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Speaker: Honourable Derek Bennett, MHA

Wednesday

November 2, 2022

The House met at 10 a.m.

SPEAKER (Bennett): Order, please!

Admit strangers.

Government Business

SPEAKER: The hon. the Government House Leader.

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

Speaker, I call from the Order Paper, Motion 1.

That notwithstanding Standing Order 63, this House shall not proceed to Private Members' Day today, Wednesday, November 2, 2022, but shall instead meet at 2 p.m. today for Routine Proceedings of government business and that, if not earlier adjourned, the Speaker shall adjourn at midnight.

SPEAKER: 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.

The hon. the Government House Leader.

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

Speaker, I call from the Order Paper, Motion 2.

SPEAKER: The hon. the Government House Leader.

S. CROCKER: Speaker, I move, seconded by the Minister of Education, that in accordance with Standing Order 8(8) the

spring sitting of 2023 of the House of Assembly shall commence on March 13, 2023, but all other aspects of the Parliamentary Calendar for 2023 shall remain unchanged.

SPEAKER: 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.

The hon. the Government House Leader.

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

I call from the Order Paper third reading of Bill 19.

SPEAKER: The hon. the Government House Leader.

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

I move, seconded by the Minister of Labour, third reading of Bill 19, An Act to Amend the Fishing Industry Collective Bargaining Act.

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

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

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

SPEAKER: All those against, 'nay.'

Motion carried.

CLERK (Barnes): A bill, An Act to Amend the Fishing Industry Collective Bargaining Act. (Bill 19)

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

On motion, a bill, "An Act to Amend the Fishing Industry Collective Bargaining Act," read a third time, ordered passed and its title be as on the Order Paper. (Bill 19)

SPEAKER: The hon. the Government House Leader.

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

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

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

T. OSBORNE: Thank you, Mr. Speaker.

I move, seconded by the Minister of Finance and President of Treasury Board, Bill 20.

SPEAKER: It is moved and seconded that Bill 20, An Act Respecting the Delivery of Health and Community Services and the Establishment of a Provincial Health Authority, be now read a second time.

Motion, second reading of a bill, "An Act Respecting the Delivery of Health and Community Services and the Establishment of a Provincial Health Authority." (Bill 20)

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

T. OSBORNE: Thank you, Mr. Speaker.

I'm pleased today to introduce Bill 20, An Act Respecting the Delivery of Health and Community Services and the Establishment of a Provincial Health Authority. The bill is being introduced to fulfill commitments

made to the people of the province during *Budget 2022* and to realize one of the recommendations of the Health Accord NL final report, the creation of a single Provincial Health Authority.

Mr. Speaker, *Budget 2022* announced the creation of one Provincial Health Authority to ensure consistency and collaboration across the province. The Premier and the Minister of Health and Community Services established a Task Force, Health Accord NL, to reimagine health and health care in the province in November of 2020.

The Task Force oversaw six strategy committees and four working groups. The final report identified that in the reimagined health system there is a need for a governance structure operating at a provincial and regional level and for the two levels of governance to be connected. Health Accord NL calls for the creation of a Provincial Health Authority to provide province-wide planning, integration and oversight of the health system and to deliver province-wide programs. It also calls for regional health councils to be established to inform the delivery of quality health care at a regional level.

In fiscal years 2004-2005, transitional teams were established to ensure a smooth and seamless change in governance from the previous regional board structure to new regional integrated health authorities. The regional integrated authorities order under the *Hospitals Act* created the four regional health authorities in 2005, which order was continued by section 28 of the *Regional Health Authorities Act*. Since the integrated health authorities order was issued in 2005, the four regional health authorities have delivered health and community services in the province.

Bill 20 proposes to repeal the *Regional Health Authorities Act* and replace it with a new statute that will create a single, province-wide health authority.

Budget 2022 also indicated a review of the Newfoundland and Labrador Centre for Health Information to ensure it is well positioned to meet the needs of the provincial health system and pursue the tremendous opportunities of digital technology in health care.

NLCHI currently operates under the *Centre for Health Information Act, 2018*. Bill 20 proposes to repeal the *Centre for Health Information Act, 2018* and tasks the new Provincial Health Authority with the responsibilities and duties of NLCHI. This will align the priorities of the Provincial Health Authority and the digital technology opportunities in the province.

The core functions related to the delivery of high quality health care for the people of the province will not change. Rather, the proposed amendments will help strengthen and improve the delivery of consistent care across all regions of the province, care which will also be sensitive to regional differences and local needs.

A single Provincial Health Authority will permit the province to, among other things, develop and maintain standards for provincial programs of care delivery and increase province-wide efficiencies within the health system by ensuring the sharing of resources through a clear division of responsibilities, improved communication and enhance collaboration.

The bill is substantially similar to the *Regional Health Authorities Act*. While it is necessary to create a new statute to achieve a single health authority, the *Regional Health Authorities Act* functioned well to ensure the appropriate balance between operational delivery of health and community services and transparency and accountability to the minister by the regional health authorities.

The bill proposes to create a board of trustees for the Provincial Health Authority with representation from all regions of the

province. Government's best practices recommend the use of competency-based boards.

Mr. Speaker, the minister will be responsible for establishing the objectives and priorities for the provision of health and community services and information systems in the province. The minister will continue to have the power to determine which health and community services are to be delivered by the Provincial Health Authority and the standards for the provision of health and community services.

The Provincial Health Authority will be required to comply with the minister's determinations of which and to what standards health and community services shall be provided.

As currently exists, the minister will further have the ability to issue directions on any matter for the Provincial Health Authority, with which directions to the Provincial Health Authority shall be compelled to comply.

One of the substantive changes in Bill 20 is with respect to the responsibilities that will be given to the Provincial Health Authority. Coming out of the recommendations of the Health Accord NL final report –

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

The minister is right next to me and it's still hard to hear him.

The hon. the Minister of Health and Community Services.

T. OSBORNE: I could hardly hear myself, Mr. Speaker.

Coming out of the recommendations of Health Accord NL's final report, the Provincial Health Authority will, in addition to the responsibilities of the regional health

authorities, be responsible for developing and maintaining standards of care for provincial programs of delivery; overseeing accountability for health outcomes through the monitoring and reporting on quality, safety and performance; in conjunction with the minister, developing a framework for connecting the social determinants of health with the health system at the provincial framework; in conjunction with the minister, ensuring a provincial strategy for recruitment and retention of health professionals; and complying with the direction for the delivery of administration of health and community services set by the minister.

In addition, with the repeal of the *Centre for Health Information Act, 2018*, the Provincial Health Authority will also be required to assist and support itself, individuals, communities and other health service providers and policy makers at federal, provincial and regional levels to enhance the health and well-being of persons in the province through the planning and delivery of the health and community services by: developing, operating and managing a comprehensive and aligned information system that fully integrates and uses data and health information from all components of the health and community services system for the delivery of health care and health system planning; developing data and technical standards and keeping them up to date; managing provincial health data and information assets; preparing health reports and conducting applied health research and evaluation; and providing health analytics and decision support services.

To protect the privacy of individuals whose personal information or personal health information is collected, used, disclosed, stored or disposed of by the Provincial Health Authority in accordance with the *Access to Information and Protection of Privacy Act, 2015* and the *Personal Health Information Act* and to carry out other responsibilities prescribed by regulations.

Mr. Speaker, Bill 20 will also require that the information system referred to shall protect the confidentiality and security of personal information and personal health information that is collected, used, disclosed, stored or disposed of by the Provincial Health Authority; provide accurate and current information; be efficient and cost-effective; and be flexible and responsive to the changing requirements of the system.

Another change from the current *Regional Health Authorities Act* is that the Provincial Health Authority will be able to engage in innovation and activities related to economic development with the approval of the minister. Under the current system, the ability to engage in these activities is not clear.

Speaker, as I mentioned, the bill also provides for the creation of regional health councils that will be responsible for advising the Provincial Health Authority on nuances and the particular needs of various areas of the province to deliver health care at the regional level.

The Lieutenant-Governor in Council will be given the authority to, by regulation, establish one or more regional health councils in the province. The regulations will set out the name of the regional health council, describe its boundaries and specify the organization and composition of the regional health council.

The minister, using the merit-based process through the Public Service Commission, will appoint members of the regional health councils. This will help ensure that community voices are heard and local differences are at the forefront of the delivery of health and community services.

One member from each regional health council will be appointed to the board of trustees of the Provincial Health Authority. Regional health councils will develop annual plans at the regional level to provide advice and recommendations to the Provincial

Health Authority on the delivery of health and community services in its health region.

The regional health councils shall implement formal and informal structures for working with Indigenous governments and organizations in its health region and to engage with regional, social and health networks to influence health and health outcomes.

Finally, the bill will create a quality council. The quality council will be established by the Lieutenant-Governor in Council to provide oversight to the Provincial Health Authority on matters of quality and performance. The quality council will be required to provide written reports to the minister regarding the quality and performance of health systems and other reports requested by the minister; develop and execute an evaluation plan for the authority; provide leadership on the learning health systems; develop standards for the collection, storage, processing and disposal of data by the authority; and carry out duties that may be prescribed in the regulations.

Speaker, the minister will be required to release any report related to the quality and performance of health systems to the public. The Provincial Health Authority will be required to notify the minister when it receives reports, advice or recommendation from the quality council.

This transition will require significant work, and I'd like to thank David Diamond and the entire transition team and subcommittees for engaging in this work. The bill contains necessary transitional provisions to help ensure a smooth process to create a single health authority. These include, among other things, transferring assets and liabilities of the regional health authorities and NLCHI to the Provincial Health Authority; transferring all employees of all regional health authorities and NLCHI to the Provincial Health Authority and ensuring the continuity of employment is not broken; and substituting the Provincial Health Authority

in respect of any agreement in which the regional health authority or NLCHI is a party.

Speaker, we know that the transition to a single health authority, with that, there will be questions, and most particularly by employees. As we have communicated in the past, the goal of this transition is to create more consistency in health care throughout Newfoundland and Labrador, as well as avoid duplication in associated corporate services such as human resources, payroll and finance. For our valued health care workers in the province, employment impacts will be managed primarily through attrition and other efficiencies. It is anticipated that employees will be offered meaningful, comparable, alternative employment in the new regional health authority.

In conclusion, Bill 20 will support the transition to a single Provincial Health Authority and fulfill the mandate of providing consistent quality health care to all residents of the province, regardless of where they live.

Mr. Speaker, officials in my department are working closely with the members of the transition team to ensure that the proposed amendments meet the province's needs and we look forward to continuing this positive working relationship.

Mr. Speaker, this is an important bill. We do look forward to debate here by all Members of the Legislature.

With respect to current employees, the new bill provides assurances that current employees will become employees of the new Provincial Health Authority and that collective agreements will continue as they are. The bill states that the rights, duties and obligations of the employer and employee continue until changed by collective agreements or contract of employment.

Mr. Speaker, we've taken measures here to ensure that there is no disruption to our unionized employees, that collective agreements are respected as they are and that employees – if a position in payroll, for example, is impacted, that we will find alternate employment for those employees within the system.

I ask all Members of the House to join me in supporting this bill, Mr. Speaker. It's an important commitment of the Health Accord and it's important that we ensure consistency of health and community services to all people, regardless of where they live in Newfoundland and Labrador.

SOME HON. MEMBERS: Hear, hear!

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

P. DINN: Thank you, Speaker.

I want to thank the staff of the minister's department for providing us with an overview of this report. However, I think they were put in a very difficult position because the briefing was without any documentation. It's very difficult to go through a briefing and have some dialogue and to ask some questions if you're not provided with the documents.

I'm not shooting the messenger because I think the staff did the best they could with what they had. But in future, that's not the appropriate way to do this, especially as the minister stated this is a very, very important bill. This is an extremely important bill for this province, for the residents of this province, for anyone who is struggling with health care issues.

I will question whether this is exactly fulfilling what the Health Accord asked for. There are, certainly, and we'll talk about this later – it's not right on with what the Health Accord asked for because they were looking at more of an arm's-length organization here, but when I read down through the

notes and, again, it was only yesterday we got a briefing without documentation and there's a lot to this bill even though you're carrying over other acts, there are big changes here. This is very important to the people of the province.

I'll go through some of the things that the minister has mentioned, but I go specifically to clause 19, which talks to the responsibilities of this authority. It talks directly to the responsibility of this authority and it's section 2(a): "... the authority shall (a) promote and protect the health and well-being of persons in the province and develop and implement measures for the prevention of disease and injury and the advancement of health and well-being." I would hazard to say that is core – core to what we are doing here in terms of health care.

We sat in this House and we asked many questions on the Health Accord. We asked many questions and continue to ask many questions about the health and welfare of residents of this province and, of course, most of the answers have been: wait for the Health Accord. We're waiting for the Health Accord to come out. That's going to give us a plan, give us some direction. Of course, we've seen some things come out ahead of the Health Accord that are not even in the Health Accord.

But if you're really looking at the investment we made in the Health Accord, because it's a lot of work gone into that report and we all heralded it as a great report. We may not always agree with what was in that report, but the reason for this bill today is supposedly coming out of that report. It may, in some respects, be coming out of that report.

When I look at some of the issues we've gone through, Newfoundlanders and Labradorians dealing with their health issues and that, we've heard the stories. We've heard the stories. The minister has – I think I quoted him, he can correct me later

if I'm wrong, but he talked about the high quality of health care in this province will not change.

I won't dispute that our health care workers, our health care professionals do their very best. They do their very best with what they have. Those who can access health care in a timely manner get that quality care.

When we talk about the high quality care, there's no argument. But the biggest issue here in this province, when you talk about the Health Accord and social determinants of health, a lot of it comes down to access to health care.

I still continue to hear the stories. I hear stories of patients who are struggling with mental health challenges and they can't access a psychologist or a psychiatrist or long-term care for mental health and they're on a wait-list for two years. Certainly that's access, that's access to this care. I'm sure if and when they get that, it's quality care.

When I hear stories of elderly people in the hallways of hospitals who are in there for dementia, which they can't be put into an acute-care bed, and the gentleman falls out of the bed and they're told by the staff there too bad you didn't break a bone, you would've had a bed. This is what we need to be talking about.

This individual did not get access to the care. I'm sure if he had got in there he would get quality care. The reason he can't get an acute-care bed is because acute-care beds are taken up by individuals waiting to get into long-term care facilities. Again, access. I'm sure, as the minister said, it'll continue to have the high-quality health care, it will continue. But it's access. It's access to the care.

So when we talk about promoting and protecting the health and well-being in the province, and talk about implementing measures for the prevention of disease and injury and the advancement of health and

well-being, I rose in this House just yesterday and I spoke about continuous glucose monitoring devices that clearly prevent disease and injury. Again, high-quality care will not change. But it has to change in terms of access. That's what the Health Accord was about.

The Health Accord was about access for those who the social determinants of health have prevented them from getting. So we've got to work on access. I know it all costs money, and I believe in this document it speaks to – and just give me one second to find it here – these health – I don't want to misquote myself.

It talks to a section 21(5): "The authority may, with the approval of the minister, engage in health innovation and economic development." We're at a point where we're still struggling to provide the proper health care services to everyone, to have access for everyone. I talk about the glucose monitoring devices helping save health care \$60 million to \$80 million. That's money that can be reinvested. I don't know what they're defining as economic development; that's money that can really be reinvested.

So when I see that the Health Authority can engage in innovation and economic development, I wonder are we expanding what they have to do too much right now when, clearly, we're still focused on access to health care. People are struggling to get that access.

I'm also not quite sure about how much consultation has gone on with this. We've certainly seen a trend in this sitting in terms of legislation and briefings happening either the same day or just before the legislation is offered in the House. It's unfortunate because sometimes if you have a proper briefing with proper timelines, you eliminate a lot of the questions. We become more efficient in this House. When we talk about, again – and I agree with the minister, this is a very important bill. This deserves more than a paperless briefing –

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

I know Members are conducting district business and that in the House but the level of conversation is getting a little bit loud so if you want to take meetings, I ask that you take them outside so that we can hear the speakers.

The hon. the Member for Topsail - Paradise.

P. DINN: I appreciate that, Speaker; I am disappointed that they are not all ears on this, but I will move on.

When you look at this, just think about they talk about bringing the information system in under the one department. I don't know how this falls with what the Premier announced earlier the year because the Premier announced something different for the information system than we're seeing here, but I guess you thought something different here.

Only the other day, we had the first-year anniversary of the cyberattack. So I would suspect any time you mention information and private information and bringing it together under one umbrella, I'm sure the little red flags go up – especially in those that were impacted by the cyberattack but also by everyone else. How do you do this?

I think it was back in 2004, when they amalgamated some more of the health authorities, it went from eight to four at that time; I believe it took almost five years to figure out the information sharing for that. I'm not disputing that it is not something that we need; we certainly need that. Because, as a government, if we're moving towards virtual care and we want to be able to share information from all parts of the province on a system that we are sure is secure or we have done the most and the best we can to ensure that it is secure, then that is a good thing.

There are many things that can be cleaned up here. When you have a blood test out in Corner Brook and they send you in here and you come in here to the Health Sciences and you have to do another blood test because you can't share the information, that's something we need to address. There's no doubt about it; that's something we need to address.

So there are things in this paper, or this bill, that aren't going to happen overnight – they're not going to happen overnight.

I read again the description of electronic health record, and this is what we're moving towards. I don't disagree with it, but how we're going to get there and the need for more consultation and look at this, is what we need. Electronic health record means a province-wide record of a patient's health care history that is available electronically. That is a goal you work towards.

In fact in this day in age, I think to myself, how are we not there now? How are we not there now that doctors from – in fact, doctors around the world should be able to share information on a secure site on patients, especially now when some of our patients, some of our residents, have to travel. Have to travel either within the province or have to travel out of the province, or maybe even out of the country to get some specialized help or, in some cases, I'll say everyday help that's just overburdened here in the province.

AN HON. MEMBER: IVF.

P. DINN: Yeah, I mentioned IVF the other day. That's something that we should be looking at.

The minister already touched on this, but when you talk about the different labour groups, the different unions that represent health care workers in this province, again we know when the last reduction in regions happened. There are health workers

working under one union, and others under another. So there's a bit of work to do there.

I'm sure all parties to that will work in concert to try and make sure that moves as smoothly as can possibly be done. But it is a hurdle. It is a hurdle that you have to get over, and I'm not sure how easy that hurdle will be to jump over.

Again, talking about continuity of employment in this bill – and I know you hear that a lot: Don't worry, your job is safe. I'm not fear mongering here at all. I'm just saying. We have to ensure that our valuable health care workers – we can't afford to lose one, not one. So I'm really hopeful that this bill will ensure that nobody's job is in jeopardy.

Some of these questions may come up in Committee, but when I'm talking about looking at the board of trustees in this bill and it talks about appointed by the Lieutenant-Governor in Council and then it says trustees appointed by the minister from the regional health councils which, of course, the regional health councils are appointed by Lieutenant-Governor in Council and it goes on and talks to this. I may have missed it, but I don't see staggering of appointments here. When people are being appointed to these committees, especially when you start, there are three, three-year appointments. I would hope that there would be some staggering.

Now, I understand there's an extension clause here, but to ensure some continuity, you certainly want to ensure that there's some staggering to the board, how they're put in there.

I'm looking at the authority here: responsibility of the health authorities. So one of their responsibilities will be to "collect and analyze health and community services information for use in the development and implementation of health and community

services policies and programs for the province"

So when I look at that clause, I then go back to the security. The privacy of information is a big concern there. But one of the pluses there – that's a good plus if we're doing what's happening here. That's the collection and analyzation of health and community services data. I think in our briefing there was lots said about ensuring private information like that would not be shared, and that's a given. So we'll hold you to that on that one that privacy and individual information will not be shared.

But it does bring to light the need to have decisions that are made for the public health and welfare of Newfoundlanders and Labradorians to ensure that it is based on information and data that's available. That enables us, in government and us collectively, to make decisions on real issues; real health care issues that affect people in this province.

Further down in that section, it talks to "develop and maintain standards of care for the delivery of provincial programs"

As the minister mentioned, we have quality health care here, when you have access to it. I think we do have a high standard of care. We've had some pieces of legislation in here, changes to the Medical Act and the like, and the issue there – or sorry, not an issue, not a concern, but a prime point there has been to ensure that it does not affect the standard of care in this province that people receive. So it's good to see that.

We voted yes on that past bill, that we need to come up with better ways, more efficient ways to have new residents of this province who are come from away, they're RNs or doctors from away, to ensure that they can practice to their scope in our province. That goes to: while maintaining a standard of care.

So we have to keep moving in that direction, I don't disagree with that. Is there more that can be done? Is there more that can be immediate? There sure is and we will argue or maybe have a discussion that there's not enough being done. You're going to hear that. I hear it everyday from individuals who are in hospital beds or trying to get into hospital beds, who are not getting the access to that quality of care. We hear that on a regular basis.

As this is coming out of the Health Accord, I mean that's what the Health Accord is focused on. The Health Accord is focused on outcomes for Newfoundlanders and Labradorians out there who need help. Every region of this province, every district of this province has people who need help. They need help to deal with life-changing matters, life-and-death matters.

Again, I go back to the minister, this is an important bill. I agree, I agree 110 per cent. This is a very important bill. It's a bill that I would hope everyone speaks to. But I still go back to my issue about consultation and ensuring – like the Medical Act, as an example, again. We heard from the Medical Association who felt they should have been consulted ahead of that. I tend to agree with them.

When we're dealing with anything in health care in this province, anything that deals with everyday life and death and issues for our residents, we need to ensure – and the term gets used in this House a lot, we hear it: no stone unturned. Sometimes we're throwing the stones here, but it's no stone unturned. When it comes to health care, we should be – and I don't have an indication yet on this, but we should ensure that there's been full discussion and consultation on this bill. This bill is going to have far-reaching effects on this province and how we do health care better. Again, not debating the quality of health care when you receive it, but this is far reaching.

Some of the questions coming out of this are going to be: How does this – and not from me, but from people we have out in the districts – address my father-in-law who's waiting to get heart surgery and has been waiting for months and months and months? Those are going to be some of the questions on this. How does that address that?

I, quite frankly, wouldn't have the answer. I mean this is not a quick fix, this piece here, nor should it be really. It's what came out of the Health Accord, in some respects – we'll chat about that later.

It's an important piece that we have to work together on to make sure that all the pieces of this puzzle fit so that when we're changing the makeup, we're changing the horizon on health care in this province and we're looking at developing a *Provincial Health Authority Act*, that's a big piece. That is something that we really need to ensure our i's are dotted, our t's are crossed multiple times.

There are so many pieces in this puzzle. I look at section 19. That, to me, is one of the key sections of the act because it talks directly to the responsibilities of the authority regarding health and community services. I'm in that section and I'm looking over just before you get to section 20. I wonder, on some of these clauses, whether they're better placed or they appear to be more operational than legislative. I can't help but look at this as the trend we've seen where there seems to be more power being put in the respective minister's hands. That's how it appears there.

Just for the record here, that is section 19 – they almost have the whole alphabet in there but we come to section (m): "... in conjunction with the minister, develop a framework for connecting the social determinants of health with the health system at the provincial level; (n) in conjunction with the minister, implement a provincial strategy for recruitment and

retention of health professionals; (o) comply with the direction for the delivery and administration of health and community services set by the minister”

To me, those are very operational pieces. When I look at “implement a provincial strategy for recruitment and retention of health professionals,” isn’t that what the current recruitment and retention office is supposed to be doing?

I’m not sure if they’re fully staffed, but they may be. It was close. A couple of weeks ago, they were working on the last pieces. But isn’t that what we already have in place? We have a recruitment and retention office all in place.

It talks about a provincial strategy. Now, we heard from the previous minister of Health and it quoted as saying they have a strategy very similar to Nova Scotia. So I am kind of lost on the retention and recruitment. We hear that government is focused on it – I’m not sure but someone said laser focused on it – yet we’re hearing and seeing very different pieces here. I’m not arguing against any of those; I’m just saying which it is. Where is the clarity there?

If I look at section 20 – I was just giving you a chance to change seats; I wouldn’t want you to miss any of this. So I am moving along to section 20. It talks about “developing, operating and managing a comprehensive and aligned information system that fully integrates and uses data and health information from all components of the health and community services system for the delivery of health care and health system planning”

There is a lot in that clause – a lot – as I have previously mentioned speaking to another clause, about a province-wide information system. I alluded to the last amalgamation of some regions and how long it took. I think it was five years to get their system in place for Eastern Health at the time.

So there is a lot to that because – and we know the cost of the cyberattack on us. What is the cost of this? What will be the cost of this? What will be the timelines for this? Because now we’re looking at province wide; again, not arguing it. I am just amazed – and this is not on anyone here in this House; this is just a general comment that in this day and age, with technology, it’s amazing we can’t do that.

When you see kids on the street six and seven years old and they’re doing unreal stuff with their cellphone. So we’ve got to move there, but what’s the cost? What are the timelines for this? This is going to take some time, especially to ensure that confidentiality and all the security walls are in place to protect the information as best as they can. That’s what we’re looking at there.

Within this document, it comes down to what’s the plan because there are bits and pieces of this bill that, in and of themselves, they have huge pieces of work to be done to get to where they want to go. Questions get raised, and they’ve been raised in the public. We’ve heard the stories.

I had one just recently when the hours at the Mundy Pond collaborative care clinic were extended. It went from 8 to 8. I had an individual call me. She lined up there early in the morning to get in. She didn’t get in the door. She got to the door around 9:30 to be told sorry, we’re booked up. She ended up going to a private clinic and paying for her services that she needed. I think it was \$70 she said, and \$70 is a lot for someone, especially in a province, in a country where we have great health care and very professional, very expert staff that can give you that health care. Again, once you’ve got access to it.

We do get questions being asked: Are you going to privatize health care, or are you going to do this? Those are questions that people ask. Or are we headed towards a two-tier system? Those are questions that get asked.

So when I look at section 21, the Authority's power, and I go there to (d) and I go to Roman numeral (i) under that, it says "unless prohibited by the regulations," – the authority may – "charge fees (i) for health and community services directly to the person who received the services" Isn't that something we're trying to ensure people get services without having to pay?

We have residents, as I just alluded to in an example, who went into a collaborative care clinic looking for a service, and that service could be anything. But you know when you're running out for health care; they're going because they need it. So what happens to the individual who goes to the collaborative care clinic and doesn't have the \$70? Then, in this we have a clause that says they can charge directly to the individual who receives those services.

Now, we'll probably find out more as we go along, but, again, I'm flying on a paperless briefing, so understand that, I'm flying on a paperless briefing here.

These are questions, again, like I said, we could have asked, could have clarified had we had this document ahead of time, which we didn't.

So what's entailed in that? What is the thought process for that? What is the scope of that? Is it extremely specialized services that you can't get here in the province? I would suspect if you have some specialized service that's not available in the province, I would suspect it would be the other way around that government would assist you in getting it, but again I don't know. I don't know what it is there.

That's key to a lot of people in this province. That's a big decision for them. You think about when Eastern Health came out, the Health Science came out and said do not come to our emergency rooms. Do not come to our emergency rooms unless it's an emergency. But what's an emergency to me and what's an emergency to my neighbour

or someone up the road are very different things.

So they went out to a community centre, they can't get in so where are they going next? They're going to an emergency room. They're sitting in a chair there. They could be sitting next to someone who has a bad cough and someone with a broken leg or someone having a mental breakdown. That's what's happening in our emergency rooms, and those who can't get an acute-care bed who need it.

I spoke to the nurses. Our front-line health care workers, my heart goes out to them on what they go through on a daily basis. Our paramedics who are not sure that when they pick up someone where they can take them and if they're going to make it.

The nurses, God love them for what they do – broken but not beyond repair. When they're telling you, telling me – I get a lot of calls simply because I'm the shadow minister for Health, but I do get district calls as well. But when I hear of individuals lined up on gurneys in hospitals – one nurse telling me they're out there on a two-inch mattress being toileted and medicated in a hallway. That's what we have to be looking at.

J. WALL: It's reality.

P. DINN: That's reality, that's the outcome.

Now, as I alluded to earlier, they tell them if you fell off the bed and broke your leg we'd get you in. That's a true story. That's a true story for an elderly gentleman who fell and they took X-rays. It was almost the reverse: bad news, he didn't break anything. Think about it.

I look at this and I wonder are we creating more red tape? Are we creating more bureaucracy here? When you look at all the reports: annual reports and the reports that the minister can ask for and who can have access to those reports. Yes, you need

annual reports; yes, you need reports that can give you benchmarks and give you success ratings or where you need to focus, yes. But sometimes I think we're overridden – overridden with reports.

We're operating now with four health authorities. It's all going to come in under one provincial authority, but you'll continue to have regional health councils. I do not disagree with that at all because regions are different. Labrador is very much different than the rest of the province in the health care they have access to and the health care they need. They had very specific issues that need to be addressed, especially around medical transportation and access. So we need to look at that.

So regional health care councils, I totally agree. In fact, I would almost argue that maybe they need more authority under this umbrella. But, again, I don't have the details. We didn't have the details when we were briefed on this.

So under Part II, regional health council: "The Lieutenant-Governor in Council shall, in accordance to the regulations" Now, I'm not going near the regulations because we have a hard time seeing regulations. We always say the proof is in the regulations.

But it goes on: "The Lieutenant-Governor in Council shall, in accordance to the regulations, establish (a) health regions in the province; and (b) a regional health council for each health region."

Now, I'm only speaking and assuming – I'm only assuming that there are going to be four health councils like there are health authorities now, but it really doesn't have it defined. The regions are not defined, the boundaries are not defined and, actually, the makeup of these health councils are not defined.

That's critical; that's a critical piece of this legislation. Especially, as I said, when you're talking about the Labrador district

region. I don't know, I'll just toss this out; maybe they need multiple regions in Labrador. I don't know. But the point is, each region is not created equal and we need to address, through this, how do we balance that? How do we ensure that if you're living up in Nain or down in Flatrock, you have access to the same quality health care that we all deserve? But, again, the devil is in the details.

I'm looking at clause 38(b): "The authority shall ... set a process, in accordance with the regulations, for reviewing reports, advice and recommendations received from the quality council for the purpose of reducing or mitigating risks identified by the quality council."

They are important reports, as I stated earlier. Having the data, having the information to make these decisions is very important. I don't know here if this is going to be released to the public, these reports. Again, protecting private information and the like, I'm sure there is a way to release these reports and ensure that there is openness, transparency and accountability, that people can realize that these health and well-being decisions are really based on clear evidence, clear data, clear information.

I raise that because we have seen many reports done by this government and we've requested access and there has always been, you know, Cabinet confidentiality; or, no, it's detrimental to fair play out there in the world. I just want to make sure that when we're talking about health care, that affects everyone, and I guarantee you that until you have to access the health care system in this province, you have no understanding of what a dire need we're in.

I still go back to when you get in those hospital doors and you have a nurse, a paramedic, a radiologist, whatever and they are there at the end of a 20-hour shift and they're still smiling the best they can to help you, I don't know how they do it.

SOME HON. MEMBERS: Hear, hear!

P. DINN: But we depend on that; we depend on them so much. For anyone who was down to the rally that the Nurses' Union held last week, I've got to say and I went around – I go around and I talk to the people. I talk to them. There was a registered nurse and a nurse practitioner that spoke up and talked about the situation health care is in. I'm just amazed.

Actually last night, I was out to a pumpkin stroll, I guess, going around looking at pumpkins, and a young girl came up to me and she said: Thank you, Mr. Dinn, for what you're doing. I didn't know who she was. I never met her. I said: What are you talking about? She said: I am a paramedic. I said: Really? She graduated in May.

She said: Thanks for keeping it real and talking about the issues. I asked her: How is it with you? And she said: Oh no, I'm fine. I am only just started but she said some of her colleagues that she works with, they're really, really, really struggling. She alluded to me about some of the situations she's been to, accidents or going to homes and seeing the trauma and seeing the look of despair on family members, it's crazy. It's really crazy. There are solutions, and many of the groups I've talked to have brought forward solutions.

So when you talk about doing studies and providing reports and speaking to a process, you really have to consult with the people that have lived experiences. Those are the ones who see that day to day. I can't even imagine.

I think about the elderly couple that spoke to me. Her husband was rushed to hospital just a couple of weeks ago, into the Health Sciences. She followed. She got in her car and went on in. She went into the hospital. Her husband wasn't there to be seen. She went up to the wicket to talk to the triage nurse and asked: How's my husband

doing? Where's my husband? To be told, oh, we're looking after him.

Several times she went up because he's diabetic. She got up another time, after being there for an hour, hour and a half, and said: Look, I really want to make sure my husband is getting something to eat. Yes, we're looking after him.

Anyway, two hours in, she goes up and there's a different gentleman there, nurse, and he said: What's your husband's name? She gave him the name. He said: He's not here. He wasn't there. Now, I'm not faulting the nurses there because they are juggling people out in the hallways – they're just overrun, overburdened. Do you know where her husband was? Still out in the ambulance.

So that's some of the real stories we deal with. When you talk about the Health Accord and all that's in it – it's a pretty in-depth document, and you try to take out a piece of work, some solutions, and make our health care better for this province and for the people in this province, that's a good thing but you have to do it properly. You have to make sure.

There are solutions for the some immediate needs. We've heard them. We've all heard them. We've seen what other provinces are doing. We try to be on par, but we want to be better than on par. We are competing for health care workers. I don't disagree with that and I don't disagree with this development of a Provincial Health Authority. I really don't have the information. I don't know what it entails. I don't know what kind of consultation or work has been done behind this – don't know it.

As my late father would say, you don't know if it's fit to eat. It could very well be, I don't know. But it's too much of an important bill – and I'm only going by the trend that we've seen – to rush through without having a really fulsome briefing on it which, due to whatever technical reason, couldn't happen.

But I would just like to see that this gets the proper attention. I'm not saying it's not, but I'm saying it gets the fulsome – which is a word we've heard in this House many times – attention that it needs and talk to the people who may not even be on the consultation list, talk to those people. Ask them: Is this fit to eat? Are there changes or what should be done? Are there problems that are not identified? Are there problems there that we've missed?

I've just gone through in the little time I've had to talk about some that are unseen. Now, maybe when I turn over that rock, oh, that's what's happening, good. Or maybe I turn over that rock and I roll it back over.

I just think for something like this, when you're talking about an overreaching authority for health care – again, I use recruitment and retention. Well, which is it? There are still some pieces that are flip-flopping a bit. The information system, that's a big piece in itself. The piece around reports and who gets them and who can release them and who sees what, is a big piece of this. The how exactly the regional health councils are going – what their makeup is going to be, how many are going to be on it. That's a real piece for questions.

If you're going to address health care in this province, you have to do it right. Again, I'm not saying this isn't right. What I'm saying is what has gone on behind this to ensure that this is doing it right, because it's come out of the Health Accord, but it's not directly out of the Health Accord. The Health Accord talked to an arm's-length approach. This is not arm's length. These are issues that we have to talk to.

With that in mind, seconded by the Member for Harbour Main, I want to propose an amendment. The amendment reads: That the motion be amended by deleting all the words after the word "that" and substituting the following therefore "that Bill 20, An Act Respecting the Delivery of Health and Community Services and the Establishment

of a Provincial Health Authority, be not read a second time but that the Order be discharged, the bill withdrawn and the subject matter thereof referred to the Social Services Committee of the House for further study and consultation."

SPEAKER (Warr): Order, please!

We will recess the House and take a look at the proposed amendment.

Thank you.

Recess

SPEAKER Are the House Leaders ready?

Order, please!

After careful consideration and discussion, the proposed amendment is deemed to be in order.

SOME HON. MEMBERS: Hear, hear!

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

We are now debating the amendment.

P. DINN: Thank you.

I'm pleased, very pleased that it's in order. As I've gone on with my earlier talk about the bill – I've said it in my debate earlier – I'm not against the concept and that of this bill. It's a very important piece that really will set the pathway for future health care in this province. I just want to be sure on that. I want to make sure and I'm sure everyone in this House wants to do the same thing. You want to be sure that when we're looking at something as substantial as this, you want to make sure that it's going to have the intended outcomes that, we and all our Newfoundlanders and Labradorians, deserve when it comes to health care.

There was a huge piece of work done, a very good piece of work done with the

Health Accord. It was quite an extensive piece of work. It had lots of consultations through that process. It had lots of options. Dr. Parfrey and Elizabeth Davis, they did a wonderful job looking at health care in this province and envisioning areas where it should go and putting forward in documents outlining what would happen in year one, what could happen in, I think, it's year two to three and it goes on to talk about four and five, of course, longer-term solutions.

We applaud that piece of work. We all have. We waited in earnest for it to arrive and for us to start looking at that and devising and developing a plan forward for health care. We all understand it's medium to long term. We understand that. We were told that. This bill, certainly, doesn't take away from the focus on immediate health care issues that work is being done and there's more that can be done and we can get solutions and recommendations from other provinces, from other jurisdictions. No doubt about it. We have to do a little better. We have to be above par.

You know, it's been referred to sometimes as band-aid solutions and sometimes you have got to put a Band-Aid on it. But this piece of legislation that we're talking about here today, this bill that we're talking about here today is going to have long-term, real long-term ramifications, and I don't say that in a negative manner, for health care in this province.

Some will say, well, didn't the consultations occur during the Health Accord? Yes, there were consultations that took place through the Health Accord and they set the high-level areas that we should address. Now, were talking about a piece of legislation that becomes more specific, more prescriptive in what is going to be done to address the short-, medium- and long-term solutions in this province.

As I said earlier, the Health Accord did suggest a Provincial Health Authority, but they envisioned – and again I stand to be

corrected – that this would be at arm's length. This would be something more independent, yet we see it going the other way. We actually see it not even close to arm's length and moving in under a government department with greater authority vested to the minister.

Again, that's no disrespect to the minister or anyone who sits in that seat. I, and our caucus here, want to be assured that decisions that are made on our health care, and especially the future and long term of our health care, are made in the most independent and objective manner, supported by data; data that we can all see, that's transparent and accountable, again, maintaining the privacy of individual data. We want to see that. We want to be aware of that.

Despite the consultations for the Health Accord, I would think and I would argue that when pieces of this – people realize what's in this, people will have questions. They will have more questions, like I asked about the regional health councils. I asked about the regional health councils because the details are not there.

I'm assuming the four regional health authorities now will become the councils, I don't know. Is this an opportunity for these other regions to address more pressing issues in the area and say – I use Labrador as an example, which is very unique in terms of access to and availability of health care. Maybe there's opportunity there – and again, I'm just tossing it out there. I could be totally off the wall on this. But maybe they need a different approach. Maybe they need an authority or council or multiple councils, I don't know. Maybe their representation needs to be a little different to address their issues, I don't know. As I said, what someone wants up in Nain and someone gets down in Flatrock are different things, different levels.

So this is an opportunity for that. This is an opportunity to have those more in-depth

discussions. To have that consultation, talk with people with lived experiences and say this is how it's going to work, or no, maybe you should do this. Because right now we have the Health Accord, which has laid out quite a few recommendations there. It didn't dive down into the weeds or get into the details. In some instances, especially when you're dealing with creating a Provincial Health Authority, maybe we need to be in the weeds on this.

Again, I alluded to the many particular instances and different situations that people have found themselves in when it comes to accessing health care in this province. Some of them are very different, and that's what we need to be addressing. The Health Accord was focused on health care outcomes. We can't lose sight of that. I spoke to it. It's in the bill here. Again, like I said, it's all important. I know the work that goes into putting together legislation. It doesn't happen overnight. A lot of staff put long hours in researching and putting together this legislation; they do that.

When I focus on this piece – I just focus on section 19. Section 19 is the core piece of this because it talks to the responsibilities of the authority regarding health and community services. That's a key piece. I go back to 19: "(1) The authority is responsible for the delivery and administration of health and community services in the province in accordance with this Act and the regulations. (2) In carrying out its responsibilities, the authority shall (a) promote and protect the health and well-being of persons in the province and develop and implement measures for the prevention of disease and injury and the advancement of health and well-being"

When you go to school and you read a novel and you have to do a book report, and you flip through all those pages and someone says, what's the core message in *Tom Sawyer and Huckleberry Finn* – that doesn't change when you look at legislation. What are we trying to do with this

legislation? What's the ultimate goal in this legislation? Is it put together with the bits and pieces and the expertise that results in the desired outcome? I mean, that's the crux here.

This may result in the desired outcome, but again there are a lot of questions. Where we've moved, where we've invested so much, government has invested so much, a number of people have invested so much time and effort into putting together the Health Accord, and the Health Accord came out with a whole list of recommendations – it's a good piece of work. Do we agree with all the recommendations? I'm sure there are bits and pieces that people don't agree with. I'm sure there are bits and pieces that people totally agree with. But the point here is we're moving into a bit more specific legislation.

What the public and people who spoke out and had discussions and consultations and did surveys during the whole Health Accord process, maybe with this they're looking at this and saying I'm a little clearer on where it's going and I have questions. Maybe they're looking at it and saying, hang on now; I perceive there could be issues here. Maybe people when you talk about the regional health councils are saying hey, this is an opportunity to make changes there that would be more effective. Maybe this is an opportunity to have people and representation from unique regions involved here.

If we're looking at working together and really, truly invested in people with lived experiences and really focused on health outcomes and the social determinants of health, we have to make sure that's in there. It's more than adding the definition of social determinants of health. It's more than that.

That's why we went with this amendment. It's something that needs, in my mind, greater attention to this, now that we have a document in hand. It requires more attention. Essentially, that's all that's being

asked here in this amendment, is that we lay this to the side right now. We can continue to be focused on the short-term issues of health care. We can continue to be focused on recruitment or retention of doctors, nurses, paramedics, looking at the scope of nurse practitioners. That's stuff we can continue to focus on, is stuff that is affecting people right now.

Take some additional time to make sure and look at this and ensure that it's headed in the right direction; speak with the representatives of the Health Accord. They were looking at this as a more arm's length.

So maybe ask: Why? Why did you think this was probably better arm's length? I don't know. Or ask them: Is this not the right way to go? I don't know. Again, we invested a lot of time and people invested a lot of time into the Health Accord. I know people, they'll say, well, the Health Accord was really given as recommendations. It wasn't the plan.

That's fine. You can say that, but you cannot ignore the effort that was put into that document. You can't ignore it. So you have to ask those questions. You have to find out is this what you envisioned? Is this better than what you envisioned? I don't know. Is it worse than what you envisioned? I don't know. Are there individuals out there who are saying, hang on now, I went to all the consultations, I wasn't expecting this because there are some good things but there are also some bad things.

This is why we're asking for some more time on this to look at it. This important bill deserves far more than a paperless briefing and the next day debating it. That's all we're saying. That's all we're saying here.

SOME HON. MEMBERS: Hear, hear!

P. DINN: I really don't see the harm in that. I really don't see – you know, if we can continue to focus on the short-term, right-away issues of recruitment, retention,

getting more here, if we can continue to focus on that, what is the damage in laying this aside for, I don't know, two, three, four months, whatever it takes to have a better understanding of it and hear from people on it? What is the negative in that?

Because this is going to be far-reaching. This is changing, although you say the acts are, basically, moved over in some respects, but it is changing the horizon and the makeup of us moving forward – us moving forward to come up with a system that works, to come up with a system that promotes and protects the health and well-being of Newfoundlanders and Labradorians. That's the goal. I can tell you that's the goal we all agree on. We all agree on that goal, no debate. To be honest with you, I'm not debating whether this is good or bad.

All I'm saying is in a realistic world, with something that is going to be as far-reaching as this, let's lay it aside. I'm not saying years, no. Let's lay it and have someone else look at it. Let's look at it and make sure all the i's are dotted and our t's are crossed and that it is – because we all want it, we want to make sure this is the best piece of legislation that is going to make sure our residents, Newfoundlanders and Labradorians from all parts of this province, have the health and well-being they deserve. That's what we want.

With that, I'm going to sit down and hopefully hear from more.

SOME HON. MEMBERS: Hear, hear!

SPEAKER (Bennett): The hon. the Member for Lake Melville.

P. TRIMPER: Thank you, Speaker.

It's an interesting situation that's just developed here in the House of Assembly. In my seven years of being around here, I've not encountered what's called a dilatory amendment. Essentially, what this is doing

is, it's a delaying tactic. It's very rarely used in this Assembly and, I guess, it is some years. Without revealing all the confidences of the opportunities I have in this House of Assembly, this is something that hasn't be used in a long time

I wanted to back up now for a second and just talk about – I was going to speak to the bill and the importance of it. I wanted to talk about health care. Just a little show of hands as I look around the room, I bet every one of us could raise their hand if I asked the following question: What is the dominant issue in your constituency office? If you didn't say health care, I'd say you're asleep at the wheel because it dominates everything we do. It's all about getting our constituents the health care that they need. I can tell you sitting in Labrador this is magnified so many more times.

This morning I did an interview with *The Telegram* talking about the cost of living. My number one theme in that interview this morning was getting people to health care. It is such a cumbersome hurdle and, frankly, I know people who have, unfortunately, even with the Medical Transportation Assistance Program and all the challenges we have around that, people still can't even afford those differentials. They are foregoing health care.

Folks, we've just spent the last two years overhauling, evaluating and studying through the Health Accord. Two brilliant minds, Dr. Pat Parfrey and Sister Elizabeth Davis, who just went through a monumental exercise looking at all aspects of our health care, what's right with it, what's wrong with it and put together this multi-volume Health Accord.

I say to my colleagues right now as I look at this amendment that's on the floor: Folks, we can't afford to delay. If we're upset that we didn't have an opportunity to have – if we had a paperless briefing, I get it. It's frustrating for everybody, but we're all in the

same camp. Sitting here as a backbencher, I'm just seeing this as well myself today.

However, we certainly know what our constituents have been dealing with. We know what's been going on in the Health Accord. I can tell you that over the last two years I took full advantage of sitting and dealing with those co-chairs. They were readily available; we worked through so many issues. I'm quite excited about what I see in the Health Accord.

I believe there's a future there and I would propose that we take our time in Committee and going through the clauses. Right now, we're still in second reading and to really get at some of the aspects of what may be of concern to all of us, by the way, whether you're in government or Opposition, we all want to make sure we get this right. But when we get into the meat of it, that's when we'll do it. And if we need to take a lot of time to do it, I say we take it. But to move into a delay tactic and say we need more time.

Again, I would say – and I keep track each day – if you're watching me during Oral Questions, I track each one of the questions by MHA and the themes. I can tell you that every single day, health care dominates, as it should. But what I hear there is urgency – emergency. Why are you doing this when we need to be doing that? We've got clinics closing and so on. I can tell you, folks, I feel this every single day myself.

So I would ask everyone to think about it. Instead of trying to find ways to delay and further put off an opportunity to support our constituents, the people of this province, I say let's get on with the debate, let's conclude and then let's get into the meat of it in Committee. Maybe that's something to think about.

I wanted to also just talk a little bit about some of the issues that we're dealing with, again, in Labrador, where I feel it's just so much more magnified. When people are

making a choice whether or not to go to specialized or additional health care and deciding that they can't afford to do that, we really have a system that needs our urgent attention.

Speaker, I think that's a simple point I put out there that for those people and everyone else who's looking for a new world, a new way to deliver health care in our province, I say let's get on with it.

Thank you very much, Speaker.

SOME HON. MEMBERS: Hear, hear!

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

T. WAKEHAM: Thank you, Speaker.

I would suggest to the Member opposite that we don't need to change legislation to get on with it. That's the whole problem we have in health care right now. We haven't gotten on with it when we should have gotten on with it.

SOME HON. MEMBERS: Hear, hear!

T. WAKEHAM: Speaker, I've spent most of my working career in health care and, like some other colleagues in the room, we've seen many reiterations of changes in governing bodies in health care, whether it was 28 to eight to four, and now we're talking about going to one.

That's not the issue. The real issue in health care in this province today is accessibility, it's affordability and it's how do the people of Newfoundland and Labrador get the services they deserve. When the minister talks about diversion, how emergency departments, people are being diverted – to the people that live in those communities, to the people in Whitbourne, their clinic is not on diversion. Their emergency room is closed. To the people in Bonavista, their emergency department is not on diversion; it's closed. When they can't access it, it's

closed. That's what happens. It's not diversion; it's closure.

One of the things that this bill talks about today, for me, clearly highlights the lack of action by this Liberal government in the last seven years. Because I have a difficulty going through this clause by clause and understanding why we need to change things to do what's recommended in here. How are the changes in here going to impact the people in our province today?

We can have all of the board structures we want, we can have all of the technology we want, but at the end of the day health care comes down to a basic principle of people helping people. Right now, we do not have enough people helping people in this province. Our health care system is in a crisis. The current Minister of Health has inherited a mess, a total mess. Because, for the last seven years, our health care system has been allowed to completely deteriorate. Many of the things that the current minister talks about with other provinces, yes, are real in this province too, but they could have been different. They were caused by a lack of action. Because it wasn't like they didn't know.

Go back to the former Nurses' Union president who talked about the need for more nurses in our province. You could go back seven years to the discussions on a need for a review of staffing levels in long-term care, of a need for a review of nursing positions in the health care sector. You can go back and talk about all of those things and how they were not acted upon. They were simply ignored. The NLMA took four years to reach an agreement with the NLMA. Those are the things that have resulted and contributed to where we find ourselves in health care today – a complete lack of attention to detail. That is what has happened and that is what continues to happen.

I look at this particular thing in here. One of the clauses simply says the new health

authority is going to turn around and provide information to the residents of the province respecting how they gain access to those services.

Surely God, the people of the province right now would like to understand how they gain access to services. Why isn't that happening now? Why isn't that type of action happening now? It's highlighted in here, but where is it? There's another section in here that talks about information management – wonderful, that's exactly what this province needs is a new information management system but that recommendation was made to this government in 2016 and it was never acted upon. A recent report at the AGM of the Newfoundland and Labrador Centre for Health Information said that government was warned two or three years ago about the potential cyberattack but did nothing about it.

So, right now, we're talking about a new health information system – absolutely necessary, because the last time that the health authorities were merged from eight to four, it took Eastern Health five years to consolidate their health information systems under one. Now we're talking about one health information system for the province but when I read in the news that an RFP had been issued for a new health information system for the new Corner Brook hospital, the second line talked about it could be used for the province. I would argue – I hope that article reported that wrong because right now what we need is we need an RFP for a health information system, not just simply for Corner Brook hospital, the new hospital, but for the entire province.

Corner Brook hospital may be the one that it gets rolled out to first, but I hope that the article in the paper was wrong and that we're actually going to do that, because that's something that was talked about and recommended seven years ago. The current Minister of Health has talked about

the back-office functions and the consolidation of back-office functions. Those were recommended in the Greene report as well.

Again, seven years ago, a report was given to the former minister of Health that outlined exactly how to do that, how it could be done after consultations with all of the unions and how it would consolidate all of the back-office functions from payroll to HR, to finance to supply chain, all of that. The report is there. It's somewhere in the Department of Health. If that report had to be acted upon, maybe we would have had those efficiencies in place already.

So this is not simply about going from four health authorities to one; it's about how do we improve outcomes for the people of Newfoundland and Labrador. The Member for Lake Melville talked about the issues in Labrador – and he's absolutely right, but I'll tell you and I'm sure he will agree that one of the biggest issues in Labrador for health care is the medical transportation system or lack of it. The extreme cost for those of us who live in the territories, as the former minister of Health likes to call us – anything outside the Avalon; apparently we're living in the territories.

For those of us that live outside, the medical transportation – the cost of getting to see a specialist at a tertiary care centre in St. John's is extremely high. For the people of Labrador, it's even worse. Will he stand up and say we should have 100 per cent coverage of medical transportation? That should be a basic right for the people of Newfoundland and Labrador. We understand that we cannot have a tertiary care system or a tertiary care facility in every part of this province; there are only 500,000 of us. But whether I live on St. Clare Avenue, five miles away from the tertiary care centre, or 500 miles away, the last thing I should have to worry about when I need service is if I can afford to travel to get there. But it's happening everyday.

I have a lady in my district right now who has an autistic son who cannot speak and he needs dental services. He cannot get them in Stephenville. This lady is on income support and the Medical Transportation Assistance Program is refusing to pay for her to take her son to see a specialist here in St. John's. There's something wrong with our system when people are left behind. That's what's happening.

Will this change fix that? If I thought it would, I'd vote immediately for it, but I do not see that happening.

To the senior in my district and other people's districts who are actually paying to see a nurse practitioner, actually have to pay a \$300 fee in order to become a client and then for every visit pay \$35 more. So every visit that senior makes now to get basic health care services, they pay a fee. When we've questioned the former minister of Health in this House of Assembly on numerous occasions the bottom line was they haven't figured it out yet. They haven't figured out yet how to reimburse nurse practitioners who want to set up private practice.

With all due respect, go figure out how to stop people from having to pay for it. That's what we should be doing, but we're not doing that. Will this today fix that? No, it won't.

There's a section in here that talks about charging fees. I just hope that we're not going down the road of now suggesting that the fees that we're going to be charging or allowing a health authority to charge includes charging fees for people for basic primary care services, because that is not what MCP is all about.

So those are things that need to be fixed now. They can be done without consolidating health authorities. They should've been done. All of the things that I have talked about should have and could have been done without this legislation but

they are not done. They are left behind and people are left behind. That is the fundamental principle that we should be talking about.

When we talk about debating health care, it's not about the structure or how many boards or how many health councils or what it's going to look like. It should be about how do we ensure that people get the service when they need it. And service, Speaker, shouldn't just be a word; it should be an action. That's what the people of this province are demanding. They want to see action; they want to know that when they are in need that there will be a bed available. That when their loved one needs to go to long-term care, that there are beds available. Unfortunately, right now, there are beds available but we have no staff. We have no staff.

I understand, yes, we've started to add more seats to the nursing programs and more seats for LPN programs for the colleges, but think about if we had to do that seven years ago. Think about that, if they acted when it was brought to their attention seven years ago. If they had to start then, perhaps we wouldn't be as bad as we are today. I'm not suggesting that we would be perfect, but I would certainly think that we would be in a much better position.

But we didn't do that, we chose not to. They chose to ignore it and for the last seven years, as a result of inaction, we find ourselves in a health system in crisis. Today, we are here talking about a very detailed piece of legislation, 36 pages or so to it, a lot of changes. Will this help people get access to health care? That is the big fundamental question I have. Or will it take the eye off the ball. Will the health care system now be so wrapped up again in trying to come up with how they're going to reimagine themselves? All of these discussions will be around, how do I fit into this new health organization? How do we staff it up? Who is going to be in charge? What's it going to look like?

Because I have seen that happen in the past. I have seen with both sides of government, both PCs and Liberals, I'm not taking sides on this because I have been through many different variations of reductions in health authorities. I know from experience what usually happens is it takes the eye off the ball and you start focusing on the structure as opposed to the people.

In some cases, a lot of times all this was done in the name of efficiency and we're going to eliminate all the management positions and all of that. So the name on a door changes from a CEO to a COO, from a chief executive officer to a chief operating officer. But again, I find that what we're doing is not focusing our attention on where it needs to be. Our attention needs to be on helping the people of Newfoundland and Labrador right now.

So moving this to a Committee to really examine it, to really let people have a look at what this involves and what it would mean is a good thing. I don't see that as a bad thing. I think the fact that we want to have more input, that we want to get it done right and that we have lots of challenges to do this, simply trying to debate this in two days or a one day or whatever it turns out to be, that doesn't do it justice. It doesn't do the people of Newfoundland and Labrador justice. This is our health care system we're talking about. It's about the 500,000-plus Newfoundlanders and Labradorians who are counting on us to get it right because it's time we start to do this.

Unfortunately, as I have said, the last seven years it was ignored. All of those signs were ignored. We find ourselves now with all those types of people out there who are falling through the cracks, who can't afford to travel for health care, who can't get an appointment to see a specialist, who can't get an appointment to see a psychologist, who can't get in to see a doctor – 125,000 and counting is the number. Then the people who have to pay for primary health care services in our province because we

can't figure out a solution to allowing nurse practitioners to work privately.

Let's talk about pharmacists for a second. Why aren't we talking about introducing legislation that would allow pharmacists who meet the qualifications to order blood work and then fill prescriptions? Imagine how much load that would take off of emergency room departments where people are going, simply, to get a prescription refilled. Imagine if they could fill them for more than just 30 days. Imagine if they could have basic blood work privileges to order blood work so they could monitor the patients.

Who best to know the reactions of drugs than the pharmacists themselves, clinical pharmacists in this province who have the training and the knowledge and the ability to do it? That's part of the expanding scope that we hear so much talked about. Those are the priorities for health care in this province. They should be the things that we should be talking about and debating, legislation that allows that to happen so that we free people up from having to go to emergency departments. There are things that we can be doing.

Again, sending this to a Committee to take the time to go through this and let's do it right. If this is the route the province is going down, then let's go down that road in a way that is fully informed, that the people of the province have an opportunity to understand it and that there is a clear direction. That, at the present time, we focus our attention not on the administrative structure, but on the health care of Newfoundlanders and Labradorians so that seniors don't have to pay to see a nurse practitioner, so that individual from Labrador doesn't have to travel to and pay over a thousand dollars. Will it improve coordination of health care services? Perhaps it will, but I would suggest that those are things that should be fixed now.

I'll tell you a quick story about my time as CEO of Labrador-Grenfell when an

individual came into my office and said they had an appointment to see a specialist in St. John's. That person went to St. John's and spent a thousand dollars; saw the specialist who said you need this particular test done. The test was only available in St. John's. So they walked down the corridor to make an appointment to get the test done, only to be told come back in two weeks. Fly back home, back down two weeks later, another thousand dollars plus to have the test done. The test could be read and within 48 hours they go see the specialist to talk about making an appointment to get the results. Sorry, can't give you an appointment for another two months. Back up again, back down again.

These are the inefficiencies that we need to be getting at. These are the things that need to be happening, and I don't see that one single health authority will fix that. Maybe I'm missing it, but right now it's not there.

What I want us to do is focus on the people of Newfoundland and Labrador.

Thank you.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Government House Leader.

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

Mr. Speaker, I move that this House do now recess until 2 p.m.

SPEAKER: This House do stand recessed until 2 this afternoon.

Recess

The House resumed at 1:30 p.m.

SPEAKER (Bennett): Order, please!

Before we begin, I would like to welcome in the Speaker's gallery a former Member from

the beautiful District of Cape St. Francis, Mr. Kevin Parsons.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: In the public gallery today, I would like to welcome Jay Walters, Krista Keating and Jason Walters. They are joining us this afternoon for a Member's statement.

Welcome.

SOME HON. MEMBERS: Hear, hear!

Statements by Members

SPEAKER: Today, we will hear statements from the hon. Members for the District of Conception Bay South, Exploits, Torngat Mountains, Grand Fall-Windsor - Buchans and Placentia West - Bellevue.

The hon. the Member for Conception Bay South.

B. PETTEN: Thank you, Speaker.

MusicNL kicked off the 2022 Music Celebration Week recently in Corner Brook from October 25 to 29. The awards gala capped off a week of events that included workshops, performances, networking with peers and showcasing Newfoundland and Labrador talent.

The music awards were held on October 29 and I would like to give a special shout out and congratulations to the awards winners from Conception Bay South. Our very own Justin Fancy for Entertainer of the Year; Quote the Raven, folk duo Kristen Rodden-Clarke and Jordan Coaker, won Group of the Year; Rosemary Lawton took home two awards, Celtic/Traditional Artist of the Year and Music Video of the Year for "Little Fires"; Matthew Hender, a member of the Kubasonics, won Folk/Roots Artist of the Year.

A couple of honourable mentions: Darcy Scott took the stage on MusicNL's Stars of

Tomorrow and participated in the Export Program; Mallory Johnson, our successful singer/songwriter residing now in Nashville hosted MusicNL's Songwriters Circle. Mallory had a very exciting week with the release of her new song "Surprise Party" which was published in the October 28 edition of *People* magazine.

Conception Bay South is extremely proud of these talented individuals and their accomplishments. These local musicians have a very bright future.

Congratulations to everyone and I wish them all continued success.

Thank you very much.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Exploits.

P. FORSEY: Thank you, Speaker.

On October 20, the Exploits Chamber of Commerce hosted their 22nd Annual Business Excellence Awards and Hall of Fame induction into which a businesswoman, at 31-years old, Ms. Megan Hoskins of Hoskins Funeral Homes and Crematorium received the Businesswoman of the Year award.

Speaker, Megan received her Bachelor of Arts degree in business administration in 2014. She went on to further her education and received her funeral directors and embalmer's licence in 2018. In 2019, she received her Life Licence Qualification Program and in 2020 she became a certified funeral celebrant and has been working at the funeral home since leaving university.

Hoskins Funeral Homes and Crematorium has been owned and operated by her parents, Paul and Debbie Hoskins, for 40 years. Megan followed their career path.

Megan is also Henry's handler, who is training to become the province's first certified funeral home therapy dog.

Speaker, I ask all Members of the House of Assembly to join me in congratulating Megan Hoskins of Hoskins Funeral Homes on receiving the Businesswoman of the Year award.

Thank you.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Torngat Mountains.

L. EVANS: Thank you, Speaker.

November 1 is a very special day for Bob Piwas of Natuashish and all of Labrador. In Natuashish, the very first home dialysis treatment in all of Labrador was completed by Bob Piwas supported by his daughter. We are very proud of them.

Hemodialysis is offered at three Labrador hospital sites: St. Anthony, Happy Valley-Goose Bay and Labrador West. People have to travel to these centres for dialysis. For people in Northern Labrador, it means moving to one of those centres because we are not connected to the provincial highway system, moving away from their communities, their families and their support systems.

So I want to recognize the tremendous life-changing options becoming available to all the Labradorians. Thank you to Labrador-Grenfell Health personnel for all their hard work in making this possible.

Labrador-Grenfell Health has worked with the Indigenous partners: Mushuau Innu First Nation and Sheshatshiu Innu First Nation, the Rotary International and the International Grenfell Association to purchase equipment to pilot home-based dialysis in two Indigenous communities. The program will be offered next in Sheshatshiu.

Following this successful pilot, home dialysis is anticipated to be offered across the Labrador-Grenfell Health region for patients who meet eligibility.

Sorry, it's very emotional because this means so much to the people on the North Coast, Speaker, I apologize.

SOME HON. MEMBERS: Hear, hear!

L. EVANS: And for those who opt to have their treatment in this manner.

I ask you to join with me, basically, and celebrating with me.

Thank you.

SOME HON. MEMBERS: Hear, hear!

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

C. TIBBS: Thank you, Speaker.

It is my pleasure to rise today in this hon. House to pay tribute to an honourable man. Then rookie Dave Byrne joined the fire department in 1972 at the age of 17. He served as a firefighter with the Windsor Fire Department for 19 years until Windsor and Grand Falls amalgamated in 1991, which then formed the Grand Falls-Windsor Fire Department.

On August 1, 2003, Dave Byrne became assistant chief and is still a very active member today after serving 50 years as a firefighter.

SOME HON. MEMBERS: Hear, hear!

C. TIBBS: Assistant Chief Byrne joins a very short list of firefighters to serve half a century keeping his community safe.

Over that time, he has seen more than his share of tragedy and disaster but always answered the page when it went out. As an active member, firefighting is just one

aspect of the job. There is so much work to be done inside the community and Assistant Chief Byrne continues to make this a priority. Whether it be training and advice or his quick wit, Dave continues to earn the admiration and respect from every firefighter he has ever served with.

As MHA and fellow firefighter, I speak for all residents of Grand Falls-Windsor to say thank you, Assistant Chief Dave Byrne for 50 years of service. God bless you, Sir.

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, nine-year-old Jay Walters of Boat Harbour, who is joining us in the gallery today.

SOME HON. MEMBERS: Hear, hear!

J. DWYER: When Jay was in Kindergarten, the Baine Harbour Volunteer Fire Department visited his school. He was so excited to rush home and tell his mother, Krista, all about it. One item he received was a cardboard cut-out of a money bank. He proceeded to tell his mom that it costs a lot of money to put gas in the fire trucks and he wanted to help.

For the next couple of months Jay saved all his change in the cardboard bank. He saved \$100 and made the donation in his late grandfather Tom Keating's memory, who also served on the Volunteer Fire Department in Baine Harbour. As a thank you, Chief Christopher Keating gave Jay his grandfather's bunker jacket from years ago.

Jay wanted to continue to help the fire department with a goal of \$1,000. With COVID-19, his fundraising efforts were put on hold, but that didn't discourage him.

From January 2019 to May 2022, Jay has donated a total of \$3,900.

SOME HON. MEMBERS: Hear, hear!

J. DWYER: Speaker, I ask all hon. Members to join me in recognizing Jay Walters on his 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 Tourism, Culture, Arts and Recreation.

S. CROCKER: Thank you, Mr. Speaker.

It is my pleasure to rise in this hon. House today to share some exciting news. As everyone, I'm sure, is well aware, the City of St. John's is hosting the 2025 Canada Summer Games.

SOME HON. MEMBERS: Hear, hear!

S. CROCKER: It will be an excellent event for not only the capital city, but for all of Newfoundland and Labrador.

I am pleased to share with my colleagues today that we will be building a brand new, state-of-the-art track and field facility. This facility will support the 2025 Games, giving athletes and coaches top-notch facilities from which to train and perform.

This project will be cost shared between the federal, provincial and municipal governments. The City of St. John's will be issuing a request of proposals for that facility today.

The proposed facility will not only create a quality athletic facility in the metro St. John's region that meets the Canada Games technical standards, but will add a significant piece of sports infrastructure that will benefit youth and people of all ages.

The proposed facility will also see active, healthy living opportunities for residents in the region, long after the games have ended. This facility has the potential to be widely utilized by community members of all ages.

It will also enable Newfoundland and Labrador to attract more large-scale sporting events in the years to come, bringing athletes, coaches and their families to our province, benefiting our tourism industry.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

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

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

It's exciting to have the 2025 Canada Summer Games coming to our province for the third time in our history. It's great to see the co-operation between all levels of government in the construction of this badly needed facility that will enhance the training and performance of our athletes. Our coaches will benefit as well by having this state-of-the-art track and field facility to practise.

Today is a good day for athletics in our province with the announcement of a brand new athletics facility for the city and the province. This will be the legacy piece for our 2025 Canada Summer Games and most certainly help attract new athletes to the sport and bring other national and international events in the future.

The facility can and should have a positive impact on the health of the residents long after the games have ended.

Thank you, Speaker.

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 his statement. Sports and extracurricular activities instill confidence, time management skills and good mental health, especially at a community level.

We encourage this government to properly fund sport and other fitness programming at a community recreation level, to give the youth a foundation to go on to use elite facilities like the one being built in 2025. Sports excellence starts at the community level.

Thank you.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Further statements by ministers?

The hon. the Minister Responsible for Labrador Affairs.

L. DEMPSTER: Thank you, Speaker.

I rise in this hon. House to recognize the Labrador veterans who served with the Newfoundland Regiment in World War I.

More than 100 years ago, these brave men left their traplines and fishing boats to fight in battles half a world away. Some of them were too young to enlist, but they were driven by a duty to serve.

Historians have studied military records to piece together the stories of their

courageous service, and I am happy to say we know quite a bit about who they were.

They were Blakes, Barneys, Curls, Flowers, Fords, Greens, Martins, Pardys, Pottles, Shiwaks, Traceys and Browns. They came from places like Battle Harbour, Henley Harbour, Carrolls Cove, Pinware, L'Anse au Loup, Sandwich Bay, Nain, Spotted Island, Hopedale, North West River, West St. Modeste, Grand Village, Red Bay and Rigolet.

Tragically, not all of these brave men returned home. Like others, they paid the ultimate sacrifice. Sadly, the men who returned to Labrador would never be the same.

As we prepare to observe Remembrance Day next Friday and mark Indigenous Veterans Day on November 8, it is fitting that we remember the Labradorians who volunteered in the First and Second World Wars, the Korean War and, most recently, the Gulf War and Afghanistan. They fought to preserve the freedoms and liberties that we take for granted today.

Please join with me in saluting the men and women from the Big Land who served in the Armed Forces and on peacekeeping missions. We also praise the Labradorians who have answered the call of duty and today proudly wear the uniform of their country.

Thank you, Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Harbour Main.

H. CONWAY OTTENHEIMER: I thank the minister for an advance copy of her statement.

I, too, join with the minister in acknowledging and recognizing Labrador veterans who served with the Newfoundland

Regiment in World War I. Many of these brave, young men were never able to return home. We owe many of our freedoms and liberties to their ultimate sacrifice. It is important we recognize this sacrifice as we approach Indigenous Veterans Day, as so many Labradorians that volunteered out of a sense of duty were Indigenous peoples.

On both Indigenous Veterans Day and Remembrance Day, the Official Opposition encourages everyone in our province to pause, reflect and honour the memory of our veterans.

Thank you.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Torngat Mountains.

L. EVANS: Thank you, Speaker.

I thank the minister for an advance copy of her statement.

We always remember the sacrifices of war and the harm it causes. Along with the courageous men honoured by the minister, we acknowledge the strong Labrador women who stayed home to support their families and the generations since, who still feel the impacts of their sacrifice. We honour them all.

Thank you, Speaker.

SOME HON. MEMBERS: Hear, hear!

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, the people of the province want to see the receipts.

I ask the Premier once again: Can you table the receipts of your fishing vacation with Mr. John Risley?

SPEAKER: The hon. the Premier.

A. FUREY: Thank you, Mr. Speaker.

As I've said before and will continue to say, I've always followed the rules and will continue to follow the rules. In this case, I went beyond the rules, which are not legislated, there's no obligation to do so and set up an ethical wall so that I have no control over the process involved. In fact, the process was set up by Minister Parsons and is a robust one that's open and transparent for all to see, Mr. Speaker. Every proponent, 31 of them, in this exciting new generational opportunity will go through the same robust and open process.

Sorry, I mentioned him by name, Minister of Industry, Energy and Technology.

SOME HON. MEMBERS: Hear, hear!

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

B. PETTEN: Thank you, Speaker.

Once again the ethical wall is the Premier's word. It's nowhere wrote down in legislation, that's his own term, so he wants us to trust him.

The answer is no, it's a flat no, and he's telling the people he's not going to provide it. So you have it loud and clear.

Premier, the people of the province are finding it hard to believe the Premier paid for the trip himself. It's astonishing we had to ask this so many times in the House.

I ask the Premier: Who paid for the trip, Mr. Risley or was there someone else who we're unaware of?

SPEAKER: The hon. the Premier.

A. FUREY: Mr. Speaker, as I've said, my time, my dime, full stop.

SOME HON. MEMBERS: Hear, hear!

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

B. PETTEN: It's comments like that, Mr. Speaker, that have a lot of people shaking their heads, us included.

Another classic Liberal deflection at its finest. As soon as we, the Opposition, turned up the heat on the Premier's fishing trip, another announcement. This time to replace St. Clare's hospital.

I ask the Premier: Was this announcement pulled out of thin air or to deflect from your fishing trip?

SPEAKER: The hon. the Premier.

A. FUREY: Thank you, Mr. Speaker.

I can understand why the Member opposite is confused about announcements of hospitals, because they announced one four or five times. It took a Liberal government to complete that hospital.

SOME HON. MEMBERS: Hear, hear!

A. FUREY: What we announced yesterday, Mr. Speaker, was the intent towards a new hospital.

SOME HON. MEMBERS: Oh, oh!

A. FUREY: I'm happy to respond if you'd like.

SOME HON. MEMBERS: Oh, oh!

A. FUREY: I'm happy to answer. Am I allowed to answer?

So the announcement of a new hospital in metro, Mr. Speaker, is in response to a changing dynamic within the metro region, which I think we can all recognize. It's time for a new St. Clare's; the data supports it. The population of the metro region has increased by 25 per cent and we have an aging population that is going to require more acute-care beds.

SOME HON. MEMBERS: Hear, hear!

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

B. PETTEN: Thank you, Speaker.

The difference with the Corner Brook hospital is it was long talked about, there was a lot of planning that went into it. It just wasn't decided one day when the Premier of the day woke up –

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

B. PETTEN: – and decided to announce a hospital. He came back from the weekend and decided –

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

The hon. the Acting Leader of the Official Opposition.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

B. PETTEN: He came back from his weekend away and decided he's going to announce a hospital. So here we go. That's the way this government operates.

Yesterday, the Minister of Transportation and Infrastructure admitted there is no time frame, no budget and no feasibility study on the plan to replace St. Clare's hospital. Today, lo and behold, there's a briefing to explain this away.

Why wasn't this briefing carried out Monday or maybe last week?

SPEAKER: The hon. the Minister for Transportation and Infrastructure.

E. LOVELESS: Thank you, Mr. Speaker.

The interim, interim Leader of the Opposition likes to be selective with his words, right? Yesterday, if he listened closely in terms of – it was a budgetary process and the minister sitting in front of me appreciates all this as well. It's a lengthy process. I can say it's a 12-month process.

In terms of the St. Clare's hospital being replaced, like other infrastructure that was replaced, it has been discussed for months and months on end. No doubt about it.

But what the Member is losing focus of – and there are lots of people that patted him on the back for that announcement. He hasn't. We know why he hasn't, because it's for a political purposes only. But the hospital is needed and the minister can give you other reasons why it should be replaced.

SPEAKER: The minister's time has expired.

The hon. the Acting Leader of the Official Opposition.

B. PETTEN: Speaker, I might be interim, interim, but after I listened to what he said on VOXM yesterday the minister might be on parole. Let's summarize. True words, he should listen to it.

The Premier was –

AN HON. MEMBER: (Inaudible.)

B. PETTEN: It's public knowledge. It's the radio station. Go talk to VOXM.

The Premier was caught on a luxury fishing trip with his billionaire buddy so the Liberals decided to announce a new hospital to distract from the Premier's problems. Yesterday, the minister admitted that the decision to build a hospital came out of nowhere. No homework was done on it.

Is today's briefing more damage control, Minister?

SPEAKER: The hon. the Premier.

A. FUREY: Thank you, Mr. Speaker.

Again, I'll finish my answer from the last time because I didn't have a full chance to articulate the data involved in the decision to drive this, Mr. Speaker. It's a 100-year-old hospital, Mr. Speaker. The population of the metro region has increased by 25 per cent. In 2000, when we took a hospital away from the metro region and didn't replace it with the full-bed capacity, the population has increased 25 per cent.

Since that time, the number of people over the age of 65 has increased from 18,000 to over 30,000. The number of hip fractures alone, Mr. Speaker, is gone from 250 a year to 450 a year this year to almost 650 a year projected in 2027. Where are we going to put all those people, Mr. Speaker? The approach from this government is to handle both the infrastructure and the human resource capacity at the same time and parallel.

SOME HON. MEMBERS: Hear, hear!

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

B. PETTEN: Keep going, we're going to put them in a brand new empty building with no staff with all the broken hips and no one to look after them. That's what we're doing here.

Speaker, the Premier likes to say that we've never seen – I was doing Estimates for years in this Department of TI. There's never been any talk of St. Clare's hospital and he knows that like the rest of us do.

Speaker, yesterday, the Premier said replacing St. Clare's is – quote – addressing all issues of the Health Accord.

So I ask the Premier: Can you tell us what page of the Health Accord highlights the replacement of St. Clare's?

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

T. OSBORNE: Thank you, Mr. Speaker.

As the Premier said earlier, it won't take eight years and eight announcement for us to get this hospital built.

SOME HON. MEMBERS: Hear, hear!

T. OSBORNE: This summer, Mr. Speaker, a large piece of steel fell off of St. Clare's, landing on the walkway where people use as the entrance to get in to St. Clare's. The building needs to be replaced.

Mr. Speaker, we need infrastructure. The Opposition has said that many times before. We need people. We understand that. We're working on both. We need a modern facility. Some of the folks we're looking to recruit want a modern, state-of-the-art facility to come here, too. That is one of the things that we hear from folks. We are working on both very aggressively.

SOME HON. MEMBERS: Hear, hear!

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

B. PETTEN: Speaker, that's infrastructure damage. We need doctors and we need nurses. That's what people need. And we need an emergency room where you can get care.

SOME HON. MEMBERS: Hear, hear!

B. PETTEN: Not this nonsense of coming out with announcements, making announcements and you don't even have a clue where the money is coming from. It's unbelievable, Mr. Speaker.

Speaker, long-term care beds sit empty across the province and staff are being forced to work mandatory overtime.

I ask the Premier: How can you commit to building a new hospital if you can't staff the current ones?

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

T. OSBORNE: Mr. Speaker, I will address the preamble of the question. The reality is we do need folks to work in our health care facilities. This health care facility that we're talking about is bursting at the seams. Anybody will tell you that the emergency room down there is non-functional, it's not laid out very well, Mr. Speaker.

St. Clare's hospital needs to be replaced. It is a priority of this government, but so is getting individuals working in this province. We've got a number of initiatives in place to hire people in this province, Mr. Speaker. We're reaching out worldwide to hire health professionals in this province, and we're doing much better than some of the other locations across Canada.

SOME HON. MEMBERS: Hear, hear!

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

B. PETTEN: Speaker, it astounds me. It's not a bricks and mortar issue; it's a human resource issue. We need people on the ground to look after them. Who cares if you look after them at the Empire State Building or Mile One, we need people to look after them.

They're building a building to deflect. It makes no sense. Everyone is saying it. We're asking those questions, which we're supposed to do.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

This is the warning. If it keeps up, Members are going to lose their speaking privileges again today.

The hon. the Acting Leader of the Official Opposition.

B. PETTEN: Thank you very much, Mr. Speaker, for that.

A year ago, in response to questions about the long-term care homes in Central Health, the minister said – quote – those facilities are fully staffed. But yesterday we learned that only half of the beds are open in Grand Falls-Windsor.

So I ask the Premier: If the facility was fully staffed a year ago, what happened?

SPEAKER: The hon. the Premier.

A. FUREY: Mr. Speaker, I'll again address the preamble with respect to St. Clare's. I'd ask the Member opposite, does he expect 200 extra hip fracture patients, who can't be treated at home, to live in Mile One? Mr. Speaker, I don't think that is prudent; I don't think that is responsible. We're trying to plan for the future. I would say to the Members opposite –

AN HON. MEMBER: (Inaudible.)

A. FUREY: I am not riled up again.

I can say, with respect to the where – you have to understand that this is a complex system that can't be treated in a linear fashion. You need to do two things at once, Mr. Speaker; you need to grow the human

resources and you need to provide the infrastructure.

It is quite clear from the numbers involved right now, Mr. Speaker, and the population that the current facilities will not allow for acute care for the patients of the metro region.

SPEAKER: The Member's time has expired.

SOME HON. MEMBERS: Hear, hear!

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

B. PETTEN: Repetitive, Mr. Speaker.

I'll ask again, a year ago, in response to a question about long-term care homes in Central Health, the minister said: "Those facilities are fully staffed." But yesterday we learned that only half of the beds were open in Grand Falls-Windsor.

I ask the Premier, again: If the facility was fully staffed a year ago, what happened?

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

T. OSBORNE: Mr. Speaker, I had indicated here yesterday and I'll indicate again today, we are doing a review of the services and requirements in personal care homes and long-term care homes with an aim to better utilize the individuals getting into these facilities so that we can get them out of acute-care beds.

We also need staff, and, more directly to the Member's question, we are recruiting staff not only within Canada, but internationally. The Member is obviously aware of the Medical Act that we put in place to recruit physicians from outside of Canada, from other countries. He will hear in the very near future about a nursing initiative, Mr. Speaker, to recruit from outside of the

country and he will hear shortly, again, after that another initiative to recruit –

SPEAKER: The minister's time has expired.

SOME HON. MEMBERS: Hear, hear!

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

T. WAKEHAM: Thank you, Speaker.

It is interesting to hear the Members opposite talk about the importance of the rebuilding of St. Clare's hospital, yet at the same time the very people who did their Health Accord had no recommendations on replacing St. Clare's hospital in it and, at the same time, I don't recall anything in the fiscal forecast talking about the replacement of St. Clare's hospital.

So if it is such a priority, why isn't it in those buildings? But I also know that there is nothing in the Health Accord about the sugar tax.

So I ask the Premier: Will you finally admit that it is nothing more than a tax grab?

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Premier.

A. FUREY: Thank you, Mr. Speaker.

I tell you what is not recommended in the Health Accord: taking nurses out of the system, as was recommended by the Member opposite, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

A. FUREY: We are trying to provide modern facilities for the people of the metro region. It is unfortunate that the Members opposite don't recognize that value. I think that we have made a good case for this, Mr. Speaker, in terms of the changing demographics, the changing population of the metro region. In fact, this hospital will

continue to serve not only the metro region but the entire province, Mr. Speaker.

With respect to the sugar-sweetened beverage tax, I've already made my case on that, and I think the public understands it.

SOME HON. MEMBERS: Hear, hear!

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

T. WAKEHAM: Speaker, I remind the Premier, in case he doesn't know, that taking nurses out of the health care system in 2016 was at the direction of his former minister of Health and his deputy minister of Health, both who are sitting on that side of the House –

SOME HON. MEMBERS: Hear, hear!

T. WAKEHAM: – right now, and, of course, you weren't allowed to tell the caucus Members of what their direction was. Maybe he should talk to some of them about it.

Speaker, yesterday the Premier said that people should just drink water. Well, the people in my district, in many communities, do not have access to clean drinking water.

So again I ask the Premier: Show some leadership and axe the tax.

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

L. DEMPSTER: Speaker, I'd like to respond to the preamble and shed a little light. When the Member says he did it at the direction of this government, when we formed government in late '15 and we thought we were facing a billion-dollar deficit and it turned out to be over \$2 billion from the Muskrat Falls fiasco, there was tough decisions to be made. However, when this government asked the Labrador-Grenfell Health, which he was CEO at the time, to find savings to the tune of 30 per cent, he honed in on the most

vulnerable population, a small isolated community in Labrador and said we'll take the nurse out of Black Tickle. The reason the nurse there was getting so much salary was from mismanagement from the health authority under his leadership at the time. That's what happened.

SOME HON. MEMBERS: Hear, hear!

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

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

T. WAKEHAM: If only half of that was true. What the minister just failed to realize is we were given a directive to take \$500 million out of the system and that minister, her Minister of Health, told us not to tell her, not to communicate with anybody in the communities. We were not allowed to tell the communities what was being proposed. We were not even allowed to tell our own MHAs.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

The hon. the Minister of Industry, Energy and Technology will lose his speaking privileges this afternoon.

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

T. WAKEHAM: At the end of the day, Minister, it was the Minister of Health who said yea or nay to any recommendations that come in. So if she wants to blame someone for taking the nurse out of Black Tickle, blame the former minister of Health.

Now I'd like –

SPEAKER: The Member's time has expired.

SOME HON. MEMBERS: Oh, oh!

SOME HON. MEMBERS: Hear, hear!

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

L. DEMPSTER: The point I'm making when you're in a leadership role and you're asked to make decisions, you look generally in the back room and you look for places to find efficiencies. You do not reach in to the most vulnerable.

So I have to wonder if this Member across the way is seeking a leadership role, I would ask the people of the province is he going to reach in to the most vulnerable. Because I can tell you that's what happened in that situation –

SOME HON. MEMBERS: Hear, hear!

L. DEMPSTER: – and when he called me and said we're taking the nurse and we're going to serve it with paramedics, I said it will not happen and it did not happen.

SOME HON. MEMBERS: Hear, hear!

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

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

T. WAKEHAM: Speaker, what I will not do is fail to communicate with the people who are being impacted. I will not turn around and say do not communicate with the communities that you're talking about. I will not turn around and not allow MHAs to have a say in what's happening in their own districts, which this government did, which that minister refused to do. Those are the facts, Mr. Speaker. Those are the facts in this particular case.

SOME HON. MEMBERS: Hear, hear!

T. WAKEHAM: I go on to say, at the end of the day, if this government had not wanted to axe \$500 million out of the system, none of that would've happened. So let's go back to the question at hand.

SPEAKER: The Member's time is expired.

The hon. the Minister of Education.

J. HAGGIE: Thank you very much, Speaker.

I feel obliged to address a comment in the preamble. Perhaps the Member opposite would like to explain why he wanted to shut the St. Lewis clinic, the St. Mary's clinic at a time when there were no roads paved – which we have achieved – and those roads were essentially impassible in spring and the fall and now –

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order!

The Member for Stephenville - Port au Port will lose privilege this afternoon also.

J. HAGGIE: – he tries to deflect the blame.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Ferryland.

L. O'DRISCOLL: Great deflection going on here today, great deflection, I have to say.

Speaker, it's been four years since government finally opened the first phase of the Team Gushue Highway. The Liberals have indicated they don't have the money and need federal support. Incredibly, 65 per cent of the provincial share of the Investing in Canada program, a federal program, remains unallocated. Minister, what is the holdup?

SPEAKER: The hon. the Minister of Transportation and Infrastructure.

E. LOVELESS: The holdup is because we're doing things responsibly. This government is doing things responsibly. As I said, we need support from the federal government and we've gotten support from the federal government under Trudeau.

We go back to Harper when there were all kinds of cuts. But we will do it right when we get the funding arrangement in place. I say to the Member opposite, stay tuned.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Ferryland.

L. O'DRISCOLL: You won't have to worry about doing the road; you need to worry about cutting the trees over there by the time it's done.

Speaker, unlike the new hospital, the plans are in place for the infrastructure program. According to the Canadian Construction Association, our province is the worst in the country at getting money out the door. Ontario, on the other hand, has spent their share.

Again, why can't the minister get the project moving?

SPEAKER: The hon. the Minister of Tourism, Culture, Arts and Recreation.

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

I had to take this question just to point out to the Member opposite that it was only less than, I don't know, 35 minutes ago I stood up here and announced a federal-provincial partnership with the City of St. John's to build a new track and field facility here in this province. It's ironic, Mr. Speaker, they stand here and talk like – where's the infrastructure?

Where's the infrastructure? Then preceding that was why are you building a new hospital?

Well, to the Members opposite, a hospital is infrastructure.

AN HON. MEMBER: (Inaudible.)

SPEAKER: Order, please!

Member for Ferryland, you can lose your privileges for this afternoon, too.

S. CROCKER: Mr. Speaker, this is a hospital; it's infrastructure. The new Canada Games facility – and I can tell you, I was fortunate enough to spend three years in this minister's responsibility and let me tell you, the Team Gushue completion was always something that was on the table. I think as the minister said, stay tuned.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Terra Nova.

SOME HON. MEMBERS: Hear, hear!

L. PARROTT: The Team Gushue Highway is like their plan – a road from nowhere to nowhere.

Speaker, municipal leaders across the province will be gathering this weekend in Gander at the annual MNL Conference and they're wondering: Is there a cost analysis completed for the Premier's regionalization plan?

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

K. HOWELL: Thank you, Speaker.

It is an opportunity that I've been waiting for a few days to be able to stand and speak to the regionalization plan. We've received our report from the joint working group on regionalization, which has

undergone extensive analysis. As I've said before, when I stood in this House, it's certainly not my intention to come out and make decisions that are rash and unappropriated and not approximated.

So when I come forward with a plan for regionalization it will be a solid plan that has evidence base behind it so that the people of this province will get the best bang for their buck out of any particular regionalization plan.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Terra Nova.

L. PARROTT: Thank you, Speaker.

We're looking for a cost analysis. That's the question.

Anyhow, we're hearing from towns and LSDs who are concerned about regionalization and, according to the emails obtained by my office, there are more questions than there are answers.

I ask the minister: Is the regionalization plan on hold or is it cancelled altogether?

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

K. HOWELL: Thank you, Speaker.

As I've said previously, the report that came from the joint working group is still being analyzed. We want to make sure that all the numbers are right and that things make sense for the people of this province. We don't want undue burdens to be placed on people in LSDs or unincorporated areas but we want everybody to have reasonable and equitable pay for the services that are provided.

Given that, we do consider that these are new costs that could be associated and we want to make sure that when we bring it

forward it's fair, it's equal and it's done right to provide equitable services to create sustainable communities where people will want to come, work, live and continue to grow this province.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Exploits.

P. FORSEY: Mr. Speaker, one in 10 residents in our province are currently under a boil-water advisory, yet the government has been unable to allocate some 65 per cent of provincial share of the investments on the Canada plan.

Speaker, why is the minister allowing people to get sick when federal dollars remain unspent?

SPEAKER: The hon. the Minister of Environment and Climate Change.

B. DAVIS: Thank you, Mr. Speaker.

I thank the hon. Member for the question. It's a very important question. We have a number of communities, as we know, that have boil-water advisories. Any opportunity we can – I know the previous minister responsible for this area has put a lot of pressure on the municipalities and the LSDs to come forward with proposals to do the favourable regime for waste water and water.

Drinking water is an important piece. It's a priority for us. We're going to work with our federal government through the Minister of TI as well to get those projects started and get them moving, but it starts with the municipality coming forward to us. We want it done. We want them to come forward for this and we want to support it.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Exploits.

P. FORSEY: Speaker, we have 160 communities with boil-water advisories and impending federal waste water regulations. According to the Canadian Construction Association, our province has the worst performance in the country in getting the money out the door.

Communities are ready; contractors are ready.

Why won't the minister move and give residents clean, safe drinking water?

SPEAKER: The hon. the Minister of Transportation and Infrastructure.

E. LOVELESS: Thank you, Mr. Speaker.

It is an important question. I've had conversations with the associations that represent the industry. But just, I guess, for factual information, the department has provided more than \$100 million and that's represented 300 water projects over three years. We're calling for more applications and, especially this year, we're focusing as well, we always remind towns that, listen, we're interested in water projects. We've done that in the past and we'll continue.

We have a commitment to the communities in this province that if they can't financially afford to do it, we'll be there to support them.

SOME HON. MEMBERS: Hear, hear!

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

P. DINN: Thank you, Speaker.

Speaker, during the last election, the Premier promised IVF services here in the province. He said – quote – we will be working with stakeholders including obstetricians and gynecologist here who firmly believe that a clinic here is possible.

Today, we find out that two of our doctors trained in IVF here in the province have been completely ignored.

I ask the Premier: Were these just more empty promises?

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

T. OSBORNE: Mr. Speaker, the election was about 18 months ago. Since that time, we've put in the \$5,000 fund to allow people up to three trips outside the province for IVF services. We've also announced, within the last couple of days, that we're doing an RFP to look at what fertilization services are available in the province, whether or not they need to be expanded, the number of people on the waiting list and how we should provide fertility services in the province.

Mr. Speaker, this is an important issue. It's an important issue to the individuals who require the service and we are focused on addressing it. I will be communicating with and consulting with stakeholders on this issue.

SOME HON. MEMBERS: Hear, hear!

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

J. DINN: Speaker, the cost-of-living crisis has hit post-secondary students particularly hard. Many have seen their tuition quadruple since they started their program.

I ask the Premier: Will his government support and invest in post-secondary students, freeze tuition and expand the needs-based grants.

SPEAKER: The hon. the Minister of Education.

J. HAGGIE: Thank you very much, Speaker.

Tuition at MUN remains a valued proposition, whether you're an undergraduate student or post-graduate or international. We are very competitive. Even with the tuition freeze gone – which MUN lifted – and in response to that, we took the tuition freeze money and gave it directly to the students in an offset. We have committed significant funds, and along with the federal government, we are providing more funding this year than last year.

In terms of the valued proposition, MUN is an excellent facility and is one of the cheapest both for domestic and international students.

Thank you.

SOME HON. MEMBERS: Hear, hear!

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

J. DINN: It may be competitive but it's definitely not accessible.

Speaker, post-secondary students were on the steps of this building pleading for supports this morning. While this government announces new hospitals to benefit their political supporters, the future workers being trained to address the health care crisis had to rely on food banks, to the point where those food banks closed.

I ask the Premier: Which part of the population growth strategy outlines youth and student poverty as a goal?

SPEAKER: The hon. the Minister of Education.

J. HAGGIE: Thank you very much, Speaker.

Just to clarify some things in the preamble. MUN is an autonomous body and sets its own tuition rate. This they did and they announced this to us. In view of the fact they were not freezing tuition, as we had

understood, and we funded them to make up for that. We decided to repatriate that money, take it back into government and redistribute it to students in need across this province. This we have done. We have significantly improved the individual grants, we've raised the weekly limits and we have improved provincial funding by almost half, compared with this time last year.

SOME HON. MEMBERS: Hear, hear!

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

J. DINN: Speaker, students once came to this province because our post-secondary institutions offered an accessible, quality education and the experience of living in our great province. This Liberal government has cut funding to students and failed to invest in infrastructure.

I ask the Premier: Is this what he meant when he said Memorial had to figure out what it wanted to be when it grew up? A place where buildings leak, food bank shelves go empty and students face homelessness.

SPEAKER: The hon. the Minister of Education.

J. HAGGIE: Thank you very much, Speaker.

I think for accuracy, again, I need to repeat the answer to the previous two questions. We have increased funding to students in the province at post-secondary education. We have done this by a factor of 50 per cent on average. We have taken the tuition money that we gave to MUN on the understanding that they would freeze tuition, and we have given it directly to the students to directly offset their course cost increases. That is nothing but an increase.

Thank you.

SOME HON. MEMBERS: Hear, hear!

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

E. JOYCE: Mr. Speaker, John Risley stated publicly: "The province asked us to do this in phases." He said the original idea was to submit all proposed sites for the hydrogen project. Not only did government advise GH2 on how to proceed, the Minister of Environment and Climate Change accepted Phase I only.

The Premier stated that he did not discuss the wind project with Mr. Risley on his fishing trip.

To ensure fairness, equal opportunity to all proponents, I'm asking the Attorney General to refer this matter to the Auditor General under section 22, to conduct an investigation on who in government is advising GH2 on how to proceed and circumvent the environmental assessment and giving GH2 an unfair advantage.

SPEAKER: The hon. the Minister of Environment and Climate Change.

B. DAVIS: Thank you, Mr. Speaker.

I would just like to thank the hon. Member for the question, but there is no one in government who has ever said to the proponent – I think the proponent actually clarified that in a media interview right after that, maybe a day or two later.

It is just that facts matter in a case like this. It is a legislatively governed process. The environmental assessment is legislatively governed. Every proponent in every facet there that meets the requirements to go to environmental assessment goes through that environmental assessment.

This proponent did so; they're going through, as of August 5, the environmental impact statement, of which I encourage the public to reach out – they have two more opportunities for public consultation. The next one closes off on November 8 and then

there will be another one that will open (inaudible) –

SPEAKER: Order, please!

The minister's time has expired.

SOME HON. MEMBERS: Hear, hear!

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

E. JOYCE: Mr. Speaker, just to be clear, Mr. Risley stated later that he is the one that wanted to put in all three phases and government advised him not to. They are the facts, Minister. If the government wants an open and transparent process, ask the Auditor General who advised them how to do it. Here is an opportunity to prove the Premier correct.

Mr. Speaker, Phase II of the GH2 project would include Lewis Hills and Serpentine valley areas. A major portion of the area is classified as sensitive, where Crown Lands can't even accept an application for a cabin. It's also a portion of the Appalachian Trails, potentially a geopark and UNESCO destination.

I ask the minister: Due to the sustainability of this area, why is GH2 advised not to submit three phases of this project to be included?

SPEAKER: The Member's time is expired.

The hon. the Minister of Environment and Climate Change.

B. DAVIS: Thank you, Mr. Speaker.

I can't be any clearer than I was already. There was no one in the department or in government, to my knowledge, that has ever told a proponent. A proponent clarified that in the very next interview that he did.

Facts do matter. That's what was out there in the public domain. We've looked at it too

and I encourage the Member to look at it as well.

All I can say is that it's a legislatively governed process that we're following for every proponent that goes through. This proponent, no different than any other proponent. As we heard in this House earlier this week, there are 31 other proponents potentially coming forward. That's great for this province. They're all going to have to go through this process.

I hope that this process, at the end of this process, will have many environmentally sound projects that they're going to be having to employ people in this province.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The time for Question Period has expired.

The hon. the Government House Leader.

S. CROCKER: Point of order, Mr. Speaker.

Earlier on in Question Period, under Standing Order 34, the Opposition House Leader referred to comments about the Minister of Transportation and Infrastructure about being on parole, Mr. Speaker. I think that would be a –

AN HON. MEMBER: Uncalled for.

S. CROCKER: Well, yes, totally uncalled for, Mr. Speaker. That would be unparliamentary and it would suggest that the Member opposite would have some reason to be on parole.

Thank you, Mr. Speaker.

SPEAKER: I'll take the point of order under advisement and review some of the audio then.

Presenting Reports by Standing and Select Committees.

Tabling of Documents.

Notices of Motion.

Answers to Questions for which Notice has been Given.

Petitions.

Petitions

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

J. DINN: Thank you, Speaker.

This petition is signed by about 140 to 150 people and it's regarding just transition legislation. These are the reasons for the petition:

The effects of climate change are already harming people of this province, according to the final report of the Health Accord, through more frequent and destructive weather events, disappearing sea ice in Labrador or through toxic pollution.

The science unmistakably tells us that we need a 45 per cent reduction in greenhouse gas emissions by 2030 and a 90 per cent reduction by 2050 in order to avoid ruinous climate change.

Former Bank of Canada Governor Mark Carney stated in the fall of 2021 that the green transition is the greatest commercial opportunity of our age.

Newfoundland and Labrador stands to gain by entering early into the green technology sector, with some of the strongest renewable energy resources in North America, a rapidly growing technology sector and world-class education and research facilities.

The major economic transformations of the past were carried out without consideration for workers in phased-out industries. Our workers in the oil and gas sector already

have the skills and know-how needed to build the new green industries and are, therefore, well placed to take advantage of this unique opportunity.

Therefore, we petition the hon. House of Assembly as follows: We, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to introduce just transition legislation, ensuring high-quality union jobs, guaranteeing workers the supports they need to join the new green workforce and ensuring local communities are the primary beneficiaries of the green transformation.

Speaker, I can't help but think that if we had just transition legislation, this whole discussion around a fishing trip would be moot because we would have a framework in place that would at least make the whole process transparent. Part of what we called for in our own just transition legislation was an officer of climate accountability who would report to this House.

We know quite clearly from the disaster that hit Port aux Basques that –

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

The hon. the Leader of the Third Party.

J. DINN: Thank you, Speaker.

We know –

B. PETTEN: (Inaudible.)

SPEAKER: Would you get up after he finishes? He has 30 seconds left, if you don't mind.

The hon. the Leader of the Third Party.

J. DINN: In the end, Speaker, what these petitions are looking for is an overall plan to address this issue, that's well planned out, well thought out and that is transparent.

That's what they're calling up, and let's get on with that.

Thank you.

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

B. PETTEN: Mr. Speaker, during the Member for St. John's Centre's petition, the Member for Corner Brook took liberty to go up and speak to you on something pertaining to me, which I couldn't overhear, but it was about giving you advice on something that was a point of order, which I find offensive. Then he took it upon himself, when he walked back, to start blowing kisses our way. I'm not sure who he done it to, but this is below the bar. You're going below the bar.

We can say a wrong word here or there, but to try to get up and turn one missed word – maybe one might not be an issue. But to try to get up and through a bullying and intimidation process go up there and try to intimidate me – because he isn't intimidating me. The Member for Corner Brook is not going to intimidate me in this House and I don't think he's intimidating anyone on this side.

I've let a lot of things go in this House; believe you me, a lot. But I will not sit here, as Opposition House Leader, as Member for Conception Bay South, as the person I am and let that man walk back and start blowing kisses our way – our way. I don't care who he's directing it at, it's diminishing, it's demeaning and it's not what this House is intended for.

He thinks he owns this House; he don't. The people of the province owns this House and I think it's wrong.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Corner Brook.

G. BYRNE: Thank you very much, Mr. Speaker.

This House must retain its integrity and its decorum, its very dignity.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

G. BYRNE: And by the very fact that there are cat calls now –

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

I heard the speaker, so I'd like to hear this one, please.

G. BYRNE: Thank you very much, Mr. Speaker.

So what the hon. Member, the interim Leader, the House Leader of the Opposition Party, may have inadvertently neglected to provide during his discourse to the House and to you, Mr. Speaker, was that – and you may have picked this up on audio and it may be captured in *Hansard* but I'm not sure. But as I walked back to my seat he said: It's time for you to get a new career; it's time for you to step down. That's what the House Leader of the Opposition stated.

So while, Mr. Speaker, I certainly do take aghast to that particular expression, I don't think it's warranted. One could argue that was meant to intimidate me. If there was any offence taken by any particular hand gestures, in reply to the clear statement from this supposed interim Leader of the Opposition – or I'm sorry, the House Leader? What's his position again?

AN HON. MEMBER: Interim.

G. BYRNE: Interim Leader of the Opposition. I apologize for not giving his title correct; he deserves his title. If there's any implication or any concern that was taken

by any kind of hand gesture that may have been misinterpreted by him, I certainly do apologize.

But I'd ask for the hon. Member as well, in the spirit of decency, of mutual respect and the dignity of this House, to acknowledge that to present to another hon. Member that it's time for you to leave – your time has come; it's time for you to get a new career – that's an offence to the House as well.

So I apologize unequivocally and I ask the hon. Member to do exactly the same thing.

SOME HON. MEMBERS: Hear, hear!

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

B. PETTEN: Thank you very much, Mr. Speaker.

If my comments offended the Member for Corner Brook, I do unequivocally apologize as well. But I think the lesson here is the start of what started all this – and I am apologizing. But to go up there and to be talking about me to you that I could almost hear – not quite; I know my colleague for Terra Nova could hear – that's the crux of this problem, Mr. Speaker. It's a form of bullying.

I will remain offended to that. If my comments offended the Member for Corner Brook, I will apologize on that. But I still have an issue with the commentary up there that could be almost overheard by some Members on this side. That is bullying and intimidation and I do take offence.

Thank you very much.

SPEAKER: The hon. the Member for Corner Brook.

G. BYRNE: Mr. Speaker, if you'll take an opportunity to review *Hansard*, if required – but I think you heard it very clearly yourself – he did not apologize. In fact, all he did is

take the opportunity to repeat the previous accusation or the previous slight.

Mr. Speaker, the other thing that you will be of clear mind to be able to judge, without review from a copy of *Hansard*, is what the topic of the conversation was. When I repeat it to you, it was simply a matter of precedent that applies to the entire House, which had no reference whatsoever to the hon. Member in question.

You are first-hand; you are first party to the conversation that I conducted with you. The hon. Member has made a reference, a second slight, to suggest that I was speaking to you to make reference to the hon. Member in question, which you know to be false.

With that said, I address the question of whether or not there was a precedent that had been established by the Speaker of the House, potentially under advice of their Clerk, and whether or not that should be appropriate to apply to this particular situation. There was no discussion whatsoever about the hon. Member, the interim Leader of the Official Opposition. You know that to be true because you were first party to the conversation.

With that said, Mr. Speaker, the hon. Member has not unequivocally apologized. He's not apologized. He used the reference. He stood on his feet to repeat the allegation or the slur in question and then tried to basically obfuscate the situation by referring to a second issue. Then, he went on to indicate that our conversation was very different than what it was.

This is a second offence to the House and a second breach of privilege.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Order, please!

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

I know everybody's getting a bit heated and everything else. Both Members did apologize. I will take the additional comments under advisement and report back to the House.

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

We are in petitions.

E. JOYCE: Thank you.

It's great to get back to government business, I must say.

WHEREAS our environment must be protected and an environment assessment be followed to ensure the safety of our environment for future generations; and

WHEREAS the World Energy GH2 has submitted a plan to the Government of Newfoundland and Labrador to build wind turbines in Western Newfoundland; and

WHEREAS the company director has stated publicly that the government told the company to register only Phase I of the project; and

WHEREAS the company director stated they need the three phases to make the project viable;

THEREFORE we petition the hon. House of Assembly as follows: We, the undersigned, call upon the hon. House of Assembly to urge the Government of Newfoundland and Labrador to reject Phase I of the World Energy GH2 project and complete an environmental impact study on the World Energy GH2 project as one to ensure the complete project is evaluated and the environmental study is not circumvented. I'm going to speak today on what the minister said earlier; he said to his knowledge. I ask the minister, when I stood up and asked to be referred to the Auditor

General, you're saying to your knowledge. Can you stand in this House and confirm that no other person, even on that fishing trip, never spoke to John Risley about this? If you can't confirm that, Minister, this is why we need this referred to the Auditor General.

This is serious. This is taking a friend, giving them inside information John Risley said himself, and not making it fair for the rest of the proponents. You can't have that.

Another thing the minister just said. He said that John Risley went out and clarified this later. John Risley just recently said that we're hoping to get the three projects done. So John Risley is out saying we want the three projects done. We're hoping to get the three of them done. We got to have three of them done.

For the minister to stand up and say – and I challenge the minister to show me this information where John Risley said, oh, that was a misunderstanding. John Risley is publicly now saying that we need the three of them done by next year to make this project viable.

Minister, because I gave the government an opportunity, right now, to get the Auditor General to say, no, that's not true – John Risley, his statements were not true – I'm going to keep saying that it was on the fishing trip. I'm going to keep it because no one can confirm that it didn't. They refused to look at it to say what was said where and who. But when you've got inside information and someone is telling you, here's the best way to go about it because Phase II, Lewis Hills, is too sensitive, you can't touch the Lewis Hills, don't go there. Just do Phase I and once you get your buildings, we have to give you the other ones.

I'm going to say that there is someone in government who's feeding this information and we should get to the bottom of it.

SPEAKER: Order, please!

The Member's time is expired.

E. JOYCE: Thank you, Mr. Speaker.

SPEAKER: The hon. the Member for Torngat Mountains.

L. EVANS: Speaker, my petition is about the return of the marine shipping service between the Island portion of the province and our Northern Labrador communities.

We, the undersigned, are concerned citizens of Newfoundland and Labrador who urge our leaders to return the marine shipping service between the Island portion of our province and our Northern Labrador communities of Rigolet, Makkovik, Postville, Hopedale, Natuashish and Nain.

Our Northern Labrador communities are totally isolated with no road access and marine transportation services are limited to just five months, on average. With the cancellation of the direct marine freight service from the Island portion of our province to our communities, residents are witnessing exorbitant price increases of basic needs impacting overall quality of life.

Therefore we, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to reinstate the marine shipping service between the Island portion of the province and our Northern Labrador communities.

Now, Speaker, I know people are saying when she dies on her headstone is going to be a call for the return of the marine shipping from the Island. In actual fact, if I were to die today, that would be one of my wishes. Because every resident in my Northern coastal communities is impacted. They're impacted because the cost of food has gone up. Not only with the increased cost of fuel for the trucking because of this war in Ukraine, but in actual fact, the prices have gone up because of the additional trucking alone.

Not only that, in April and May of 2019, when I was campaigning to get elected into this hon. House, the teachers in Nain told me that the removal of this freight boat starting in June 2019, they said teachers were going to leave. They said, Lela, within three years you're going to see a significant difference. In actual fact, that's true now. It's three years later and in Nain they had a huge retention issue. I had parents talking about 12 teachers leaving in one year. That's a lack of retention. You can't fill the vacancies; it's basically a lack of being able to recruit.

Looking at food insecurity, the cost of building materials, the cost of having a house, maintaining a house, household goods, all of that has increased directly. What's happening now is people can't afford quality of life, most people. When the cost of living goes up and you're struggling to buy food and obtain shelter and actually be able to have quality of life for your elders, for yourself and for your children, it's causing a lot of difficulties.

In this Health Accord it talks about the social determinants of health and when you look at that, the ability to feed yourself, to be able to have safe shelter –

SPEAKER: Order, please!

The Member's time has expired.

The hon. the Member for Bonavista.

C. PARDY: Thank you, Speaker.

Health care on the Bonavista Peninsula is currently, and has been for a significant period of time, not resourced adequately to provide quality health care for the residents in the District of Bonavista but particularly in the Bonavista area.

A large portion of the district is without a family physician and the local area has no representation in the recruitment and retention process. Without adequate

resourcing, the District of Bonavista is grossly substandard in providing appropriate care.

We, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador, in addressing the human resourcing of physicians in the District of Bonavista, to include local representation in the recruitment and retention process to further enhance the opportunities of attracting prospective physicians to our historic area.

Minister, we're debating now Bill 20 and in Bill 20 we have a component which looks at the retention and the recruitment and we're asking the provincial authority to be able to look at and have a process. Through this petition that has been signed by members from Bonavista, I would ask that we don't lose in that process, representation from the local area.

And I would say that if we're trying to recruit local physicians or family physicians to the area, it's important that we have local representation in order to be able to fully disclose to them what the offer or what the area can provide for them. That's the gist of the petition.

I would say that if we had a local group that were involved within the recruitment process that can show them what this district has to offer in a scale from the locals, even to have an opportunity to show what can be brought forward, locally, in the area, I think it increases our opportunity that we may be able to attract some health personnel to our area and that's the gist of the petition.

So just to repeat: local representation. If someone said that we already have local representation, I want to reflect back upon a session we had at the Garrick Theatre where the hall was full. Eastern Health had representation there and one question was asked by a gentleman, Mr. Reg Durdle: Does anybody have any involvement or

know of anybody in the area that's involved in the retention and recruitment? There were three hands, I think, went up in the auditorium – three out of a full house.

So the thing I said, one thing is to have it, another thing is that we will be comforted to know we have it.

Thank you, Mr. Speaker.

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

P. DINN: Thank you, Speaker.

So the content of this petition:

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

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

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

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

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

Speaker, I've presented this petition many times in this House. In fact, I broached one question today in Question Period on this

where this was promised in the last election, 21 months ago, almost two years ago, and the doctors in question here had provided a proposal four years ago with the government on setting this.

As we know, we have severe population challenges here, and this is truly grow your own, when you can help families out there conceive and have children and start a family. The stats will tell you it'll vary between one in four and one in six families have issues or troubles with trying to conceive.

Partially in response to these petitions, government came in with a subsidy, \$5,000, I think, for three times. But we've also found out from many that's not enough. Because we know that going out of province to access IVF treatments is very costly when you take into account the travel, the accommodations and the time away from work. You even pay for embryo storage. These are things that people don't realize, the added costs that it takes to do this. If we have doctors who are willing and able to set up here in the province – now, will they have the level of expertise someone up in Calgary has? Maybe not, but they start somewhere and you give the residents of this province an option. They can select that.

So I really hope that government will follow through on their commitment and establish an IVF clinic here in the province.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Orders of the Day.

Orders of the Day

SPEAKER: The hon. the Government House Leader.

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

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

SPEAKER: The hon. the Member for Terra Nova.

L. PARROTT: Thank you, Mr. Speaker.

Mr. Speaker, we are tired of explaining to patients and their relatives why they can't get a timely appointment when they need one. Most of all, we are exhausted by the effort to get government to listen and to act.

Think about those words: We are tired of explaining to patients and their relatives why they can't get a timely appointment when they need one. But, most of all, we're exhausted by efforts to get government to listen and act. Not my words, not the words of a constituent, the words of the former president of the NLMA, current Minister of Education and previous minister of Health – his words. Think about that.

We are here today debating a bill that there was lots of time to enact and to work on. The motion we put forward isn't about delaying a bill. I'll quote what the Member for Lake Melville said: We can't afford the delay. I don't disagree that we can't afford the delay, but there is one other thing that we can't afford and that is we cannot afford to get this wrong – we cannot afford to get this wrong.

People in this province are hurting in ways when it comes to our health care that we have overlooked for a long time. We all know that there are efforts going on. I'm not going to stand here and say that this government isn't trying to recruit doctors and nurses, not trying to retain, haven't tried to put in a new initiatives; but the reality of it is that they haven't all worked. Some of them haven't had the time to come to fruition and work. We're not stunned to all of that, and we know that some of it is going to take time. But what I will say is that this isn't an issue that happened in the last three months; this is an issue that has been

growing for years and it is probably been growing in the previous administration.

But there has been a seven-year period where we have watched this grow exponentially and I really don't care what anybody else in this building thinks; I'm here to represent the people of this province and certainly my constituents in my riding. What is happening in PEI or British Columbia, Quebec or anywhere else doesn't concern me. While I know it probably has some effect on this, with the drain and other provinces trying to recruit our health care providers, we're on equal footing and we should be looking at that. Right now we have a system that – to quote the nurses – is broken but it's not beyond repair.

So the Premier said this morning as an example when he was talking about building a new hospital, we have a changing dynamic in the metro area so we need a new hospital. I don't disagree. We have a changing dynamic right across this province. But when we have health care centres right across the province closing down because of staffing, we need to realize that there are other areas that we need to focus on.

Let's look at it in this way. We're looking at recruitment, retention and now we're looking at building new infrastructure, we're looking at bringing in new programs, all for health care, and we're looking at eliminating health care boards. There's nobody in this place or in health care that's going to tell you that the elimination of health care boards isn't going to cause a short-term strain on health care.

The individuals that are working in the backrooms, the people that are managing anything from procurement up to front-line health care are going to be concerned about their jobs. It's going to add extra strain and pressure on them that we are not taking into consideration.

We need to find a way to streamline health care. Nobody is arguing that. I believe there

are many people in this House who've worked in health care. I have not; I profess that. What I will tell you is I probably spent a lot more time on the other end of a scalpel than most people here have and I've seen the strains that nurses and doctors face. Just last week I was at St. Clare's and I had an appointment with an orthopaedic surgeon. So I said: How's it going? Are you busy? The first thing out of his mouth: The quietest we've been. I said: Why is that? We don't have the nurses to perform surgeries. We cannot do and provide the services we need to provide.

Next question – not to this particular doctor but another doctor who's a friend of mine who happens to be an orthopaedic surgeon – was with regard to hip surgery. He almost laughed, and I kind of sat back and I remembered a doctor I talked to when I had a surgery in London, Ontario and he put it very clear to me about the hip surgeries. He said: Lloyd, hip surgeries, this whole idea of bringing people in and out the same day, there are a whole lot of things that people aren't considering. Now, a lot of people in this room will understand the first thing is it's not a lot of young people who have hip surgeries. Not at all. It's not a lot of skinny people who have hip surgeries. It's not a lot of people who don't have – but it's to do with obesity, age, bone degeneration, people with sleep apnea. All these underlying issues do not allow you to go in and out of the hospital the same day, but our solution to backed-up surgeries is to bring people who need hip surgeries in and out the same day.

Now, if you were to talk to all the orthopaedic surgeons and ask them if they think that's going to expedite the process, they will tell you that the people that live within the metro area, who are very close to the hospital, who are fairly healthy, yes, they can probably do that for them; but the bulk of the patients who require hip replacements, it's not going to happen. And that's not my words. That's coming from doctors.

We need hard, fast solutions and part of that is the recruitment of health care professionals. Again, I'll say we know that they're doing that. Last week I attended a rally with the nurses and the nurses were very clear – 600, that's how many nurses they're short. Think of that. I think the amount of overtime equates to 192 full-time positions. So now you take the 600 they're short plus another 192, that's astronomical.

Listen, we all know that there's going to be troubles to get these people; there's no question. But that should be the focus. The focus should be right now on primary health care. To be very frank, if we talk about the Health Accord and we understand everything that that was trying to say, it specifically speaks about long-term needs. There's no question that the amalgamation of the health care boards is a long-term need. But we also need to be able to communicate.

I can remember my days when I was on the board of directors of Hebron and we had money to give back to charities, one of the initiatives we looked at was a neonatal plan with the Janeway. \$1.6 million they were asking for and they were going to get it. They didn't get it because the health boards couldn't communicate with one another. In order for the plan to work, they had to have the technology to communicate to each other.

So now we're going to amalgamate four health care boards and we still don't have the ability to communicate across the province. Nobody is talking about those things. Labrador – I listened to the Member for Lake Melville talk and certainly the Member for Labrador West. Labrador West is my home. My mom lives there. I listen to her all the time. I listen to her talk about health care. And it's not just Labrador, the Northern Peninsula, West Coast, the services are not available, the cost of health care, how do we get people to go to places, how do we get doctors to go to those places – they're big issues.

I can tell you right now a new hospital in St. John's, I agree, will probably bring young doctors who want to come operate in this province, but the amalgamation of four health care boards in amongst all of this, in amongst trying to build a new hospital, in amongst trying to get doctors and nurses and physiotherapists, occupational therapists, while we're trying to get pharmacists to practise within their scope of practice, while we're trying to get occupational therapists and physiotherapists to do the same and nurses, while we're looking at ways to get LPNs more effective, we're going to amalgamate the four health care boards. We've got all the time in the world to do all of that, but I can tell you it's going to create a whole lot of issues. We need to make sure we do it right.

So yesterday when there was a paperless briefing given and the bill was put forward – it's 36 pages, I believe – there's lots on information in there but I don't think there's anybody in this House who can look at that bill and say they think every bit of it's going to work. It's okay to say we're going to go to Committee or, as the Member for Lake Melville said, I agree, we need to go and we've got lots of questions. But why not present the bill the right way? Why not make sure that it's the right bill? Why not not put the fear into the people that are working in health care?

I believe there are a lot of people in this province who believe it's necessary. A lot of those people work inside of health care and a lot of them are inside of government; a lot of them are in this House. But the bill should be a bill that's presented that we know it's going to work, that isn't going to put extra strain on the health care system right now as we're trying to put it through. Because our system right now cannot handle the extra strains.

There is the problem. Every single one of us know – every single one of the people in this House gets a phone call, I'm willing to

bet you daily, probably multiple daily, from someone who's had an issue with an appointment, with an ER, who can't get a blood test, who can't get a mammogram, who can't get – and do you know what? Some of us in this House as Members have experienced that, no doubt.

We're moving forward with an administrative function that may or may not help things. If somebody could stand up and say how this is going to change health care – we know what the goal is and we need to do it, there's no question. But we need to do it right and we need to do it during the right time. I don't think anybody on this side of the House is arguing the fact that we need to look at how we can better streamline and manage our health care system. There's no question.

When you look at these boards and their functions, I think if you read through the bill you'll find out that there are still many, many boards and councils and stuff that are going to be involved in how it's all managed. Hopefully, that all works. But the reality of it is we have to have a health care system that's functioning before we look at the administrative processes and how to change them. Because the administrative processes are not the front-line workers that need our help right now.

That is what we need to focus on. We need to focus on our cancer patients and our orthopaedic patients and our diabetic patients and all the people that need to get access to the hospital for immediate care, acute care and long-term care. All the words that we hear all the time about the problems in our health care system.

We can have all the beds in the world; we don't have the nurses to be able to bring people in. We have people lining stretchers in halls in emergency rooms. We've just seen with the mammogram scare. That's not a function of someone doing something wrong, it's people working with what they have. Those are the tools they were given

to do the work with. So now here we are backed up on that again.

We need to support our front-line workers in health care before we start worrying about getting rid of four health care boards. I think that there's not one person who works on a front line who would say they don't agree with that.

At the end of the day, management is probably an issue. We have too many layers to manage with regards to health care. There's no question. But at the end of the day, it doesn't matter how much management we have if we don't have the staff to manage.

When you get sick and you have to go to the hospital and you're sitting out in an ER for 12, 14, 16 hours, you're wondering if you're going to get seen; not when you're going to get seen, if you're going to get seen. And it's the same issue everywhere.

Somebody mentioned earlier that diversions are just another word for closures. Well, I don't know if they're another word for closures, but I will say this, the reality of it is when there's a diversion in Bonavista it puts a strain on the hospital in Clarendville that the people in Clarendville can't sustain. It's no different in Grand Falls or Corner Brook or in St. John's. When there are diversions from emergency rooms, the next closest geographic area or larger emergency room with the staff to handle it are the ones that bear the brunt of the pressure. If you go talk to those front-line workers they will tell you that load is getting too heavy for them to carry.

When you have a nurse who works 24 hours and 22 or 20 hours into her schedule there's a serious highway accident and they're bringing patients in and those individuals are left to make decisions that could affect not only the patient's life, but the nurse's life. It's pretty serious, right?

I can tell you, right now, if there's a nurse in an operating room after 20 or 22 hours and they make a bad decision due to fatigue, there's nobody coming to their rescue. There's nobody coming to their rescue. They're going to be left for the rest of their life inside their own minds questioning why they made that decision and how come they were put in that position to start with. I'll tell you why. It's because we're failing them. It's because we haven't got the staff. It's because we've got no choice but to ask them to work 24 hours. It's because we're not listening. It's because we think we've got the best ideas. Sometimes the best ideas come from the people on the ground who know what exactly it is they're dealing with.

The Premier likes to use the word parallel and I agree, not just with health care, with most of the things we do. We need to do them in parallel in order to get the most success, but at a time, right now – again I'll go back – when health care is in shambles, when people can't get in to see a family practitioner, a specialist, can't get an X-ray, can't get blood work.

When you think of it, blood work is the greatest example. I mean, it was not that long ago if you needed blood work you could walk in in the morning and get your blood work within a half hour, 45 minutes. Now, the same process takes three weeks and nobody can explain why. Now, you've got to have an appointment that you may wait two or three weeks to get done.

Those are the things we should be trying to fix. We should be trying to streamline how health care is working, not how the administrative process is worked. It just simply should not be the hugest priority right now.

Again, I'll go back, I know and we all know that government has made efforts but those efforts are not working to the level they need to work. So we need to find greater ways to invest in health care in order to

make that work. If something is broken, we need to fix what's broken. It's pretty simple. If you've got a broken window, you replace the window, you don't build a new house and that's exactly what we're trying to do with the health care system. We're not replacing the window. We're not trying to find a way to give people the tools they need in order to succeed.

If it's about money, which I would suggest that a part of this is, then we ought to just say that. If it's about saving money or finding ways to do things more efficiently from a cost standpoint, then we should say we need to do this because of. But nobody's using those words. At the end of the day, instead of putting strains on an already broken system, we should be trying to fix the system and then we can go back and try and fix the strains that are on the system.

We had eight health care authorities not that long ago and we went to four. Now we're going to go to one. I would argue that if you look at the health care authorities in this province, the difference between what happens in Eastern Health, Central Health, Western Health and Labrador-Grenfell are not all similar. I would also say, and I'm not sure – if someone can correct me on this, feel free to go – I believe I'm the only MHA in the province who straddles two different districts. So in my district –

AN HON. MEMBER: (Inaudible.)

L. PARROTT: Okay, the hon. Member for St. Barbe - L'Anse aux Meadows also. For me, I have Central and Eastern. I'll tell you, it's shocking for me when I call Eastern Health, how – I won't say little help, but the difference in how hard it is to get the responses and the help, than when I call Central Health. It's two entirely different systems.

I could say that would be an argument as to why we should amalgamate, but we should also understand why those systems are so different before we decide to amalgamate.

We should understand how the four systems work through consultations. We should look at the Health Accord and understand some of the things they recommended.

I'm looking at the whole idea of the board system. We have health care boards where members don't get paid, but our garbage boards get paid. Think about that. Waste disposal members of our ABCs get paid; the people who sit on our health care boards don't get paid. It makes no sense, makes no sense whatsoever.

Several months ago, we presented a PMR in the House. I remember it very clearly because the hon. Member for St. John's East - Quidi Vidi, the Minister of Children, Seniors and Social Development, stood and he actually presented an amendment to eliminate the word "crisis" from our PMR when we said health care was in crisis. Make no mistake about it, three months ago, four months ago, six months ago, 12 months ago, our health care was in crisis. Now it's probably beyond that point.

The reality is we should be focusing on that crisis and what's causing that crisis. I'll say it again: If somebody can stand in this House and tell me that the four regional health care authorities are the reason that this health care in Newfoundland and Labrador is in crisis, I'd love for someone to stand up and explain that. I don't think they can.

The first quote I said from the current Minister of Education, I said it for a reason. There was a seven-year period where he was the minister of Health. We stood in this House several times and we asked about nursing levels, staffing levels, doctors and family physicians. We heard all the time we've got just about 600 family physicians, there's no nursing shortage and mental health is the best in the country. We heard those words time and time again. We heard it in Question Period, we heard it in PMRs and we heard it every time we've stood and

spoke on health care. But now, all of a sudden, we're in a crisis and none of that stuff rings true.

It is so true today that we have nurses leaving en masse. The ones that aren't leaving are asking to go and work from satellite positions – or I guess the correct terminology isn't fly-in, fly out, but they're working for contractors to do work. We've got nurses that don't want to work full-time; they're going into part-time positions. It's because they don't have a work-life balance. That's a big part of it. That's also a big part, as we all know, of why we're having troubles getting doctors.

We need to find a way to fix health care. The biggest way for us to fix health care, again I'll say, is not the combination of the health care boards; it's to find the staff we need in the hospitals, in the family medicine clinics and in smaller clinics in order to make them operate the way they're supposed to operate. Nurses don't want to go to work in ERs because there are no doctors; doctors don't want to go to work in hospitals because there are no nurses. It's just a vicious cycle of the same over and over and over again.

Listen, I've always been a proponent to say metro Newfoundland – urban Newfoundland and rural Newfoundland are two different creatures. Until we recognize the problems we have with geography and our ability to bring people into those areas, and we utilize those areas in order to recruit health care people, we'll never succeed. We can do that.

I remember as a young man I worked as a recruiting officer recruiting doctors into the military – doctors, nurses and pharmacists. We had no troubles getting them because it was solid contracts, schooling was paid for and they knew what they had to do and when it was done. At the end of the day, if we could do that here, perhaps some of them would stick around. Once they're

established in a community, most of them won't want to leave.

Anyhow, Mr. Speaker, I'll take my seat. I think there's lots more debate to happen on this bill.

SPEAKER (Warr): Thank you.

SOME HON. MEMBERS: Hear, hear!

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

P. LANE: Thank you, Mr. Speaker.

I'm happy to have my first opportunity to speak to Bill 20. Of course, this really comes down to taking all of the existing health care authorities and placing it under one provincial authority. I will say, Mr. Speaker, that unlike yesterday's bill – I think it was 19, if I'm not mistaken – where we, basically, scrapped the English School District and brought it under the Department of Education, I feel better about this one in the sense that the bill we were talking about yesterday, we were basing this decision, or government, I should say – not even all of the government, the Cabinet were basing the decision on some hidden report that none of us could see what the rationale was.

I would say at least with this bill – and that's why I take more comfort, I guess, in potentially supporting this bill, is that this is identified by Health Accord NL. It is a recommendation. I do have respect for Dr. Parfrey and Sister Elizabeth. Nobody could ever argue, I don't think, that they did not consult with stakeholders; they did not consult with the general public. I heard some people even sort of suggested: My God, how much consulting are they going to do? Because I believe they consulted and then they came out with their findings and then they took those findings, they went forward and had more consultations all around the province and consulted on the

findings of their first consultation so they could get it right.

They came up with a very comprehensive report and, I would suggest, an unbiased report based on the information, based on their expertise and with complete consultation with all the stakeholders, including the people of Newfoundland and Labrador. Through that process, they have recommended that we should make this move.

So that alone puts me in a much better mind frame, if you will, to support this bill, unlike the bill I didn't support yesterday on the schools because it was based on some secret report that we couldn't even see, even though we paid for it.

I think we all recognize the need to streamline. Obviously what's happening now is not working. When you think about it, you know, you could take the entire population of Newfoundland and Labrador, that's not even a big city on the grander scheme of things, really – a half a million people, it's very small. To have the number of health care authorities that we have, I think one could argue it's probably a top-heavy system, a lot of unnecessary duplication and so on.

That has nothing to do with the front-line services. That's a separate issue in itself, which I'll certainly speak to and my colleague from Terra Nova spoke eloquently to a number of those issues around the front-line services. But certainly from a managerial point of view, I would say, from a systems point of view, and in terms of having consistency throughout the province – because it's supposed to be a universal system, and under a universal system, really, health care in the St. John's metro area should be really no different than the West Coast or Central Newfoundland or Labrador.

Now, we all understand there are going to be geographic challenges, and that's why

it's important to have advisors, if you will. I'm not sure if that's the exact term that's used in the legislation here, but to have individuals and advice and management throughout the province that would deal with the unique issues for those areas. While, at the same time, having things under the singular umbrella so that we have consistency right across the board.

Certainly, the concept here where it talked about the IT functions as an example, that makes a whole lot of sense. It really should be one system. How can you operate effectively if you have one system in St. John's, a different system in Central, another system up in Labrador-Grenfell, and perhaps the systems are not even compatible with each other? It just doesn't make sense. Streamlining that and bringing that under the health care authority, again, it makes sense certainly to me to do that.

I think we're a little disappointed, if you will, on this side of the House at least, of the way that this sort of came about and how it seems to be you have it today and you're debating it tomorrow and it's a very comprehensive document and it's certainly something that's going to have potentially a huge impact on the province, the health care of the people in this province.

I think that's why my colleagues in the Official Opposition – I'm certainly not going to speak for them. They're more than capable of speaking for themselves, but I think that's sort of a concern that they have is that there's a feeling that this is kind of being rammed through the House of Assembly as opposed to really having that thorough consultation amongst Members here in the House so that we can all understand the intricacies around, not just this bill, but government's vision of what the system is going to look like and we can all have a better understanding and perhaps even, heaven forbid, some input into that process to make things better.

One of the themes that I have certainly seen during this sitting and perhaps the last sitting as well coming from the Opposition side of the House, I think we've all been fairly united on the fact that what we would really like is to have more consultation, more input. I think that's what the people of Newfoundland and Labrador would like to see, more actual consultation and input as opposed to Cabinet getting together, making all these decisions, drafting legislation and ramming it on through and then you're kind of expected to rubber stamp, to some degree, what they've decided on.

Sometimes I think it's felt over here that you can't give justice to a bill, especially one of this magnitude, by simply saying, okay, we'll go to second reading, a couple of people will speak to this now and then we'll all just vote on it. It'll all go through and you can ask a few questions during Committee and way to go. Something that's going to have such a huge impact on the province.

That doesn't mean we're against it in principle because I'm in favour of it in principle. I think we have to modernize the system and streamline it. Because what's happening right now is just not working.

Now, I would say, Mr. Speaker, I do have a concern around the timing of it, in the sense that, if our current health care system were not in crisis – and I'm not just throwing that word out – crisis – from a political point of view. I'm really not, but I think all Members, regardless of what side of the House you're on, whether you want to call it crisis, we're in trouble, serious deficiencies, concerns, you can call it whatever word, you can use whatever word, you can use whatever adjective you want, but the bottom line is that things are not all well in health care. We all understand that. It is what it is.

For me at least, this is not about a blame game. This didn't happen overnight. I recognize certainly that this is happening across the country, across the world, there

are challenges that we are having to compete with. I think some of the decisions, if you were to ask some people – I've spoken to some nurses, for example, and one of the things they said to me was we saw this coming when the government decided to shut down the nursing schools.

Now, I'm not up on all these issues, to be honest, but that's what a few nurses said to me. When we shut down the nursing schools and that, we started limiting the people that would get involved in nursing and the numbers started to go down and down and down. We saw this coming. We knew this was going to happen. We knew it would discourage some people from being nurses, when they shut down the nursing schools and they just went with MUN only.

AN HON. MEMBER: (Inaudible.)

P. LANE: Whether that's the fact or not – and the minister will have his opportunity to speak as well, he says it's not correct. I'm just saying what some nurses have said to me. That, in their view when the nursing studies programs got shut down, the different nursing schools at the General and St. Clare's and whatever, they felt it was going to have a negative impact on nursing and the number of people who would go to nursing schools.

Perhaps it's because it was only a two- to three-year program and now it's at MUN, it's a degree that you have to go for four or five years, whatever it is. Maybe it's more costly, whatever, or took longer to do. So it was something that perhaps was more accessible for people to enter before, now we just went with the MUN system and it may have dissuaded some people from becoming nurses. I don't know, but this is what I was told.

Certainly, we know recruitment of doctors has been an issue. I'm not sure how long it goes back, I'm really not. Although, I've had it brought to my attention the last two or three years for sure. I will say that I find it

very disturbing to hear – and I've told this story before in the House and I've heard from others as well. I had a young fellow, for those who might not have heard it, or maybe, God forbid, you weren't listening, probably not either. A young fellow in Southlands graduated from MUN med school, contacted me from Nova Scotia only a couple months back and said: Mr. Lane, I just wanted to share this with you. I went through MUN medical school, as you know – because I know his family – and over the last two years in MUN med school, I was constantly bombarded, we were constantly lobbied by recruiters from Prince Edward Island, New Brunswick, Nova Scotia and Quebec, in particular, about coming to work when I graduated. He said: Do you know how many people contacted me from Newfoundland, from Eastern Health, Western Health? Zero. Nobody contacted me. Not a soul.

He said: I even took it upon myself a couple of months ago just before I graduated; I called Eastern Health. I called them. I told them who I was, told them I was graduating, told them I was from Newfoundland and told them I wanted to stay in Newfoundland: Do you have any jobs?

Nobody returned my call. I called a second time and said: Listen, I called here and – oh, is that right, nobody called. Okay, I'll get someone to call you. Nobody returned the call the second time.

He told me that his best friend who was in medical school with him – she was a young lady – same thing. She did the same. He said: I can't speak for the other ones. I can tell you that myself, personally, and my best friend, we both made the calls ourselves to the health authorities. Nobody would return our call. We called a second time and nobody would return our call. I picked up the phone, I call the recruiter in Nova Scotia and with 48 hours I was on a plane, put up in a hotel while they're finding me a house and all kinds of incentives and bonuses.

Now, we're only talking about this last group that went through, to which I would say and I have said and I will say again, whoever is or was, because I know you have a new person in place now, but whoever was responsible for recruitment, if that's what was going on, they should be replaced. They weren't doing their job. I don't know who they are, but I'm telling you, there's a big problem there. That's very disturbing when you hear these things.

We have to do better. The point I was trying to make is that if we were in a place where I wasn't getting called on the regular, and all other Members, about the fact that we don't have a family doctor, what am I going to do. 811 is useless, people tell me. I cannot get in a collaborative clinic; been trying for a month to get in a collaborative clinic and no luck there. Go to the walk-in clinic and you have to show up an hour before it opens to stand in line and hope that you're one of the first 15 or 20 people in line. Because if you're not, after standing in line for an hour, you get in and they say I'm sorry, all the appointments are taken up for the day; try again tomorrow. Try telling that to some senior citizen, probably having to stand up in the rain and everything else, so there are issues.

If we didn't have all those issues, if I didn't have people contacting me constantly about having to wait hours and hours and hours on end in an emergency room, whether it be St. Clare's or the Health Sciences, if I wasn't hearing from ambulance drivers – I'm sure we've all heard from them as well – talking about the fact that there's no ambulance on the road – do you know why there's no ambulance on the road, Paul? No, tell me why there's no ambulance on the road. Because when I pick up a patient and I bring them down to the Health Sciences, I can't leave until the nurse or whoever at the emergency, I have to hand that patient over.

I could be stood up there in the hallway for two or three or four hours until a nurse is

available – I'm saying a nurse – to hand that patient over to. So here we are now, I'm stood up here next to a stretcher for three or four hours, my buddy is sitting in the ambulance in the parking garage listening to *Open Line* or whatever I suppose, waiting for me, and there is no ambulance on the road. That's where we get these red alerts.

I know I'm not saying anything here that every Member doesn't know. I realize the Minister of Health knows – he knows that and I have to give him credit. I do have to give him credit. I've done it before; I'll do it again. I will give the man credit. He's trying. I really believe he's trying. He's only been in the portfolio a short time, but I will give credit where credit is due on the initiatives that he's announced, initiative after initiative after initiative. He is listening. I've talked to him personally on some stuff. He has returned my calls and I know he's followed up on stuff, and I do appreciate it. So I'm not dumping on him. I'm not. That's not my intent.

I am not dumping on anybody, really, but the fact of the matter is that the system right now is in a mess. So my bigger concern about this move is not the fact that we're going to do it, because again Health Accord NL is advising us we should do it, but from a timing point of view I wonder if the disruption that this may cause, during a time of crisis, is just going to make things even worse. That is my fear.

Now, maybe we can do this and, at the same time, we can try to address the nursing issue, address the ambulance issue, address all those things and build new hospitals and we can do it all at the same time. Maybe we can. I'm not saying we can't, but I am just saying that is my concern, that's all. My concern is, on top of everything else that we're trying to do, now we're going to start tearing apart the regional health authorities and start bringing this all under one authority. We're going to start shutting down hospital boards; we're going to start restructuring and reorganizing.

And we're doing all that at a time when we don't have primary health care, when we have people that are waiting for months on end for diagnostic and surgical procedures. At a time when the emergency rooms are overflowing and we got hospitals on diversion, we have clinics shut down and we have doctors shutting down their private clinics to work at a collaborative care clinic where they used to be seeing 25 or 30 patients in a day and now they only have to see 15 or 16 under their new contract and people are not getting the care they need.

For me, it is more of a concern about timing than actually doing it. With that said, my time is up but I will be speaking again.

Thank you.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Thank you.

The hon. the Member for Torngat Mountains.

L. EVANS: Thank you, Speaker.

I am really pleased to stand here today to speak on the amendment to Bill 20.

What I really support is "the Bill withdrawn and subject-matter thereof being referred to the Social Services Committee of the House for further study and consultation." The reason why I am reading that out is because a lot of people in the general public don't really know much about this bill, this act and also what this amendment means.

I was listening earlier to the Member for Lake Melville and he called this amendment a delay tactic. I tell you that was offensive to me and I think it was offensive to the Official Opposition that submitted this amendment as well. Because what a lot of people don't realize is that we actually didn't have much time to review this bill. If it is a delay tactic, it's only allowing to give us time to look at these major changes that are going to be coming about. In actual fact, this legislation

is so rushed that this amendment is about giving us time to review it.

Also, the Member for Lake Melville talked about a paperless briefing. But the general public should know that we had a technical briefing on this very, very, very important legislation, where the actual people who were briefing us didn't have the act in front of them. There was no slide deck so we asked was this bill actually ready, was it available, was it finished – we asked that when we were being briefed on it.

Do you know something? The people, the experts that were briefing it, were working off little pieces of paper. They said yes, this bill is ready, it's available, but it was not available to us. There's a technical issue. A delay tactic – this amendment was called a delay tactic by a Member from Labrador.

We all know about Labrador. Everybody in this House on this side that wants a better health care system talks about the vulnerability of Labrador, the difficulty in Labrador, the different regions, the culture, the ethnicity, the geography, the transportation. So, to me, it was really even hard to speak about.

AN HON. MEMBER: (Inaudible.)

L. EVANS: Exactly, a delay tactic.

The general population should know that your elected Members of this House of Assembly didn't even have time to really read through the act, let alone digest it, let alone be able to actually question some of the decisions, these changes that are going to impact the health care system.

We look at the health care system. We look at all the poor nurses out there that are doing their best to keep people alive, to make sure that people are safe and taken care of. Looking at the poor doctors that are working overtime. There's a mass exodus from the health care system because of

chronic burnout, yet they don't have the common decency to even brief us properly.

So I say, you know something, I stand with the Official Opposition on this – I stand with you. This is actually something that will give us time to look at it, because something this major – and I have to tell you I was there and I was saying we're going to write stuff down because I'm so upset that I'm going to forget the important things that I want to say.

What I want to say is that, in actual fact, this legislation is so rushed; we got the bill yesterday afternoon. So why I support this amendment – because I'm questioning myself now, the briefing, the fact that we got the bill yesterday. Was that a lack of preparation on this government's part to deliver this bill? Was it a lack of preparation? We just got to look at the gender pay equity legislation: no consultation, rushed in the act, no bones to it. Oh, don't worry about that. We're going to consult after the legislation has actually passed and then we're going to put it in the regulations. But the regulations don't come to the House of Assembly. We, as Members, don't get a chance to question it, you know, and the thing is there's so much bias. There's so much influence that can happen that actually could derail everything.

So was it a lack of preparation, it was so rushed that we didn't get a chance to really look at it or was it meant to shut us out? And I tell you this actual amendment is helping us keep from being shut out because we want a good piece of legislation because our doctors and our nurses and our health care providers deserve that.

When I actually heard about our vulnerable people in the nursing homes being ridiculed, shamelessly ridiculed by professional people in our health care system, the first thing I thought of was burnout. Burnout so that people would actually think it's okay to make fun of our vulnerable people. People are trapped in their own bodies that can't

look after themselves. One of those people is younger than most of the people I play hockey with. I play hockey with the men and they were older than that person that was suffering from a chronic disease and he couldn't actually defend himself. His wife, who was so upset that these pictures were taken, said she wasn't sure if he actually knew what was going on. In the back of her mind she was hoping that he didn't.

That's what happens when you burn out your medical staff, when you burn out your supports. And this is so important. I don't know if I can actually use a quantifier here that's accepted in the House of Assembly, but this legislation is supposed to actually help us. An Act Respecting the Delivery of Health and Community Services and the Establishment of a Provincial Health Authority, that's going to, basically, determine the outcomes of our health care system.

So I've got to say, I'm supporting this amendment, talking about relevance. So where are we? So where are we now? We need time to read this bill, because we were elected to represent our districts. We were elected to serve on behalf of, actually, the overall province to make sure that the changes are positive.

I'm supporting this amendment, Speaker, because I want to figure out is this about the Health Accord and the recommendations or is this about the Greene report, which is about cutting and saving money. We don't know who's going to benefit from saving the money out of the Greene report. Where are we? The Greene report versus the Health Accord. One of the things I'm always careful about is making sure they're not cherry-picking from the Health Accord to satisfy the recommendations out of the Greene report, because in actual fact we're going to be in a bigger mess than we already are. That's why I support this amendment.

Another thing I want to bring up while I'm speaking on this amendment, the pressure on us over here. Because in actual fact, the general population don't realize there's pressure on us not to speak out. We have to be really careful. I've been told we have to be really careful when we're speaking about the Health Accord because there are positive things in here. There are things that look at the overall systems that impact our health. So we have to be careful.

So if we want to be careful and make sure that the intent of the Health Accord is met, then we would like to be able to digest this act that's going to actually impact our health care.

There are a lot of people, like in my district; people don't even really know how to protest. That's one thing I realized. Because it's not in our culture to be doing such behaviours. But at the end of the day, our people need help. Our people need help basically because our people are dying. People are dying from cancer that could've been saved if they were diagnosed earlier. People are dying from cancer – if they got the proper treatment when they were supposed to get the treatment.

In actual fact, I learned after the fact that in Nain there was a lady who was actually diagnosed with cancer and she was doing her treatment and she got bumped off the plane. The schedevac, we call it, she got bumped off the schedevac twice going to Goose Bay. Can you imagine the impacts on that?

I'm supporting this amendment, I really am. I'm going to take my time here because I have another 10 minutes. I'm going to use it.

It's very, very important for us not to criticize without knowing. Because we're told that if you criticize something and later it's found out there are more details there, that in actual fact it was a positive, that's the only thing they're going to focus on. They're not

going to focus on the 99 things that are actually derailing our health care system, the inefficiencies.

Also, I'd just like to mention again about the Member for Topsail, when he was talking about the legislation dealing with the schools, bringing the English school board into government. He said that he fell victim to wanting more, expecting more. I'm going to be quoting him all the time on that now, because in actual fact, we want more, we expect more of this legislation. You know, the people in this province deserve more.

So we're all very concerned about the state of our health care. We're not standing up here against positive changes to the health care, but the problem is we don't know if these are positive. We don't know if this is going to be improvements or actually make it worse, because there's a lack of trust. When legislation comes forward and they're saying, oh, don't worry about that, we're going to put that in the regulations. We didn't have time to consult. We threw this together. That's actually happened, I know that, we seen it, we witnessed it. Like I said, it's smoke and mirrors.

Everybody who talks about the health care systems know about Labrador. In Labrador, we don't actually even have our own health authority. We never ever had our own health authority. We actually shares the health authority with the Northern Peninsula. Our ICU for Labrador is on the Northern Peninsula of the Island.

The only problem I ever had with this Health Accord, that I really took exception to, was one provincial health authority. I actually wanted Labrador to have its own authority so we could actually stop having our people die of diseases that could have been treated if they were properly diagnosed and actually properly looked after. To me, it's very, very important for us to be able to look at this legislation.

Actually, there are probably about four regions in Labrador that are very, very unique. We have Western Labrador. We have the North Coast, totally isolated. We have Central Labrador, which is a mixture. Then we have the South Coast. I have to tell you, every time that air ambulance for Labrador is not flying, there are people that are very vulnerable that suffer. Sometimes people die. That's why we'd like to have our own health authority.

One thing I always talk about is, when I go into the hospital in Happy Valley-Goose Bay and I go in through emerg, I look at all the signs. There's a sign there that says ICU. I follow the coloured tape down to the ICU and I look on the wall there and it says ICU. But during COVID it became very, very clear to people in the province and especially people in Labrador that there's no real official ICU unit in Labrador, anywhere in Labrador – no official ICU unit.

So, for me, I want Labrador to have its own health authority. I want there to be a Western, a Central and Eastern, because, at the end of the day, no one is going to stand up for Labrador. This legislation that I can see actually does not ensure that Labrador is going to have a voice, that there's going to be effective advocacy to make sure that our people are not dying, that our cancer patients can actually get to their treatment.

This is not a criticism of the nurses and doctors, or even the administrative staff in Labrador-Grenfell Health. There's been a lot of times when I had to call them and they try and work with me, but you work within your limitations.

Speaker, there's a lack of time for us to digest it. On the amendment here, the paper that I was given, I wrote here: Do the right thing. Send it back to Committee so we can have a proper look at it, so there can be proper consultations, so when we're discussing this bill we will know if this will improve or hinder our health care system.

Will this help our overworked nurses? Will this help with the doctor shortages? Will it help with all our patients who are stuck in the hallways waiting for a bed, on a gurney waiting to be seen? For us, this is not right.

I'm going to clue up. I was talking to my fellow MHA here for Labrador West and one of the things we talked about was all the vacancies in Labrador-Grenfell Health. There are 237 vacancies in Labrador-Grenfell Health right now. For me, we are probably at the bottom of the list to fill those vacancies. We are having tremendous hardships, but, at the end of the day, we got to make sure our people are safe and we got to make sure that the health care system is improved on. So I fully support this amendment.

Thank you, Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Bonavista.

C. PARDY: Thank you for your kind words, Mr. Speaker.

SPEAKER: Yes, you're kindly welcome.

SOME HON. MEMBERS: Hear, hear!

C. PARDY: Thank you.

It's always a pleasure to stand and to talk today on such an important bill, it being the health bill. Just a few words on that.

We have watching in Elliston today – and I know I've done this a few times now, but I know that we have 64-year-old Scott Martin and Pam Fleming who are watching from Elliston. He's a retired fisherman and he watched the fishery discussion that we had yesterday on the fishery panel. I must say we had a conversation this morning, when we had talked and he was going to be watching the House today.

Today was a different day than what it was yesterday and I'm sure we probably have something more to talk about at that time. But I'm sure Scott Martin and Pam Fleming are going to be wondering what this bill will do for them? That's a good starting point. What does the bill do for them?

I think my hon. Member for Torngat Mountains had stated that the feeling was that it was not enough time being given to make sure we thoroughly debate and digest what the bill contains in the number of pages that it does. The number of pages, I think, is probably 36, if my memory is correct. I know that this is a foundation document consolidating four boards into one, but it's very important that we do get that correct.

How important is health care to Bonavista? Another watching now is a friend to the Speaker's and that's Eliza Swyers in Bonavista. Eliza has been an advocate for health care for some time in the Bonavista area. I want to tell you something that's unique, and the minister is well aware of it, I think he has corresponded to a group in Bonavista, who between 12 o'clock and 1 o'clock every day of the week, seven days of the week, they line up on both sides of the road, on Hospital Road, and they are there as a rally in support of quality health care in the District of Bonavista. It is not a protest, but they are there to support health care and to make sure that the system that we have in Bonavista and area, supports the residents of the area.

Just a couple of points. I think the group acknowledges that it's not easy. I think everyone here would acknowledge that this is not easy; it's not an easy task. The only thing we would know is that we'd like to critique a plan. What would the plan be for the District of Bonavista? Today, we're looking at what would the plan be for the province?

This bill that we have before us is providing the foundation for our system, one

provincial authority and the powers that they will have and who, ultimately, holds the power.

So this group in Bonavista, which would be about 20 people who line the roads each day, they would like to have more information as to where we're headed in health care, not only the province, but, in particular, the District of Bonavista. About 10 people on each side of the road. They hold signs in support of health care. Cars pass between them and they blow their horn – very supportive because everyone has a vested interest in health care.

Sometimes in a group we'll hear that we know that government departments and different departments need to make sure that they communicate with each other. We need to make sure that we're all as one. So when this health authority – and we're moving four, which other speakers have said that the four different authorities didn't really communicate with each other and they operated in their own silos. So now we're going to bring them all together and we'll bring them together in one. But when we bring them together and the parameters that we bring them together, we've got to make sure that this is the right foundation for the system. That's why the Member for Torngat has said we don't want to rush this. We want to make sure that we're doing it right.

In Question Period today, the Minister of Municipal and Provincial Affairs, she had answered a question and when she was asked about regionalization, which regionalization is going to affect a lot of people, but her answer was we want to make sure it's – I think she referenced that we want to make sure that the plan is right, unappropriated and non-estimated, I think she had used those words, but before it was rolled out wanted to make sure that it was going to meet the desired goals of which it was intended for.

Who can take exception to that? We've got a lot of LSDs in the District of Bonavista, but who can take exception to that. There comes a point in time, if we're looking at it in '25 and she's still doing it, that's an issue, but we're doing it. We're talking about it right now in '22. So I would commend that joint working group, the work they're done, and it's still being analyzed because maybe the minister and her team doesn't have full confidence in what it is and they want to roll it out to be the right decision. Kudos.

So I would do that and say that when we look at this legislation that we've got here, Bill 20, I would say nothing wrong with pausing, make sure we've got it done, done right, but done as best we could to build a foundation on that the Health Accord speaks to.

Does it now? I'm not sure if it does. That's what the importance of the debate is. Does it do it? If we take things hastily, sometimes we don't get the product that we do. Again, I just celebrated the minister in doing that.

When Scott Martin and Pam Fleming – look, they're going to want to know and I think they'd be comforted to know that get it right. That doesn't mean that we can't change the system and do some short-term changes, which I think the minister has been credited to doing some good initiatives. Great, go ahead and do some good initiatives, but make sure that building block that we're going to build on is correct and is the right one.

There are a couple of systems – we look at a system now that we've got collaborative clinics. Bonavista is destined for a collaborative clinic. Nobody in Bonavista has any problem, to my knowledge, with a collaborative clinic. I would think that when we look at Bonavista, it probably would be a priority area.

If the government now is creating collaborative clinics but they are only in rural areas, then I would beg to ask: Why not put

one in a rural area? If you're not going to pilot one right now or roll one out in a rural area, why not? If there's a reason why you're not going to roll out a collaborative clinic because you may not be able to obtain doctors to go in that, then we've got some missing ingredients in parts of that foundation that we need to work on. I know that within Bill 20 we're talking about a provincial recruitment and retention plan, so we know that work is ongoing, but there's your plan.

I mentioned in this House on two previous occasions, and I mentioned it on the Health Accord, some sessions that we've had with Dr. Parfrey and Sister Davis. We turn out 60 medical practitioners from a world-class medical school at MUN. I don't use world class loosely, because I really do think it's world class that we send them out.

My suggestion on two times when I stood in this House, and on some speaking engagements that I've had in my district, I would like to see some agreement where we have some family medical students that would move out, but would move into some of these rural areas for a family practice, maybe for a period of two years. With good debate some might say five years, four years or three. I would say two would be respectful of them within that short time frame coming out of school that they would have to serve. Maybe we would get collaborative clinics if we had three ones going out incentivized to do so, but part of their agreement and service duty would be that they would serve in rural Newfoundland for two years.

I know that may create a revolving door to start, but I would think that you're going to have 5 to 10 per cent of them or even more, once they discover an area which they're practising in they're going to opt to say I want to remain. Now we have some building blocks in place where we can build on into the future.

I don't know where that's gone, I don't know if it's being considered, but I would think we're going to have to put in something into a system to make sure that we have the quality of care in our rural areas. Even in our urban areas at this time here.

We've also mentioned there's nowhere spelled out in Bill 20 which talks about daycare facilities within our institutions. I presented a petition for Bonavista that if we have space in our health care facility, with a lot of currently young personnel within the health system who struggle to get daycare, why couldn't we be creative right now to put in a daycare facility within one of the buildings and structures that we have currently in Bonavista.

It was mentioned now with the new St. Clare's that would be built that the vision would be that we're going to have a daycare centre. Kudos, I think it's good. I think schools that have space ought to have them now. Schools in the future, large schools, ought to have them as part of new builds. It should happen. But why now can't we take the initiative to put a daycare in an existing facility like in Bonavista hospital?

There are also conversations that we'd have on our line on Hospital Road that would talk about the blood services that are being offered. We have people who are trying to get blood services and access that know that pre-pandemic, they could get blood work in 20 minutes. Now you have to make an appointment and you'd be lucky to get it within two weeks. Now, you may be slightly below two weeks.

So one could ask, when we look at operationalizing a system that we're struggling with to serve the residents of Newfoundland and Labrador, why such a difference between 20 minutes before a pandemic to currently you are lucky if you get an appointment within two weeks? That's a fair question – operationalizing the system.

A couple of other points to make. In the bill, one question I'm sure many people would ask is that when we have trustees, the number of trustees that they would have – again, the trustees will be appointed by Cabinet; three-year term with a possibility of another three-year term. One thing I've always wondered is that I know that if you appoint a committee, in my experiences in education, it was the committee that selected the chair. But I notice that in the Schools Act, and in this act, it is not the committee that selects the chair; it is the minister or the Cabinet.

I would say, if you look at the research and the most productive chair that would be for a group, research would tell you that it is from the membership of the committee that they would select the one that will chair the proceedings. Well, I think that's research but, more often than not, we'll have the chair selected by the minister or the Cabinet.

When we met with the Health Accord – and we met with them four or five times, I would think, in the session and they did, again, commendable work. But one thing I had mentioned – and I often quoted data from the Quality of Care NL. I think that's Dr. Parfrey's – I think that was his baby. That is what he championed. Because he had said: How do you know exactly where you're going to go and how are you going to get there if you haven't got good directions or good data in how to find your way there?

If you're going to change the system, it's going to be through good data that you change the system. I think he's a hundred per cent correct. You need to know what you need to adjust. You might say sometimes it's obvious, but good data will influence change. I think that when you address issues you'll know which ones need to be addressed because of good data.

You can correct me if I'm wrong in this but I know that in the Health Accord he had stated that he thought that the Quality of

Care NL ought to be at arm's length from government. He thought that's how important the data was. Don't fudge the data, don't do anything with the data that might be misleading or might be a little bit not as forward as what it should be. I don't know what Dr. Parfrey would say about Bill 20, because I don't see that in Bill 20 where he would say that it's at arm's length. It is not at arm's length, it is fully under Cabinet and the minister.

He also stated that when you do report, you report to the House of Assembly. I don't see that in this bill either. Why present to the House of Assembly? Well, I would think we ought to have meaningful debates. If we had time to prepare for something and we had good topics that were presented, we ought, on behalf of our districts, to have good debates on bills that are presented in this House.

So I would say Dr. Parfrey and his Health Accord envisioned it being independent and arm's length from politics and government – and that doesn't mean Liberal, it doesn't mean PC, it doesn't mean NDP; arm's length from government to make sure the data is correct and is unstained. I would agree with that. That would have been my vote if I was asked to vote at the briefings that we had. I concur wholeheartedly, but Bill 20 doesn't have that.

Maybe at some point in time someone can speak to that. It would be great to hear from Dr. Parfrey because I think he'd champion that. I know the minister in his preamble thanked David Diamond for his input, and I'm sure he's thankful of Sister Davis and Dr. Parfrey, but it'd be nice for the minister at some point in time to address that issue, why it didn't make it from the Accord and why it didn't make it to Bill 20. Why didn't that make it to Bill 20?

If we took a vote in the House of Assembly and say if you want good, accurate data, unbiased and you had an independent or if you had it presented by government, that

sometimes you couldn't see it, because it's not going to come to the House of Assembly according to Bill 20, even though it was stated in the Health Accord that you would. I would say most people would say, let's have it transparent. Let's have it come to the House of Assembly and let's make sure it's at arm's length of any political group that we've got.

Ageism was another one that Sister Davis had talked about and do you know what? I even spoke to it when they were there and when we had the briefing. If we, in this province, walk through the Miller Centre and you walk through the Janeway hospital and you look at those two domains, you'll find that there are very stark, distinct differences between the Miller Centre and the Janeway.

The Janeway is what we would aspire to have. I would say the care that we've got for those that are most senior at the Miller Centre is brutally substandard. I think that under that umbrella of ageism, some people could use that as an example.

Speaker, I know my time is getting short. I appreciate the opportunity and I look forward to another opportunity.

Thank you.

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

E. JOYCE: Thank you, Mr. Speaker.

I am going to stand and have a few words on this Bill 20 because it's going to affect everybody in the Province of Newfoundland and Labrador. Every constituent that we're elected for will be affected by this bill.

I'm going to start out and say at the briefing this wasn't even available. So when you want to have a comprehensive discussion at a briefing and not have information available, it's tough. More so tough, how can you say that you want input into the bill when you can't have a discussion and ask

the proper questions on it? It's a situation which you wonder why – why are we rushing this through? It's very sad. I'm just going to read through one part of this, Mr. Speaker.

We're all elected in this House – and I just want to let the people of Newfoundland and Labrador know, I'm just going to read one part of this bill, it's "The Lieutenant Governor may make regulations," which we haven't seen. I'm just going to read out some of the regulations that they're going to make after this bill is approved. I'm just going to read some out: "(a) defining 'health and community services' for the purpose of paragraph 2(f); (b) defining 'health service provider' for the purpose of paragraph 2(g); (c) respecting the appointment of trustees to the board;" – these are all the regulations – "(d) prescribing the number of trustees to be appointed"

We don't even know how many trustees are going to be appointed. This here is all part of the regulations. "(e) respecting the manner in which health and community services are provided by the authority; (f) prescribing other responsibilities for the purpose of paragraph 20(1)(e); (g) prohibiting the charging of fees for the purposes of paragraph 21(1)(d)"

We don't even know what the fee is, but it's all going to be put in regulations. Later on, we'll find out later on. This is the bill that's going to affect every person in this Province of Newfoundland and Labrador and we're asked now to stand up and talk about this.

I'll just keep going "(j) respecting accounts and other financial records ...; (k) establish health regions" Here's the one "(n) prescribing other duties of the quality council for the purpose of paragraph 36(1)(f)"

You go back, I know it's cumbersome but I think people will get the idea when I'm finished: 36(1) "The quality council shall (a) provide written reports to the minister

regarding the quality and performance of the health system" That's 36(1)(a).

When you go to 38(1) "... (a) provide information to the quality council, when requested, to allow the quality council to carry out its duties and responsibilities" Here's the problem with all that, when you look at the regulations in the next one: "(p) prescribing the form and manner of a report for the purpose of paragraph" 38(1) and 38(1) as I just said "... provide information to the quality council"

In the regulations it's going to say the minister will tell you how to prescribe that report. That struck me. When I went through this bill, that struck me, do you know why? Cataract surgeries. There's a wait-list one out in Corner Brook right now that the Department of Health and the minister won't accept. There now they're putting in a bill, we're going to tell you how to give us the report. They're going to tell you how to give us the report. We're going to prescribe to you how to put the report in.

Fool me once, Mr. Speaker, but now there's a report that I know the minister is well aware of now. I'm confident the Minister of Health and Community Services is well aware that there's a report in Corner Brook, over 800 people on that wait-list and they still refuse to accept that report. You want me to stand up and to go through this bill and let the minister tell them how they want the report given to them instead of the facts. That is proof to me that they want something coming in, everything rosy and flowery and everything all good. Just that alone in the regulations that we have no input into.

And I ask the minister and I'll give the minister the opportunity – he has it confirmed that there is a wait-list of 800 people and still not being done. In St. John's, when there was 3,000 given, one thing he is forgetting to tell people and – then it was to get rid of the wait-list, but not for Western Newfoundland. The minister

went publicly and said, oh, we needed to balance it out because one health care private clinic has this many and St. John's only got this many.

The minor detail that the minister forgot to put in there – and this is so disturbing for the people of Western Newfoundland and this is why it is hard to support this – is that there are five surgeons doing cataract surgery – four or five, I think it is five – in the hospital in St. John's. It is not even included.

So when he stands up and goes out publicly and says I just want to balance it out, there are three surgeons in one clinic in Corner Brook; there are two clinics now in St. John's and there are four or five other surgeons doing cataract surgeries at the hospitals in St. John's that he is not even including. And I have to support this? It is hard.

The other thing I said to the minister on this cataract surgery thing: Where is the wait-list? Show us the wait-list. They never even took up the province on getting the funds to put an intake officer to establish a wait-list. You don't even know if there is a wait-list. Yet, you get 3,000 surgeries while a lot of seniors – and I heard the Member for Bonavista talking about people watching from his district. I can tell you there are 800 or 900 from Western Newfoundland who would love to be able to watch, but they can't see it. It is sad. It is absolutely sad. Now we're going to take this bill and give more authority to the minister in St. John's.

I can go through it, how many people – and, Mr. Speaker, you know about the cataracts. I don't meant to put you on the spot but there are people calling me from your district. They're calling me from L'Anse au Clair, down that way. They're calling me from the Straits. They're calling me from the Member's district down in St. Anthony. People are calling and can't get their surgery done. Calling from the Premier's district. Calling from the Member for Corner

Brook's district, the Member for St. George's - Humber's district. You can't get it done.

Yet, St. John's, boom, strike of the pen. Because the former minister of Health and Community Services was saying, oh no, we have to go through the Newfoundland and Labrador Medical Association; we can't do that. All of a sudden, 'snappo,' 3,000 to get rid of the wait-list in St. John's, if there is a wait-list, because there are at least seven, eight surgeons in St. John's doing that, if there isn't a wait-list. And then now all of a sudden Corner Brook, West Coast – not just Corner Brook, West Coast. No, that's fine. Don't worry about that. You want me now to accept this bill where I know there's a report there that will show that's there are at least 800 people not even on the wait-list that go within the 112 days.

It's very easy to get the information. I did a lot of research on this. I say to the minister, straighten this out. For the minister to go public and say there are 96 per cent of the people in Western Newfoundland who had their consult within the 112 days, it's just – I have to put it on the record – absolutely categorically false. It's just false, and the minister knows it's false.

I remember years ago when someone made a false statement, it was a big deal. But now you make a false statement and you get all the information showing it's wrong, you should correct it. I'm asking the minister to correct it.

I just want it explained, because I did a lot of research on this for these people. If I'm wrong, the minister can stand and I'll sit down and let the minister take my time and explain if I'm wrong. When the minister went public and said, for the 112 days, 96 per cent were within the 112 days. That's what he said, the national average, 112 days, the benchmark.

What they took, what the Department of Health got information – I don't know where

they got it from, what they did, there were surgeries. They were doing surgeries for two months. He said, okay, within that two months, 96 per cent were done within that two months, the people. That's true, but he's forgetting about the people who were in the consult before and never got done after. That's just like saying, Mr. Speaker, there are 50 people in that House of Assembly here. Right now, this minute, there are 40 people in this House. Now we confirmed there are 40 in the House all day. Half of us might be gone out for meetings or other things; that don't mean there are 40 in the House the whole day.

So if you want to take one little snippet of time and say they're all within that wait-list, you may be right. But when you go from the referral to the consult, it's absolutely false. When I went through that and knew what regulations we are going to put through, and seeing it there, the minister can prescribe how to get the report and what's in the report – and I already know there's one report that they won't even look at because they're seniors.

I heard the Member for Torngat Mountains talking about how people up in her district, it's not in their nature to protest. How they won't come together and protest, it's not their nature. I ask anybody in this House, try to get seniors with cataract surgery needed, get them out on the street – try it. They're the silent, suffering majority. I absolutely refuse to let false information get out and make those people suffer more.

It may never be done, but I'll guarantee you I'll hold the elected politicians accountable. I'll do whatever I can to raise the issue, whenever I can.

I give the opportunity again – the minister is sitting in his seat, the Minister of Health and Community Services. Anything that I said here now – I have eight minutes left; I'll sit down and let you correct it. That's how confident I am. Every bit of information I brought about this 800, 900 people is 100

per cent correct. I even offered the minister the number to phone to get the information, which he has. I even offered to give him the number in St. John's for the information, which he can get, which I got.

I could offer him the number of how many surgeries are being done. He has it; he doesn't need it. So this is why I have a problem with Bill 20. I look at the hospital in Corner Brook. People are talking about the hospital in Corner Brook. I know the group, through access to information, I know back – when was it – in 2018, 2019, the PET scanner was always supposed to be included. It was taken out and no one knew. The PET scanner is gone. What is it, \$2 million now put in a trust fund? Laundry services – all was supposed to in; it is taken out.

During the election in 2021, oh no, it's in there. It's all taken care of. The laundry services are in there; it's not taken out. I can show you documentation where the government said it's not taken out; it's in there. It was gone, a year and a half before that, gone, out, done.

So this idea of saying trust me. Here's a bill here right now and you're going to turn around and say trust me on the regulations, when I know how many people are out there suffering right now.

Another thing to the minister that I brought up on a regular basis, and hopefully he's going to make a decision on it soon, is the nurse practitioners. I got an email from someone today who had to pay \$50 and wants to know how he can get reimbursed, a senior. A senior wants to know how he can get reimbursed for going to see a nurse practitioner. So simple to do. It's easy to do, but we're not doing it.

For some reason it's easy to go out and say we're going to build a building. I'm not talking about – lots of time to talk about that, but I can tell you when a senior can't see a doctor, he has an appointment for a nurse

practitioner and all of a sudden he gets dinged with a \$50, \$75 bill and we're saying there's nothing we can do, when there is something we can do. There is definitely something that we can do.

That's the kind of thing that we can do immediately to help out people in the province; help out the emergency rooms in Newfoundland and Labrador. These aren't hard. I don't mean to be picking – I look at some places like Whitbourne, prime example. I don't mean to be picking on Whitbourne, but if they could find a nurse practitioner to help out in Whitbourne, that's going to take the pressure off. Then have the nurse practitioners be able to go ahead and bill MCP. That would take the pressure off that area.

That's a great opportunity. That's the kind of things we should be doing. This is a bill that's going to bring in all the health authorities, put the control right under the minister, 100 per cent under the minister. Yet, there's nothing in this bill that's going to help anybody – any resident of Newfoundland and Labrador in the short term.

When you turn around and say oh trust me on this, this is what we have to do. If you go through the bill there are all the different issues that hasn't been resolved. If you want to talk about a bill that's being rushed through, the most important thing in the Province of Newfoundland and Labrador right now is health care, and we're rushing this through. We're rushing it through.

This here is something that we should take our time and this is what this amendment is about, Mr. Speaker. This amendment is saying why don't we slow it down, put it through a Committee. I know the former minister said that it's going to take a nice while to get this done. I know the former minister said it's going to – so why not send it out to a Committee so we can go out and have some hearings on it? This is so important for that.

I know –

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

E. JOYCE: The Member for Southlands wants to know what Dr. Parfrey got to say about it.

I think we all met with Sister Davis and Dr. Parfrey and had a great discussion and offered some input into it. There are a lot of issues here that we can hash through, but if we rush through it, we're going to make mistakes. If we don't get the proper information, we're going to make mistakes.

What if we make a mistake in here, 40 of us make a mistake and we say, my God, we missed that. Who's going to suffer? It's the people who need the services.

I've been fortunate, I've been healthy, but I see a lot of people who go to emergency, older people, who have to wait hours upon hours upon hours. I see a lot of people who try to get a nurse practitioner; you have to wait two, three, four weeks. I see people with cataracts who could get cataract surgery started this year to get done, just not done for whatever reason.

I go back to cataracts because when I read this bill, more and more it says to me the minister is going to take control. More and more, when I go back – and I know a lot of those people, especially in Curling, Corner Brook, Bay of Islands; the Corner Brook area I know a lot also and in the Curling area there's cataract surgery; a lot from the Premier's own district. He won't even meet with them – the Premier wouldn't even meet with them.

So when I look at this – and I revert to the cataract surgery, which is a passion of mine to try to get resolved – I've yet to find a reasonable excuse why it can't be done.

I heard the Minister of Finance the other day out talking about the great surplus. That's

fine, that's great, but I'll ask the Minister of Finance – and this has nothing to do with her, but only as a Minister of the Crown – you think people who need cataract surgery are jumping in their seat because there's a surplus when we can make a stroke of the pen, which the Minister of Health did here for St. John's; 3,000 new cases for two private clinics in St. John's. When he can make a stroke of a pen, get it done but won't do it for Western Newfoundland, for some reason just won't do it and this is all Western Newfoundland.

This is why I say to the government there are a lot of things that you can do to help out people, there are a lot of things that you're not doing to help out people and this here happens to be one. When you want to consolidate – and I'll look at the group that's out in Corner Brook now and I'll give you a good example. I hope that it won't be gone when the boards come together. I'll give you a good example.

For years in Western Newfoundland you couldn't get a recruitment set up – couldn't get, they were never even contacted. I know two, never contacted for four years. Couldn't get a call returned. But I can tell you right now there are two new people, one in particular, in Western Newfoundland right now doing recruitment and they're doing a good job. They're finding out their locals from Newfoundland and Labrador. They're finding out the locals that are in the medical school from Western Newfoundland and they're in contact.

If the boards come together, are they going to stay in place or is it going to be one central board here in St. John's and then they'll decide where the recruitment office goes? Because I can tell you, in the last little while the recruitment for Western Newfoundland, I have to give those people credit, give the management credit in Western Newfoundland; they are out hunting for people. They're courting people, asking them what they want to try to get

them to stay. They are doing a great job. If this goes through will that be diminished?

My time is up and I thank you very much.

SPEAKER (Trimper): Thank you.

I next recognize the Member for St. John's Centre.

J. DINN: Thank you, Speaker.

Speaker, I'll start by saying that I take the Health Accord NL seriously and I think that this legislation and it are intertwined. I take it seriously because we know the system is not working for people in this province the way it should be.

We know that what the Health Accord proposes, Speaker, is this is a long-term fix. This legislation is about that step, about making a decision that's going to affect really generations to come, which is important that we get it right. I do support this amendment to basically suspend the debate and send it to the Social Services Committee for further review.

In effect, there are two reports out there and for this reason. There are two reports out there that recommend some sort of a centralization or an amalgamation of the health authorities: the Health Accord and PERT. They're two visions. The question I have to ask then with regards to this piece of legislation is: Which vision is being put forward that's going to guide this health care system for the next five to 10 years as it undergoes its transformation, hopefully, for generations to come for my children, for my grandchildren, that there's going to be a health care system here that will meet their needs? So, to me, it's a significant piece of legislation.

Because on one hand, you've got the PERT which basically looks at that amalgamation from the point of view of cost efficiency and finding efficiencies, and the Health Accord which basically looks at we've got to make a

health care system that's more responsive, that's better for people. One is about budget; one is about people, I would argue.

So will delaying this bill negatively impact the health care system? Will sending it to a committee basically delay the process, making –

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

J. DINN: Thank you.

Will it make it better? I don't think so, probably not. But will it make for better legislation, Speaker? Definitely. Let's not act in haste.

I would argue then, not only that, let's take it back to the Health Accord, let's take it back and do what the Health Accord did, which is basically do the consultation, come up with a report and go back to the people and find out did we get it right. I think, in many ways, that's what we need to be doing with this legislation: Did we get it right?

My colleague from Torngat Mountains has already referenced the technical briefing. That has to be one of the worst when the people who were present did not have the legislation or the notes in front of them, a day before – less than 24 hours before. I do believe that, for any legislation to be effective, you have to be informed on both sides and certainly be able to make informed comments where you can. I don't think it's helpful then that we have this the day before and then not the full amount, and it's only after we complained that we get the legislation itself – unacceptable. I don't know what the reason is. If it's a lack of personnel to do the writing, I'm not sure, but somehow that's got to be addressed. Especially for a piece of legislation that has many moving parts, it's technical and it's not as simple as it looks.

It can't be that simplistic because, in the end, we're going to affect the people of this province for generations to come, we may not fix the health care system the way we want it to be fixed and we're going to impact the lives of the people who are working in that system. The other question I would ask and why I think delaying it makes sense, the question I have got to ask is: Do we need it? Do we need to have this legislation in place, passed today or this week, to put the other pieces in effect? Because the Health Accord, in particular, identified other priorities that were the key pieces and I think that these are the priorities, Speaker, that we can work on.

It spoke about the need for, if anything else, the big money items, if we need to fix it, are the ambulance system, the data management system, virtual emergency centres, community teams, the centres for excellence for senior care in Central, Western and to update it in St. John's and the care to children who are at risk. These are all things, Speaker, that can be done while we're trying to look at the governance structure of the health care system that can be sent back; we can deal with these.

If I may – maybe we are putting the cart before the horse a little here. But it is an interesting statistic, Speaker. As of August 15, there were over 23,000 people who had applied for or registered for a collaborative team clinic. From what we have here, the total patients who are attached to a collaborative team clinics, as of August 15, is somewhere around 2,876. My point is this, let's get our priorities straight, let's focus on the aspects of the Health Accord that are essential to, in the short term, making this system work, let's pause this debate on the governance structure on the health authority and let's make sure we get it right.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

It is just a little noisy in the room. If we could just have a little more quiet.

Thank you.

J. DINN: Otherwise, we're not going to –

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

J. DINN: Otherwise, we're not going to fix the system, it's going to cost us more and people are going to be disadvantaged again.

With that, I will support this amendment. I think it's prudent. If anything else, a sober second thought. Let's do it right. I would hope, though, that if it goes back, Speaker, that it's not a simple case of formality of where we send it back to the committee and we come back with the same legislation.

Prove me wrong as a cynic, please.

Thank you.

SPEAKER: Thank you.

The hon. the Government House Leader.

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

Mr. Speaker, I move that the House do now recess until 6 p.m.

SPEAKER: This is not a debatable motion. This House stands in recess until 6 p.m., 1800 hours.