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*Speaker: Honourable Derek Bennett, MHA*

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The House met at 1:30 p.m.

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

Admit strangers.

In the Speaker's gallery today, I would like to welcome Barbara and John Barrett. Barbara will be recognized in a Member's statement this afternoon.

Welcome, Barbara.

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

**SPEAKER:** Also joining us in the public gallery is Julianna Mills, a third-year social worker student at MUN, who represents Lake Melville in the upcoming Future of the Vote next week.

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

### Statements by Members

**SPEAKER:** Today, we will hear statements by the hon. Members for the Districts of Placentia - St. Mary's, St. George's - Humber, Labrador West, Bonavista and Placentia West - Bellevue.

The hon. the Member for Placentia - St. Mary's.

**S. GAMBIN-WALSH:** Speaker, on October 2, Mrs. Sarah Johanna Hillier, fondly known as Josie, celebrated her 100th birthday surrounded by family and friends –

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

**S. GAMBIN-WALSH:** – in Green's Harbour, Trinity Bay. Josie, the middle child of five, was born at Green's Harbour to Annie and Robert Crocker.

With five children to care for in 1925, things were very difficult for Robert and Annie. Josie, three years at the time, moved to Sunnyside to live with her grandparents Butt for the winter. At 12 years old, she returned

home to Green's Harbour, as her grandparents were in failing health.

When she was 16, she went to St. John's and worked at the Newfoundland Hotel before enlisting in the Royal Canadian Air Force. She remained with the RCAF through the end of the Second World War where she served at a communications centre in Montreal.

Josie married John – Jack – Hillier of Green's Harbour on July 29, 1948. Jack and Josie had eight children: Theodore, Madonna, Elizabeth, Hughie, Barbara, Calvin, Bonnie and Wendy. Josie has been blessed with 22 grandchildren and 32 great-grandchildren.

Speaker, I ask that all hon. Members in this House of Assembly wish Mrs. Josie Hillier a Happy 100th Birthday.

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

**SPEAKER:** The hon. the Member for St. George's - Humber.

**S. REID:** Speaker, Isabella Nolan, of Stephenville Crossing, has been powerlifting for the past two years. Her passion for weightlifting comes naturally, as her father has also lifted weights in the past and introduced her to the sport.

Despite the onset of the global pandemic and the lockdown, Isabella continued to train and improve her ability to lift. Her friends and coaches at the Bay St. George Powerlifting Club, such as George Power, Don Cormier, Neil White and Hayward Young, saw how much she was excelling in the sport and they started her on the road to competing in the field.

She went to her first competition in September of 2021 and came out with gold and set four provincial records. She qualified for the Eastern Canadian competition, where she also came away with gold and set a national record. Then

she went on to the national competition this May and came out with a silver.

Isabella recently competed in the International Powerlifting Federation world competition in Turkey and placed 9th in her category at this event.

I ask all Members to join me in congratulating Isabella Nolan on her amazing accomplishment and wish her all the best in her future endeavours.

Thank you.

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

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

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

I rise today to pay tribute to Dennis Drover, a resident of Labrador who recently passed away. Dennis was a family man, a coach and a massive Montreal Canadians super fan.

Dennis had a passion for coaching. He coached and supported many athletes within our community and believed in the spirit of the games. He encouraged and pushed each athlete to their full potential every time they had a chance to play their sport, whether it be for the Labrador Games or hockey. Dennis will always be remembered within our community for his passion for coaching.

When you think about Dennis, you immediately associate him with his unrivaled love and passion for his Habs. Dennis had spent his entire life collecting and dedicated to the game, and without a doubt his basement outrivals any Montreal Canadians super fan in this province.

Dennis was a friend to all. He loved his family more than anything, and our community will never forget his dedication to

coaching and keeping the community spirit alive in our town.

I ask all hon. Members to join me in remembering Dennis Drover for his dedication to his family, our community and the love and spirit of the game.

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

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

**C. PARDY:** Thank you, Speaker.

I would like to highlight the actions of Sandra Moulard of Bonavista, who resides in Mockbeggar along the coastline. Sandra has, for years, spent numerous hours collecting sea glass from the beaches around Bonavista and placing it in bags or clear plastic containers for any visitor or tourist visiting the area to attain.

In front of Sandra's house is constructed a beautiful, small house on a large post where visitors and tourists can open the door and freely take this local treasure. The sign on the house reads: "Welcome to all tourists and visitors. I have been collecting Sea Glass from the beaches around this area. My Dream is to share with you. Please take a Free Sample of your choice."

Sandra does it out of the goodness of her heart and invests money in the purchase of small bags and containers for this act of kindness. Sandra has given out over 1,000 bags this past summer and always has a smile on her face when she talks about the gifts she provides for tourists and visitors in historic Bonavista – a true Newfoundlander.

I ask the Members of the 50th House of Assembly to join me in celebrating Sandra Moulard's act of kindness.

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

**SPEAKER:** The hon. the Member for Placentia West - Bellevue.

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

I recognize a dedicated constituent in our beautiful district of Placentia West - Bellevue, Mrs. Barbara Barrett of Arnold's Cove.

Mrs. Barrett started her teaching career at Tacks Beach in 1952 at the age of 16. She retired with her husband Frank and three boys Lindsay, John and Frank in Arnold's Cove in 1981. Unfortunately, in 1968 Mrs. Barrett tragically lost her only daughter, Linda, to a car accident.

After retirement, Mrs. Barrett served three terms on the Arnold's Cove town council; led and organized the senior citizens group; aided in erecting a senior citizens building; and started the Golden Years Manor retirement home where she volunteered for 31 years to administratively run its day-to-day operations.

Mrs. Barrett has received both Golden and Diamond Queen Jubilee Medals, was awarded a welfare institution licence to operate a 30-bed personal care home and was the recipient of the Heart of Gold Award.

I ask all hon. Members to join me in recognizing Mrs. Barbara Barrett, who is accompanied here today by her Canadian veteran son John, on her accomplishments to date and for being such an integral part of our beautiful district of Placentia West - Bellevue.

Thank you.

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

**SPEAKER:** Statements by Ministers.

### **Statements by Ministers**

**SPEAKER:** The hon. the Minister of Municipal and Provincial Affairs.

**K. HOWELL:** Speaker, today the Professional Municipal Administrators are holding their 2022 Fall Forum in St. John's. The organization is comprised of town and city managers, clerks, chief administrative officers and department heads who are committed to preserving and advancing excellence in municipal administration in Newfoundland and Labrador.

Every day we see the support and guidance that administrators provide to councils, ensuring the delivery of services and contributing to the success of communities is ongoing all across Newfoundland and Labrador. This becomes even more evident when communities are faced with extraordinary events, such as the forest fires in the Central region this summer or the devastating Hurricane Fiona last month on the Southwest Coast.

The actions and dedication of municipal staff in these communities demonstrates how important their work is to councils and residents. They showed leadership, support, empathy and the ability to successfully handle a crisis while placing the well-being and safety of residents at the forefront.

As part of our government's overall financial support related to Hurricane Fiona, \$500,000 is being provided directly to communities under the Department of Municipal and Provincial Affairs. I am pleased to report that just over \$120,000 has been approved to date to assist with costs for such items as overtime pay for town staff; hiring of staff to assist with hurricane relief; cleanup of debris; and so on. We have been in contact with communities to outline all these eligible costs, as well as offered any support necessary and administrators are providing a critical service through this process.

I ask my hon. colleagues to join me in thanking municipal administrators everywhere for their contribution to communities and to wish them a successful and informative Fall Forum.

Thank you.

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

**SPEAKER:** The hon. the Member for Cape St. Francis.

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

I wish to thank the minister for an advance copy of her statement. Speaker, as a former municipal leader, I am confident all municipal council members realize their job as an elected official is made easier by the support and guidance provided by staff. These individuals are devoted to the development of our communities and do their utmost to meet the needs of its citizens.

Each and every town and city within our province at some time is faced with infrastructure problems, fires, winter storms and most recently the damage Fiona inflicted on the West Coast of our province. These administrators go above and beyond daily to ensure the process is completed and provide guidance to its citizens.

The monies allocated by government to assist Fiona is equally important to its recovery. The Minister of Municipal and Provincial Affairs, along with her staff, should ensure prompt approval of any funding forthcoming to these communities. It will be important that department staff be readily available to respond to questions regarding the programs involved in the recovery effort from administrators.

Speaker, my colleagues in the Official Opposition join me in thanking our municipal administrators and wish them a very successful Fall Forum.

Thank you.

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

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

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

I thank the minister for an advance copy of her statement. Working in the public service is just that, service to the public. We thank all administrators for their amazing work. We recognize that municipalities are often overburdened and underfunded.

We also call upon government to support the work not just when disaster strikes, but proactively to help with their goals in being prepared for the future impacts of climate change and also provide more funding for clean drinking water systems so their communities can grow and prosper.

Thank you.

**SPEAKER:** Are there any further statements by ministers?

Oral Questions.

### Oral Questions

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

**B. PETTEN:** Thank you, Speaker.

Speaker, news from the Baie Verte long-term care home is appalling. We join the families and express deep concern over the situation. Central Health has released next to no information to these families.

I ask the Premier: Will you direct a full investigation and ensure this is not taking place in other long-term care facilities?

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

**A. FUREY:** Thank you, Mr. Speaker, I'm happy to answer this question.

We can't comment on specific individual scenarios, but we're happy to always continue to evaluate our strategy with respect to advancing the care of our seniors and geriatricians across the province,

including long-term care facilities, Mr. Speaker.

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

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

**B. PETTEN:** Thank you, Speaker.

I remind the Premier this is public knowledge. It's in the media. I'm being respectful to the families, but the issue is of utmost importance.

A second incident in the same facility has now been reported. Also, with next to no information shared with the family, public confidence in long-term care has been shaken. The families need answers.

Has the Premier commenced an investigation under the *Adult Protection Act*?

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

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

This is a shocking incident, I will say to the Member. This is an unacceptable incident. Anytime a situation like this happens it is unacceptable. My thoughts to the families involved and certainly to the patients involved.

Central Health is carrying out an investigation, I will say to the Member, and until that investigation is complete and we know the results of the investigation we're not able to comment on that any further.

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

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

**B. PETTEN:** I would hope they're more forthcoming with the families than what they've been so far, Mr. Speaker.

Speaker, I heard from a parent of a Grade 5 student who had three different substitute teachers in their classroom this week, taking into account Monday was a holiday, seemingly covering the same material each day.

Speaker, I ask the Premier: Why is he allowing his minister to dismiss concerns raised by parents about the SmartFind program?

**SPEAKER:** The hon. the Minister of Education.

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

SmartFind was the school district's solution to two problems, one of which was to ensure that each class that needed it had a substitute available and that every opportunity was made to have equal opportunity for all registered qualified substitutes to have access to that. As a side effect, it reduced significantly the workload of principals.

The system is under development; it was piloted last year. It has been tweaked in the light of feedback from the NLTA and teachers, and will continue to do so. The NLTA have provided the school district with a list of issues, and the NLESD are working through those at present.

Thank you very much, Speaker.

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

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

**B. PETTEN:** Strange. What a difference in a day.

Speaker, I ask the Premier – yesterday the Minister of Education said, it's working very well – his words. Yet, this morning the NLTA said it is not, citing a litany of problems in a

scathing press release. The minister is in denial about SmartFind.

Are we going to have to wait seven years for a resolution on this one, too?

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

**SPEAKER:** The hon. the Minister of Education.

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

It's interesting that selective misquotation has followed from one portfolio to another. If the Member opposite goes back through *Hansard* and examines –

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

**SPEAKER:** Order, please!

I heard the question quite clear; I want to hear the response.

The hon. the Minister of Education.

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

If the Member opposite goes back through *Hansard* and examines the full context of the quote, he will find quite a different meaning.

We have met with the NLTA very recently and we have identified that finding jobs and substitute positions for new teachers is crucial to our endeavours to co-create a recruitment and retention strategy for teachers in this province. We had an exceptionally cordial meeting on Tuesday, and they were really excited at the NLTA, as were we about progress.

**SPEAKER:** The minister's time has expired.

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

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

**B. PETTEN:** Speaker, I remind the minister that his quotes were directly from *Hansard* and he said it was working very well, and obviously we know it's not.

Speaker, I'm hoping the people of the province can get a straight answer on this one.

Premier, who administers the carbon tax on fuel in Newfoundland and Labrador?

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

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

As the Member opposite is aware, the first program was introduced in 2018 and extends to 2022. Now it's under mandatory review and we've made our position quite clear that we don't believe that this instrument is right at this time. We've asked for a pause.

We believe that it's not appropriate, given the inflationary pressures. So depending on what position the federal government does take and the decision that they make ultimately, they may be fully responsible for it, Mr. Speaker.

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

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

**B. PETTEN:** No answers once again.

Speaker, it's a funny thing the Premier said, it's not our carbon tax; it's a federal carbon tax. He's own made-in-Newfoundland-and-Labrador carbon tax charged 11 cents per litre on gasoline, 13 cents per litre on diesel, making it in fact the Premier's tax.

So I ask the Premier will he repeal the carbon tax on fuel to Newfoundland and Labrador – a simple, yes or no.

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

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

Unlike the Member opposite, we are worried about climate change. We do believe that this is not the right instrument, right now, Mr. Speaker. We believe that this is not the correct – I am happy to answer –

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

**SPEAKER:** Order, please!

**A. FUREY:** As I have said before, the federal government will make the decision about where to go from here, Mr. Speaker, with respect to the carbon tax. We have made our position clear. It's not the right time for the people of this province. It is not the right time for people on furnace fuel, Mr. Speaker.

The inflationary pressures that the families of this province face right now, it is not appropriate to add another measure onto them, Mr. Speaker, and that position is made clear. If the federal government decides that they're going to go in that direction, that will be their decision to make, not ours.

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

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

**B. PETTEN:** Well, I guess Prime Minister Trudeau governs Newfoundland and Labrador. We don't have a government here. It all depends on what the federal government decides to do. So that's good to know; the people of Newfoundland and Labrador appreciate that information today.

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

**B. PETTEN:** Pass the buck, Mr. Speaker – pass the buck.

Speaker, one day the Premier is in charge. The next day Ottawa is in charge. This Premier just doesn't get it. One day he supports carbon tax. The next day he doesn't. I call it carbon hypocrisy.

I'll ask the Premier again: Will you repeal your legislation supporting a carbon tax? It's a simple (inaudible) –

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

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

As we said before, we are worried about climate change on this side of the House, unlike the Member opposite who said he wasn't worried about climate change, Mr. Speaker. We are worried about climate change, but what we're saying is that the instrument is not appropriate for right now, Mr. Speaker.

At this stage, Mr. Speaker, it's advancing to a decision that the federal government has to make. We've written to the federal government. The Member opposite is being coy, Mr. Speaker. He knows that the federal government has jurisdiction when it comes to –

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

**SPEAKER:** Order, please!

If this continues, Members will be named and lose their speaking privilege this afternoon.

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

**A. FUREY:** The federal government, as the Member opposite is fully aware, has jurisdiction with respect to different taxes. We all pay federal income tax. They have other governing authorities with respect to the provincial jurisdiction, Mr. Speaker. That's beyond me, Mr. Speaker. Whether they make the decision to implement the carbon tax or not will not be ours.



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

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

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

**T. WAKEHAM:** Speaker, I would suggest to the Premier that the decision about whether you support it or not is clearly your decision to make, yet that's all that was asked. If you don't support a carbon tax, then get rid of it. It's as simple as that.

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

**T. WAKEHAM:** Speaker, last night the government had another chance to be transparent, but yet again they showed they didn't want to.

So let's try with a simple question to the Minister of Finance: Are you planning on selling the Newfoundland Liquor Corporation?

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

**S. COADY:** Speaking of last night and the Future Fund, I was shocked, Speaker. I have to say shocked, but not surprised the Progressive Conservatives did not support the Future Fund. Just to put it in perspective, in 2014-2015 the former Progressive Conservative government earned twice the amount of money on oil revenues. They earned almost \$1.6 billion, yet they still had a \$1-billion deficit.

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

**SPEAKER:** Order, please!

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

**S. COADY:** Thank you.

No wonder they don't want a Future Fund; they're just not fiscally responsible.

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

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

**T. WAKEHAM:** Speaker, I could tell you that everybody on this side of the floor supports the concept of a Future Fund. What we don't support is a secret fund. That's what we don't support.

So I ask the minister: Since you don't know whether you're selling off the Newfoundland Liquor Corporation or not, are you planning on selling off the provincial share of any offshore development?

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

**S. COADY:** Speaker, it's almost gobsmacking to be honest with you, to respond to that question. I will say to the Member opposite, it is transparent. Under the rules of the *Financial Administration Act*, it has to come to the House of Assembly for any budgetary appropriation. The Member should know that; he's been in this House for the last few years.

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

**T. WAKEHAM:** Speaker, last night a simple amendment to have it come to the House of Assembly was turned down. I'm not sure exactly why that was such a hard thing to support.

Again, let's talk about assets. So the first two, no answer. So let's try the third one. Is the minister selling any part of Newfoundland Hydro?

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

**S. COADY:** Oh, I'm answering, all right. I'm answering to the preamble of the atrocities

around the Future Fund. Here we are, Speaker, trying to make up for the past failures –

**AN HON. MEMBER:** Mess.

**S. COADY:** – the past mess of a former ministrations. The fact that we have \$17 billion in debt, the fact that we have non-renewable –

**SPEAKER:** Order, please!

If you want to waste your time with me standing up here during Question Period, I'll gladly stand here for 30 minutes. I'm not having this chatter back and forth. I can't hear the responses.

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

**S. COADY:** They were not prudent when they were in government, Speaker. So now we are really focused on paying down debt, lowering our cost of borrowing and saving for our future generations.

Our Pages are sitting here in front of me – they're in my view scape – they would want us to make sure that we were stronger, smarter and self-sufficient in the future.

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

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

**T. WAKEHAM:** Speaker, if they really wanted transparency, I don't think that the amendments last night would have interfered with anything they plan to do with a Future Fund. However, they did not want to do it. So obviously, it's not a Future Fund; it's becoming a secret fund to stash money away.

The Justice Minister said last night that he would rather have decisions made behind the closed doors of Cabinet than in the House of Assembly.

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

**T. WAKEHAM:** That's what he implied last night.

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

**T. WAKEHAM:** So, again, I ask the minister to tell the people –

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

**SPEAKER:** Order, please!

**T. WAKEHAM:** – which of their assets will be sold.

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

**SPEAKER:** Order, please!

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

**T. WAKEHAM:** Will the minister tell the people which of their assets will be sold?

**SPEAKER:** The hon. the Minister of Justice and Public Safety.

**J. HOGAN:** Thank you, Speaker, and thank you for the opportunity to answer the question. I know it wasn't directed at me but the preamble was.

They're shouting on the other side of the House about how we're supposed to be honourable. We're here for a reason, we're here for the people and what they do is not even take statements out of context, they just say things that pop into their heads that are completely untrue.

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

**J. HOGAN:** And you think that shows that this House can work together when you act like that and comments like that; it is beyond unacceptable.

I was accused of lecturing yesterday and I'll lecture again today on the jurisdiction – the Constitution of this country. There is a federal government and a provincial government. You can't make up which part of the Constitution applies to this House and which one applies to the House of Commons. In this House, we're going to follow the ones that apply here.

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

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

**H. CONWAY OTTENHEIMER:** Speaker, I can assure you that the people of the Province of Newfoundland and Labrador sees through this minister's grandstanding act of condescension.

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

**H. CONWAY OTTENHEIMER:** Speaker, First Voice has published their important final report, which identifies systemic racism within police forces in the Province of Newfoundland and Labrador. The RNC chief has refused to meet with First Voice and this minister has said – quote – I support everything the chief is doing.

I ask the minister: Does he support the decision not to meet with this important anti-racism advocacy group?

**SPEAKER:** The hon. the Member for Justice and Public Safety.

**J. HOGAN:** I don't understand the question to be honest with you. I met with that group and she was there when I met with that group and received the report. I had conversations with them about the report. I read the report from cover to cover and it was very interesting and a very well done report.

I also sit on a Committee that is called the anti-racism Committee that this government works very hard on to meet with all groups

in this province to deal with issues regarding racism and systemic racism, if they exist in this province. There is great work done on that as well and we'll continue to work with that group.

I'll continue to work with the RNC to make sure that it's the best police force in this country and it is trustworthy. Any work that needs to be done with the RNC, I'll take the lead on that and I'll work with the chief and I'll work with the officers of the RNC.

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

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

**H. CONWAY OTTENHEIMER:** Speaker, the minister has met with the group once, when he attended at the news conference, the press conference. That is the extent of his engagement and his involvement with this group.

Speaker, the chief of police reports to the Minister of Justice. He didn't answer my first question.

Does the minister agree that First Light deserve a meeting, at least a meeting with the chief of police to have their voices heard?

**SPEAKER:** The hon. the Minister of Justice and Public Safety.

**J. HOGAN:** I guess patterns exist and, again, that's not true. One of the first groups I met with when I became Minister of Justice was First Light.

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

**J. HOGAN:** I would venture to say it might have been the very first meeting I had when I became Minister of Justice was to meet with them. What they said to me is they were going to work on a report to deal with their proposals on police oversight in this

province. I said, great, I look forward to it; I welcome it.

When the report was ready I was the first one in that room to receive that report from them. I'm happy to continue to work with them and talk to them about police oversight, how we can strengthen it in this province to make sure that the RNC is the best police force in this country and is trusted by individuals in this country.

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

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

**H. CONWAY OTTENHEIMER:** Again, Speaker, he will not answer the question about the chief of police.

First Light has called the lack of a response for a meeting – quote – very troubling. Speaker, this is not what leadership looks like from the minister and our police force.

I ask the Minister of Justice and Attorney General: How can Indigenous people and victims of systemic racism have confidence in this administration that they're taking racism seriously?

**SPEAKER:** The hon. the Minister of Justice and Public Safety.

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

I hope that they appreciate and they understand when I did meet with them when I became Minister of Justice and Public Safety and heard that they were going to prepare a report on this issue and I said I look forward to receiving the report. When they asked me and they invited me to the ceremony when they were going to present the report to the government and they asked me to come as the Minister of Justice and Public Safety, I was there. I met with them, I heard them; I read the report.

Other than meeting with them and discussing with them and working with them going forward, I'm not sure what else I can do to say that we are there to hear them and to work with them.

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

**SPEAKER:** The hon. the Member for Placentia West - Bellevue.

**J. DWYER:** Speaker, because of the delay to sell the fluorspar mine in St. Lawrence, at least 21 people will be laid off again this week. This is in addition to the hundreds who were laid off previously.

What is this government doing to protect the jobs on the Burin Peninsula?

**SPEAKER:** The hon. the Minister of Industry, Energy and Technology.

**A. PARSONS:** Thank you, Mr. Speaker.

I appreciate the question from the Member opposite. It certainly is a serious issue to the members of that area.

What I can say government did is last year when the issue first became public we actually invested about \$3.5 million to keep the project in warm idle to allow for us to find a buyer, rather than to go to a sale of the assets immediately. That's because we think there's a future for this operation.

The reality is that it is within the court system, it is being monitored by Grant Thornton and we're going to continue to work with them to ensure that we can get a sale.

Yesterday was certainly a setback, but that does not mean the process is over. The process has been extended to February. We've continued to provide funding and we'll continue to work with the communities and everybody involved to see that there's a future for this asset.

Thank you.

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

**SPEAKER:** The hon. the Member for Placentia West - Bellevue.

**J. DWYER:** The government provided \$3.25 million specifically to keep this in warm idle, but winter is coming. There's heavy equipment on site with only one or two people to keep the mine operational.

How are you going to keep this asset viable over the winter months?

**SPEAKER:** The hon. the Minister of Industry, Energy and Technology

**A. PARSONS:** Yes, as of yesterday, this process will move into winterization. We've provided money for that, we've provided money for security, along with the other biggest creditor of this, which I believe is Bridging.

So we have provided money to ensure that the site stays safe, stays secure. We'll go into winterization to protect it. Again, all in the hopes that we are going to find a buyer for this, which is being done by Grant Thornton, which is the monitor.

The reality is this is going through this process. If we didn't see faith in this we wouldn't have put the money in a year ago.

Thank you.

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

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

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

Speaker, NAPE President Jerry Earle said earlier this week, "There are far more red alerts with ambulance service than we know ...."

I ask the minister: How many red alerts have there been this year and will you table the numbers in this House?

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

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

I don't have that information at my fingertips, but we will certainly get it.

Any red alert is a red alert too many, Mr. Speaker. We have worked very hard to recruit health care professionals. In fact, just about a week or two ago, we announced the Come Home Year incentives, which include incentives for ACPs and PCPs. It is our desire that we get enough ACPs and PCPs that we don't see any further red alerts.

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

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

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

Speaker, the president also said "in one case, a woman with a young family was expected to work 1,000 hours of overtime ...." Not funny.

I ask the minister: How can our first responders continue to work in such ridiculous amounts of overtime?

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

**T. OSBORNE:** Mr. Speaker, I will say that our health care professionals have done a phenomenal job, especially leading us through COVID and the cyberattack.

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

**T. OSBORNE:** Mr. Speaker, we are very thankful to our health care professionals and we know that they've carried a heavy load over the last couple of years especially.

We want to hire more health professionals to work side by side with them to help them carry that load. That is the intention of this government, Mr. Speaker. Nobody should have to work mandated overtime or 1,000 hours of overtime. The desire of this government is to recruit the health care professionals that are required so that doesn't have to happen.

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

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

**C. TIBBS:** I agree with the minister. The health care professionals have done a great job, but they've run out of steam and they need support now.

We have heard from some landlords in our province, Sir, that are manipulating the Residential Tenancies Act to increase profits. Some people have been given an eviction notice, followed by an informal offer to stay, if they pay more.

I ask the minister: Will she forward legislation to fix this loophole?

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

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

Our residential tenancies process is a very important part of our landlord tenant system here in the province. I'm not aware of this specific example the Member raises. I'd be happy to look into it further.

We do have mediation services offered, Mr. Speaker, so that if a landlord and tenant are interested we will help them mediate a solution to try and speed up the process because not everything might require a hearing.

I just also want to take the opportunity to inform the House that we have three full-time residential tenancy adjudicators now.

We are advertising a fourth, as well as a manager. So if anyone knows anyone who might be qualified, we're looking for another residential tenancy adjudicator and that will help speed the process along.

Thank you, Mr. Speaker.

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

**C. TIBBS:** Thank you, Speaker.

We have a critical housing shortage and government is allowing landlords to walk over vulnerable people, like I just said. Instead of the standard six-month notice for a rent increase, landlords are sidestepping this requirement by issuing eviction notices to increase rent, which is wrong.

I ask the minister: How can she stand by and let landlords take advantage of vulnerable people like this any longer?

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

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

At the moment, in our legislation we do have time limits for eviction notices as well as rent increases. Anyone who has received any notice can appeal it through the residential tenancies process. We have mediation services available that can help both landlords and tenants.

As an MHA, I've been helping many tenants who have received eviction notices. It is certainly a very difficult situation. We are trying to put additional resources in to make sure that people can get through the process as quickly as possible.

Thank you, Mr. Speaker.

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

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

**C. PARDY:** Thank you, Speaker.

This past spring fish harvesters and processors from across Newfoundland and Labrador were shocked to hear the news that Minister Murray placed a moratorium on the mackerel fishery in our province. The total mismanagement of our fishery has not gone unnoticed by harvesters nor on this side of the House.

I ask the minister: What do you say to those who were shut out of the mackerel fishery by Minister Murray?

**SPEAKER:** The hon. the Minister of Fisheries, Forestry and Agriculture.

**D. BRAGG:** Thank you very much, Mr. Speaker.

It is always a pleasure to get up and talk about our fishery in which we have got approximately 17,000 people in this province working in our fishery, Mr. Speaker.

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

**D. BRAGG:** It's a billion dollar industry. This year was a productive year and a prosperous year on the harvesting side for the harvesters and it had some challenges.

The Member opposite should also know that when it comes to this province – and we separate, as the hon. Minister of Justice said, both levels of government – the federal government set the quotas. They do the science. They set the quotas. Once it gets on the shore, the processing and handling is done by this side over here.

I've had a conversation with Minister Murray. I look forward to meeting at the seal summit a couple of weeks' time here in this city.

Thank you very much, Mr. Speaker.

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

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

**C. PARDY:** Mr. Speaker, we've always contended on this side that the fishery brings in \$1 billion, we think it should be bringing in between \$3 billion and \$5 billion.

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

**C. PARDY:** But without a plan, we might not realize that.

Mr. Speaker, DFO is failing to adequately assess species critical to the economy of Newfoundland and Labrador. Harvesters are wondering do we have a provincial Fisheries Minister because they have not heard a peep since the moratorium was announced on mackerel.

I ask the minister: What do you say to the harvesters who know that DFO is significantly underestimating the biomass of mackerel?

**SPEAKER:** The hon. the Minister of Fisheries, Forestry and Agriculture.

**D. BRAGG:** Mr. Speaker, I've heard the sentiment from the fishery throughout the province on the quality and the quantity of fish that's in the ocean. Without proper and real science, we don't know. If the Member opposite is in possession of the science that can take me and help me with a case to the federal minister and the FFAW, we'd gladly take it from the Member opposite.

Show me the science because it's all dependent on the science, Mr. Speaker, and we support science.

Thank you.

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

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

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

Speaker, yesterday, administrators and teachers who contacted me said the SmartFind system is terrible, an embarrassment and has led to the worst start of the school year ever. Today, the NLTA has identified concerns, and contrary to the minister's statement, SmartFind is not working well. This is a teacher shortage issue.

I ask the Premier what steps is his government taking to improve teacher recruitment and retention before there is a crisis?

**SPEAKER:** The hon. the Minister of Education.

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

I'm delighted at the opportunity to talk about teacher recruitment and retention. Over the last month, my deputy and senior officials from the department have engaged with the NLTA and less than 48 hours ago I met with President Langdon and the CEO. It was an amazing meeting. There was energy; there was enthusiasm from Trent Langdon about us co-creating a provincial recruitment and retention strategy.

They've gone away energized and so have we. We've committed to meet again on a regular basis and have this out by December.

SmartFind and getting junior teachers, substitute positions is a crucial piece of retention, Mr. Speaker. We'll work with the NLESD to make it even better.

Thank you.

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

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

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

Yet another minister whose statements do not reflect the reality in the classroom.

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

**J. DINN:** Speaker, it is clear from last night's debate on the Future Fund there is no real interest in transparency, no idea of the value of public assets to be sold off, no intention of disclosing liabilities related to decommissioning and abandonment activities, or if government has even done an assessment of these, and no commitment to bringing just transition legislation.

I ask the Premier: Will he call the Future Fund what it really is, a slush fund for Liberals' pet projects.

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

**S. COADY:** There is so much wrong with that statement, Speaker, I don't even know where to begin.

Allow me to try, as I did for 13 hours yesterday, to lay out the plan here. First of all, the Future Fund is controlled under the *Financial Administration Act*. Any appropriations under that fund, which will occur in 10 years' time, would have to come to this House of Assembly under the *Financial Administration Act*.

I will also say to the Member opposite under the *Transparency and Accountability Act*, which we adhere to on this side of the House, the Board of Trustees have to put forward their plans and have to have an audited financial statement audited by the Auditor General.

Speaker, I could go on and on. What is clear is they don't want to make sure that we are not –

**SPEAKER:** The minister's time has expired.



The hon. the Member for Labrador West.

**J. BROWN:** Just tell us what you're selling and I guess we'll be okay with it. But you won't tell us what you are selling.

Paramedics in Labrador who are currently working in our public health care system were promised signing bonuses that never came. It's clear to me that this government –

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

**SPEAKER:** Order, please!

The hon. the Member for Labrador West

**J. BROWN:** Paramedics in Labrador who are currently working in our public health care system were promised signing bonuses that never came. It's clear to me, to this government Labrador is out of sight, out of mind.

Why does the Minister of Health insist on picking up where his predecessor left off and allowing failures within this government to continue?

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

**T. OSBORNE:** Mr. Speaker, the first I heard of this story was on CBC this morning. I am looking into that. If an individual has been promised a bonus, a retention bonus, that individual should get the bonus. We are looking into the situation, Mr. Speaker, to get all of the details and ensure what has been promised is delivered.

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

**J. BROWN:** Speaker, if health care workers that are currently in our system are not getting what was promised to them, what faith do we have that the new recruits are going to get theirs?

I ask the minister: Is this department dodging promises to those who continue to uphold this public health care system?

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

**T. OSBORNE:** Mr. Speaker, I think I just answered that question. If the individual was promised a retention bonus, the individual should get the retention bonus. I am looking into the details, Mr. Speaker.

We understand the shortage of PCPs and ACPs in Labrador, and I know that the health authority is working with other health authorities to see if individuals on the Island portion of the province are able to lend a hand in Labrador as well.

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

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

Presenting Reports by Standing and Select Committees.

Tabling of Documents.

### **Tabling of Documents**

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

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

I have three to table.

Firstly, in accordance with section 9 of the *Chartered Professional Accountants and Public Accountants Act*, I hereby table the 2021 annual report of the Chartered Professional Accountants of Newfoundland and Labrador.

In accordance with section 6 of the *Embalmers and Funeral Directors Act, 2008*, I hereby table the 2021 annual report of the Embalmers and Funeral Directors Board of Newfoundland and Labrador.

In accordance with section 10 of the *Engineers and Geoscientists Act, 2008*, I hereby table the 2021 annual report of the Professional Engineers and Geoscientists Newfoundland and Labrador.

Thank you.

**SPEAKER:** Are there any further tabling of documents?

Notices of Motion.

### Notices of Motion

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

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

I give notice that I will on tomorrow move in accordance with Standing Order 11(1) that this House not adjourn at 5:30 p.m. on Monday, October 17, 2022.

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

**L. DEMPSTER:** Speaker, I give notice that I will on tomorrow introduce a bill entitled, An Act Respecting the Health and Safety of Workers and the Compensation of Workers for Injuries in the Course of their Employment, Bill 18.

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

Answers to Questions for which Notice has been Given.

Petitions.

### Petitions

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

**C. PARDY:** Thank you, Speaker.

With a population in excess of 6,000 people in the Bonavista area, there is a severe

shortage of child care options for young working families, which is leading to work absences of our young health care professionals.

We, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to immediately address the lack of regulated child care facilities in the Bonavista area by including a child care operation in one of our health care facilities to assure our health care professionals and physicians will not be missing work as a result of the inability to find child care.

We've heard in the House, Mr. Speaker, of the importance on making sure we provide adequate health care to the residents of Newfoundland and Labrador. The residents of Newfoundland and Labrador would be in rural, in addition, or within that outlook. I would say if we analyze the Bonavista health care system, we'll find that we'll have many of our health care professionals who, on occasion, are unable to report to work because they don't have adequate child care.

We want to recruit doctors. Any doctor with a young family coming to Bonavista will not be able to find regulated child care. This petition asks the Minister of Health and Community Services to look at having a regulated child care within one of those health care facilities in Bonavista to look after the young professionals that we want to make sure report to work daily and provide the optimal care.

Now, if we look at government wanting to espouse that they're going to be making bold decisions, this one is not a bold decision. This should be relatively low level that they should be able to put in a child care facility or centre within one of the facilities to make sure that the health care professionals can report to work. I would say if we want to grow the economy in historic Bonavista, we need a regulated

child care centre, which we currently do not have.

I know there are two proposals that were sent in last year to the government, and I'm not sure what the progress would be on those two but at least we don't see any action within the Bonavista area on either one of those proposals.

So I say to the minister: I would hope that we can put one centre in there to look after, first, the health care professionals, allow them to go to work and provide a service, and anybody else then that don't have child care.

Thank you, Mr. Speaker.

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

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

The background to this petition is as follows:

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

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

Speaker, I've spoke on this petition several times in the last sitting and certainly bringing it to light and not letting it go, for sure. The residents in the Trepassey area are more than two hours from the nearest hospital and it's vital that they have this second ambulance. Once the ambulance leaves with one call, they are in red alert from

there. The nearest ambulance is at least an hour and 15 to an hour and a half away in Cape Broyle. They repositioned the ambulance from Trepassey to Cape Broyle and brought it to Cape Broyle to let it sit in the yard and not be manned, not to have someone there at it.

It's important that they understand the circumstances of this ambulance. You're driving on barren ground in the wintertime. Anyone that's driving an ambulance will be able to explain the conditions that they drive in and what they have to drive through. It's so critical for the area to have it.

We have an ambulance operator that has taken that and put three ambulances down in the Cape Broyle area. Again, with two sitting there not being manned at times. Having an ambulance to come from Holyrood to service somebody in Cape Broyle as well.

I get so many stories on ambulance issues in the area and they drive out to St. John's – not only two hours out, there's two hours back and probably a couple of hours sitting in the parking lot with the attendant or the person that's in the ambulance there for another two or three hours. So it is not only gone two hours out and two hours back; they're waiting.

So it's important that we get this ambulance reinstated back in Trepassey and I certainly hope the minister has a look at it.

Thank you.

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

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

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

Speaker, in 2016, the government cut the number of home care hours for seniors and increased the contribution they would have

to pay to obtain home care hours in their own homes.

We, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to increase the amount of hours for seniors' care at the previous or lower rates to ensure seniors remain in their own homes for longer periods of time.

Mr. Speaker, this is still an issue in our area. I know, in 2016, they did cut the seniors' hours that they could have to be in their own home and increased their contribution. Some went up substantially and, today, we need to try to keep seniors in their own home. Yesterday, I gave a petition here on housing. We are low on housing. So we need to try to keep those seniors in their own homes as long as we can; make it affordable and comfortable for them to be able to do that. Especially now with the high cost of living, the rise of fuel; everything coming in, especially now this fall, this winter again. There seems to be nothing done with regard to seniors staying in their own homes and being able to take care of them.

We need more emphasis put on this, Speaker. We do have an aging population; we need more emphasis put on this to keep seniors in their own homes, that could be some relax to our health care system. We need the government to put more emphasis on the seniors home care hours, decrease their contribution and have more spending money for themselves.

Thank you, Speaker.

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

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

The Government of Newfoundland and Labrador introduced a 20 cent per litre tax on sugar-sweetened beverages at a time when many families, seniors and residents

of the province are struggling with the already skyrocketing increased cost of living in the province.

Therefore, we petition the hon. House of Assembly as follows: We, the undersigned, call upon the House of Assembly to encourage the Government of Newfoundland and Labrador to cancel the sugar-sweetened beverage tax at the earliest opportunity.

Speaker, this implementation of this sugar tax has been nothing but complicated and terribly implemented. We're hearing cases and stories of sugar tax being charged on diet products. We have all seen the episodes where the tax on a container of iced tea – you actually pay more tax now than you do for the product.

These are just some examples of the impact this is having in terms of trying to figure out what the tax is supposed to be applied to and what it's not applied to. It is a lot more than just that bottle of soft drink that you get. There is a significant lot more to this tax. Again, this is not about health; this is about taxation.

Yesterday, the Premier alluded to the fact that maybe he'd be happy if we collected no revenue from the sugar tax. I would suggest to the Premier that the way to do that is to axe the tax right now and let's focus on health outcomes that have been identified in the Health Accord and focus on those as our way to improve health for the people of Newfoundland and Labrador.

Thank you.

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

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

I bring this petition to the House.

The need for senior accessible housing and home care service in Labrador is steadily

increasing. Livelong residents of the region are facing the possibility of needing to leave their homes in order to afford to live and receive adequate care. Additional housing options, including assisted living facilities like those found throughout the rest of the province for seniors have become a requirement for Labrador West and that requirement is currently not being met.

WHEREAS the seniors of our province are entitled to peace and comfort in the homes where they spent their life contributing to its prosperity and growth; and

WHEREAS the means for increasing the number of seniors in Labrador West to happily age in place are not currently met in the region.

WHEREUPON we the undersigned, your petitioners, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to allow seniors to age in place by providing affordable housing for seniors and assisted care living facilities for those requiring care.

I'm, once again, bringing this petition to the House and, you know, we do have a seniors need. We have seniors living in houses that they can't upkeep. We have seniors with mobility issues that are living in places they can't live in. We don't have a seniors' home. We barely have home care, as it is, in the region. Seniors are slowly finding it more and more difficult as they progress in age, and the amount of seniors in the region continue to grow exponentially. We've seen it in reports in the early 2000s that this was going to happen. Nothing was done and so on and so forth.

Once again, I ask the minister and the department, traditional means of building houses and housing seniors just won't work in Labrador West. You can't fit a square peg in a round hole. It has to be a Labrador West made solution; there's no doubt about it. So this is where I ask the department and implore them to delve a little deeper, step

outside of what the traditional normality is of finding solutions and stuff and work with the people of Labrador West to come up with seniors housing that is affordable, that meets their needs but also at the same time have the different levels of care as people progress in age.

I'll look at my grandfather as an example. Now, he does live on the Island of Newfoundland because he left when he retired. So be it, he moved back to the community he was originally from. But at the same time, I look at it, he has options here on the Island, but a patient with dementia in Labrador West has no options; a patient with mobility issues in Labrador West have no options. Their option is to leave Labrador West.

This is the problem we have. I think it's going to combine a lot of resources from there because it's a unique situation because we're building some infrastructure in Labrador West that was not there before, while the rest of the Island had the wonderful ability to build on what they've had since the '60s, '70s and '80s. So we're a newcomer to here and, yes, it's going to cost more money and take more resources but, at the same time, we were never there before. We're just getting to the place where this province –

**SPEAKER:** Order, please!

The Member's time has expired.

Orders of the Day

### Orders of the Day

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

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

I call from the Order Paper, Order 6, Bill 1, An Act to Amend the Medical Act, 2011.

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

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

I move, seconded by the former Deputy Speaker – she dared me to say that – the Deputy Government House Leader, that we move Bill 1, An Act to Amend the Medical Act, 2011.

**SPEAKER:** It is moved and seconded that Bill 1, An Act to Amend the Medical Act, 2011, now be read a second time.

Motion, second reading of a bill, “An Act to Amend the Medical Act, 2011.” (Bill 1)

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

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

I’m pleased to be able to introduce this bill today, An Act to Amend the Medical Act, 2011. As the House is aware, to practice as a physician in this province practitioners must be registered and licensed with the College of Physicians and Surgeons of Newfoundland and Labrador.

The current act and its associated regulations contain two broad categories of licensure: full and provisional. In order to be eligible for a full licence, medical practitioners must be licensed by the Medical Council of Canada, have completed a period of residency and have received certification from the Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada.

Medical practitioners who have not received this certification may be eligible for a provisional licence where they are sponsored by a regional health authority. The intention of the provisional licence is to permit medical practitioners to practice medicine in the province under a model of sponsorship.

Where they are preparing for the two-certification examinations, medical practitioners in either of these categories of licensure may practice medicine independently. These licences may also be renewed annually.

This bill is introduced to provide two additional pathways to licensure in the province: associate registration and clinical assistant registration. These additional registration categories are intended to enhance the pool of applicants eligible for licensure in the province and permit the licensure of physicians who do not fully meet the requirements to practice independently, but still have important skills and competencies which would benefit the health care system in Newfoundland and Labrador.

It is anticipated that the associate registration category would have the following registration requirements: medical degree granted by a medical school or osteopathic medical school approved by the council; clinical assessments, as approved by the council; completion of post-graduate education and training, as approved by the council as qualifying a person for registration on the associate register; and other qualifications or requirements that would be prescribed through regulation.

Individuals with the associate registration will be eligible to be the most responsible physician, but will require oversight and will require sponsorship for the duration of their licence. And that licence may, not necessarily, but may be scope-limited. For example, an individual with associate registration may be restricted from providing emergency room care where the individual is in general practice and has not demonstrated adequate emergency room training or experience.

It is anticipated that the clinical assistance registration category would have the following registration requirements, similar to the previous category I named: a medical

degree granted by a medical school or an osteopathic medical school approved by council; completion of post-graduate education and training approved by council as qualifying a person for registration on the clinical assistant register; and other qualifications or requirements that may be prescribed by regulation.

Individuals with clinical assistant registration will not be eligible to be the most responsible physician. They will require oversight and sponsorship for the duration of their licence, and will be limited in their scope of practice. For example, an individual with clinical assistant registration may be restricted to surgical assisting.

So, Mr. Speaker, Bill 1 will add these two critical pathways to registration for the province for medical practitioners. As I've outlined, the college did not previously have the authority to register or license individuals who did not meet one of the two categories. Expanding the registration criteria is one of the avenues that we are providing that can achieve the goal of attracting more physicians to work in this province.

It is important to note that these changes are not intended to have any impact on individuals currently registered and licensed, but will serve to enhance the pool of physicians available to practise in the province.

In addition to these categories, the bill also provides the Minister of Health and Community Services with the ability to prescribe the schools, jurisdictions and qualifications in regulation that entitle a medical practitioner to register on the provisional register with the College of Physicians and Surgeons of Newfoundland and Labrador.

Before the minister can make regulations, he is required to consult with a new advisory committee created by this bill. The advisory committee shall consist of two medical

practitioners appointed by the minister from a list of medical practitioners submitted by the regional health authorities in accordance with the bill; one employee of the department selected by the deputy minister of the department and two representatives of the college appointed by the college.

Mr. Speaker, the advisory committee will provide the minister with valuable advice and will help ensure that the minister has all of the necessary information to make an informed decision. It is not the intention of this bill to lower the standards for medical practitioners who are registered and licensed in the province. Newfoundlanders and Labradorians can rest assured that every health professional that they will see will provide the same level of care that we've come to expect.

We know that there are competent and safe medical practitioners all over the world, moreover; while, no doubt, the Canadian standards for medical education and post-graduate training are second to none, opportunities exist to recruit from other jurisdictions that provide top-notch education and training. With the addition of the ministerial authority to prescribe schools, jurisdictions or qualifications, the registration and licensure, the province can be nimble and adapt to respond to health care recruitment and retention issues that we're currently facing. Our government is committed to attracting high-quality medical practitioners to this beautiful province and this power will act as another ability to recruit those medical professionals.

Mr. Speaker, it is also important to note that the regulations made here and this new authority provides the province with the ability to adapt and respond quickly to our ever-changing health care needs. It is balanced by the fact that ongoing review will take place to ensure that measures continue to be necessary.

It was identified that there was no power for the registrar of the college to suspend or

restrict medical practitioners' licences where a serious allegation against the medical practitioner is filed with the college and time is needed to investigate the concerns. So in working with the college, Mr. Speaker, the bill provides the registrar with the power, where it is in the public interest to suspend or restrict a medical practitioner's licence, until such time that the complaints authorization committee disposes of the allegation.

The complaints authorization committee could dismiss the allegation; dismiss the allegation with directions; caution or censure the medical practitioner; or refer the matter to a disciplinary procedure. What is important to note is that this important power is time limited and will be reviewed by a panel of the medical practitioners' peers; it will help the college achieve the public protection mandate.

Another concern that will be addressed by the bill is the ability of medical practitioners to prescribe using electronic means. The current act permits medical practitioners to prescribe electronically through the pharmacy network. This prevents medical practitioners from being able to use other ePrescribing services. One such service, Mr. Speaker, is PrescribIT, which is Canada's national ePrescribing service and was developed in partnership with Canada Health Infoway and Health Canada. PrescribIT was successfully piloted in a retail pharmacy in the province and in a primary care clinic in Eastern Health.

Further expansion of PrescribIT and other electronic means of prescribing are, in part, limited by the language in the current act. PrescribIT, or other similar services, enhance the current process by integrating the provincial electronic medical record directly into retail pharmacy software for seamless ePrescribing.

Implementation of electronic prescribing offers advantages in patient safety and provider efficiency over historical methods

of paper prescribing. With electronic delivery of prescriptions, there is reduced opportunity for transcription error and digital identity authentication mitigates the potential for prescription forgery.

In conclusion, I want to add that Bill 1 will facilitate the registration and licensure of more medical practitioners in the province and expand access to care by expanding the authority related to electronic prescribing. In today's health care climate, both initiatives will improve access to care and facilitate the delivery of health and community services to the people of the province in an efficient way.

With the addition of the advisory committee and its role, updates to the Protection from liability section will be required to ensure that individuals participate in the committee in a complete way. This addition is consistent with the purpose of this section. Officials in my department are working closely with the College of Physicians and Surgeons to ensure that the proposed amendments meet the province's needs, while maintaining the college's high standards for registration and licensing in the public interest. We look forward to continuing our positive relationship with the college.

Mr. Speaker, through Health Accord NL, our government is taking meaningful action across the departments to improve social, economic and environmental factors that impact our personal health including better, more timely access to care. The amendments in this act will also align with our goal of improving access to health care and represent another creative means in our continued efforts to recruit and retain health care professionals.

Mr. Speaker, I'm pleased to support this bill. I look forward to the debate by all Members of the Legislature.

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



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

I now recognize the Member for Topsail - Paradise.

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

I congratulate the minister on bringing this forward, but I also want to show my appreciation for his staff today who gave us a good briefing on what this bill entails. He's given a good description himself here today as well, but I think when people hear about changes to the Medical Act, I guess the first thing that comes to them is: How does it affect me on a daily basis?

I say this with some skepticism when I say the current minister is doing a good job so far.

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

**P. DINN:** The reason I say it with skepticism is that the past minister, in responding to retention or recruitment in the education faculty, talked about the enthusiasm and energy in looking at recruitment and retention and we know it's taken us seven years – seven years.

We have a new minister that appears – I'm not throwing you a bouquet yet – to be taking it seriously and dealing with the issues of people and residents in this province who are – and we know it took a while to get the recognition that we're in a crisis, but we are.

So when people look at this bill and they say – and I think the Premier in the Colonial Building last week said stay tuned, we're addressing it, when we asked some pertinent questions on health care. I suspect people were tuned in and waiting. Stay tuned, there's something coming.

This is a piece of the puzzle. It's positive and it's something I, as the Health critic for the last 20 months, have brought a number of solutions. Now, they're not my solutions.

They're solutions that stakeholders and those with lived experiences out there in the public and working with different agencies that are brought to me. I'm just a conduit for them. I'm not a health care professional.

You bring that forward and one of those issues, which I'm sure was there before me, was exactly what this is setting to address. We have doctors and medical practitioners – and we only know recently of doctors from the Ukraine – who come here and cannot be registered or get a licence. You talk about thinking outside the box; a lot of this is in the same box. It's not really thinking outside the box.

When you look at a doctor that comes here, take as an example the doctor that volunteered time on Fogo Island and was turned away.

Now, the regulations are in place, the legislation that was in place, did not allow it. Everyone reigned down on government and the college for that, but this was here long before that. So when I hear this, if someone says: What do you think of this bill? I'm going to say: Well, it's a good bill but what took you so long? But, again, three months, I'll give credit.

Because at the end of the day, we have to be focused on individuals, our residents out there who are struggling with health care and suffering. People accuse me of fear mongering in this House, but the calls I get, have gotten and everyone in this House have gotten, many times it's life and death for people.

The paramedic down in New Wes-Valley trying to get to an emergency room that's closed and has to drive two hours and is not sure that the individual they have on the stretcher is going to make it, because we have emergency rooms closed, because of the shortage of staff and, in many cases, that's a physician.

My father would say common sense, it's not so common. When you look at this and you say, well, if you have a doctor coming over here or a doctor, or a nurse, it could be any medical practitioner, who is good at this and is able to do this, and maybe not be the best over here, there has to be a way to allow that person to contribute what they do best here and work towards full licensure.

The minister talked about two pathways. Now, his staff told me today there were three pathways, but I'm not going to split hairs on that, but it did actually add two new categories to the act: the associate registration and a clinical assistant registration. This is allowing physicians to come here and be looked at in terms of their qualifications and where they did their training and what their résumé says, have a board have a look at that and see where this person fits in. What hole in the system can that person fill?

Now, we might have a big hole to fill, but you have to start somewhere. They may not bring everything to the table.

I think we're a bit optimistic here and we have to have a bit of optimism, no doubt it, in terms of how quickly this will affect us because in my discussions with the College of Physicians and Surgeons, one of the biggest issues, one of the biggest barriers for doctors coming in has not necessarily been the regulations in the legislation. It's been the fact that they come in and they, the doctors, are slow or cannot obtain the actual documents to show they have this or they have that.

So, hopefully, if they come in and they have partial documents, or whatever – and again, I go back to the point the minister made. This is, in no way, intended to jeopardize the standard of care or the standard for people coming in here. Because you know if you have a doctor coming in here and you're lying on that table, you want to make sure that person knows what they're doing.

I don't see anything in here that jeopardizes that. To me, it's taking those people who have skills or have a different scope and allowing them to practise. It is a step in the right direction. I think people out there – and the minister went right through a lot of the things on this bill when he talked about the appeal process and how people might be penalized and stuff, which is all good. But again, I go back to the fact that the general public out there, they want to know when am I getting a doctor and how quick can this come in.

I do hope this system will move along, and the regulations, which I'm hoping to see, will move this along as quickly as possible, without again jeopardizing the standard of care.

I'm not sure – someone asked me: How does it affect the role of the college here? I get the sense that some of what they do is moved over to the minister responsible, but I think there are enough clauses there that ensures due diligence is done, through a board. I've read through it and it seems to be due diligence done there.

But as we often heard in this House, the proof is in the eating of the pudding, quoted by the previous minister of Health. Those are correct words. We want to see how this will benefit – we know it will benefit, but to what extent, how many we can get in, how many we can get registered, and move forward with this.

Of course, the big part of this is the establishment of an advisory committee, which will have two medical practitioners, a departmental rep, two college reps and the CEO of each regional health authority. A pretty good compilation of people you would think know what's happening in health care in the province and can assess whether a doctor, he or she coming into the province, either from another part of Canada or from outside the country, is qualified to fit in to one of these – well, I guess four categories now really – categories.

The Premier there mentioned, I think, last week – and, it is sort of matter of fact, what he said – if I can do limb replacement in one country, why can't I do it here and why can't I do it there? A very valid question. Again, I go back to it's taken us seven years to get here – or even more; go back before that – on that.

Here we are and we actually look at harmonizing skilled trades as a government. Skilled trades, just as an aside, they have a Red Seal Program that if you have it, you can work anywhere in the country with a Red Seal. The only difference of harmonizing it is some provinces may have a little different curriculum with each block. So a first-year apprentice may not be the same first-year apprentice and vice versa.

When we look at doctors and health care professionals, especially working in the same country, one would think you could move about; you pay your fee to the provincial association, have at 'er. And you're coming from another province that has a college that I'm sure would give the record and say Dr. So-and-So, top notch, flow right on in.

These are things that we look at common sense – I don't mean just us, I mean across the country why that doesn't happen. I'm really hopeful that what this bill introduces will increase those pathways, increase the opportunity for doctors who want to come here and contribute, and want to come in and speak to and solve and keep people healthy here.

I'm not sure – and this will come out in Committee. But here we are, we talk about the Health Accord and some of the things that are there. I mean, we know it's not short-term, immediate impacts. I'm hopeful this will be as close to an immediate impact as we can get on this, and this is what we need. I don't know how this will be – and I guess it'll come out in the regulations and with the board – I don't know how this addresses virtual care.

Again, you go back to that example of the doctor for Fogo who had so many recent hours of virtual care, but that didn't fit the block. So I'm hoping that as we move forward, we move more to virtual care. I mean, that's a given; we have to move that way. No one's arguing that, but let's make sure we have our dominos lined up so that we have a process and establish a standard for recognizing those who have done virtual care. Some kind of credit has to be given to that.

I think of all the solutions and some brainstorming issues that have been tossed out and you take them – yeah, some are off the wall. Some will stick on the wall. But we really have to start looking at these and giving some credence to them. Because it's the people out there with lived experiences, it's the people who are without a doctor and the people who are with a doctor who have suggestions. And you put together the full package. So this is a part of getting doctors here, there's no doubt about it.

I listened to the Minister of Immigration, Population Growth and Skills yesterday or last night, whenever, and we were talking about the Ukrainians coming in. There have been comments made about, well, no work and so on and so on. The minister alluded to a child care program coming for our Ukrainians that are coming in here. That's a huge issue for our front-line health care workers as well as our doctors coming here.

And yes, there's \$10 daycare, and yes, we've opened this many, but at the end of the day we have to have child care workers to fill those vacancies and help these doctors come in. Because, as we know, life-work balance is huge. So when a doctor's coming in here and they're able to come in and we're able to give them a job under one of these new categories, he or she – the world is changing. There are fathers who stay home with their children and vice versa. I guarantee you I enjoyed every minute I stayed home with my kids. So

when doctors come in, they want that balance, too, that's part of it.

I'm sort of glad the minister – I don't believe I'm saying this because we argued last night on it, but the extent of the ministerial role in this, I don't think, is as elaborate or as far reaching as we thought it to be with the Future Fund, but there is a role there.

What it does, too, is we give the college – there's a college for the nurses, there's a college for surgeons and physicians and they've been frowned upon because we can't get in, the college says this; the college says that. That's because the regulations and legislation didn't allow this.

So this bill gives that to them, either to the minister or to the college, but either way, it gives options now. It gives options that allows doctors to come in here. I don't know how long the list is with the college. I know when I spoke with them last year – I spoke with them earlier – but last year we talked about numbers. I can't remember the numbers now but they said we have applicants. We have applicants ready to come to work here but they haven't provided this, or they don't have that, or they don't equal this. So maybe that wait-list or that list of doctors wanting to come in here, maybe some of them are going to fall into these categories and we can put them to work.

I applaud this. I applaud the minister for this, but with some skepticism. We're only early at this and I want to make sure that we stay focused on – I know he said I was political the other day but we're going to stay away from politics on this. This is the health and welfare of our residents and it's different from a pothole.

Now, potholes are important, don't get me wrong. Down in Bonavista potholes are important.

**H. CONWAY OTTENHEIMER:** And Harbour Main.

**P. DINN:** Yeah and Harbour Main.

Now, potholes may lead to medical requirements, but health care to me is well up there in priority, in having a place where people can come, where our Ukrainians that have come in, our immigrants that come in – one of the big issues they want is health care and to be able to work in their field.

When the Minister of Immigration talks about so many of them are working – and I only say this from my background in labour – I would have to look at the data and say, well, how many of them are actually working in what they're trained for? How many are underemployed where they're not working to the status? How many are doctors or health care workers who are not working to their full capacity?

This should be a step in making sure that they can work in their capacity and make Newfoundland and Labrador home. I guarantee you their wait-list will fill up really quick because there are so many out there; 25 per cent of our population are looking for a primary health care provider. That tide is not stemming any time soon. It's going to continue.

Without going into the fine details, which we will do in Committee, I do applaud this piece of legislation. I'm sure we will all be supporting it. Hopefully, it's the start of many more pieces of legislation to come that will help our health care here.

I want to end on a good note, but let me end on a bit of criticism.

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

**P. DINN:** No, no, no. What I'm going to say, we heard the list –

**AN HON. MEMBER:** (Inaudible) have to say.

**P. DINN:** It is what I'm going to say.

We had the list of all the bills that are being presented already in this sitting of the House. I was surprised that we only had the one related to health care.

**AN HON. MEMBER:** It's a start.

**P. DINN:** It's a start. I would like to see the Pharmacy Act. I would like to see the Nurses Act to deal with nurse practitioners and pharmacists. All these things –

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

**P. DINN:** – all these solutions that people have tossed out. I know the minister has been meeting with those out there and he's hearing the same solutions. But we really got to get in the collaboration. I know it's a word we've overused, but for the health and safety of our province, we need to sit down and have a chat. I already had a chat with the minister and he's been quite open and back to me on this.

So my door is always open. Let's look at what can we do with the Pharmacy Act? What can we do with the Nurses Act? These are the things we need to look at and look at these solutions. I'm not sure if it's this or the Pharmacy Act which allows pilot projects. I mean, let's look at that. Let's put money there.

Some of the things outside the box, I'll talk to him later about it. I've talked to him already about it. I've raised in this House many times, things like glucose monitoring devices, let's talk about that and explore it.

But we will be supporting this. I'll have some specific questions during Committee, but I do appreciate this step in the right direction.

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

**SPEAKER:** Thank you.

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

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

Certainly this is welcome and we, too, will be supporting it. It is a step in the right direction, especially as we move towards the recommendations of the Health Accord and where we're going to move to overall reform our health care system and make it more responsive to the people of this province. In fact, I fully support that process. I think that's a transition that we're going to have to undergo.

I'll speak for myself, first of all, and I do want to talk about politics. Any time we advocate for people, for our case, on behalf of others, that's politics. That's good politics, because that comes down to you're advocating, you're making change. I'm never ashamed of that. Anyone who tells me: I don't want to be political. Well, any time you're speaking on someone else's behalf, you're political. It's about improving what you're hoping is the lives of people around you. In many cases, for people that you have no vested interest in because they're not related to you, but they have a concern and you're in a position to do that.

So I think here, if we're looking at improving something and we're looking at addressing the concerns of people, that's politics and that's why we're here. I think that's what we've always got to be cognizant of. Then there is the other partisan politics, you name it, the personal politics, whatever you want, but here I think what we're looking for is how do we deal with this very serious concern that a lot of people are facing.

Certainly since 2019, when I was first elected, one of the first people I met was a doctor who was retiring at that time in my district. She had reached her limit, but the concern for her, Speaker, was she could find no one to take her patients. That was what was distressing her. That has snowballed because, as I went around and campaigned a second time, I was hearing more.

I am thinking, in the middle of St. John's, you would assume there should be no

problem finding doctors, but that was becoming more and more of an issue. And go into a doctor's office – I am sure we have all see it – no more than three medical issues per visit. So, in many cases, it would be like going to confession one time, coming up with your list of what am I going to talk about today. That was an attempt by doctors to try to manage their workload and to see the patients that they needed to see as well.

So it's been building. In 2020, the provincial government began conversations with the College of Physicians and Surgeons regarding registration and licensing practices. I know that the government has been keen to boost the number of physicians practising in this province through various recruitment campaigns. There have been, however, instances where doctors who trained and practised outside of Canada tried to become registered in this province but have faced hurdles since government, and therefore the college, does not have any means of recognizing their qualifications.

One of the challenges that I have heard from doctors who've either practised and/or trained outside of the province has to do with just the lack of communications in many instances. I can think of one doctor I know of, a friend of mine, who trained in Europe. They have been trying to get certified here; has had trouble doing so. I think it was in August when I attended a barbecue and a social hosted by the Knights of Columbus for Ukrainian newcomers, I spoke to several doctors there and it is interesting what they told me.

We understand that there's a certification process, Speaker. They understood that. The issue they were having was just the lack of communication. They were seeking what they might do but they were getting no answers back. Whether it was from the department or the regional health authority, they were receiving no guidance. So, in many cases, they were not objecting the

requirements around certification, but they just wanted some communication piece. I think that's essential.

So, certainly, here full registration, provisional registration, three new pathways under that would allow this, and I hope those who move forward that there's going to be – if I were to say anything to the minister – very clear measures to make sure that there is an open communication with people, and that people are responded to in short order.

The advisory committee, I think it's certainly appropriate to have that. I support the concept of an advisory committee. I'm looking at the makeup of it there in terms of the two medical practitioners, one employed from the department, two representatives of the college. RHAs will have some input. I wonder, though, if there's a role there for the NLMA. Maybe they're not part of it. I realize that they have a different function; they're a bargaining unit. But I think, in many ways, having representation does bring a different perspective. Maybe not an entire perspective but it's certainly worthwhile to have that representation on the advisory committee as well.

This act also expands the authority for electronic prescribing by medical practitioners. Anything that allows that expansion, I think, is something that is welcome.

Now, my wife and I lost our doctor in May. I'm not panicked; I'm concerned. I have a lot of other things, I guess, in my favour in terms of health and my own health care plan and so on and so forth, but for a lot of people that is putting them in panic mode, especially if they have complex medical histories and so on and so forth.

But I think in many ways, when I look at it, during COVID especially, if one thing it taught us – it taught me anyway, and taught many others – that I didn't always need to go into the doctor's office for a simple –

sometimes it's just the matter of over the phone, here it is and get the prescription online. That makes sense. That frees up the doctor and it also allows me to go on with my daily business.

But I think those are some of the things that this act – I'm assuming the changes are out to address. But make no doubt about it – and I'm sure we've all gotten it – there are a lot of people out there who are concerned and they have no family doctor and they're left with no choice but to go to the emergency room in many cases, because they can't get into the collaborative team clinic or get a response back, and they can't always get into a walk-in clinic. Sometimes if you've got a chest pain, you're not sure, is that indigestion or is that something else along those lines, the fact is you're going to end up going and looking for that medical care.

This gives the college and the advisory council more flexibility in approving the qualifications of those who are trained in other countries. Flexibility a key word here. It's an attempt to broaden the pool of physicians. The concern we have, of course, is it's uncertain how much this will alleviate staffing shortages. Officials at Health and Community Services could not quantify the number of people currently in this theoretical pool, nor the number of physicians who could now be eligible for registration under the proposed amendments.

I understand that might be a large undertaking, but I think it's important, Speaker, to have some idea of what we're looking at, at the numbers there because that will give us an idea of what else we need to do to fill in the gaps, if there are any.

The legislation is intended to fix physician shortages in our system which were, in many ways, exacerbated by previous actions and decisions of the government since it came to power in 2016. So, for

example, before 2016, there was a staff member at the medical school devoted entirely to physician recruitment from the students. The position was terminated with the budget cuts of 2016. I understand that in times when we're trying to be fiscally prudent on issues, certainly we are trying to find out where saving and where the priorities are. But, often, the decisions we make have long-reaching effects that often take generations – not even generations, decades to have an effect and we wonder how we got there.

Recruitment, I think, should always have been a priority and having someone who is dedicated to that is essential. As we go forward, I think we need to, when we're looking at whether it is zero-based budgeting, living within the fiscal envelope, however we want to talk about it, I think we've got to look in terms of there's more to the health care system too than the day-to-day operations. It's about looking to the future and planning.

Again, I do believe the advisory committee is – I go back to that, I'm assuming it's going to be addressing some of these issues as well because it is a bit forward thinking.

I would not, if I were in the minister's position, be in the situation of making decisions around the medical professions and that; it's not my field. So it's good to have that advisory committee there and the list of the people who are there. I know that even when I was with the NLTA here, you listened to the people who had been around longer and you take advice and you make the decision, you get all the best information.

So I applaud that decision. But I think also, let's focus on recruitment. In many ways, it shouldn't be entirely left to government alone to come up with this, let's put the mechanisms in place so that running in the background there's always that recruitment piece.

I could be critical about the fact that some of the most recent recruitment issues seemed to be tied to Come Home Year. It's always good to do that, but I think, let's not find ourselves in a position in the future where we've got to come up with these initiatives two months before the end of the year, I guess, or several months before the end of the year to address it. Let's think long term and get people here.

If anything else, while we are recruiting people in the long run, it's about retention and how we're going to get people to stay here.

Now, I can tell you from speaking to my daughter, even, that sometimes in several cases the compensation package in other provinces is significantly greater than what is here in Newfoundland and Labrador. But do you know what? There are a lot of Newfoundland doctors who want to come home to make that so-called sacrifice. The working conditions here aren't always equal, too, but they do want that.

So I think in many ways there are already people away who do want to be part of this. Not all, I can tell you that for a lot of people they have left and you can listen to the news and you can hear the stories and you know that people are struggling and that people want that work-life balance.

I go back to the sign in the doctor's office when you're putting a limit, Speaker, on the number of issues that a patient can discuss. That tells you right off the bat several things, that the people who are coming in to the office have increasingly complex needs and the doctors are trying to put some limit on that to maintain that so that they can see the people that they need to see.

I think, too, one of the things in talking to the Health Accord NL people, and I was trying to figure out how do we address this and I want to come back to some of the recommendations, virtual ER, Collaborative Team Clinics and a robust ambulance

service because I listen to it here in the debate. At one time, the more alarmist we are about the situation in the province, the more we're going to add to it and we're going to maybe scare people away.

But on the other hand, Speaker, knowing that it's happening in other jurisdictions and that we're just part of a larger problem is fair enough, but that is still not addressing – we still have to address the issues as they stand right here in this province. That's part of the discussion. But in the end, the fact is we have here walk-in clinics that are bursting, people who are waiting long periods to even to get called back for a Collaborative Team Clinic and having to go to emergency rooms.

I guess what I'm trying to say here is it's important, let's talk about there is a serious issue here. Let's not exaggerate it but let's not downplay it or justify it or anything else like that. I think here if the Health Accord NL is going to have any chance of succeeding, then the next few steps we make are going to be important. Otherwise, that whole process is going to fail and we're going to be nowhere near where we need to be.

Three of the issues that, I guess, when I was trying to determine how I was going to respond to this was what do we need to do right now? Because it's not always just about throwing money at things, but that's a large part of it.

The virtual ERs, Collaborative Team Clinics and a robust province-wide provincial ambulance service, if anything else, that's what I have heard from people in having those discussions, Speaker, with people who are involved with Health Accord. If there's anything we need to start doing right now is we have got to make those a priority to get them up and running because in the end it comes down to this: I need to know that if I'm having a medical emergency that I have access to the care; that there are trained physicians or medical personnel through a virtual system who can take care



of me; that I have an ambulance system whether it's air or a road vehicle, that I am not going to be waiting around several hours before one shows up. The other part of it is that, I think, when it comes to the Collaborative Team Clinics let's get them up and running. I don't always need to see a doctor. I just want someone I can see.

The other part of it with the Collaborative Team Clinics, I think, that's got to be addressed – and if it's human resources issue it may be as simple to do – people shouldn't have to be waiting months to hear back if their name is actually on the list or even something to acknowledge, Speaker, we've got your name, we've got your call, we'll be calling you within the next couple of weeks to arrange an appointment. Something as simple as that would alleviate anxiety that you are in the system.

So from my point of view, the legislation is certainly in the right direction but overall let's keep our eyes on that goal of a transformed health care system as envisioned in the Health Accord. If anything else, while we're looking at recruitment and retention, let's also look at making sure we get our virtual ER systems, our Collaborative Team Clinics and a robust provincial ambulance service up and running as soon as possible so that, basically, we can fix those gaps and lay a proper foundation for what is envisioned in the Health Accord Newfoundland and Labrador.

Thank you, Speaker.

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

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

I'm just going to stand and have a few minutes and support this legislation. I will be supporting this legislation. It is a good step in the right direction, Mr. Speaker, for people in Newfoundland and Labrador who are without family doctors and other

professionals in the health care system. Absolutely, anyway that we can improve the system I think everybody in this House will support it. It's great that it was brought forth by the minister.

I won't go into the details of it, Mr. Speaker, because the speakers before me did and so did the minister, but being able to have people, associates, also, to help and gain practice and experience to become accredited is a good idea.

I have résumés from Africa who'd love to come, but it was so cumbersome to get into the system. This may be able to help.

So I won't go through each detail of Bill 1, but I will say I will be supporting Bill 1. As we mentioned, Mr. Speaker, there are a lot of concerns in health care across the Province of Newfoundland and Labrador – a lot. I know my colleague, the Leader of the Third Party, just went through a lot of them.

I know I spoke to the minister on one of them: licensed practical nurses. I know the minister is looking at that on something, because there are a few out our way – three – and they're booked solid. What they're saying is the residents who go see them, a lot of people who haven't got family doctors, what they want is to be able to bill MCP somehow so they don't have to pay \$60, \$70, \$80 every time they visit. Some of it, Mr. Speaker, is just to get a prescription filled. Or some of it may be just signing an application. Yet, they have to apply online to get an appointment and then to go in.

I did speak to the minister personally on this. The minister said he is looking into something, and I wait for the results of that. Because anything that you can do in there – and I know just in the Corner Brook area – will save a lot of seniors a lot of stress. So I look forward to the discussions on that.

I know the Leader of the Third Party, the Member for St. John's Centre, mentioned recruitment and retention. That is very

important – very, very, very important. And I have to give kudos to Western Health. Recruitment and retention has picked up in Western Health. They hired one or two new people and it has picked up.

I'll just give you an example. I know two people who'll be graduated next year, year and a half, maybe. They tried on many occasions to speak with people for recruitment and retention; couldn't get a call. They're in the medical school here in Newfoundland and Labrador. One is an ENT – ear, nose and throat – specialist, going to be, and the other one is a psychiatrist. It took them a long time, almost four years, to get somebody to even talk to them, local, for them to move back to Corner Brook.

So I know in Western Newfoundland it has improved. I got to give Western Health kudos for that, that it has improved. They're in contact with them. They're asking for anybody else who we could speak to. So that has changed also. I have to put kudos out there for Western Health for that, Mr. Speaker, because recruitment and retention is a big thing.

Nursing shortage is another issue that we all got to be aware of, and we hear it in the media every day and we see it. We see it every day. I know a lot of the nurses in Western Newfoundland, in Corner Brook especially, that are actually getting burnt out. Again, we have to put emphasis on – I know the minister mentioned in his opening remarks that nurses shouldn't have to be mandatory overtime. They do have children. They do have families.

We have to try to work on something for the nurses, the LPNs and all professionals within the health care system, not just nurses. Nurses are the front line, but there are others also that are suffering from burnout in the health care system, and I just hope that we can get a recruitment program, education program that will keep more nurses and more health care

professionals in Newfoundland and Labrador.

I know the minister mentioned that it is not good enough, I think it was in a Question Period, and we have to develop – it's easy, say, for anybody on the Opposition side to stand up in health care; this is going to take time. I understand that. But any short-term process that we could put in there, that would help out in the short term is going to help in the long term because a lot of those health care professionals then would stay around.

I just have to raise that because I hear it on a regular basis, back in Corner Brook, especially around Western Memorial and a lot from Stephenville and other centres, people that I know.

Emergency rooms, because of a lack of doctors, is just being flooded. I know in some centres around they're doing different techniques to help out, and I understand that, but we have to find some way. I know a lot of people who go to emergency just to get applications signed, or just get prescriptions, because they have no doctor, no nurse practitioner. They have no one to sign it. So they go, they wait hours because they need their medication. There has to be a better way that we can help out.

Then the staff at the emergencies are extremely overloaded – extremely overloaded. That's something else again that I'm hearing on a regular basis in Western Newfoundland, and I'm sure I'm not the only MHA that hears that but I was asked to bring that up.

The other thing, Mr. Speaker, that I'm going to bring up – I'm not going to be critical because I'll have my time and place – is the cataracts. I don't want to be too critical on it and I know the minister made an announcement on the cataracts. I just have to read the minister something, and I don't know if the minister was given this or not by his staff. One of the statements that the

minister made publicly is that they can do it at the hospital, say the Sir Thomas Roddick Hospital. They can carry out surgeries.

Now, I don't know if the minister has access to this or not. I'll just read a part of the email that I got from Western Health themselves. I know the minister is listening attentively because he's so concerned about the people in Western Newfoundland with the cataracts, and I thank the minister for listening attentively. Here's what they said: There has been no cataract surgeries since September-January 2021. Equipment challenges from January 15 through September 2022, they were of note.

So when the minister made the statement that the three surgeons in Western Newfoundland in Corner Brook can go and do surgeries at Sir Thomas Roddick Hospital because there's OR time, they don't have the equipment. Here's an email from Western Health. They just don't have the equipment.

I don't know if the minister had access to this or not when he made that statement. I'll give you the benefit of the doubt of saying you never. But the equipment is not up to standard. They don't have the packs for it. They honestly don't, Minister. I'm not here trying to criticize, but I'm here to raise that point on behalf of those people.

The other thing, Minister, that you mentioned and I'd like for you to check this out because it's very easy to check out because it's easy to do. I ask you, which I think you will do, call the intake worker from Western Health in Newfoundland and Labrador, who your department gave \$250,000 to hire intake workers. The only one that's in place is in Western Newfoundland.

I'll explain it to you, Minister, and I just hope that you take this under consideration. If St. John's needs 3,000 surgeries, give it to them by all means. There's absolutely no one going to say anybody in the Avalon

Region should be denied cataract surgery. Absolutely no one. But I do not think that people in Western Newfoundland, they deserve the same thing as in a wait-list.

I challenge the minister and I ask you, Minister, as a Member who's been around. Obviously you're concerned about your constituents. I ask you to call out to Western Health, speak to the intake worker herself, she will guarantee you that there are two lists, one is wait-list two. They are the ones who are referred to the ophthalmologist. When they get their consult, they go on wait-list two. That's when you're talking about the 112 days and even some of that information I can show you that percentage never reached 112 days, I can show you information.

But once they get the consult and they get on wait-list two, that's apparently when the 112 days starts. There's what they call a wait-list one. They are the ones referred from the eye doctors in Corner Brook, George Colbourne and others. That wait-list one, there are over 800 people on that wait-list. They're the ones right now, because of the cap, that never even got a consult yet with the ophthalmologist.

Once they gets that referral, then they would also start on that 112 days, but there is what they call a wait-list one. How that wait-list one was developed was because the Department of Health and Community Services, a year and a half ago, put out \$250,000 to hire intake workers so they want the right numbers. In Corner Brook, Western Health, they went out and hired an intake worker. The intake worker has every name, every number. They took all the list, any duplicates, any people moved away, any people who passed away, off the list. So the ones that you're talking about, the 97 per cent, it's the wait-list two.

But I ask you, Minister, out of decency, call Western Health, speak to the intake worker and that intake worker will confirm, because Western Health has it confirmed to me, that

there are 800 people on that wait-list one who never got a consult yet. That's the ones that I'm saying are on the wait-list that you need the money to take care of.

I ask you to do that and I can guarantee you, you'll get that answer, you'll find a way to find the funds for those people. One-shot deal, once you get rid of the backlist than anybody who gets a consult will be within the time frame within a relatively good time to get it.

Now, not all the ones that you mentioned are in that 112 days, I can assure you, but that's another story. But, Minister, please do that.

I'll tell why I say that –

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

I'm trying to give as much leeway as I can. I read right through this bill this morning and I'm giving you as much leeway as I can; just make sure that we stick to the context of the bill.

**E. JOYCE:** It is (inaudible) trying to recruit specialists.

**SPEAKER:** I hear you and that's the leeway I'm giving you.

**E. JOYCE:** Thank you.

It's trying to, because there are three specialists out there who are saying we're here in Newfoundland and Labrador. The intent of this bill is to bring doctors and specialists to Newfoundland and Labrador and I'm trying to explain to the minister a way to do it.

So I'll leave that alone now, but I just wanted to explain that. Minister, I ask you, please, in the name of decency, to call and get hold of the intake worker and I can assure you, you will find that there is a wait-list in Western Newfoundland that you're not aware of. I swear to you it's there. I

guarantee it's there and I can assure you, once you find out it is, I know you will do something about it. So I'll pass that on.

The other thing, Mr. Speaker, about that is the specialists in Western Newfoundland. I know it was mentioned also about the eye surgeries in Western, they could do eye surgeries. You know, Mr. Speaker, there's one doctor who does glaucoma in the province, the whole province. The whole Province of Newfoundland and Labrador, there's one. Do you know where he operates out of? The Apex Building; does all the surgeries one day a week for the whole Province of Newfoundland and Labrador at Western Memorial. That's where the surgery time for those specialists goes. It's not for cataracts. It goes for glaucoma.

So that's what we need to do. We can't put the burden on these specialists and say, okay, you have to cancel glaucoma now because you have a cataract wait-list. Then people all across Newfoundland will say, well, my glaucoma is more serious than a cataract. So this is the idea, Minister.

I'm just giving you the facts. I'll just sit down now because I think it's a good bill. I explained my points on some of the things that I spoke to the minister about: Western Newfoundland and I brought up about the nurse practitioners. Recruitment is a big thing. We need to try to get a quality of life for the health care professionals.

I'll take my seat now. Minister, I just trust that you will make that call and you will find out what I've been saying is correct. I trust that you will find a way to resolve that matter. Because it's not going to cost any money if you do the work over here or here, it's the same amount. The money is there. It's no extra money. So if those people could say let's clear two weeks at a hospital, three, four weeks at a hospital, five weeks, and do all those cataract surgeries, they'll get paid by MCP. They do it over here now. They'll get paid. The money's there. So it's no extra cost, Minister.

I look forward for you to make that call and I'll work with you on that, Minister.

Thank you very much.

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

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

Again, it's always good to get up here and represent the people of Exploits. This bill in particular, the Medical Act change, this one, there is nothing any more that they would want me to be talking about today than this act right here because it is a very, very important act to us all. It's something that should have been done, I'll say, a long time ago, anyway. But it's good to see that there is some attention finally being paid to the medical situation and trying to relieve some of the situations to have some doctors in our area because that is a very, very important area to the people of Central Newfoundland right now. I know the Chair knows because we hear it every day.

We hear it every day of diversions, of closures, because of the lack of resources or the lack of physicians and staffing in the hospitals, that sort of things. That creates a lot of problems, big problems; it creates a lot of health issues. Again, we hear it every day, I know the Chair hears it, I know the Member for Connaigre Peninsula hears it; Fogo Island - Cape Freels, he hears it. I mean, we all see it. It is diversions every day and it forces people in dire straits, dire predicaments to get to a larger health facility, which then complicates things even more. Because the emergency systems are overloaded, overcrowded, long wait times, it causes stress on the patients. It causes stress on the health care physicians, health care people who are already in those situations, already in the hospital. It creates a massive amount of stress on them and it creates stress on the patients themselves.

So to see this bill to come into play to expand the registration categories; I am

certainly in favour of it. I think it's a good initiative and it's time that it has been done – it should have been done. But to see it happening, it certainly is a great start.

We know there is a lot more that needs to be done, can be done, should be done, but we have a long way to go. This is a good step in the right direction.

Every time we look at a community, you know, you turn on the radio, this community is losing a physician and somebody else has lost a physician.

Basically, lots of times, due to retirement because there's nobody else to come back in to fill that position, which leaves communities – I know in my own Town of Bishop's Falls, only April month of this spring, we lost our doctor. We lost our physician; 3,000 people basically without a family doctor in that community. I think the files alone were somewhere up around 1,200 or 1,500 that was catered to that clinic, but they lost their physician. Forced those people to go looking elsewhere which there was really nowhere to go, and they're still looking because of that. They're still looking to other clinics, other hospitals, trying to find a physician, trying to find a doctor because they need their health issues looked after. They need help.

So, hopefully, this will expand some of the criteria of getting a doctor, and we hope that communities like Bishop's Falls and other communities can avail of that practice, and hopefully we put some attention to that and get some doctors in those areas. Because not only without physicians in those areas, the cost of it alone, especially like special doctors, that kind of stuff, lots of times they have to go to St. John's or they have to go to Corner Brook just for particular appointments, the cost alone is extraordinary. With our seniors aging the way they are, to take those people and let them drive from one health care centre to another, long distances, costly, they need a day or two just to do that sort of stuff.

Yes, this certainly a good initiative. How the regulation and the implementation comes into play on this, that is something that we'd be curious and interested in. I hope the implementation of this program, there's not too many delays. I hope this can be implemented as soon as possible so that we can get some of those issues addressed. I know we need to sit down with all the stakeholders involved. You still have to talk to the NLMA, the College of Physicians and Surgeons, the advisory committees and government themselves need to get down and implement these programs to make sure that we can start as soon as possible to working with this system.

While we're doing that, the advisory committees are a great group to have there. Even though we're trying to alleviate some of the restrictions probably of gaining some more doctors, we cannot forget the health and safety of what is most important here, and that's the individual. We can't forget the health and safety of that. We just don't want to bring in someone to say okay, we've got somebody, and now we're fixing the system because we're not. That's certainly not fixing the system.

The certifications of what they have bringing in those extra physicians, extra people so that they can stay in our province and work in our hospitals, work in our clinics, alleviate a lot of the patient care that we got now that can help. So in doing that, yes, we do need to sit down and make sure that the certification program is in place and we get the best care, the fastest, immediate care that we can within an appropriate time. Because right now, I know it's all across the Island. I mentioned Central Newfoundland but it's all across the Island.

You can go to any community and somebody will tell you we got no doctors. I don't know what to do. We need surgery done. We've got a problem with another health issue and nobody can see a physician to even have prescriptions filled right now. Even to get a prescription filled

right now, they're congregating on the emergency system which is overloading and stressing that system to the max.

So I don't think, Mr. Speaker, there's any need to belabour any more comments on this because we all feel the same way about it. I think we all realize that this is a good start but, realizing that, we do also realize that there's more change needs to be made to the health care system. This is only the top brass, we'll say, it starts at the doctors and goes right down through the system. Right down to the paramedics, the LPNs, everybody within the health care system.

But it is a good start there to take the strain off the top layer of the health care system but yes, there's a lot more work we need to do. We need more programs to do so, but I do like this start of the Medical Act. So I will be in favour of that.

With that, I'll take my seat.

Thank you.

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

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

I'm pleased to speak to this bill this afternoon. I will be supporting the bill. I think it is a good initiative. Mr. Speaker, I want to be positive about it, but it is important to note – I don't want to go down the road of being too negative here – but I have to say before the House of Assembly opened I did reach out to my constituents, as I do every time before the House is opening, and put it out there and asked for feedback as to what are your issues. What do you want me to bring up when the House of Assembly opens and so on?

You do get a range of issues, but, by far, the issue was health care. I heard it over and over again health care, health care, health care. And I, like other Members of the House, I'm sure, I know, have received

numerous calls to my office, calls to my home, emails, Facebook messages, Twitter messages, you name it. I had three just yesterday. The last one that comes to mind, the person said: Paul, I appreciate the fact that you're like a dog with a bone on a number of issues, Nalcor and otherwise, I appreciate that but please can you, for me, focus attention now on health care. Don't give up on health care. Because of the horror stories that we're hearing – and I'm not saying this to be nasty to the minister. I'm just putting it out there as it is and as people are telling me.

I'm sure we all seen the Twitter message, I think it was, that was shared all over Facebook as well, about someone who went to the emergency department and the nurses that were working there, supposedly, told the patients in the waiting room that were there for hours on end, contact your MHA. What a sad commentary that nurses, instead of dealing with patients, helping patients in their time of need, find themselves in a situation where they're begging patients to contact their MHA. When a nurse is telling patients basically, unless you're having a heart attack, or a stroke or your head is hanging off, it's just as well to go home. You're going to be here for hours on end, and no one is going to help you.

I've heard from family members – my brother was at the hospital a couple of weeks ago, and he was there for, he told me, 14 hours waiting and never got to see anyone first nor last, and there as many other people like it. We hear stories about patients out on stretchers for hours on end, and not just the patients but the ambulance attendants as well because the ambulance attendants has to hand that patient off to a nurse and there is no one there to hand it off to. So now we have ambulances off the road. We wonder why we're having all these red alerts.

I hear constantly from people. I was talking to a bunch of seniors this afternoon before I

came in here in Mount Pearl. As I was going around talking to them – it was a seniors' function – all I was hearing was: Paul, what are we going to do? I just lost my family doctor or my doctor is going to retire or I have no doctor. I don't know where to go to get a doctor.

I've heard complaints about these walk-in clinics where you go to a walk-in clinic and you're outside; you're waiting for hours to try to get your name on the list. You might be out there for an hour, an hour and a half to try to get your name on the list to be seen that day. Sometimes you're successful; sometimes you're not. People out standing outside in lines, in the rain, in all kinds of weather.

The collaborative clinics, I would say to the minister, from what I'm hearing and I'm only going by what I'm hearing from people that this just isn't working. It's just not working and, certainly, not at as advertised. As a matter of fact, I'm told and you would know perhaps, but the information I have is that when a GP had their office going, maybe they'd see 25 patients or thereabouts in a day. Now, under the agreements for these collaborative clinics, they've only got to see 15 or 16 patients or something like that a day. That's all they have to see; far less than they were seeing when they had their own offices.

So there are actually less people being seen in the collaborative clinic than was when there was a regular clinic, when the GPs had their own clinic.

I could go on and on with examples and emails and stories and concerns, and we've all heard them. It points to the situation that our health care system is in. This is one attempt to try to address that. I applaud that. I also say that I do not lay this at this minister's feet. I do not lay this mess at this minister's feet.

Now, have we had the same administration or basically for the last seen years or

whatever? Yes, we have. But at the end of the day, it's not this minister that caused all this. I'm not saying the previous minister caused it all either, but he certainly didn't do much to fix it, even though it was brought up in this House of Assembly time after time after time. Everything was fine; everything was perfect.

Just like now he's talking about the call-in list for the substitute teachers is perfect, the SmartFind. I'm hearing from teachers who saw it and said I can't believe what I actually heard; you got to be joking me. I was flabbergasted when I heard that statement, that everything is perfect with SmartFind.

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

**P. LANE:** It's a total disaster.

**SPEAKER:** I ask the Member to stay relevant to the bill.

**P. LANE:** Thank you, Mr. Speaker, for keeping me on track because I do have a tendency to ramble. I do admit that, readily.

**SPEAKER:** You do.

**AN HON. MEMBER:** Passion. Never give up passion.

**P. LANE:** But I'll never give up passion is right.

But the bottom line is that I will say that – and I will give credit where credit is due, I will do it in the House of Assembly, as I have on social media, as I have on the *Open Line* shows, as I have to NTV, that in my view, my view only, I feel that this minister is trying to do his best, I really do.

**AN HON. MEMBER:** He's listening.

**P. LANE:** He is listening. I do believe he's listening.

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

**P. LANE:** And I have a lot of respect for him. He does calm me down, that's why I call him Calm Tom, right.

Some people have referred to him as Teflon Tom, nothing sticks, and other people now are calling him the fixer. I like that. The mechanic, he's trying to fix things and it's all good. It's all meant in a positive way.

So this legislation here is all about, I guess, trying to – I don't know if the word is make it easier. I guess make it easier in layman's terms, to remove some of the impediments, if you will, to recruit doctors, particularly doctors from other countries and so on. I think it makes a fair and honest effort to do just that.

Obviously, the concern that we all have to have, on the flipside of it, it's great to remove barriers, which we all, I think, would agree with is the right thing to do, but we also have to make sure we maintain standards as well.

I think this reaches that balance. I'm sure that with the input of the NLMA and other relevant stakeholders, that we can ensure that we can remove as many, I'll say, unreasonable barriers that may exist, while at the same time make sure that the safety is top of mind and that the appropriate standards are met.

Again, I can't speak to the specifics of this one, it was out in the media, but it is disappointing when you hear that example, for example, of Fogo Island where we had the gentleman who graduated from MUN medical school, been practising for 30 years or whatever it was, and offered to come to Fogo for free of charge, even. I wouldn't expect him to come for free of charge, I was just happy that he wanted to come there at all. But he offered to come free of charge and we were unable to accept that offer based on the fact that the last three or four years he's been doing virtual appointments, especially given the fact that that's all our doctors are doing now is virtual



appointment. So that one sort of boggles the mind.

Now, there may be more to the story. Because, of course, we never hear the full story in the media. A lot of times you only hear one side or the other, you don't have all the details. So maybe there's more to the story. But still, the concept that here's someone who wanted to come here, when we're so desperate for a doctor, but there were barriers that prevented him.

If those were reasonable barriers that could reasonably be removed so that he could practice and he is qualified and he meets all the standards, then we need to do everything we can to make sure that type of thing doesn't happen again.

We also need to make sure that when we have doctors here, for example, I had a doctor reach out to me a few months ago regarding a couple of Ukrainian doctors that are here in the province who wanted to practice and they were getting nowhere, supposedly.

Now, I'm not sure, I think the minister has – I spoke to him, I think he has reached out or someone did with those Ukrainian doctors. I'm not sure if it's resolved or it's on its way to trying to get resolved. But he did take my call, he did take the information and he did follow up. So, again, that's all I can ask for. That's all anybody can ask for.

We can have whatever regulations we want here to try to make it easier, though, but that's only good – it's not worth the paper it's written on unless we have appropriate recruitment taking place to allow these policies to kick in. Recruitment has been a problem as well. Recruitment has been a big problem.

Now, again, I would say to the minister, I think they've announced they've added five more seats at MUN medical school, I think they did, five more local seats. That's good.

Only good if once they graduate, we try to keep them here.

I'll give another example of something that just cannot happen and, again, just boggles my mind. I had a young man, from my district, Southlands; known him since he's been a young fellow. I know his mom and dad. He graduated from MUN medical school. He contacted me from Halifax. He told me in the two years previous, before he finished up, he and all the other students there had been contacted by New Brunswick, PEI, Nova Scotia, Quebec and so on, making them very lucrative offers to come work in those provinces as doctors.

Not one call or inquiry, according to him – and he'd have no reason to lie; he's contacting me from Halifax; just accepted a job. Not one inquiry from the Department of Health, Eastern Health, Western Health, Labrador-Grenfell Health – not one. Every province in Atlantic Canada and Quebec contacted him trying to recruit them, not one call, not one inquiry from our own province.

He and one and of his colleagues, who was his best friend in medical school, who wanted to stay here in Newfoundland to practise, took it upon themselves to call Eastern Health themselves and say I'm graduating. I'd like to work here. Where can I apply for a job? To be told I'm not aware of any jobs up on the board right now. I'll get someone to contact you, and nobody contacted him. A week went by and nobody contacted so he called the second time. Someone will call you back. Nobody called him back.

This is our own people. These are doctors going to MUN medical school. They were born and raised, living here, wanting to work here, and nobody is interested, the health authorities, to contact them – and we're wondering why we're in the state we are. So finally he said shag it. He got a call from someone from Nova Scotia. He said I picked up the phone and I called them back and, within two days, he was on a plane, job

secured in Nova Scotia, put up in a hotel while they're finding him a house and a big signing bonus. One of our own from Southlands.

This is what's going on, or has been going on. So we can put whatever policies we want in place – this is a good thing. I think this is great, but if we're not going to have someone in the trenches following up, doing their job, recruiting doctors and nurses and everything else, this is useless. I did pass that on to the minister, because my first reaction, I saw red when I heard that. I really did.

My first reaction was to call the minister and say listen, I don't know who's supposed to be in charge of recruitment, but if I were you, they'd be getting a pink slip immediately. Show them the door. They're not doing their job. They're getting paid, but they're not doing their job obviously. It is absolutely ridiculous what was going on. They should be fired whoever was at it, or not at it.

So I pass that along as well, that while this is a great move and I support it 100 per cent, it's like every piece of legislation we pass in this House of Assembly, it all looks good on paper but if it's not implemented and implemented properly and proactively, it's not worth the paper it's written on. So I just pass that on to the minister, to the government. I know the minister, as I've said, is making a solid effort here and all this stuff is great, but there has got to be bodies on the ground doing the actual recruitment and retention work and getting it done and making it a priority.

Putting more Newfoundlanders at one medical school is absolutely useless if all we're going to do is put them through MUN medical school and send them off to some other province. It's not going to do any good. So I have to put that in there as well. But beyond that, I would say that this is another initiative in a series of initiatives – whether it be signing bonuses and

incentives around recruitment and retention, whether it be putting more Newfoundland students through MUN medical school, these are all positive things.

I would also add that – and I think it's been brought up but I will add my voice to that chorus as well – I think we really do need to deal with this issue of nurse practitioners. I think that they do have a role to play but people should not have to pay. We're supposed to have universal health care in this country and people should not have to pay to see a nurse practitioner.

Yes, we extend the scopes of practice for nurse practitioners, for RNs, for pharmacists, all of that is good stuff. But if we're going to have to see these people instead of going to see the GP, then people should not be paying out of pocket for it. So whatever needs to be done to the legislation, the regulations or whatever, to allow nurse practitioners to charge MCP, I think we need to get on with that as well and that's another thing we can do to add to the suite of things that are now finally being done.

The other point that I think is important to make – and I do, out of fairness because as it has been said it is very easy, from a political point of view, to simply blame it all on the government and say they're not doing nothing; that would be a very easy political play to make but that's not true. There are things being done, but people have to recognize, as most reasonable people would recognize, it does take time.

Adding additional seats at MUN medical school, hopefully, will pay dividends down the road. These recruitment and retention initiatives and bonuses and all that stuff will hopefully pay some dividends as well, but it is not going to happen overnight. We never got in this mess overnight and we're not going to get out of it overnight.

But whatever we can do, in the meantime, to try to stop the bleeding until some of

these other initiatives kick in, we need to do it. We cannot continue to have people, for hours on end, on stretchers in the hallways of the emergencies, or have emergencies shut down, or emergencies putting out public notices: Don't go to the emergencies, basically, unless you're dying; call 811. It is just not going to work.

If there is anything else we can do, in this House of Assembly, to enhance some of the efforts already being made to make things better, I will certainly support it. This is a step forward, another step, a small step but a step. But we cannot drop the ball; we have to keep on going from here on in to try to find ways to fix this crisis.

Thank you, Mr. Speaker.

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

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

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

We fully support the intent of this amendment to the Medical Act. We see day to day the crisis in the medical system; we see people calling out regarding shortages for nurses and doctors. It has been talked about quite a lot here today, so I'm not going to continue to go on about the shortages and the crisis we're in and how this is impacting people.

But I think it is very, very important for us to look at what is the intent of this amendment. It is really to make it easier for doctors to be able to become licensed and practise here in our province. Anything that is done on any scale is greatly appreciated. But of course it was also talked about here and my fellow party Member talked about recruitment is important but also there needs to be steps taken, real action, in retention as well because getting the doctors here is just half of the issue. We need to find ways to keep them here, to entice them to stay, but it is really hard to be

critical of an amendment that is actually going to help with recruitment for doctors.

So we look forward to hearing about the retention solutions that are going to come up. We look forward to seeing them.

Just looking at now the lack of physicians: really that has contributed to the growing crisis in our health care systems. We see how emergencies have closed their doors or restricted their hours of operation. We have also seen the signs saying for people to come only if it's an extreme emergency. So that's something that's really impacting people.

A problem with that is when you see restrictions restricting access to health care, people do become concerned and, to some degree, people become frightened especially if they have underlying medical conditions. So, hopefully, now if we can actually increase the recruitment, increase the retention of doctors, then we can restore confidence to the general public because, at the end of the day, people need to know that their health concerns are being addressed.

One of the barriers to recruitment has always been the issues of doctors who trained and practised out outside of Canada. They're looking at coming to Canada, extremely competent, but, of course, when a physician needs to practice in this province, they've got to be registered with the College of Physicians and Surgeons before receiving a licence to practice. So hopefully now these amendments will help us with that.

Currently there's only two pathways to becoming registered and just looking at this proposal here, the amendments, the new changes – actually, there are three new pathways to gaining registration as a physician in the province. This would've helped that example of my fellow MHA there from Southlands?

**P. LANE:** Mount Pearl - Southlands.

**L. EVANS:** Mount Pearl - Southlands, he talked about that American doctor that wanted to come and practice on Fogo Island. You know, it was kind of embarrassing to be watching that on TV. It generated a lot of questions with people because this American doctor was actually wanting to come and practice in Fogo. He was going to give freely of his time but he couldn't because he didn't meet the requirements to actually, officially, practice in Canada.

So with the three pathways there's a provisional registration and that's approved through government regulations. That's a little bit different. So that is actually a little bit different. That's a new one. Associate registration, this goes through the council, but what they do is, in actual fact, because I only looked at this this morning, the council recognizes relative minor deficiencies in training or qualifications, but they do actually allow them to practice within their scope. So that's an improvement and that may have been something that that doctor for Fogo may have been able to avail of.

Of course, the third pathway is a clinical assistant registration. One of the benefits of that is where a fully licensed physician, they can work and take on a role, but really what that is, is about freeing up the resources in the health care system. It actually is a huge boost.

Another part of the amendment deals with the creation of an advisory committee. This advisory committee will be providing guidance to the minister in setting up the qualifications required to actually become licensed through the provisional registration.

Now on the surface when I was looking at that this morning, that sounded good. I didn't see any issues with it. The advisory council provides guidance to the minister. The responsibilities is prescribing acceptable medical schools in the

regulations; prescribing acceptable jurisdictions for working and holding a valid licence through the regulations; prescribing the length of time before the provisional registration expires. That's all very important.

But I was wondering, is the College of Physicians and Surgeons okay with this, providing guidance to the minister? What do we mean by providing guidance? Do they have autonomy in the decision-making? Do they have influence in the decision-making for these things?

Because one of the things we wouldn't want to see is we wouldn't want to see an erosion of the council. We don't want to undermine that credibility there.

Now, the advisory committee as well, the membership is of two medical practitioners selected by the minister; one employee from the department, selected by the deputy minister; and two representatives from the college. So it seems fair, it seems balanced.

Another part of the amendment brings in new regulations around electronic prescribing by medical practitioners. This is actually quite long overdue and I think it will be welcomed. One of the things we need to do is we need to safeguard against – for lack of a better word – hackers. We don't want massive amounts of prescription pills showing up on the streets being sold to people because that could create a lot of issues. So there is an issue of security. Also, there has to be safeguarding of personal information when we go to anything electronic.

Just looking at the amendments as well, one of the things that was kind of confusing to me and a bit surprising was that the Newfoundland and Labrador Medical Association wasn't consulted on these changes to the Medical Act. To me, I see them – they could have been a great resource when we're looking at making the amendments, consultations. Who better at

the table than the Newfoundland and Labrador Medical Association? That would fit in with consultation; that would fit in with co-operation, but by having them excluded, I think it's just creating bad feelings.

One of the things I was looking at when I was looking at this bill as well – and it kind of tweaked our interest this morning when we were looking at the Premier doing the interview – is exactly how are these amendments going to really address the family doctor shortage. The family doctors are at the heart of Newfoundland and Labrador's health care system. When we look at the clinics and the hospitals throughout our province, really it's the family doctors that people rely on the most. They are very, very key in actually making sure that people's health care is addressed, that they have timely access to health care.

Another thing, too, I was looking at here is the issue of recruitment and retention.

Anyway, like I said, this is quite new, but those were the issues, those were the positive things I seen, those are some of the concerns I've seen. I'm just going to end there, Speaker.

**SPEAKER:** Thank you.

Seeing no other speakers, if the minister speaks now we will close debate.

The hon. the Minister of Health and Community Services.

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

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

I want to thank all Members who spoke and added to the debate. I've listened to the comments and some of the issues that were raised by all Members and have made note. We will be looking into some of the suggestions and some of the concerns that have been raised. I do look forward to the

point-by-point discussion, Mr. Speaker, in Committee.

Thank you.

**SPEAKER:** Is the House ready for the question?

The motion that Bill 1 now be read a second time.

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

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Motion carried.

**CLERK (Barnes):** A bill, An Act to Amend the Medical Act, 2011. (Bill 1)

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

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

**L. DEMPSTER:** Now.

**SPEAKER:** Now.

On motion, a bill, "An Act to Amend the Medical Act, 2011," read a second time, ordered referred to a Committee of the Whole House presently, by leave. (Bill 1)

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

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

I move that this House do now resolve itself into Committee of the Whole to consider Bill 1.

**SPEAKER:** It is moved and seconded that I do now leave the Chair for the House to

resolve itself into Committee of the Whole to consider the said bill.

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.

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

### Committee of the Whole

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

We are now considering Bill 1, An Act to Amend the Medical Act, 2011.

A bill, "An Act to Amend the Medical Act, 2011." (Bill 1)

**CLERK:** Clause 1.

**CHAIR:** Shall clause 1 carry?

The Chair recognizes the Member for Topsail - Paradise.

**P. DINN:** Thank you, Chair.

There were some good comments here in the House earlier on this bill. I certainly wouldn't want the minister to get too inflated there in all the accolades sent his way, because I guarantee you our job is to hold him accountable – and we will. But we also recognize when there's something good being done here, so keep that in mind. Good today, maybe not so good tomorrow, but we'll work forward on that.

I think one thing, too, in this bill – because it is a part of a bigger picture, and I noted in my earlier comments – we cannot forget our

nurses, nurse practitioners, our paramedics, our allied health professionals, and the list goes on. There are so many out there who are struggling with work-life balance and trying to do their best to ensure that their patients have the best care. And that's the ultimate here.

So I hope this is one step. I know it's a small step, but there's a lot here to go ahead. And we really have to start listening – and I say we, collectively – and coming up with some solutions that ensure all the pieces fall in place. Because a doctor is only as good as the nurses next to him, the anaesthetist next to him, the paramedic that brings in the patients. It's all a team effort, hence moving towards collaborative care clinics.

With this, I do have some general questions that I'd like to pose. I raised this earlier when I talked about the – and I think the Member for Mount Pearl - Southlands talked to the doctor that had come in and volunteered time in Fogo, I believe, and wasn't able to practise.

So my question is, with this changes to the act would someone like Dr. Hart be able to now practise here in the province?

**CHAIR:** The Chair recognizes the Minister of Health and Community Services.

**T. OSBORNE:** Thank you, Mr. Chair.

I think the best answer to that is we still need to ensure – so without speaking about any particular doctor or any particular individual, I'll answer the question in a more general nature. Because it would apply to hundreds or thousands of potential individuals. What this bill is doing is expediting the process. They still need to have competency, they still need to have the qualifications and graduation from a recognized medical school and so on. But instead of writing the exams through the Royal College, or the College of Family Physicians of Canada, instead of paying those fees, instead of having to do the

residency, we fast-track them. So we're cutting out the red tape in between, but we still need to ensure that individuals are qualified and able to practise as a physician, a surgeon or a specialist in the province.

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

**P. DINN:** Thank you, Chair.

Just to continue on that – and I thank the minister for his response – if I looked at this case, or something similar, will there be a process to look at allowing credit for virtual care?

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

**T. OSBORNE:** That's something that I will take under advisement. I know right now you need to actually be practising hands-on, practise with a patient. That's something that I would have to take under advisement and look into.

Virtual care does have a place in the future. We have to have virtual care in the future. There's absolutely no doubt about it. So in the future, will the requirement be different than it is today? But currently it's the hands-on, face-to-face practise that is looked at.

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

**P. DINN:** Thank you, Chair.

I touched on this earlier as well when I was talking about my discussions with the college in terms of physicians who were in a holding pattern, so to speak, trying to get here. I understand the minister and the Premier have had discussions with the college, of course, in developing this.

So does the minister have an estimate of how many physicians that have previously been denied by the college in the past would now be able to be licensed?

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

**T. OSBORNE:** We'd have no access to that. The college would only share with us an application or the name of an application if we had written consent from the applicant. So we'd have no way of knowing that. We've put in place a navigator in the department. We put in place a recruitment officer in MUN med school. When I say we need to get better at recruitment, I recognize we need to get better at recruitment. So the navigator that we have put in place in the Department of Health is there to help guide people through the process.

What we've asked of the college, for example, is if a physician makes application that they would check with the physician who makes applications through the college on whether or not they are prepared to share their information with the navigator. Once that happens, the navigator can then help guide them through the process.

So what we'll see going forward, now, is those jurisdictions and medical schools that the department, through the advice of the advisory committee, say if you're a graduate of this school you don't need to go through all of the processes, we'll get you in. That's one strain.

If it's somebody from a country or a jurisdiction or a medical school that the advisory committee has not recognized, they still have to go through the old stream where they go through the Royal College or the College of Family Physicians.

So this is going to fast track the jurisdictions and medical schools that the advice is that we fast track them. But if you're not on that list of fast tracked, it doesn't necessarily mean you can't make the list, for example, but the advisory committee would have to provide advice on that. So if they're not on the list of those who we say we know these physicians from – if you're a physician in

Dublin or if you're a physician in Tampa, we know you've met a certain standard so you get your background check and so on. We can fast track you. Without that, if you are a physician from a country that we haven't recognized on that list, you go through the old system. But this will allow us, in areas where it has been recommended, to be able to fast track.

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

**P. DINN:** Thank you for that.

I guess this opens the door for a question I asked earlier and I think one of the Members here commented on earlier as well.

When we look at the shortage of doctors and, you know, it's a crisis situation, there's no doubt about it. I'll paraphrase the quote of what the Premier said: If there's a doctor out there call me. Call me directly. We'll call you back, you know, and all that.

I've heard from – I'm going to say– three or four doctors, three for sure, that have called in and haven't heard back. These are doctors from away and doctors who want to come back. The Member for St. John's Centre alluded to some of them are coming back at substantially less than what they are being offered elsewhere.

So have they been recorded into a system or is there a list of those people so that they don't get lost in the shuffle and maybe can be offered a job?

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

**T. OSBORNE:** At this stage, the people who've applied through the college – that's what I understand you're asking.

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

**P. DINN:** Yes, (inaudible) apply through the college, but I just look at the Premier's comment on call me directly and he would give them a call back and a potential job offer.

Now, when you talk about the college, maybe they were recommended or suggested to go through the college. But I guess my question is: Are they lost in the shuffle or do we have a list or do we have information on those people to ensure they get a call back and, more importantly, a job offer?

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

**T. OSBORNE:** So some of them we do. If they've been put in touch with our navigator, we'd have a list of those who've been put in touch with the navigator, or if they've been put in touch with one of the health authorities, we would potentially have a list, working with the health authorities.

But if we have not been put in touch with them, the only way we can get information from the Royal College or the College of Family Physicians, federally, or even our own college, is if we've got permission from the doctor to have access to their personal information, such as contact and application details and so on.

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

**P. DINN:** Thank you.

Like with any legislation, it's only as good as the regulations that follow it. So my question is: Can we get a copy of the regulations? If they're not currently ready, when does the minister expect them to be ready and will we get a copy of them then?

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



**T. OSBORNE:** I apologize; I had somebody speaking to me while you were – if you could ask the question again.

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

**P. DINN:** Not a problem; I recognized that.

Can we get a copy of the regulations? If they're not ready, when does the minister expect them to be ready and can we get a copy of them then?

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

**T. OSBORNE:** So we're working on the regulations. We are reaching out to stakeholders as we work on the regulations. They're currently in the process. So, generally speaking, once we approve the act, we definitely have the green light to draft regulations, but in anticipation that this act would be approved, I know that those regulations are currently being worked on.

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

**P. DINN:** Part of this bill talks to medical schools abroad and different bits of education that were done abroad. Does the minister have a preliminary list of the medical schools and or jurisdictions that currently would qualify?

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

**T. OSBORNE:** What we would be looking at the start of this, and there may be others, but we know from consultation with the health authorities that physicians that come from Ireland, from the UK, from the US and from South Africa are generally very, very well trained, highly skilled physicians that fit well into our system. We will be looking at those areas, but before I can move forward with that, those are the areas that we're going to ask the advisory committee to look

at, provide advice to the minister, and then the minister will be able to add them. But those are the ones we anticipate we will focus on initially.

Outside of that, there will be other areas. I mean, I can think of maybe Australia or New Zealand, potentially, as areas that would have highly skilled, highly qualified physicians, for example.

But, again, I anticipate, because we're going to ask the advisory committee to look at those first, that they will be the areas we look at first. I can't do that until the advisory committee say yes, we think so, proceed with these. Those are the areas we anticipate we'll be looking at first.

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

**P. DINN:** Related to that, Minister, when do you expect to have the advisory committee in place?

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

**T. OSBORNE:** The advisory committee, once we get the legislative green light to do that – so once this legislation passes third reading, I'm going to ask the Speaker to get this proclaimed as quickly as possible by the LG. If I have to walk it down myself, I'll do that because this is important.

**P. DINN:** I'll go with you.

**T. OSBORNE:** It's probably a historic day, maybe we'll invite everybody down for the Royal Assent.

But once this bill receives Royal Assent, then we can put the advisory committee in place. Right now, we know we're going to ask the College of Physicians and Surgeons for two names, we've already indicated that to them. The health authorities will provide a list of names that we'll pick two folks from and the department will have a name. So

we know the makeup of the advisory committee, which is shared in the bill, but the names we won't know until we can actually invite those folks to send the names in.

**CHAIR:** The Member for Topsail - Paradise.

**P. DINN:** So we understand that there's going to be an ePrescription pilot, or we understand actually there's a pilot being done in Bonavista right now, ePrescription. I think it's called PrescribeIT. What are the plans for ePrescriptions in the future, and what other areas will this pilot be expanded to?

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

**T. OSBORNE:** So the pilot was in two areas, just to basically pilot it, see how well it works. But PrescribeIT is something that we will be looking at expanding province wide. There may be other forms of electronic prescription as well.

Right now that one works well, it's been approved by Health Canada and so on. So that is certainly one that we'd be looking at putting in place province wide. I think in the two pilot sites it's worked exceptionally well.

**CHAIR:** The Member for Topsail - Paradise.

**P. DINN:** So just related to that, can the minister elaborate on any implications this would have on the Pharmacy Network?

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

**T. OSBORNE:** Well, it would work through the Pharmacy Network. So PrescribeIT would work through the Pharmacy Network. As I'd indicated in the remarks, (a), it will reduce the potential of fraud because of paper prescriptions, for example. We know of cases where prescription pads have gone missing or somebody's gotten a page from a prescription pad. It will eliminate that

because it will be electronic prescribing that only somebody qualified to prescribe is able to do the electronic prescribing.

We put out an RFP for a health information system. So as we move to one health authority, for example, the health information system, the prescribing, we're hoping that we'll integrate that to have a very comprehensive view of somebody's medical history and can better manage their medical file and their medical treatment. It will all be integrated as we move forward with one health authority, the provincial health information system.

Believe it or not, right now Western Health, for example, Western Memorial Hospital cannot communicate electronically with the Health Sciences complex. So if you've got a patient who's been referred from Western Memorial to the Health Sciences complex, they've actually got to print their file off and fax it in, which is crazy in this day and age. So the one provincial health information system will resolve a lot of that and PrescribeIT will feed into that as well.

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

**P. DINN:** Thank you.

It is interesting in the briefing today someone commented on – I don't want to generalize on this, but they say, some doctors, their writing is not as clear, so this would help alleviate prescriptions that are not so clear.

With that now, of course, given we've just come out of a cyberattack, how confident are you that a program such as this would be secure?

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

**T. OSBORNE:** I mean, that's an excellent question. There's always a risk. Whether you're the Bank of Canada, the federal

government, Apple or the provincial government, there's a risk of a cyberattack. As quickly as there are security measures put in place, the people who profit from hacking into systems and exploit systems are trying to work around what those safeguards are.

I don't know if anybody in the largest corporations in the world, with the most secure IT systems, can guarantee you that their systems won't be hacked. But we are working with NLCHI, we're working with OCIO, we're working with other agencies that provide advice on network securities and so on. We've learned a lot from the cyberattack. As a result of learning from the cyberattack, measures are being put in place and it allowed government agencies and entities to learn a lot.

My colleague said you don't talk about security or it's no longer secure, and that's probably a good quote. So I'm speaking in as broad terms as I can speak while ensuing that we don't give hackers a glimpse into what's happening.

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

**P. DINN:** Thank you.

In the briefing today, of course, it was pointed out going through the bill that there were some of those that were actually suggested by the college, some of the changes. But I have to ask this. In terms of the role of the college, is the role of the college affected in any way here? In other words, does it not have the – what's the word – has its role been diminished in any respect?

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

**T. OSBORNE:** We've put a couple of measures in place. One is restricted licensure that we put in place. Knowing that we are looking to fast-track folks in areas

where the advice from the committee says that graduates from this medical school or physicians that are operating in this country have met a certain standard – I used Dublin and Tampa for examples, so I'll stick with those. If you're operating in Dublin as a heart surgeon, you should be able to operate in Corner Brook as a heart surgeon or in St. John's as a heart surgeon. We know that certain institutions and certain countries have certain standards and we feel safer saying that those can be fast-tracked, which is why this is not blanket and we're not saying it for everybody.

In terms of the college, we have put in place restrictive licences, which is something they haven't had before. So they can actually restrict a licence. If Dr. Dinn does something that causes concern to the college, the college can restrict your licence, and that could mean a number of things in how they restrict it. Whether you need constant supervision with hands-on interaction with your patients or any number of other things.

We've also got a provisional licence, so anybody coming in has a provision licence which adds a layer of protection for the province, for people who are getting services from the physician and for the college. That provisional licence is something that the college wanted if we proceeded with this and that provisional licence we've put in place. The advisory committee itself means that the college have a say in what jurisdictions we look at and approve.

So while government is taking action and taking an extraordinary measure in this time of health care professional shortage – and it's a global shortage – we need to take extraordinary measures because we are competing, not only with Halifax, Toronto or Vancouver, we're competing with London, Dublin or Tampa. We are competing globally with a global shortage of health care professionals.

The other thing that we've added in there as a safe measure, or a measure of safety, is that this has to be reviewed at least a minimum of once annually. It doesn't restrict it to only once. If there's an issue brought to our attention that causes concern, the advisory committee, government, other stakeholders, this has to be reviewed at least a minimum of once annually. So if we find out that what we're doing needs to be amended, we need to make regulation changes or legislative changes to fix something that we've missed in doing this or, you know, if there are other concerns raised it can be reviewed immediately as opposed to just setting a once-a-year thing. It's a minimum of once a year. So that safeguard is there as well.

The other thing with this is when we get to a point that we're no longer saying there are 100,000 Newfoundlanders and Labradorians without a family physician or when we get to a point that we're no longer saying Category B sites are on diversion in their emergency departments, when we are at a stage where we no longer need to do this, this can be cancelled. That will be the advice of the advisory committee made up of two people from the college, two from the health authorities and one from the department.

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

**P. DINN:** This will probably be my last question for this part of it and it just goes to what the minister just said when talking about the – I have lost my train of thought now, it's been a long day.

Minister, can you comment on your last comment to me, just the topic. I'm after forgetting my question.

**T. OSBORNE:** Yeah. No worries.

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

**T. OSBORNE:** This is buying time for the Member on the other side of the House.

I just got a message as well from one of my officials. I have been doing this just from – so I will read off a couple of the messages which pertain to the last – it says existing safeguards and programs will remain in place. The college will still be responsible for licensing individuals. Measures will ensure that the college still has oversight of the physicians that are registered and licence can be subject to restrictions if not satisfactory. I mentioned that in my comments as well. Working with them on the regulations to ensure that they meet the needs of the college.

I mean, we are working with stakeholders in terms of the regulations as well. So while this is an extraordinary measure that I think is supported by, you know, all Members of the House. I won't say unanimous yet until we actually have the vote but I think it was unanimous in second reading, while this is an extraordinary measure because of the shortage of health care professionals and, you know, really a crisis in terms of not having enough physicians in the province, if you'd call it that. So we've taken an extraordinary measure.

We are anxious to give it all back to the college and as soon as we're able to, we will give it all back to the college. Hopefully, that answers your question.

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

**P. DINN:** I have to start writing it down because the question came from something you had said, it wasn't one of my questions I had prepared. It goes back to the review, that there'll be a review at least once a year.

Will the contents of that review be public or will it be provided in the House, the review?

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

**T. OSBORNE:** That's a good question and it's a question that I can't answer for you right now, but I will seek advice from legal counsel.

I have no opposition to that but there may be things in the review, whether it pertains to an individual or whether it pertains to another hospital or college facility, or country, that maybe the view of the advisory committee but may cause concern if it's released publicly. I'm not sure, so my best answer right now is I will check for you.

**CHAIR:** Thank you.

The Member for Mount Pearl - Southlands.

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

I'm only going to take a couple of minutes. I just basically ran out of time on second reading. Just a couple of quick points, I just wanted to make, I guess. I think it's relevant to the conversation around recruitment and retention, which is really what this is about, I suppose, recruitment for sure.

I just put this out there to the minister, as well, I've had a couple of physicians and a nurse, actually, reach out to me when we're talking on the retention side, for sure. This may cross over with a counterpart, I guess, with Education and so on, but one of the barriers in terms of trying to make it attractive and to keep doctors and nurses here is a barrier that's stopping a lot of people from going to work and that's the shortage of child care spaces.

So one of the things that was thrown out there to me by – she's a doctor actually who's not practising because she has no one to look after her child, which is pretty disappointing, that we have a doctor who's actually at home, wanting to work, and child care is a barrier.

But we have a child care centre out here, outside the Confederation Building. I think they have one over at MUN. They have one,

I believe, at CNA, Hydro, so on, so one of the suggestions, and I don't know how doable or realistic it is. Maybe it's competing with what we already have. But the suggestion from this particular doctor, and a nurse as well, who contacted me was: Why can't we have a child care centre at the Health Sciences Centre or whatever for staff of the health care workers? That would make it a lot easier for them.

I know that you can make that argument for everybody that's working in every industry out there and everyone needs child care, but they're saying to me the focus is on the health care crisis. If it indeed is such a crisis and it's such a priority, then perhaps that also needs to be a priority to have some child care, like I say, if it's at the Health Sciences or wherever it's to. It was a suggestion that was thrown out, I'm just passing it along to the minister.

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

**T. OSBORNE:** So what I can say is coming out of the Think Tank, for example, the Nursing Think Tank, this issue was an issue that was raised. Not surprising, I think all Members of the Legislature, maybe most members of the general public recognize that early learning and child care is vital for our front-line health care workers. We saw that through the pandemic. I recognize that in my previous portfolio when I was responsible for Early Learning and Child Care.

I've been in discussions with Eastern Health because we are looking to move forward with that. There are two sites initially that we're trying to look at this for. Right now, there's no room in the Health Sciences complex; however, I don't accept that's a roadblock. The Health Sciences complex, we've announced and we're moving forward with an expansion of ambulatory emergency care over there because we don't have enough room. We're looking at other expansion potential.

But what we've done is we've reached out to Transportation and Infrastructure to find out if there's land on the Health Sciences site. We've found out that the land is actually owned by Memorial University. We've reached out to Memorial University. If we are able to secure the land, which I don't see why we can't, that's what we're working towards. We are looking to secure land and put a facility there that would cater specifically to front-line health care workers, which would remove that impediment.

So if I was to answer your question in about 10 words or less: I completely agree, it's needed.

**CHAIR:** The Member for Mount Pearl - Southlands.

**P. LANE:** Thank you, Minister.

This is, once again, great to hear. I'm glad to see that you're on the ball. Excellent.

The only other comment I wanted to make – I think my colleague for Topsail - Paradise sort of made it but I would be remiss if I didn't, given the fact that I have heard from so many people in my district – even people not in my district – that while we are placing a focus on – and this is more of a statement than a question but the minister can respond if he wishes. While, right now with this bill, the focus is on physicians, I think we all recognize that there are other health care disciplines that also have to be addressed.

We hear about nurses going in and being forced to work double shifts. Personally, I don't think I would want to be putting my health into somebody's hands that has been awake for 24 hours, to be honest with you, if I was in critical condition. I'm not saying that they're not capable but it is just, to my mind, not safe and should not be expected.

Everybody should be entitled to a vacation, just like all the rest of us. So when you can't get any leave for any family functions,

you're forced to work overtime, you don't get any holidays, it doesn't lend itself to having people wanting to work in that system. Certainly, I have heard people tell me of nurses who were actually permanent and left a permanent position to go into casual positions because that way they would pick and choose whenever they felt like working, they could work, and that is causing problems in itself.

It comes down to the working conditions; it comes down to having enough staff there to do what's needed to be done. So just to put it out there that nurses equally need to be addressed, issues around that. We know we have issues with ambulance attendants as well. There are people in Allied Health. I've spoken to Dr. Janine Hubbard about the shortage in psychologists.

So it goes well beyond family physicians or even physicians in general; it is all disciplines. While I am very glad to see this initiative here today and other initiatives that you have taken, I give you full credit for doing it, it is a much bigger picture than just physicians.

I have heard from so many people from so many disciplines and it is important that they are all recognized as being part of the solution, but also that they're going to require some attention too. I know you know that, but as someone who represents a number of people in those disciplines, who have reached out to me, it is important that I, as their Member, bring it forth to the floor, which is what I am doing.

Thank you.

(Whistling sound.)

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

I didn't hear the question.

**T. OSBORNE:** I was hoping that he would hear the birdy.

I agree with you on that as well, and I know that the Health Accord NL talks about having all health care professionals working to the full scope of practice. That is something we're acutely aware of; we are working on. We've been speaking to various stakeholders about individuals working to the full scope of practice. That is one of the factors in helping to resolve what's happening.

Another factor, I mean we just increased the hours in the walk-in clinic, for example, in the metro region. Because if we can keep people who don't need emergency – if you need an emergency, go to emergency, but if there's no other option they go to emergency. So we're trying to create options where people who don't need emergency and they know that, but they're going there because they don't have a physician, we're creating those options.

The biggest thing we can do is recruitment. Hopefully we'll be successful. We've put a number of initiatives, a number of incentives in place. This is one of the things; there are other things that will follow. I've indicated my colleague, the Minister of IPGS, has been working with me and our department and we've been working with the health authorities on a very targeted recruitment effort. That's one of the targeted recruitment efforts we're going to be doing.

I've hinted that there will be other targeted recruitment efforts. When we get this, it will hopefully, if we get approval from the advisory committee, be a targeted recruitment effort in Ireland, in the UK, in the US, in South Africa, for example. We're looking at a targeted recruitment effort.

Another one outside of that, so one is focused on nurses, one is on LPNs and these are on physicians. So we understand. I can't guarantee the success of these recruitment efforts, but I can guarantee you we're going to do the best we can. And we are reaching out to try and recruit.

That's the biggest thing we can do. Because as I mentioned in a comment earlier, I think it might've been in Question Period, our health care professionals have carried a heavy load. The only way we can really stop the mandated overtime, the only way we can really stop the burnout is having other health care professionals side by side, shoulder to shoulder with them lifting that load.

There are other workplace issues we need to address, and I recognize that. But one of the biggest things we can do is to put the other health care professionals side by side with them to help them carry the load.

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

**P. DINN:** Thank you.

I apologize; I said I had one last question. This is the last question, I promise you.

If I were looking at this piece of legislation, I would first go to the College of Physicians and Surgeons and I would also go to the Newfoundland and Labrador Medical Association. I understand the Medical Association wasn't consulted at all on this. Can you offer a reason why?

**CHAIR:** The Minister of Health and Community Services.

**T. OSBORNE:** We have been speaking with them, dealing with the college, for example, but the licensure of physicians – the NLMA is an association that represents doctors once they're licensed, once they're here. There are issues that now that this is introduced, I agree with you, we need to reach out and speak with the NLMA. We need to communicate with them and work through any of the issues that they raise.

When I say that, I found that the working relationship with the NLMA has been absolutely positive and productive. I have a great deal of respect for Dr. Luscombe and

we've had a great working relationship with Robert Thompson. So we need to do that, I agree.

It wasn't that they weren't there but it's the regulatory body, when you're talking about the licensure, that we consulted with in putting this legislation together. Now that the legislation is there prior to the regulations, which is the meat on the bones, we will be consulting with and working with the NLMA.

**CHAIR:** The Member for Mount Pearl - Southlands.

**P. LANE:** Thank you. Another question just popped in my mind while we're on this topic.

Minister, I know there's been an effort made to deal with the backlog of heart surgeries and so on that we have in the province with I think it's the Ottawa institute or something, whatever it's called. We sent some patients up there and they're coming and doing work down here. All good stuff.

Is there anything similar being done for other types of surgeries? I've had a lot of people asking about that, like other than heart surgeries to try to get through the wait-list. Is that something that we just don't have the doctors so it will be impacted by this? Or are there any plans that in addition to this, making arrangements, whether it be Ottawa or somewhere else, to try to do something to get some physicians in play to try to knock down the backlog, say, for I don't know, hip and knee replacement or whatever the other types of procedures might be?

The same as what we're doing for hearts, because a lot of people reached out to me, certainly during the pandemic and post-pandemic, saying my God, I've been waiting forever to try and get a procedure done and it's just taking way, way too long.

I understand the urgency of heart surgery and that's certainly why I supported what's

being done there, but a lot of people are wondering: What about me and my ailment? It may not be heart surgery, but in terms of mobility and lifestyle and pain and everything else, I have issues, too.

What are we going to do to knock down those backlogs?

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

**T. OSBORNE:** Thank you, Mr. Chair.

It's an important topic that you've raised. Yes, we've just announced an increase to the cap on cataracts, for example. We've announced same day joint replacement just recently. We are looking to expand joint replacement in the province and we'll have more of a say on that very, very soon.

So we are looking at other disciplines, or other specialties, I should say. We are looking at other specialties. I mean, obviously, we operate within the envelope we have to operate in but I've been very creative. I've been knocking on the door of the Finance Minister a lot and we've been moving things along.

Whenever we don't have the specialty in the province, simply because we don't have the population to support a specialty, we always have those procedures done outside the province. But, like I said, the examples that I've raised in those specialties, we have been looking to expand and reduce wait-lists.

**CHAIR:** The Member for Torngat Mountains.

**L. EVANS:** Thank you.

Can the minister tell us or provide us with an educated guess as to the number of doctors who have been turned away or may have been rejected for registration as a result of the current regulations and the current legislation?



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

**T. OSBORNE:** Thank you.

I thank the Member. The Member for Topsail asked that exact question a little bit earlier. I won't force the Member to go and read *Hansard*; I'll actually provide the answer again.

Those details rest with the college and because of privacy through the college, unless we had permission from a physician to get access to the name and address and phone number, or the application process, the regulatory body would have that information.

So I can't give you an exact number. We have had some of those contact the department and our recruitment office, so we can follow up with those individuals. We have had some contact, the health authorities who are interested, so we do have access to those. They may be all the same names as have gone through the college, or there may be some that are different, I don't know, but we do have access to those who've approached either the health authorities or the recruitment office in the department.

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

**L. EVANS:** Thank you, Minister.

I will definitely go into *Hansard* to make sure your answers are consistent. Just joking.

I do apologize; I'm having quite a hectic day, unfortunately.

Currently, a doctor must be registered by the college to be licensed and to practice in the province, currently, right? But just looking at the provisional registration, the approval to practice will be through the government regulations. So this is one of the newer pathways because normally it

goes through the council. I see here that the advisory committee has been created and it provides guidance to the minister in setting the qualifications.

This is a totally different means now of getting a physician actually licensed. We were wondering: Is the college in full support of this amendment, this particular change, this additional pathway to getting physicians licensed and registered?

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

**T. OSBORNE:** So the two new licensures that are in the act, that was in consultation with the college. Just to be clear, because I'm not sure if you're reading the legislation in the clarity that I hope you would see it, but one form of access to the province, which is reducing or removing the barriers, is when the advisory committee says that Dublin or Tampa, their physicians are at the same level of training, if you're licensed there, you should absolutely be able to be licensed here. That's one form and that will be through the advisory committee.

For any areas outside of those areas that have been looked at and approved by the advisory committee, which includes the college, which includes the health authorities and the department, there are still avenues where you'd go directly to the college and make application for licensure. You'd have to get approved by the Royal College or the College of Family Physicians. So if you're not in one of the areas that have been approved for fast track, you still have to go through the old process.

The Member for Topsail, he is laughing because he asked the same question earlier as well, but the reality is those two new forms of licensure make it easy. It's another avenue. It's another group of individuals that, currently, under the existing act and legislation and the regulations with the college, the college could not approve these individuals. Now they can. It gives another

avenue for approval for health care professionals to come to the province.

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

**L. EVANS:** I don't think this question was asked regarding the changes there for allowing electronic prescribing of medications. Did the Office of the Chief Information Officer raise any concerns to this change?

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

**T. OSBORNE:** You mean the electronic prescribing?

So the electronic prescribing, we've done two pilot programs in the province. One with a pharmacy. One with a primary care clinic. Those have gone very well; have been very successful. The electronic prescribing or PrescribIT is approved by Health Canada. It is actually safer in many regards than paper prescriptions. It eliminates the ability to have prescription fraud, for example, because somebody can't get access to a prescription pad. They can't get access to a page on a prescription pad or take somebody else's prescription that's on paper, for example. This would be electronic. It's more secure because it would be the prescriber or somebody who is approved to prescribe and they would prescribe the individual through an electronic prescription or PrescribIT. It would then go to the dispensary or the pharmacy. So it should be more secure.

You know, this is, in fact, very similar to a question the Member for Topsail raised as well.

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

**L. EVANS:** I'm not going to let him go on. The next time I'm going to interrupt him.

Just looking also, the Member did raise another question I had regarding the fact that the Newfoundland and Labrador Medical Association wasn't consulted. But in light of your answer there, you did recognize that they should be consulted and they should be included and it looks like, moving forward now, you are going to involve them.

In actual fact, for other changes to medical legislation, will you consider consulting them before it actually comes to the House?

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

**T. OSBORNE:** I'm absolutely convinced you are in the NDP caucus room writing down the questions for the Member for Topsail.

The answer to that is as the licensure and registration of physicians comes under the mandate of the college, we did consult with the college on these changes. We had conversations with the college on these changes. Now, this is an extraordinary measure – and maybe I'll answer a question that you might have that the Member for Topsail asked already as well in the response to this one.

This being an extraordinary measure, we have put a number of processes in place such as the advisory committee, which the college is a part of. We have put a restricted licence that the college can impose if there are concerns. The licence will be provisional, which gives the college a greater ability than a full-on licence, if there are concerns. But we recognize that this is an extraordinary measure. As the college is the regulatory body, as they are responsible for licensure, it was most appropriate that we had those discussions with the college for this legislation.

The NLMA is the association that represent licensed physicians in this province. Before you can be licensed, it's the college that deal with that under the current act. Even under the fast track, they'd have to be

licensed with the college. Once they're licensed, the NLMA are the association that represent physicians and surgeons in the province. Before the regulations are put in place, we will consult with the NLMA.

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

**L. EVANS:** One last question. What measures is this government looking at to allow nurses, licensed practical nurses, pharmacists and nurse practitioners to work to their full scope of their abilities? Because in actual fact that would be another way for you to help with the physician shortage.

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

**T. OSBORNE:** You've moved from the Member for Topsail to the Member for Mount Pearl - Southlands.

It is an important issue. Health Accord NL calls for all disciplines of health professionals to work to the full scope of their practice. I recognize that. We have been looking at – and, in fact, I have made comments publicly – pharmacists, for example, on their roles. But we're looking at all health disciplines as recommended by Health Accord NL on what the scope of practices could be.

You're absolutely correct; there are things – one example for a pharmacist, for example, is urinary tract infections. In other provinces, they have the ability to deal with that. Here, they don't. So I probably let the cat out of the bag on one of the things, but that is something, for example, we're looking at.

We've been working with the Pharmacists' Association and their college equivalent on these issues. But we are looking at all disciplines and the scope of practice.

**CHAIR:** The Member for Torngat Mountains.

**L. EVANS:** Yes, thank you, Minister, for your answers.

I want to thank you for your patience as well. There was duplication. I do apologize for that. I've been called out.

My assistant had a medical condition this past week and I've been sort of running around trying to address a lot of the issues, so I do thank you for your patience and your tolerance. I do apologize to you, Chair, for some duplication during my questions. I should have went before my fellow critic.

Thank you very much.

**CHAIR:** Thank you.

The Member for Mount Pearl - Southlands.

**T. OSBORNE:** Now if you ask a question for the Member for Torngat Mountains, I (inaudible).

**P. LANE:** No, not going to happen.

Minister, I didn't have any of these written down, it's just that as we're talking, more keep coming to mind. But this will be my last one.

Can you give us some idea as – I guess it's a multi-part question. Where are we in terms of numbers of people in the province who don't have a primary care physician, don't have a family doctor? It was around 125,000. I think that was the number that was being kicked around.

Has that improved any with the collaborative care clinics? What is your assessment of the collaborative care clinics? Are they all up and running? Are they fully staffed? Any idea how many patients they're seeing?

The reason why I ask that, Minister, is that I keep hearing from people – this is just all anecdotal; I have no statistics or whatever – and I'm sure other Members have as well, that this collaborative care clinic thing is just

not necessarily working. I know people told me when they had their own family doctor, they could get to see the family doctor a lot easier than they can now with a collaborative care clinic. I've had people say they've signed up for collaborative care clinic and waited for a long, long period of time trying to get in there. When you do need to see a doctor, sometimes you can't get to see a doctor.

Somebody reached to me and said – I don't know if this is true; maybe you can confirm – that the agreement that was signed with these doctors is that you've only got to see, I want to say, 15 patients a day. I might be a little off on that number, but I think it was like 15 patients a day. So they're saying when Dr. X was working down here on Commonwealth Avenue and had her own practice, she'd be seeing maybe 25 patients a day, because you're trying to get in as many as you can, I suppose, to pay the bills and everything else. Now she can go sit down there, take her time, only see 15 a day and still get paid, so now we're actually seeing less patients under this scenario than we were under that scenario. So if anything, the collaborative care clinics have actually created a situation where you have less people seeing doctors.

Now, if the difference is being made up and then some, by having nurse practitioners and pharmacists and social workers and all this good stuff that was announced by the previous minister, and that's all actually happening, perhaps there is a net gain. But from some of the conversations I'm having with people, I'm not so sure that's the case that these clinics are all what they were made out to be.

So if we're going to recruit more physicians and then they're all going to be put in collaborative care clinics and they're just not seeing the numbers that we were under the old system, then we're going to recruit an awful lot more doctors than we ever did.

I'm just wondering – I know you're not the one who put this in place and all that. I'm not putting it on you. But what are your thoughts on collaborative care clinics?

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

**T. OSBORNE:** We don't have enough. We need more collaborative care clinics. We are looking to expand that throughout the province. What we've heard from patients who are in there is they like the service they're getting. What we've heard from patients who are on the wait-list is that they're frustrated they're not getting in. So you're right the system is – one of the benefits is if you have a health care professional leave a clinic, the patient still belongs to the clinic. Previously if you had a family physician leave, the patient was left abandoned and you had an orphaned patient.

So the collaborative care clinics should look after that in the future. The other thing is if each individual was working to their full scope of practice, you go in, it's determined who it is you need to see and you may need to see a nurse. The nurse will then decide, once they consult with you and see you, if they have fulfilled your needs. If not, you may be elevated to a nurse practitioner or to a physician. That's the concept where you're seen by the right person that you need to see and the clinic should work.

I know that from a physician standpoint they're looking at something the NLMA has suggested and asked us to do and that's blended capitation. I think that would help work well in terms of the collaborative care clinics.

But the challenge right now is, again, the shortage of health care professionals. Once we start filling those positions we can start putting more collaborative care clinics throughout the province. I think at that stage then I think you'll see that it is working. It was recommended by Health Accord NL

and the patients that we've heard feedback from like the model.

**CHAIR:** The Member for Mount Pearl - Southlands.

**P. LANE:** Thank you, Minister, for the answer.

I guess this is a final follow-up to it. Am I correct in those numbers? Do you know what the number is? Again, somebody reached out to me and just said –

**T. OSBORNE:** I'll get that for you.

**P. LANE:** Yeah, just say a family doctor would see like 25 in a day and now they're only seeing 15, because when they sign their contract with the Department of Health all they have to do is see 15 patients. Even if they're only halfway through the day or three parts through the day and they've seen their 15 and there are two hours left, well b'y, I've seen my 15, I'm done for the day.

I don't know if it's as simplistic as that. That's what I was told. It would seem to me that – I understand you don't want people run off their feet and all that, but depending on what the ailments are and what the situation is, you would still think you would work your eight-hour day and see as many as you can.

But I was told that there was a cap, that once you reach that 15 or 14 or 16, whatever it is, I'm done. I'd like to know if that's true or if it's someone misunderstood.

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

**T. OSBORNE:** What I can say to that is that the cases that reach the physician level are usually more complex. Because you're being seen by a nurse, if it needs to go a nurse practitioner, it will go to a nurse practitioner; if it needs to go to a physician, it goes to the physician. Whereas before, if

you went into the doctor's office, whatever the issue was the doctor saw it. So it may have taken a shorter amount of time or a longer amount of time. The cases that actually elevate to the physician level are more complex, but I will get the number that they've been assigned and let you know.

**P. LANE:** Thank you.

**CHAIR:** Thank you.

Shall clause 1 carry?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Carried.

On motion, clause 1 carried.

**CLERK:** Clauses 2 through 40 inclusive.

**CHAIR:** Shall clauses 2 through 40 inclusive carry?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Carried.

On motion, clauses 2 through 40 carried.

**CLERK:** Be it enacted by the Lieutenant Governor and House of Assembly in Legislative Session convened, as follows.

**CHAIR:** Shall the enacting clause carry?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Carried.

On motion, enacting clause carried.

**CLERK:** An Act to Amend the Medical Act, 2011.

**CHAIR:** Shall the title carry?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Carried.

On motion, titled carried.

**CHAIR:** Shall I report the bill without amendment?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Carried.

Motion, that the Committee report having passed the bill without amendment, carried.

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

**L. DEMPSTER:** Chair, I move that the Committee rise and report Bill 1 carried without amendment.

**CHAIR:** The motion is that the Committee rise and report Bill 1.

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

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Carried.

On motion, that the Committee rise, report progress and ask leave to sit again, the Speaker returned to the Chair.

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

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

**B. WARR:** Speaker, the Committee of the Whole have considered the matters to them referred and have directed me to report Bill 1 without amendment.

**SPEAKER:** The Chair of the Committee of the Whole reports that the Committee have considered the matters to them referred and have directed him to report Bill 1 without amendment.

When shall the bill be received?

**S. COADY:** Now.

**SPEAKER:** When shall the bill be read a third time?

**S. COADY:** Tomorrow.

**SPEAKER:** Tomorrow.

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

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

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

I move, seconded by the Minister for Industry, Energy and Technology, that this House do now adjourn.

**SPEAKER:** It has been moved and seconded that the 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  
o'clock tomorrow.

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