings and when we're looking at doctors and nurses, then we have a bigger battle on our hands.

Without having physicians and that kind of stuff in Central Newfoundland, travel costs, to see a doctor outside Corner Brook or St. John's, is massive. I've heard stories. They leave St. John's in the morning, some of them do, to save costs, so they try to balance it out so that they don't have to get hotel rooms. They are trying it as best they can so they don't have to stop at restaurants. The cost of living has gone way out of wack; we all know that. To force those people to come out here, they try to make an appointment for, say, 1 or 11 in the day, so those people try to get out here, try to get their appointment, say it's 1 in the day, and then try to rush back home out of it. Most of the time these are seniors that just don't want to do this. Now you have this time of year, so they have to. They're forced to stay in hotel rooms. I've heard that when they get here, there are no beds. We can't do your procedure today. We have no bed. You've got to go home.

We're not fixing any problems. That's the thing with this. Pushing this down the road, we're not going to fix those problems. We're just not going to fix them. All we're doing is kicking the can down the road. Later on somebody else is going to have to deal with more problems in the health care system that should have been started to fix seven years ago, anyway, but it's not there yet.

We know the system is broken and it's really broken. We need to fix that. We need to get priorities done, especially in the doctors, nurses and those situations. I've heard stories where people are leaving Harbour Breton in the nighttime to drive up over a road that's just pathetic. It is wintertime, nighttime, to force those people

up over the road. There are a lot of moose on that road. You know, you're putting those people's lives in danger just by forcing them to come up over that road to get to the Central Newfoundland Regional Health Care Centre. That's a long, long drive. It's a dangerous drive. It's stress on the patients. It's stress on the individuals. It's stress on the entire system.

What's happening then you got the entire system at the emergency units in Central Newfoundland, you've got everyone congregated there and you've got people in hallways. The doctors and nurses, they're trying their best; they're doing their best. They're trying to get them assessed so that they treat them and get them on their way as best as possible in the manner that they know how to do best. But you're causing more stress in those areas because the doctors, the nurses and the health care teams are not there. They're just not there to help out with the patients that need the treatment at the time. Doctors and nurses feel this too, the ones that are there. They really do. They feel this, and they try to do their job as best as possible.

So in order to fix the problem, we need to fix the problems at hand first, not the problem of the streamline, as far as government goes, what the cost to government is, because that's what one health authority is just going to do. One health authority is just going to streamline government's costs, which is a good thing, but how is that going to affect the services to other patients in Newfoundland and Labrador? That's what we have to look at. That's what it really comes down to.

How do we deliver? How do we make it the best for all the residents in Newfoundland and Labrador without losing their primary care services? Every Newfoundlander and Labradorian, especially our seniors who paved the way for us and done a lot for us, and probably built our hospitals, and not get those treatments, only to be left – go on to St. John's somewhere b'ys, go on to Corner

Brook. If you get there, hopefully you can get your procedure done. If not, well, come on back home again, go again another day. Is that how we treat some of the people who built our hospitals? I don't think so. I don't think that's the way it works. So we really need to sit down with all the stakeholders at hand, make sure that we are giving the most direct care and the way to promote the health care the best way we can to the people of our province.

I know the Health Accord spent a full year on suggestions to government of what to do, how to address the health care system. They were only suggestions, it's up to government then to implement or change some of those suggestions that the Health Accord put forth. I know in some of the things, the Health Accord made some good proposals. There are some there that they can adopt and some there that you can't adopt.

I'd like to thank the Health Accord for the year of what they've done to help government make those decisions, but I don't think they meant for government to make hasty decisions of moving everything down the road quickly, just to say we've got it done. I don't think they meant it that way. I think they meant for government to sit down and look at that Health Accord: Now what are we going to implement? Let's do it this way, let's do it that way, let's all take a look at it and see where we go from here.

Thanks again to the Health Accord, but government needs to sit down, put more emphasis on what they're doing and not rush this through. We need to sit down and make it the best for every Newfoundlander and Labradorian in our province that they receive the best primary care that we can give them.

Thank you, Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Thank you.

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

E. JOYCE: Thank you, Mr. Speaker.

I'm going to stand and just have a few words on this. I'm going to speak, I guess, from a bit of experience on some of it.

Yesterday, we were talking about changes to the school board act. Can you remember when I said the six backbenchers never seen the report? Do you see why it's so important to have the information today? Do you see why it's so important now? Yesterday, some people thought I was just trotting and just bringing up issues, but do you see why now?

We voted yesterday for something that we never fully seen. We couldn't make a proper decision. I was serious when I was saying that yesterday. And we're here today, Mr. Speaker, about a bill that's going to affect all of our health care. I'm just going to go at it from a little slight different angle for a second.

The process for something to be brought to this House of Assembly is that there is a proposal made to usually whichever department. In this case, the Minister of Health. The Minister of Health then takes it to the Committee of the Cabinet – SPC in this case. So when SPC gets this referral, this piece of legislation, they dissect it. They go through it, they ask questions, they bring in people and they get the answers.

Once the SPC says, okay, we're comfortable with this; you bring it to Cabinet. Then you get the whole Cabinet going through this whole piece of legislation, dissecting this piece of legislation. Can you see why now the next time someone from government looks at anybody over on this side and says what are you wasting your time for asking questions, do you see why now? Just with the process that this should have went through, that it did go through, and we're here today with the Privacy

Commissioner that no one even spoke to. No one spoke to the Privacy Commissioner and gave him full details. He never even seen the bill.

AN HON. MEMBER: He even asked for the bill.

E. JOYCE: He even asked for it. This went through the SPC and some people – like, I can't get into the Cabinet stuff, but we know sometimes when you bring something up from SPC, if you never did your homework, sometimes you may get hauled over the carpet.

So the question I have to ask: What is the vetting process for government? If this didn't come out today – just for the record, I brought this up today also. You'll hear in my speech, the part of the legislation that I brought in about the regulation, this was concerning this. No one paid attention on the opposite side. No one paid attention.

I should say, that's not true, the Member for Baie Verte - Green Bay did because he asked me some questions after. I have to say that he did ask me some questions after.

AN HON. MEMBER: (Inaudible.)

E. JOYCE: That's true. He did, no, I'm sorry about that.

AN HON. MEMBER: (Inaudible.)

E. JOYCE: Anyway, when I was bringing that up today, I was dead serious because once you bring this in this will change our health care all across the Province of Newfoundland and Labrador. So now we know that the vetting process wasn't done properly, now we know that it went through the Committee stage, now we know it went through Cabinet, Cabinet went down, sat and could have called anybody that they wanted to come in and speak to Cabinet to say we have to talk to you. They could have taken their time, could have taken a month

or two months to do it. Sometimes you bring this back three or four times in Cabinet.

So when that never happened and we end up with a piece of legislation now that is going to be pulled. There is no doubt in my mind what is going to happen here. I'll tell you what is going to happen. We're going to go until 9 o'clock tonight and he's going to pull it. It won't come up to Committee. He will not call Committee tomorrow on this here; he won't call Committee. Who wants to bet with me? He won't call a Committee because before you're going to call Committee, you have to go and meet with the Privacy Commissioner and let him vet through the Privacy Commissioner. That's what's going to happen.

AN HON. MEMBER: (Inaudible.)

E. JOYCE: Oh, no, I'm just saying –

AN HON. MEMBER: (Inaudible.)

E. JOYCE: No, no, but you take the Privacy Commissioner, I remember standing here, Mr. Speaker, going four or five days fighting over Bill 29. Do you remember that? And the Minister of Industry, he could stand up and confirm that if he wants to. I'll give you leave to stand up and confirm that if you want to. You can stand up and confirm that.

But we were here for five days fighting for Bill 29 – five days. Just for the fun part of it, just for the fun part of Bill 29: Do you know how they got Bill 29 through? They invoked closure on access to information. They invoked closure on a Saturday afternoon, right over there. That's when they decided they were going to invoke closure.

So this is serious. This is very serious. This is why you need an Opposition. This is why you need people in government to ask questions also. This will affect every person in Newfoundland and Labrador because of their health, this piece of legislation here. And it almost got just pushed on through because, for some reason, government said

we have to get it done, we said we're going to get it done, let's rush it and let's get it through. They didn't go through the proper vetting process, didn't go through Cabinet properly and now the Privacy Commissioner steps in.

I just want to read from the letter. I think my colleague, the Member for Mount Pearl - Southlands already read the letter. You know the funny part? I've seen ministers here today asking for a copy of this here. Didn't even know that this was an issue. I've seen Pages bringing the ministers copies, didn't even know that this was an issue. It is serious.

I just made a few notes of it here, Mr. Speaker: "... as no meaningful consultation occurred prior to notice being given to introduce this Bill to the House, a Bill which does indeed contain implications for the protection of privacy in this Province. Indeed a copy of the Bill was never forwarded to this Office, despite our requests for the same. The only consultation that occurred was a brief, high-level verbal overview, which happened well after the notice of the Bill was given to the House." That's the Privacy Commissioner.

How many of us here in this House and the Minister of Digital – how many times did we hear about privacy breaches? Here's the person who is supposed to help with privacy breaches, where our most important thing is, our health, and this guy, this Officer of the House.

The other thing now, I mean Michael Harvey – sometimes I put in stuff that I tried to get. I never got it. Sometimes I say, jeepers, he's pretty stubborn and I couldn't get it. I thought I could and I never. That's the way it goes. But for Michael Harvey to have the courage to come out now in the middle of this bill, an Officer who is answerable to this House, an Officer who the Executive Council can appoint again – had the courage to come out and say: Hold it now,

this is a major problem. You have to give him credit.

SOME HON. MEMBERS: Hear, hear!

E. JOYCE: You have to give him credit.

Now, there are times I spoke to Michael Harvey and I didn't agree.

AN HON. MEMBER: Integrity.

E. JOYCE: Pardon me?

AN HON. MEMBER: He has integrity.

E. JOYCE: Integrity. Yeah, it's called integrity.

There were times I spoke to him in his office and sometimes I said I disagree. Well, go on and do what you have to do, that's fine. But when you get someone who is going to stand up to this here in the middle of a debate that the government just brought through, the same Executive Council that was supposed to – Cabinet – who was supposed to have vet this and he goes out in the middle of it while the legislation is being discussed and say, I have a major concern, that's integrity. That is integrity.

When you notice and you see integrity, you have to recognize it. This is what makes this province so good is that we have people like Michael Harvey in that place. Now, I may argue when it's something else down the road, that's fine. The sad part about it, when I do argue with Michael Harvey on issues, he's usually always right anyway, but it's just me couldn't get my own way.

But I'm going to read something else that he has here: "Having been denied the opportunity for informed dialogue with the Minister's officials on the contents of this Bill prior to it being made public today, the purpose of my letter to you, further to my legislative mandate as a statutory officer of the House and in accordance with section 112(3) of *ATIPPA, 2015*, is to directly

provide you with our comments." Here it is now in the middle of a debate to change the all-around structure of the health care in this province and here's a person coming out, I have to give you my comments because I never had an opportunity before.

People on the government side would say, well, we're just over here talking. We're just over here, what are you wasting time for? This is a prime example of what I said yesterday on Education when we never had the same opportunity because we never did see the report. Well, Michael Harvey stood up today and said this bill never was vetted properly. That's what we're facing.

What's going to happen here, I feel, it's going to end at 9 o'clock, maybe ten after 9. Tomorrow this will not be called to Committee because the government right now has to say, uh oh, this is going to be in the media tomorrow. This is going to be in the media, government's going to haul it back, go through the structure that you're supposed to, vet it properly and then bring it back to the House after. You can't vet this in two or three days. Not now. It can't be done.

You cannot now say, okay, we need this done over the weekend. Mr. Commissioner, we need this done over the weekend. Can't be done. Not going to be done. That's my opinion. Because if it does come back in the House, say, next Tuesday or Wednesday, it will never have the opportunity to be vetted properly.

What we're going to be doing then – and I'll say to the government now and I especially say it to the backbenchers who never saw that Education report who turned around and voted for it anyway – the next time that you vote for this, if this comes up Tuesday or Wednesday and you vote for it, the next time that the emergency is shut down in your home, remember this vote too. Remember this vote.

SOME HON. MEMBERS: Hear, hear!

E. JOYCE: I'm telling you remember this vote. That's what I'm saying because what's going to happen, if this here goes through next week without the proper vetting, there are going to be implications to all of our Members here, especially rural Newfoundland and Labrador. Trust me on that. Trust me.

Then, if we're going to allow this to go through without doing the proper vetting through the process – which never worked. The Commissioner, which is now saying that we've got a problem – if we don't do the proper vetting in this House ourselves as Members, not just the Opposition, not just the Third Party, not just the independents, but collectively, as a whole, we're going to put implications on our constituents, on patients we don't even know. In two, three or four years down the road that's going to cause problems if we don't do it right.

P. LANE: I'd like to know what Dr. Parfrey would have to say about it.

E. JOYCE: My colleague from Mount Pearl - Southlands, he'd like to know what Dr. Parfrey got to say on it. I don't know if Dr. Parfrey was brought in the Cabinet or not. He had the opportunity to be brought into Cabinet to ask. I don't know if he was. That's something some of the ministers could say if he was or wasn't. I don't know but it'd be great to know. It would be a great thing to know because as I said yesterday on the education, the ones who are going to fall through the cracks when this went through yesterday – boom, gone through.

The ones who fell through the cracks are the ones on the borderline; the ones with special needs now have to go to St. John's to get approval for something. They're the ones. Who's going to fall through the cracks here? It's going to be a lot of people who are waiting in the long lines now of emergency rooms. They're going to be waiting. If there are needs for attention, if something is done in the – bring from one area to another, decisions made in St.

John's, that's what's going to happen. I'm preaching now. I'm telling people, now this is what's going to happen.

So I am definitely not going to be knocking anybody or be hard on anybody, but what I'm going to say – and I'll give the most experienced voice that I have – is that if we don't do this here properly, we're going to hurt people in the long-run. What we swore an oath to do is to help our constituents to the best of our ability. We should take this now, put this aside I say to the Government House Leader. Take this, put this aside and go with the motion that was made today, to put it out and have some consultations on it so that we can bring back the best bill.

I heard you too, Mr. Speaker, talk about the issues in Labrador for health care. We need to get it right. We need to get it right. Labrador does have issues. They do. So if we just take this now and we just say – and especially after we know. Mr. Speaker, I don't mean to put you on the spot. I definitely don't mean to put you on the spot. You were in Cabinet. You know the vetting process and you know if something like this ever went through Cabinet and ended up back here, the vetting wasn't carried out. You know the vetting wasn't carried out. Once you know that the vetting wasn't carried out and now we're going to just take it and just put it in anyway, we're not representing the people that elected us. I can guarantee you that we will see the implications of this here on the people down the road.

We've all got to, as I've said before on several occasions, take a bit of water, put it in their wine and let's all come together to try to get this right. This is too important, and I tell you, five, 10 years down the road when most of us will be gone, except for myself and the Member for Mount Pearl - Southlands – but in the next five or six years when some of us are moved on, we're going to see the implications of this if you don't do it right.

Someone like me will be sitting home in a rocking chair and saying: Why didn't I speak up about that? Why didn't I bring that up? Why didn't I stay stronger on this here? Because if we go around this province, bar none – I don't know if there's a Member in this House of Assembly who would disagree with me – the number one issue in this province is health care. The number one problem is access to health care. I brought up something today – I won't bring it up now, but that's the number one issue that I hear out in Corner Brook, Humber - Bay of Islands. I think that every Member here would agree that it's health care.

If we're going to say the number one issue that's being raised by the constituents that elected all of us is health care, should we rush this through? Should we rush a bill that's so important to the people of this province – health care – should we rush it through because government made a commitment that they're going to change the health care boards? Are we just going to rush it through because the government made a commitment that they're going to consolidate the boards and now they've got to rush it through to get it brought back to the House?

Just think about this, Mr. Speaker. Here we are now with a piece of legislation that's before us, that the Privacy Commissioner hasn't vetted, which he has major concerns with – he don't even know if he got major concerns, and we're going to try to push it through in three or four days because the government made a commitment to have the health care boards start the process, to get them consolidated. So now we have to rush this through when, obviously, it wasn't done properly.

I say to the Minister of Health and Community Services, with all due respect, let's take our time on this. Let's find a way that we can get this done properly. I can assure you – and I said the same thing yesterday about the education one. I'll say the same thing about the health care. If we

don't do it right, by the time that is going to be back in this House of Assembly to make major changes to it, it will be 10 or 15 years down the road, and I don't know if any of us will even be here. But the implications and the issues that arise from not doing it right is going to affect the people that we elected, and it is going to affect the most vulnerable in this province, the people who have health care needs.

So I'm pleading with everybody in this House right now, especially the government side, let's just take this off the table. Let's get it done right so that when we can vote on it – even if the government overrides all the Opposition and the independents and the Third Party, even if they do, at least we can say that we got the best bill possible for the people of Newfoundland and Labrador. I can assure you when you see Ministers of the Crown asking Pages for a copy from the Privacy Commissioner because that was never ever vetted in Cabinet –

P. LANE: And they knew nothing about it.

E. JOYCE: And they knew nothing about it, we have a major problem with this bill and we have a major problem with the health care if this goes through.

I'll take my seat, Mr. Speaker, and I call upon the conscience of the people in government to take our time. If we all make a gentleman's agreement that we'll haul this bill off the table, let's get it right, let's shake hands and let's work together to get it done, I'll be the first one to shake their hand.

Thank you.

SOME HON. MEMBERS: Hear, hear!

SPEAKER (Bennett): The hon. the Member for Placentia West - Bellevue

J. DWYER: Thank you, Speaker.

It's always an honour to stand in this hon. Chamber to represent the beautiful District

of Placentia West - Bellevue. I honestly thank the residents of the district for the opportunity to represent them here in this hon. House with integrity and respect.

We are here to debate Bill 20, An Act Respecting the Delivery of Health and Community Services and the Establishment of a Provincial Health Authority. One of the most comprehensive, I guess, to date of what we've seen recently is the Health Accord. It wasn't done overnight. There were a lot of proponents that were brought in to consult on it. It was a very comprehensive piece of work, and I thank Sister Elizabeth Davis and Dr. Pat Parfrey for bringing it forward and having the initiative to meet with proponents in the province.

The main point that I have gotten out of the Health Accord was to improve health outcomes for the people of our province. Earlier we brought in an amendment, trying to utilize the Social Services Committee as a check and balance because then we have many views and many different perspectives, and it is necessary to get the best solutions and recommendations to move forward to produce the best health outcomes in the shortest period of time.

We currently have a bit of a crisis in our province in providing the human resource side. We do have good facilities; we just don't have them manned at the right amount right now. If this is going to create more bureaucracy, then this will not produce better health outcomes. But with recommendations, as we thought, from the Social Services Committee, we may cut a lot of the bureaucracy and get better outcomes quicker for our patients. But that opportunity was defeated, unfortunately.

At the end of the day, Speaker, we should be proactive to the needs of our people and they deserve the very best care that can be provided in a timely manner. That sounds like a good health care system to me, but we're not going about it the right way. Our

nurses, our doctors and our health care providers also deserve to work in a safe environment. Hopefully, with checks and balances in place, it will also provide this safe environment.

This is such an important piece of legislation. I agree, it shouldn't be rushed through and all proponents should be consulted when coming to such an important piece of legislation that would strengthen our health care system. It is incumbent on us all in the House of Assembly to get this one right so we can provide better health care for the people of our province. Because if we don't get it right, we will not reach our goal in improving health outcomes for the people of the province that put us here to represent them. It is our collective duty to get this right.

Our District of Placentia West - Bellevue, Speaker, is in a very unique situation, as there are no hospitals physically in our district. Our residents rely on the Burin Peninsula Health Care Centre in Salt Pond, Burin; the U.S. Memorial hospital in St. Lawrence; the Grand Bank hospital; the G. B. Cross in Clarendville; the Placentia Health Centre; as well as the clinic in Whitbourne, Wm H. Newhook Community Health Centre.

We are very reliant on making sure that this is done right for the simple fact that we have to go outside of our own district to get these services, but notwithstanding that, the residents of my district also provide services at these facilities as health care professionals and everyone relies on these hospitals and clinics to get better – so closures at these facilities are affecting the residents of my district daily.

Change to any system, Speaker, needs to be for the better and let our patients experience better health care outcomes because that is initially what we are here to do. That seems to be the driving force behind these proposed changes, but let's get it right because that is really what the people of our province deserve. It is our

responsibility to get it right by providing a health care system that is beneficial to all that utilize these services.

We are currently in the fourth year of trying to replace a doctor in the Arnold's Cove area that has given 50-plus years in the region. This gentleman certainly deserves to retire. He's putting in all the effort, but we've even gotten to the point where we've asked for a nurse practitioner and we still don't have that in place.

So the thing is that, while I welcome the new Minister of Health. We've had a couple of discussions. He's been very forthright in how we're going to approach this and I appreciate that forthrightness, to be quite honest. Since we came in here as rookies, this is somebody from the other side that has certainly provided fulsome direction and I guess setting us all up for success as opposed to being against each other.

So in conclusion to what I'm going to say, I'm not going to go the full 20 minutes because I know that we've all had enough to say about this and I don't want to rehash everything. But what I am saying and the bottom line to me is that it is our responsibility to get this right because the people that put us here are the people that we're here to represent. It is not about us individuals. While we are residents of the province and we get the benefit of a good health care system as well, it's our seniors, it's our children, it's our people with disabilities and it's our residents that deserve to have a better health care system.

So there's no need to rush it because it hasn't been rushed for a long time. What we need to do is do a very full approach on making sure that we are getting better health care outcomes for the people of Newfoundland and Labrador.

Thank you, Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Torngat Mountains.

L. EVANS: Thank you, Speaker.

Just speaking on this bill now, I can't actually believe I'm standing here still debating this bill after what we all read in the letter. It's been referenced many times here. The Member for St. John's Centre actually questioned why we're actually here discussing a bill, when the Information and Privacy Commissioner actually stated that it's "a violation of section 112(1) of *ATIPPA*, 2015"

Now, we've heard that quite a bit tonight, and I might get called on relevance for duplication, but the thing is, we have to ask why? So why would the Information and Privacy Commissioner say that? Why would he say that this bill is actually a violation of *ATIPPA*, "... as no meaningful consultation occurred prior to notice being given to introduce this Bill"

So that goes back to a theme, a theme with bills being brought forward to this Assembly that we're supposed to debate. The theme is a lack of consultation. We're all getting emails from stakeholders talking about this lack of consultation.

Looking at the bill, this letter from the Information and Privacy Commissioner says "a Bill which does indeed contain implications for the protection of privacy in this Province." That's the second thing. So his office requested but didn't actually see the bill. Now that's a common theme, as well, because when we were being briefed, we asked if we could see the bill. They said no. There was a technical difficulty in getting us the bill, but the bill was there, so why couldn't we see it?

We were kind of – I don't know if it was offended or upset that we didn't get to see this bill before the technical briefing and we only got to see the bill the day before. But, in actual fact, it pales in comparison to

actually having the Information and Privacy Commissioner request to see the bill. So he never got it and we never got it.

He also said in this letter, it says here: despite our requests. It's written right there. "In response to our requests to receive the Bill, we received only further offers of verbal discussion, which was meaningless" That's not my word. That's a description of being told, oh, we can verbally discuss but you can't see the letters on the paper. You can't actually read the bill.

I'm laughing again, but it's only because I feel like I'm falling through the rabbit hole. I didn't realize when I was growing up and my mom used to encourage us to read, especially me and my brother, we were avid readers. Even as children, *Alice in Wonderland*, you think that's some sort of fantasy. But, in actual fact, we have to question when you walk through the doors have you fallen through the rabbit hole. I have to say, who's the mad hatter in this scenario, really, honestly?

It's sad that it's so foolish that we have to laugh at it.

Now, the request to see the bill. Do you know something? This is not a bill about moose meat. This is not a bill about wearing helmets in Side By Sides. This is about life and death. We have doctors leaving in droves; we have nurses being burnt out. We have shenanigans going on that really, really is offensive to anyone that has loved ones in nursing homes.

Was there some reference to a ship, righting the ship? Remember that? Well, do you know something? This is no way to right that ship. I tell you, if he was on board with my dad, my dad would throw him overboard. I have to tell you, one of the problems with throwing somebody overboard is what will happen to the water.

I'm gauging myself now, I have to be really careful because I'm going to get kicked out of this House of Assembly, I tell you.

Do you know something? When I got ready to speak on this bill, I had a whole different list of things to talk about. But I actually realized that, in actual fact, this bill is a violation of ATIPPA, 2015. Really, do we have legal right to be here? Do you know what I mean? In all honesty, they're going to avoid Committee because, of course, we can't do that.

The rest of the letter is concerning, too. Now, I'm not sure if anyone else has read this out, but I tell you something, even if I'm going to read it out again to duplicate it, I think it's worth saying a second time: "Having been denied the opportunity for informed dialogue with the Minister's officials on the contents of this Bill prior to it being made public today, the purpose of my letter to you, further to my legislative mandate as a statutory officer of the House and in accordance with section 112(3) of *ATIPPA, 2015*, is to directly provide you with our comments."

Now, this letter that's addressed to many people here is not the first letter. Today, November 2, I wrote to the Minister of Health, copied to the Speaker, the Clerk of the House of Assembly, the clerk of Executive Council and the deputy minister of Health to express my concern that this bill being introduced to the House of Assembly has resulted in a violation of ATIPPA.

I tell you, this is rabbit-hole stuff. You got to wonder, is this reality? We're here in the House of Assembly and people talk about our health care being in crisis. We talk about righting the ship. Looking at this bill, one of my biggest concerns has always been what was in the Greene report because the Greene report was a lot about cutting, cost savings. Privatization was a concern with that Greene report, and then we look at the lovely Health Accord that's

come out, that most of these things in here we can support.

So with me, my concern is, basically, where's the balance? Is this Greene report recommendations dressed up – cherry-picked from the Health Accord to make us actually think it's a good document? We don't really know because we haven't really had a chance to thoroughly investigate it. One of the key recommendations from the Greene report was to merge the four regional health authorities into one Provincial Health Authority. That's actually here in this legislation.

But that motivation, which I strongly disagree with – there are not very many things I disagree with coming out of the Health Accord, but with the Greene report, I strongly disagreed with it. It was motivated by a perception that many of the services were being duplicated as a result of the division of authority resulting in higher operation costs. Now, in actual fact, there is a division of authority. The regional health authorities had authority over their areas, which this legislation actually wipes away. That's one of the biggest problems I have with what I've seen so far in this legislation, taking the four health authorities into one.

Sure, there are duplications, but it delivers on a regional level. I go back to what the Member for Bonavista said yesterday, when you talked about regional advocacy. You have to have regional representation. My concern is that it can be lost, the ability to deliver services in unique regions, with unique cultures, with unique geographical locations.

Comparing the Greene report to the Health Accord, the Health Accord was tasked with devising a new governance and management approach to health care in the province. One of the recommendations, of course, was to create a Provincial Health Authority. But that was to address the parts of the system that needed the province-wide integration and oversight.

Now, there was a counterbalance that was mentioned in this Health Accord. That's the difference. In the Health Accord, it actually talked about counterbalance in centralization so they could also propose the creation of regional health councils. In the Health Accord, the proposal of the regional health councils was that they would report to the Provincial Health Authority, but these would have the authority to address the delivery of health care at the regional level – the authority. But there's no authority actually in this legislation for the regions.

They would also listen and respond to the voices of the people in their regions and be sensitive to regional differences, needs and challenges. That's actually what's lost with the formation of the regional health councils because there is no authority, and that's one of the biggest problems I have with this legislation.

So I'm just going to go to Part II of this legislation, what we were looking at, the part that creates the regional health councils versus the existing health authorities. It was talked about the main objectives of the regional health councils and it was basically read out: to develop an annual plan, to provide advice to the provincial health authorities, engage with Indigenous governments and organizations in their health regions. That's empty words. That's really empty words: engage with Indigenous governments. I don't know how many times the First Minister of Nunatsiavut said a minister hadn't even returned his email addressing any concerns. Didn't even acknowledge his email. So I don't know how much engagement there will be.

What's the use of the regional health councils? The regional health councils' roles and powers are very limited.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

L. EVANS: Some protection, Speaker.

SPEAKER: I can't hear the Member.

The hon. the Member for Torngat Mountains.

L. EVANS: Thank you, Speaker.

What's the use of the regional health councils? The regional health councils' roles and powers are very, very limited, and the legislation expressly notes that the role is to simply provide advice and recommendation.

In the legislation here, in section 43: "The Lieutenant-Governor in Council may make regulations" ... "(l) establishing regional health councils including the appointment of members, terms of office, composition, terms of reference and other matters relating to regional health councils"

When you look at that, the government gives itself power to overrule and change any of the elements laid out in Part II of the regional health councils. That's our interpretation of it when you look at it, and it's hidden – it's hidden there. It's erosion of autonomy. It's erosion of advocacy on a regional level. It's erosion of authority and voice. What's going to happen again, just like with the school boards, when they actually took them all down and put them into one is that regional differences and needs are not going to be looked after.

Like in my district, we're going to end up with the Grade 12s all around one computer, with the slow Internet, trying to do their core academic courses so they can keep their dreams of going into post-secondary alive. Trying not to get forced down into general, and also the parents there trying to help their kids not become so discouraged they switch it down to the general program. That's social marginalization. That's what we face every year, every decade.

So looking at the regional health councils, we know their role is very limited, as compared to the regional health authorities

that exist right now. So looking at the council's role, it's very limited. The ability to truly advocate or intervene in any positive way for its residents is nonexistent. You might as well call it what it is. Even this limited role of reporting can be changed or limited at any time through a Cabinet decision.

Now, throughout this act, that's actually in place, Cabinet can just change anything it wants in the interpretation or delivery of the act. We all should be very, very concerned about that because, like I said, this is not about community freezers. This is not about what we're going to do with the moose meat from roadkill. This is about the health of our children, ourselves and our seniors. This is about the health care for our most vulnerable.

How many times do we talk about people on gurneys out in the hallway? You want to talk about bad experiences, can you imagine now going in and being exposed to somebody there on the floor who's crashed and they're trying to do CPR on them? That's a fact. That's happening today in our hospitals. That's happening today.

Now, in my region, we don't even have a regional health authority. We don't even have an ICU, all of Labrador. You talk about the Big Land. Well, I tell you, the Big Land is actually – I'm going to stop there because I was going to say something that would probably get myself kicked out of this honourable House.

To me it's very, very troubling. This whole thing is troubling. I'm not going to stop. I still have three minutes.

So what about consultation? Was the Newfoundland and Labrador Federation of Labour consulted? Was NAPE consulted? Was CUPE consulted or other unions involved in our health care? Were they consulted on this legislation?

So there are a lot of different things. Just getting back to the regional health councils, I'm very, very disappointed with that. To me, it's erosion of autonomy, it's erosion of advocacy and what's going to happen is everybody that's outside of Eastern Health is going to fall through the cracks again. I don't mind saying that, because in my district people are dying that really shouldn't die. People that could be saved if they lived anywhere else.

I'll tell you now, when I was going to university, because I was here in St. John's is the only reason why I'm standing here alive today. Because I was in St. John's, I was early diagnosed with cancer and I had treatment. I tell you right now, I would not be here; I would not be here alive today. I had the most aggressive form of skin cancer, I had a malignant melanoma and it had already had ulcerated. I had to have surgery and treatment. I tell you something right now, if I was home at the time, I would have died.

So it's really, really upsetting for me, because right now in my district, in Northern Labrador, six Indigenous communities, and one day a year will be acknowledged when people put on the orange shirts. I tell you in my district, we put on those orange T-shirts and we march. My mother, 80 years old, with a hip replacement, she puts on her orange T-shirt and she goes out and marches because she's a residential school survivor. I have to tell you, it's very, very concerning when we hear about people who died.

I've had people in my family who was diagnosed too late to be saved. I had people in my family who were actually diagnosed and, in actual fact, the chemo treatments and the actual treatment wasn't arranged. She had fallen through the cracks. When she went out for her treatment, it was when they medevaced her out, because she was too sick to stand up. That's one of the cracks we talk about.

I have to tell you something else now, Speaker. I'm just going to talk a little about what was said against the Member for Stephenville - Port au Port. I have to tell you what I heard across the floor was inaccurate. I think something should be done about that because, in actual fact, the fellow Member for Stephenville - Port au Port was accused of making the cuts. I'll tell you something right now –

AN HON. MEMBER: (Inaudible.)

L. EVANS: Yes, it was –

SPEAKER: Order, please!

L. EVANS: I'll tell you something right now, when you're forced to actually give options to a minister and a minister makes decisions, it shouldn't be blamed on somebody else.

SPEAKER: Order, please!

The Member's time has expired.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Minister Responsible for Labrador Affairs.

L. DEMPSTER: I take exception to the Member's comments across the way, when she's saying that there was comments made that were inaccurate. She was not even an MHA in this hon. House.

SPEAKER: Order, please!

Are you making a point of order?

L. DEMPSTER: Yes, I am; section 49.

You weren't even in the House. I don't where you were up in Voisey's Bay somewhere. Don't speak to what you don't know.

SPEAKER: Order, please!

L. DEMPSTER: Do not speak to what you don't know.

SPEAKER: Address the Chair, please.

There's no point of order here, it's just difference of opinions.

Are there any further speakers?

The hon. the Government House Leader.

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

I'm just going to take a minute or so to thank everybody for the debate today and realize that there is more debate to come on this. I'll take my seat and we're good.

Thank you very much, Mr. Speaker.

I move, seconded by the Deputy Government House Leader, 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.'

Motion carried.

This House do stand adjourned until 1:30 p.m. tomorrow.

On motion, the House at its rising adjourned until tomorrow, Thursday, at 1:30 p.m.