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HANSARD

Speaker: Honourable Derek Bennett, MHA

Monday

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(Night Sitting)

The House resumed at 7 p.m.

SPEAKER (Bennett): Are the House Leaders ready?

The hon. the Government House Leader.

S. CROCKER: Thank you very much, Speaker.

I move, seconded by the Deputy Government House Leader, that this House resolve itself into a Committee of the Whole to consider Bill 18.

SPEAKER: It is moved and seconded that I do now leave the Chair for this House to resolve itself in to a Committee of the Whole.

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

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

SPEAKER: All those against, 'nay.'

Motion carried.

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

Committee of the Whole

CHAIR (Warr): Order, please!

We are now considering Bill 18, An Act Respecting the Health and Safety of Workers and the Compensation of Workers for Injuries Suffered in the Course of Their Employment.

A bill, "An Act Respecting the Health and Safety of Workers and the Compensation of Workers for Injuries Suffered in the Course of Their Employment." (Bill 18)

CLERK (Barnes): Clause 1.

CHAIR: Shall clause 1 carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, clause 1 carried.

CLERK: Clauses 2 through 82 inclusive.

CHAIR: Shall clauses 2 through 82 inclusive carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, clauses 2 through 82 carried.

CLERK: Clause 83.

CHAIR: Shall clause 83 carry?

The Chair is recognizing the hon. the Member for Labrador West.

J. BROWN: Thank you, Chair.

As I said earlier, my colleague here asked a question about the 2019 review and about the recommendation to move from 85 per cent to 90 per cent. We have an amendment here that we would like to present.

I move the following amendment, that subsection 83(2) of the bill be amended as follows: By deleting the number and symbol "85%" and by substituting instead with the number and symbol of "90%," and it is seconded by my colleague for St. John's Centre.

Thank you.

CHAIR: Thank you.

We will recess the House to take a look at the amendment to see if it's in order.

Recess

CHAIR: Are the House Leaders ready?

Order, please!

After consideration of the amendment, it is said to be in order.

The Chair recognizes the Member for Labrador West.

J. BROWN: Thank you, Chair, and thank you for that.

I'll just briefly state that in the 2019 review, it was suggested or recommended to do this. I think it's prudent that we do make the changes from 85 to 90 to help workers, especially now that we're seeing more financial burden on people. Workers are just trying to make ends meet, injured workers are trying to get by. They should be more worried about their care and getting better and getting the help they need, than worrying about financial stuff in their lives.

I think it's a prudent move to make this change and to move it from 85 to 90. I know there's a lot more work that needs to be done when it comes to this. I would advocate that a further review of compensation of injured workers should be carried out in the very near future. I hope that the minister agrees that this is due.

Anyway, I want to say that this amendment is important, that we start the path forward and implement these recommendations from the 2019 review.

Thank you.

CHAIR: Further speakers to the amendment?

Shall the amendment carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

SOME HON. MEMBERS: Nay.

CHAIR: The amendment is defeated.

On motion, amendment defeated.

CHAIR: Shall clause 82 carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, clause 82 carried

AN HON. MEMBER: (Inaudible.)

CHAIR: Sorry, shall clause – sorry?

AN HON. MEMBER: We called for a division.

CHAIR: I didn't see it and I didn't hear it.

SOME HON. MEMBERS: Oh, oh!

CHAIR: Sorry, I didn't hear it and I didn't see it.

Shall clause 83 carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, clause 83 carried.

CLERK: Clauses 84 to 170 inclusive.

CHAIR: Shall clauses 84 through 170 inclusive carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, clauses 84 through 170 carried.

CLERK: Be it enacted by the Lieutenant Governor and House of Assembly in Legislative Session convened, as follows.

CHAIR: Shall the enacting clause carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, enacting clause carried.

CLERK: An Act Respecting the Health and Safety of Workers and the Compensation of Workers for Injuries Suffered in the Course of their Employment.

CHAIR: Shall the title carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, title carried.

CHAIR: Shall I report the bill without amendment?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, that the Committee report having passed the bill without amendment, carried.

CHAIR: The hon. the Government House Leader.

S. CROCKER: I move, Chair, that the Committee rise and report Bill 18.

CHAIR: The motion is that the Committee rise and report Bill 18.

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

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, that the Committee rise, report progress and ask leave to sit again, the Speaker returned to the Chair.

SPEAKER (Bennett): Order, please!

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

B. WARR: Thank you, Speaker.

The Committee of the Whole have considered the matters to them referred and have directed me to report Bill 18 without amendment.

SPEAKER: The Chair of the Committee of the Whole reports that the Committee have considered the matters to them referred and have directed him to report Bill 18 without amendment.

When shall the report be received?

S. CROCKER: Now.

SPEAKER: Now.

When shall the bill be read a third time?

S. CROCKER: Tomorrow.

SPEAKER: Tomorrow.

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

SPEAKER: The hon. the Government House Leader.

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

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

SPEAKER: The hon. the Member for Ferryland.

L. O'DRISCOLL: Thank you, Speaker.

It is certainly a privilege to get up in this House of Assembly again and represent the District of Ferryland. Again, I thank the constituents for putting me here.

This is an important bill that we have before the House, as you can tell it is a bit controversial and how they're trying to push it through and how it all looks from the outside where we're standing and asking questions.

I'm going to touch on how does it really help the people, right now, that are in trouble today? I had a lady calling me last week. Her daughter is mid-30s and haven't got a

family doctor. She is willing to give up her spot to her family doctor in the area where I live. It can't happen. She knows her daughter needs help. It's incredible that she can't get that help. She's after going out to emergency in rucks of pain and ends up coming home; there 12 or 13 hours and come home.

So I look and I listen to this bill from when we started the other day and we've had numerous people speaking on it: How does it help that person today? That is what we need to try to correct in the system. That is where our issues lay right now. Trying to get this under a different umbrella, I can see that has to happen.

But, you know, how does it help this lady today? I said to her, I'd give up my spot if she could get in there, but it doesn't happen. She sitting there on the phone crying to me. I know who she is. I've had that discussion and it's not easy to listen to. I don't know how we get to that but we have to get our heads out of the sand and get these problems solved.

I spoke to another guy last night; he had some issues and went to his family doctor. He haven't been there in seven years. He's no longer a patient at that clinic because he hadn't been there in seven years. They figured he might be gone somewhere else. It seems to me like that's wrong. He's living in the area and now he's no longer a part of being in the doctor's care. I said, b'y, I would push that a little harder and go back to the clinic to check that out. Just to sit there and see how that stuff happens is incredible.

When you go over to the Health Sciences or you go to St. Clare's and you go into emergency, go in and sit down for – there's no story less than eight or 10 hours, if it's not critical care. You get critical care if you go in there with a heart attack or a stroke victim then you're in, you're getting great care, there's no question about it. We're certainly not criticizing the people on the

inside. It's the system that we have set up that we're trying to fix.

When you listen to them talk about sitting in the waiting room for 10 to 12 hours, we have to fix that somehow. We have to fix it. If the minister has to go over there and sit down and go inside and see what's happening, then we have to see it. We have to get that problem fixed. Why sit there for 10 or 12 hours? Are there enough doctors on? Are there too many people because there is not enough family doctors taking care of the people that are in there? Are there people in there trying to get prescriptions filled that are taking up time where they could go to a pharmacist if it's just a refill?

I'll use myself as an example. I take one pill for reflux. I have to call the doctor, I have to get an appointment and they're going to call me back, virtually. A call is going to take three weeks. So you go get your prescription, they won't see you stuck, but they need to have the paperwork so it's going to take three weeks for them to call me back, to call in to get a prescription filled.

Now, if anybody on the other side of government, or even on this side, can't see that being a problem, then we have a problem. We have a problem. That is happening every day just for prescription refills. It doesn't make sense.

We have the people that can do it and we have the experts that can do it. And we all have it, everybody has that in their district, I'm sure they do. There's no reason that we can't get to the bottom of that. That would alleviate some of the people that are in emergency rooms, we all know that. Everybody here gets calls on it – everybody.

The same guy called last week, someone else out there, and when he went out to get checked, there's double capacity in the emergency room – double the capacity. He ends up coming home, don't stay out there;

double the capacity. How long would you have to stay out there?

Somebody got to get in there, and not the people who are working in there, they're not the issue. They're trying to solve it. If you're there long enough you're going to get beat down. If you're there long enough you are going to get beat down in these health authorities. That's just the way it is.

People out there waiting and, you know, if you're out there eight or 10 hours, you go back to the counter, you're wondering how long you're going to be. The next thing you know you get called in for triage and you're back out again. They just get beat down. They're trying to put out fires all the time.

Why is it we can't get over there and figure this out? I'm going to say I went there 10 or 11 years ago when I had an issue with kidney stones and I went in there seven times. You get in pretty quick when you've got that issue. You're not waiting outside, but when you get in and get your IV in and get there and wait, then you see the incredible line up that's inside in the hallways and people waiting to get taken care of.

I went in there one morning at 5 o'clock and there's no doctor coming on until 7. I said you can't be serious. You're in there in emergency at 5 o'clock in the morning and there's no doctor. Maybe there should be two or three doctors in there.

I don't know the solutions, but I know that we can sit down and try to figure it out because we all run into that. If we could get away from that problem, one of those problems, we'd be so happy as MHAs because that's a big problem. We take a lot of phone calls on it and it's just incredible how that happens.

So to sit here and let us push this bill through and not ask the questions that we're trying to ask and put in amendments. I mean, it is just too much to take.

We have an ambulance report that's on the desk of the minister since 2015. We're in here now, it's 2022 and that hasn't been dealt with. It hasn't been dealt with. A report that you asked to get done and you haven't dealt with it. You dealt with it by listening to the ambulance operators, taking ambulances out of places, my district for an example, out of Trepassey and moving it to Cape Broyle without listening to the people that are driving these roads and taking these ambulances and putting them in places.

Somebody makes a call from Cape Broyle to get an ambulance and they're looking at two sitting in the driveway and the ambulance has to come from Holyrood, an hour and 10 minutes away by the time they get there or an hour and 15. So when you sit here and ask us to look at a bill and try to pass it through, it's hard to take.

We've go to be fixing the little things first. As far as I'm concerned, we've been here three years and I've got to tell you – I'm after saying this to some of our people over here as well – we're in here three years and we've done very little in good legislation that we can sit down and have a discussion on, very little that I can say.

I mean, we did some with the pay equity. Yes, that's a start and I know they're going to make some adjustments, but there wasn't enough discussion. It wasn't enough discussion. We did the helmet legislation. We put it through and then they changed it in regulations to what we had agreed to. That's exactly the way it was and I hear that every time I speak on it. It changed when it went there and everybody can back it up over here, it definitely changed.

So to believe that we're going to trust that it's going to happen. It's not happening. It has not happened since I came in here. We should be embarrassed as 40 MHAs to stand up here all the time – our job was voted in here to make this province better

and we don't seem to be doing it, in my mind, we don't seem to be doing it.

The little things that we could fix. You get calls I'm sure, you're saying, well, that regulation don't make much sense. Maybe somebody should change the legislation to make it represent so these calls will go away. If you worked in an industry where I did and you had trouble servicing clients or taking care of customers, you try to fix the problem so that that problem will go away. We don't seem to be fixing many of those problems.

The legislation that we have is weak, and I don't mind saying it, it's weak. It's terrible what comes through here and what we vote on, changing wording and stuff like that. It's weak. Put something in that's effective. We've had these conversations, we have to go over there and ask questions that legislation could change to make this stuff more effective, definitely could make this stuff more effective.

We deal with Crown Lands, I listened to it in here, the same kind of stuff; 68 days, not a chance, 68 days, it's not there. You can bring in stuff that can make people's lives a little better and we don't do it. It just doesn't make any sense to me.

It just gets so frustrating. We have a job to do and we don't seem to want to do it. Everybody has their different angles on what they're doing. We sit down and have sidebars and side conversations and we have real good conversations, really effective to get stuff done. I just think that we don't have enough of those conversations when some of these bills come out.

So a bill came before the House last week, a half hour presentation on what was happening. Then it comes again this morning and they weren't happy with that so they came with a second one. Now, if you were on this side in the Opposition, would you really trust that there's enough work

gone into that? Not a chance, not for a farm out West would you. It just doesn't make any sense.

It's so frustrating, I have to tell you. I'm dealing with doctor issues in my area in Trepassey. I have one doctor. There were two doctors there, they went up three years ago to be able to put the – I'm going to say take care of all the patients, put their information in the systems and done a good job for three years. Now, all of a sudden, we have a doctor who wants to go there and they can't make it happen. It's incredible. They can't make it happen.

They're going to blame it on someone; everybody is going to blame someone else. There's an issue here and it should be able to be fixed. We don't need to get credit for it. We just need a doctor in Trepassey and it should happen. There's no reason it shouldn't happen. But they don't seem to want to sit down and hash it out and talk back and forth. It's just so frustrating.

I called the minister, the previous minister, the current one: Take it and put a feather in your hat and put a doctor in rural Newfoundland. But they can't seem to get it done. But they can bring them in from elsewhere, which I'm not against, we need all the doctors we can get, but we have one here they won't take care of. I don't get it. I just don't get it.

Whatever has to happen should happen to get that person in Trepassey, but we can't seem to get there for some reason, whatever it is. For the life of me, I can't understand why it can't happen. I've had so many calls on this that it's incredible. I'll sit there and I'll say, b'y, they're going to do it, they'll get this done. I'm pretty sure that this is going to happen. When I was speaking to the ministers I get that feeling that, do you know what? This problem will go away. If you get a doctor there this problem will go away. But it hasn't gone away, six or eight months later, a year later.

This doctor served the area for three years and the job came up to be posted, she never even got sent a letter first. Then she got offered the job. Then she turned it down because she's not getting the same results someone else had that was going up there. They brought a doctor in as a locum into Trepassey; he lasted one week. He could drive back and forth with the nurse practitioners. The doctor that was there offered to be able to do that and they wouldn't let her do it. Now why is that?

It's not something I want to get up here and talk about. I'd like to get it solved. I'd like to go to the minister and get that solved. I shouldn't have to get up here. But how do I get to it? The people in my district are after me. My job is to ask, and I've tried. I've tried for a long time and I can't seem to get anywhere. I still think they can make it happen, but it's just we can't drop the bar down. I don't mean give away the shop. I'm not saying that. But there is a negotiation; you're negotiating with people from the Mainland to come in here.

Why can't we get that and get them in the same room together? It hasn't happened – hasn't happened. She sent an email why she didn't take the job and no one every answered her back. I shouldn't have to go ask that, they should answer that. But I have to. Now I have to get up and bring that out. I don't want to do that. I want this to be solved and the people of Trepassey and Portugal Cove South and St. Vincent's and all this – it's not only Trepassey. They come from Ferryland. They come from far and wide to go there because it's a family doctor. It's not getting solved. For the life of me, I can't understand it.

I don't know how many MHAs are here from, say, the Avalon area, but most of us are from rural Newfoundland. God forbid that you lose your doctor, and some people have and we know you have. But this one can be solved, it can be solved and I'm confident that it's going to get there. I'm wishing more than anything. But they got to

get together. They've got to drop everything and get at it. I don't mean drop everything in regards to you've got a lot of stuff on the table that you've got to handle, but this can be handled. I can't figure out for the life of me why it's not. I'm flabbergasted that it's not done yet.

They could take it and say b'y, we've got a doctor in rural Newfoundland and take all the credit. Go ahead and have all the credit, just get the doctor there. That's what the people of the area are looking for.

You go up to a fireman's ball and they want you to be talking about it, the doctors in the area. They're telling people to get on *Open Line*. I'd rather they get this solved, and it can be solved. I'm sure it can be solved. I know it can.

Again, I could go down the road of so many people that use those ambulances. We have a person in Bay Bulls that has an ambulance licence and he's not been issued – they won't give him the funding to have an ambulance in Bay Bulls. He has the licence, but they won't give him the funding for it. Again, this report sits on a desk since 2015 and no one has done anything about it. We deal with it all the time.

I took three calls last weekend and it was a different issue. So I spoke to the minister, we got that part, but this has happened way before that. This is a serious incident that happened and I can understand that, but the people in the district – I left to go up there the other day. It's an hour and 15 minutes from Cape Broyle to get to Trepassey. So an ambulance had to come from Holyrood, and when the ambulance leaves Trepassey there's nothing there for the next call.

Now, I know you can't have a second ambulance everywhere, but they took it out of there and they didn't look at the reasons. They didn't sit down and talk about the reasons why it should stay. One is the geography, that's the main one here. It's not

about the number of calls. The number of calls we understand, it's about geography – 200 kilometres.

I went up Saturday evening. It's foggy up there so you can't drive 100 kilometres an hour. And an ambulance can only go so fast. They're only allowed to drive a certain speed. They're not allowed, just because they have the lights on, to drive 120 or 130 kilometres. They're not allowed. I'm pretty sure that's a fact and they did say that. They're not allowed. Now, they may do it, but they're not allowed.

So geography is one. Then driving down across that country, either way, you leave Trepassey, you go down the Salmonier Line way to come in or you come down the Southern Shore to come in, it's two hours in foggy conditions, rain.

I will give credit to the minister, from Portugal Cove South down we had some pavement done and I give him credit for that. I'll have to thank him. I never thanked him earlier, but I will thank him now.

But when the ambulance got to come from St. Mary's and go the other way, I mean, we have some infrastructure that needs to be done and they're driving in these conditions.

You sit down and listen to the people in the district. I spoke to the mayor there and she used to drive the ambulance. They haven't driven this in a snowstorm. You get across the barrens and you get out in the open country, these people are familiar with the driving. You get somebody when they leave Cape Broyle they take a call, they might say they got to go to Calvert. They drive pass Calvert and go to Ferryland. They don't know the areas sometimes and that's the trouble with the system that they got there, and they've run into that at times.

I had an incident last week, a lady in her 80s; her son had to meet the ambulance in Bay Bulls. He left in a vehicle and put the lady in his vehicle and met her in Bay Bulls

to get aboard the ambulance. They didn't have time to wait. Now either way, they have to leave Cape Broyle to go to Aquaforte or they have to leave Ferryland to go to Aquaforte or Trepassey to go to Aquaforte, it's still going to be time. They thought it was best in their mind to leave and go do what they had to do. You'd probably make that decision sometime yourself sometime in life. Hopefully you never have to make that decision, but you do what you have to do for your loved ones and that's the way it is.

But somewhere along the way we have to figure out how to get this system back in place. Let's get a couple of people on each side to get together and see if we can figure stuff out, or some conversation. We did a bill last week, the same thing. They pushed it through, no consultation.

If you come up with an idea and we listen to it and we think it's good, we'll agree with it. But if we come up with an idea and bring in an amendment, just vote it down because we're the Liberals and we're on the other side, we're going to vote against it. That's not the way it should happen.

There are 20 or 19 people over here, I'm sure one of us has a good idea that could help some piece of legislation, but it never happens. It's just the way government works. Hopefully we get power sometime that I'll agree with the other side and say, b'ys, do you know what? That's a good idea. Maybe we should accept that.

It's a part of being in government; it's their job to make things better. I'm sure we have people over here that we throw out an idea, yeah, no doubt about the Health Accord – they're showing the book to me. I mean, they came up with great ideas, let's implement them. But you can't just jump and do everything, let's fix the smaller stuff first. I don't see the hospital in that. I don't see the hospital in the Health Accord, so you talk about spending money.

It just gets so far down that if we come up with a good idea, you will not ever, very seldom, vote for it. I haven't seen it yet. We have 18 or 19 people over here that can make a good idea, and we've all had them. I'm not saying that you have to accept everything, but somewhere along the way somebody has to drop the ball and say, b'y, we're going to do something different here. It hasn't happened in any governments. Maybe we should try to be different. It just doesn't make any sense that we don't.

All ideas are good? No. All the ideas that we give are good? No, that's not the case. But there are ideas that we have over here that could help some of this legislation but you don't ever listen. I can't say you don't ever listen because I see the Member over there and he does nothing only listen. I have to give him credit. Sometimes we come in here and we do have some good ideas over here. It'd be nice if you entertained them at some point in time, but we don't ever seem to want to do that for some reason. No, let's vote it down, no matter if it's right or wrong, let's just vote it down. Shag it, let it go.

For the life of me, I can't get that either. I only got 30 seconds left, but I put in a motion in a council in Bay Bulls and in order to speak on it you had to put in a motion and get it seconded. I put it in, we spoke on it, I listened to all the people in the council what they thought about on my motion and I voted against my own motion. I absolutely did. The only one on record because, when I listened to the people, what they had to tell me, I thought it was a great idea. I thought it was way better than what I had, so I listened to them.

Thank you, Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Seeing no other speakers, if the Minister of Health and Community Services speaks now we will close debate.

The hon. the Minister of Health and Community Services.

T. OSBORNE: Thank you, Mr. Speaker.

First of all, I want to thank all the Members that have participated in the debate for their comments. We have outlined the challenges with the Office of the Privacy Commissioner not receiving a copy of the legislation more in advance than what he did, but I know we had productive discussions with the Privacy Commissioner and, for the most part, we've satisfied his questions and his concerns.

There is one area of the bill that he remained having some concern with. I look forward to debating that aspect of it once we get into Committee. I understand that the Opposition have put forward, to me for consideration, six amendments of which three we've agreed to accept. We've got a number of amendments to satisfy the Information and Privacy Commissioner and I look forward to discussing those in Committee.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Is the House ready for the question?

The motion is that Bill 20 be now read a second time.

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

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

SPEAKER: All those against, 'nay.'

Motion carried.

CLERK: A bill, An Act Respecting the Delivery of Health and Community Services and the Establishment of a Provincial Health Authority. (Bill 20)

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

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

S. CROCKER: Now.

SPEAKER: Now.

On motion, a bill, "An Act Respecting the Delivery of Health and Community Services and the Establishment of a Provincial Health Authority," read a second time, ordered referred to a Committee of the Whole House presently, by leave. (Bill 20)

SPEAKER: The hon. the Government House Leader.

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

I move that the House resolve itself into a Committee of the Whole to consider Bill 20.

SPEAKER: It is moved and seconded that I do now leave the Chair for the House to resolve itself into a Committee of the Whole.

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

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

SPEAKER: All those against?

Motion carried.

SPEAKER: For the record, the Minister Responsible for Labrador Affairs seconded that motion.

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

Committee of the Whole

CHAIR (Warr): Order, please!

We are now considering Bill 20, An Act Respecting the Delivery of Health and Community Services and the Establishment of a Provincial Health Authority.

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

CLERK: Clause 1.

CHAIR: Shall clause 1 carry?

The Chair recognizes the hon. Member for Topsail - Paradise.

P. DINN: Thank you, Chair.

I'm happy to get up here once again and speak on this bill. I think we've all come to realize that it's a very, very important bill for where we go in health care here in the province. It did have a bit of a rocky start, as the minister acknowledged an oversight, and I accept his response to that in terms of some groups not being consulted and not getting the written documents for the technical briefing.

We did have another briefing today at 10:30; I thank the minister's staff for providing that information. We had to go back, of course, at 12:30, or a little after 12 o'clock, to get the documentations in terms of amendments and changes to the document in response to the comments that were received from the Privacy Commissioner, which was good to see.

One thing with that, though, when we had a discussion on it – and I will say we've had a meeting as well this afternoon on this as well. Again, I thank the minister for doing so. It shows that this is a very important bill and something that we collectively have to get right. We have to get it right because the

state of our health care in this province and, again, I acknowledge globally, is in a crisis. It's in dire straits. You can call it whatever you want; it's just not in a good situation when we talk about our health care in the province.

We hear the many examples of people who are trying to get the proper health care they need and some of the delays, some of the hurdles that they need to get over in order to get that care, and the pressures that this puts on all our front-line health care professionals.

I think we all agree; they got us through COVID and they'll continue to get us through whatever else is thrown at us. But there comes a time when we have to give back and really work to ensure that their work-life balance and the job they do or the job they signed on to do, they can do it with all the resources necessary to do that.

As we talked about the Health Accord, this is very much in response to the work that was done by the Health Accord. We talk about health outcomes. This is the primary goal, primary target of this bill and this piece of work. We saw references to health as well in the Premier's economic report and we saw it, of course, in the Health Accord. We've seen it in the Privacy Commissioner's response, as well as the response from the Newfoundland and Labrador Medical Association.

I think we all agree – in fact, I picked up on a quote from the Member for Signal Hill - Quidi Vidi earlier today, and I agree with him. I think we all agree with him. He said: We are always concerned about health outcomes, and we should be.

When we look at this piece of legislation, when this is about health outcomes, then it really deserves the ultimate in due diligence as we go forward. Some may look at it and say, well, we're just holding up the wagon here, but we know from a piece of legislation that wasn't passed too long ago,

the Medical Act. I mean, we agreed with it and, in essence, we agree with this too, but we want to see due diligence done when it's so important.

We saw it in the Medical Act when the Medical Association came out after the fact and said no one spoke to us on this, no one consulted with us on this. I guess it gets caught up into it's the type of world we're in, when you talk about being consulted. I know people send you an email and right away they figure, okay, I pressed send, so you're done, you're off my checklist. We all do it. But in instances like this you really need to sit down with these groups and have a well-thought-out discussion on this and be able to devise answers or come up with a compromise or solutions that will help.

It's not about making people happy. Make sure that the piece of legislation we have and the supporting policies and the supporting regulations are the best they can be. Better than the rest, because we talk about other provinces and jurisdictions that are in very similar situations as we are in terms of our health care. So we want to do better than that. We want better than that and the only way to do that is through due diligence and making sure all our i's are dotted, all our t's are crossed and no one comes forward after the fact and says, hang on now, we never really had our say or all we had was a phone call, we were expecting more follow-up. That's where we are with this bill in terms of that follow-up.

Now, the Privacy Commissioner certainly brought their concerns forward. As I said, the minister and the department have addressed many of those. But there's one recommendation I think the minister spoke to addressing that down. It's a very important piece that the Privacy Commissioner is not yet, I will say, happy with. It's now also a common theme that we've heard from others when it came to, for example, the Future Fund and the Medical Act. We've heard it also from the Medical Association.

In the words of our Commissioner – I'll just read in what he's brought forward here, and I quote: "The one recommendation that we made that the Department has chosen not to address is our recommendation to limit Ministerial direction over the Provincial Health Authority (PHA) as it relates to the disclosure of personal health information. Our position is that, while the Minister will indeed be bound by the current protections in the *Personal Health Information Act* (PHIA) in that he will not be able to direct the PHA to do anything contrary to PHIA, we feel that this is a missed opportunity to improve privacy protection for the people of the province. Custodians under PHIA exercise discretion as it relates to the disclosure of personal health information, in some cases without consent. In our view, this discretion should be exercised impartially based on the technical advice of experts, and insulated from the prospect of political involvement. We fail to understand why a Minister would need this discretion. And while the *PHIA* does provide protection, it is a statute that has been under review since 2016 and is increasingly outdated when it comes to the privacy protection within the context of our modern health system. For example, the oversight responsibilities that my office has under PHIA are significantly weaker than they are under ATIPPA, 2015."

That's a large concern when we look at this act. Given that it was only a week or two ago we marked the one-year anniversary of the cyberattack on our health care system, and how much anguish and anxiety that caused our public and patients whose records were taken.

So when it comes to privacy and confidentiality of any personal information, especially when it comes to health care, that's a huge concern. To me, that is one that really needs to be worked through and dealt with prior to approving such legislation. That's a big part of this legislation when you talk about combining health information into one. When we know

the effort that was put in when eight associations became four, that was not a short process. In fact, whether it's related or not, we only realized this past week when some pharmacies couldn't fill prescriptions because of a problem with their information systems.

That's a big concern. I trust the Privacy Commissioner in coming forward with that concern because that's what he does. That's what that group are experts in. I'm nowhere an expert when it comes to IT, so I trust the issue that they bring forward. To me it's a legitimate issue. That's just one issue that's at the crux of this bill when we talk about trying to get it done and get it done right. The unfortunate thing about it is that we already had one briefing without any paperwork on it. We had another one this morning without any paperwork on it. We did have a follow-up one at 12:15 with it.

It just gives the impression or gives the feel that we have to get this done and get it done soon. You think about the health outcomes. To me, again, in looking at this as the Health Accord alluded to, and I believe the Premier's economic report also alluded to an amalgamation of the health authorities. But it's how we do it, how we get it done right is the concern right now.

Again, I go back. Now, every piece of legislation in its own right is important, but this one touches everyone in the province. Everyone in the province in some way will be affected by this bill. The hope is that it will be a positive effect in that the health outcomes and the well-being of all our residents and will be better as a result. I think we all agree on that. We all know that's the onus behind this.

We hear about red tape and we hear about bureaucracy moving at a slow pace. As I said, we met earlier today with some of the minister's staff and, look, these are all top-notch professionals. If there was one oversight in all the years they have been in the work here, that happens. I accept the

minister's response on that. That happens; nobody is perfect.

But when we look at this act here, what we're trying to do, we've got to do what we can to ensure that this piece of legislation is as close to perfect as we can get it. We met with the minister this afternoon. Yes, the minister and his staff had some good responses to us, but there's always that – and I'm not going to say mistrust, but there's always that doubt in that what's written and what's told to you may not 100 per cent relate.

Because we say no, our intent is to do this and do it this way but when you read the wording, well, it doesn't really say that or there's some wiggle room or whatever there. This is what we are looking at here. For groups such as the Privacy Commissioner and the Newfoundland and Labrador Medical Association to come forward and express concerns only leads to a bit of credence on why this bill should be looked at and taken time to come up with.

Thank you.

SOME HON. MEMBERS: Hear, hear!

CHAIR: Thank you.

The Chair is recognizing the hon. the Member for Humber - Bay of Islands.

E. JOYCE: Thank you, Mr. Chair.

I am going to stand and have a few words on this. My first thing I am going to say is I'm not crying in the wind but you notice the Member – we knew it today. There was a meeting held with the minister, the Opposition, the Third Party, but the two independents were left out again. So here we are, again, you guys had a meeting today to go over some of the amendments. The Member just mentioned it, and we've seen it. Yet, the two independents who stand up and represent two districts in the whole area of Newfoundland and Labrador,

they can have their side meetings and say here's what we're all going to do.

Somewhere along the line, I think, government has to realize that there are two independents in this House of Assembly and when it comes to the health and the privacy of the people of the Province of Newfoundland and Labrador, especially from Corner Brook and Western Newfoundland, if I got to, I'll be the spokesperson for that group.

I just want to recognize that, once again, the two independents were left out today with the meeting. It's ironic that you say let's all work together, yet the two independents don't get involved in such a serious issue. If you go back to the initial debate last week, I raised some of these concerns. Some of the concerns that the Newfoundland and Labrador Medical Association put in there, saying that there are too many regulations and not enough in the act, I brought that up last week when I read all the regulations.

What you're going to do, you have a bill, Bill 20, put here to merge the four boards. Most of the meat on the bones, as we would say in Newfoundland and Labrador, is in the regulations which we don't see and we're just going to be given the regulations and say, here, you agreed for the bill, but here are the regulations, which may be different from what was in the actual bill.

So it's hard for me to stand up and say yes, I'm going to agree with this bill when you can't even see what's going to be in the bill. From my history – and I use the cataracts again. From my history just because it's said, that don't mean it's true. This is why you need to nail it down, nail things down in this House of Assembly. Because if it's not ironclad, when there's wiggle room, I'll guarantee you there's going to a way to find the wiggle room.

When it comes to something so important as the health care in the Province of Newfoundland and Labrador, and then

merging the boards – you can see it's rushed. A Grade 2 student can see that this is rushed. By the time you put the bill in, the time that a few of us spoke on it, that afternoon the Privacy Commissioner comes out with a letter, sends and says I have major concerns here – it goes back, has another briefing, the Newfoundland and Labrador Medical Association says we have major concerns here and you go back and have another briefing, then you have another meeting this afternoon and you tell me this is not rushed. A Grade 2 student could tell you. What's the rush? Let's learn what's in it.

Yet, for some reason, I guess the commitment was made that it's going to be done, and I guess it was in the budget it's going to be done, so now let's just rush it on through. Let's put a bit of pressure on the Opposition and the Third Party and try to work out some side deal here, exclude the two independents, and hopefully we can get this placed closed by Tuesday or Wednesday. That's what's happening in this House right now. That's exactly what's happening.

I say to the minister, I have confidence in the Opposition and I have confidence in the Third Party that they're going to stand on their beliefs and make sure that this is done right. I really feel that. I really, truly feel that. I have full confidence that this is not going to be rushed through, as the government was anticipating. I have full confidence that the Opposition and the Third Party are going to stand on their beliefs and what needs to be best put in this bill for the people of Newfoundland and Labrador – I have no doubt about that. I have absolutely no doubt. Trusting that myself and the Member for Mount Pearl - Southlands will also be included in it, because it does affect constituents belong to us that we represent – it does affect us.

So just to take it and swat it aside, oh, it is just the two independents again, but we're elected people in this House and we should

be involved. Who knows – if you go back and look at the *Hansard* and what I said the other day about the amendments, how can you go with all the amendments, same thing; we may have something to offer. We could have something to offer here. We've been around long enough.

This is why I'm a bit hesitant, Mr. Chair, to just jump on board. I just can't do it. I personally can't do it, because I need to ensure that this regulation is going to protect the people of Western Newfoundland, protect their privacy and ensure that we're getting the best service for the people that we represent. That's what we're all elected here to do. I can assure you that myself, and I speak on behalf of the Member for Mount Pearl - Southlands, that we will – and I am confident, like I said, and I'll repeat myself again that the Opposition and the Third Party will do the same thing on this bill. I am confident. This is too big.

As I said on the education bill last week, five, 10 years down the road, you're going to see we did it right by the act that was brought in, the Schools Act. We're going to see if it's right. If we don't do this here right, five or 10 years down the road it is going to be in the same boat with this bill. Trust me on that. Trust me; I've seen it too many times. When things are rushed through without the proper vision by many people – not just the people here, we have the Privacy Commissioner in here now.

Again, I go back to the cataracts because that's so important to Western Newfoundland. I go back even to the PET scanner taken out of the hospital in Corner Brook. I go back with the laundry services taken out. Unless it's ironclad, the idea of trust me don't work anymore. I know the minister, even with the cataract surgeries, a big thing, 3,000 or 3,300 or something gone across Newfoundland and Labrador; there are still 800 on the wait-list out in Western Newfoundland – still 800. A stroke of the pen, the minister can get rid of that. The

minister is well aware of the wait-list; it's not going to be done. The minister is well aware that there wasn't even an intake officer here in St. John's; 3,000 given out to two private clinics. There are four or five more surgeons in the hospital doing cataract surgery at the hospitals in St. John's, none in Corner Brook, none in Stephenville.

Now, all of a sudden, it's not because you want to get a wait-list, these 3,000 – it's not because of that anymore. Oh, we just want to even it up. Even what up? If there are 800 people in Western Newfoundland who got cataract surgery, there's no need to be even. Let's just get it done – let's just get it done. We're going to save money in the long run, we're giving 800 people back quality of life, let's just get it done.

God, the logic behind it. If we can give out 3,000 to St. John's with the stroke of a pen, why can't we do 800 in Corner Brook – Western Newfoundland, not just Corner Brook, Mr. Chair? Not just Corner Brook, Labrador also. Down in St. Anthony also, that area. The Premier's district also, Humber - Gros Morne, that area; Corner Brook, that area. Why don't we just get it done instead of just – and then you expect to sit down and say let's just take this, push this on through. It just doesn't make sense. This is why I question a lot of the things when it comes to the House these days.

When I was in this House years and years ago, if someone made a commitment, here's what we're going to do, usually they live up to it. If they don't, they'll come over and say here's why we can't do it. Okay, that's fine. But now when you hear the big announcement that there are 3,300 cataracts across the Province of Newfoundland and Labrador to take care of the wait-list and it's not done, there's something wrong.

Unless I'm missing something. Unless I'm truly missing something, which I know I'm not. No one has given me a reason why 800 seniors can't get back their quality of life.

Here we are debating the bill how we're going to do the boards, when we have 800 in Western Newfoundland whose quality of life is not good. They can't even see us on TV tonight, even if they wanted to, they couldn't see it. Yet, we won't do it. The minister has yet to come up with a good reason why it can't be done.

The other thing I ask the minister, and the minister could answer this, this is what tweaked me today on this here, the Newfoundland and Labrador Medical Association gave input on this bill. So were they given a copy of this bill to say, okay, can we have some input? What do you think of this bill? For them to put in these concerns, which I can read out, and I will later read out the whole letter and put it in *Hansard*, I will do that after. Were they consulted?

Why that's important for me, if they were consulted, the same thing, Mr. Chair, for the cataract surgery there was an agreement, the former minister of Health, the Minister of Education, the Member for Gander, said in this House on many occasions we can't get involved with cataracts, it's an agreement between the Newfoundland and Labrador Medical Association and the private clinics.

I ask the minister: When you made those decisions on those 3,300 cataracts, did you run that through the Newfoundland and Labrador Medical Association to get approval? Because the Minister of Health stood in this House, it's in *Hansard*, on many occasions: Our hands are tied, it's between the Newfoundland and Labrador Medical Association.

So I'll say to the minister, if you never put that agreement through the Newfoundland and Labrador Medical Association, which you didn't do on Bill 20 here, the Minister of Health in his statements, needs to correct his statements. The former minister of Health, the Minister of Education, the Member for Gander, if those statements are correct, and you did not run that through the

Newfoundland and Labrador Medical Association, you have to revisit that agreement, because that's just wrong. If you did not do that, that's just wrong.

Here you want me to stand up and say, take this Bill 20 and just walk on and go through it. No, Sir, can't do it, can't do it. I just can't honestly put my faith in the minister when I know that this could be done with a stroke of the pen and he won't do it. The former minister won't do it, this government won't do it and now I found out that this letter here, the Newfoundland and Labrador Medical Association wasn't even consulted.

So how much more work was done that they weren't consulted?

P. LANE: Shame.

E. JOYCE: Shame.

I know the Member for Mount Pearl - Southlands agrees with me, and I'll close this in this here, like we said today, they're having a meeting out there, the two people who weren't invited were the two independents, weren't invited out to it. Yet, we turn around and come back and say, yeah, we're going to work on some of this stuff, two of us, representing, duly elected, not included. Now, all of a sudden, we're going to come back. I'm not doing it. I'll say to the Opposition, the Third Party and government, I'm going to do my own research on this. I'll have people doing my own research. I can tell you, history makes me question this whole bill.

I say to the minister, and I'm going to put this on the record, I ask the minister, you can answer this or not: Did you consult the Newfoundland and Labrador Medical Association on the cataracts that you gave out for Newfoundland and Labrador, because you never on Bill 20? If you never, Minister, according to the former minister of Health, the Minister of Education, the Member for Gander, you broke an

agreement, because he's in *Hansard* saying they have to work out that agreement.

One of you two is not correct. I'll let you guys decide. I won't let it go; I can assure you, I won't let it go.

The Privacy Commissioner brought it up himself about the minister having the authority. So you want me, knowing now that a decision was made for 3,300 cataracts, possibly didn't go through the Newfoundland and Labrador Medical Association, you want me to say let's give the minister more authority. Not on. Absolutely not on.

I look at the PET scanner in Corner Brook taken out, which was a guarantee. I look at the –

P. LANE: Laundry.

E. JOYCE: – laundry services taken out. During the last election in 2021, it's in there. I have documentation. I have it on Facebook.

P. LANE: Who had that on Facebook?

E. JOYCE: I got it on Facebook. The minister had it on Facebook that it was going to be in there.

I can tell you when you stand up and say we have a bill here, just go through it and put on, we'll tell you the regulations later; not on for me. Not on, just not on. I can assure you, Mr. Chair, I'm not going to be sitting down and listening and saying, yeah, well, we're going to do that later. Not a chance. Not a chance is that going to happen to me, I can assure you.

I look at the government, the Members opposite, and I look at the minister for Seniors, there are 800 seniors without cataract surgery in Western Newfoundland; 3,000 were just done in St. John's, stroke of the pen. I hope you're going to stand up for them, I really do. I'm serious on that. You

were the deputy minister of Health before, you know that. You probably had the wait-list back then. I'm not sure if you were in there at the time when the wait-list was there. But they're seniors; they're the people you should represent.

I know you are doing a great job, by the way. I'll say to the minister, you do a great job, because any time I make an inquiry, you get to the bottom of it. I have to give you credit for that. You do give the respect to the people out in Western Newfoundland and Humber - Bay of Islands that I represent. You know some of the situations where I came to you and you came up with the answers and some good solutions. I have to say that. I'm not trying to put you on the spot here, I can tell you because you do take your job very seriously and you treat everybody the same. I have to put that on the record.

I say to the minister, I have 13 seconds left, I'm sure I'll be back again to have another few words. I'll wait for the minister's answer if he put that through the Newfoundland and Labrador Medical Association, because he didn't put Bill 20 through the Newfoundland and Labrador Medical Association.

Thank you.

CHAIR: Thank you.

The Chair's recognizing the Member for Grand Falls-Windsor - Buchans.

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

I concur with my colleague, especially when it comes to cataracts. We had a lady up in Buchans, an elderly lady, who was waiting on cataract surgery, waiting some time, and she tripped up in one of the cracks in the sidewalk up in Buchans. She beat her face up pretty bad waiting for cataract surgery.

I know there's a process, too, but 800 people are not an extraordinary amount of people, not at all. Whether it was 800 or

8,000, they should be done, absolutely. It will save us money, whether it be IVF or glucose continuous monitoring.

Some things that were said in this House over the past couple of years have not come to fruition and that in itself is reason enough for us to question the concerns and issues that people will have with certain bills, especially Bill 20, which is so important to the future of our province moving forward and so important to our kids as well.

I have to ask for a show of hands from the Members opposite of how many people truly, truly understand Bill 20 and everything that it has to offer or doesn't offer. Maybe there are people here. If they are, can you sit down with me for a couple of hours and explain it to me. That would be great. I think that's what we need here.

You've got to remember that according to the House of Assembly this is our third business day since this bill was released. Look at the public outcry and storm, should it be from the Privacy Commissioner or other people of the public or the Newfoundland and Labrador Medical Association. Look at the storm that was created after we're into our third House of Assembly business day since this bill came out and we're expected tonight to just vote on it and put it on through. I don't agree with it either. The reason I don't agree with it is because I'm still unfamiliar with everything inside here.

So when they do technical briefings, I would love for somebody to sit down for a couple of hours that exactly knows this bill inside out and explain to me a few things. First and foremost, how is this going to make patient care better moving forward? That would be the biggest one for me, the patient outcomes. If you can tell me how this bill, whether it be a short stream or a long-term stream, is going to be better for patients of Newfoundland and Labrador, my God, that will be a blessing. Then I can make an

informative decision on which way I vote for this bill

The second question I have for anybody who understands this bill inside out – and I still have yet to see anybody raise a hand that understands this bill from cover to cover. I love sitting down and talking to my associate anyway, but absolutely, because I have questions and they're legitimate questions. I'm not here to oppose for the sake of opposing. I'm not. You know what –

AN HON. MEMBER: (Inaudible) explain it to the rest of us.

C. TIBBS: I'm sure he could.

The second question I would have to the person – do I really only have 10 minutes? Everybody else got 15.

Anyway, the second question I would have is how is this going to take the strain off our health care workers from the top to the bottom? How is this going to take the strain off our health care workers? Whether it be that catch-22 of bringing in more health care workers because the support is not there, and because the support is not there, we're losing more health care workers, that catch-22 got to be caught.

But if somebody could explain to me how this is going to take the strain off health care workers – and I know it might be a few steps until we get to that point, I can understand that. But I would love for somebody to tell me specifically in this bill how we're going to take the strain off health care workers so they can do their job with pride and not be absolutely burnt at the end of the day.

The third one, of course, fiscally. Is this going to save the province money in the long run? Show me exactly where. It's not as big as the other two that I've just presented, but it's definitely big when it's on the concerns, especially during these fiscal times. Does Bill 20 help Newfoundland and

Labrador save money in the long run and can you show me where?

And, of course, the final one – and this would clue everything up – is this bill eventually going to create a health care system that works for the people of Newfoundland and Labrador. Whether you're in a hospital bed or whether you're giving service next to that hospital bed, is it going to keep people here in the province? Because that's my biggest one right now and not just health care workers but those young people who are graduating high school this year, next year, last year that say: I can't wait to get the heck out of this place. If you haven't heard a high school student say that, you haven't spent enough time around high school students because they're saying it. Those are the people that we've got to keep here most. Show me if this bill is going to keep those people here. That's what we're talking about, are the specifics.

We had the NLMA. We had the Privacy Commissioner. They voiced their concerns about this. Obviously, it was rushed and that's what we're saying. Maybe a mistake was made because it was rushed. My question would be we've been sitting here; this is our fifth week now with our one constituency, why was this bill not introduced five weeks ago? Five weeks ago that would have been a lot better of a situation to have a technical briefing brought in and then we could really, really dig our teeth in. Would five weeks have been enough? I don't know, but it would have been a lot more than three business days, according to the House of Assembly calendar, which is what we got.

So to ask us to digest it, to ask us to vote on it tonight and send it on through, of course, we all have an issue with that. I'm sure there are people on the other side that even have an issue with it. I'm sure there's got to be. It's okay. If you don't want to speak out, that's understandable. It's the way things go, I guess, as the game is played. But at

the end of the day, if I don't understand something and I'm not given a specific amount of time or a bigger timeline to try and understand it and digest it, obviously, I can't vote on it.

That would be doing a disservice to the people of the province because that's what we're here for, to debate it robustly, to bring up different points of views, to argue about those views, to come to some sort of consensus on different points. That's not what we're given the opportunity. To come out in three days and ask you to vote on it, that's not democracy in my mind. We can do much better than that. I believe we can do much better than that, anyway.

I also think that health care workers should have a voice. We've got four health authorities right now. You think that we've got four sets of management down, health care workers can have somebody to go to in their time of need and whatnot, but they don't. Health care workers, a lot of them, the majority of them, are frightened to death to speak out. They truly are. I would love to see a venue, an avenue – you can call it whistle-blower, whatever you want – for health care workers just to express themselves because they feel so handcuffed.

You wouldn't believe how many people come to me and say: Chris, I'd like to talk about health care but I'm afraid there's going to be some sort of penalty or there's going to be some sort of punishment. That's not fair to our health care workers. If they have an issue, it's obviously an issue throughout health care. It's an issue for the workers, which turns into an issue for the patients. So when these workers have an issue or concern, I would love to see an avenue for them to go down where they can feel free. They can feel comfortable to express what is on their minds. If we go from four health care authorities – which I'm not saying is a bad thing, but is there an avenue. Is that avenue going to get better for health care workers is what I'm asking.

Is there always going to be an avenue for health care workers to come out and express their point of view or concern? I talk to them just about every other day.

The Buchan's ER was closed this past week. I realize it's all over Canada; it seems to be all over the world. My question is: Where have all the health care workers gone? Somebody asked me that there the other day. If it's an issue across the world, where have they all gone? Well, we know there are different circumstances regarding that. Health care workers want that life balance and, absolutely, they deserve it if anybody deserves it.

So the Buchan's ER closed, many other ERs – Whitbourne has been closed for quite some time. It's a lot on the minister's plate, especially just taking over a couple of months ago. It's got to be a lot on his plate. He's a very reasonable man and I'm sure there's a piece of the minister that can see we cannot vote on a bill that we've been given access to for five days, three business days, five days now.

It would be in everybody's best interests, I think, to take this, take some more time with it and then vote on it. Then, add something to it, take something away from it, something we can do.

I'll just leave on this. We have the Lionel Kelland Hospice going to open up in June or July here in Grand Falls-Windsor. That's going to go underneath, I guess, the one health authority, but where does that fit? Do we have people in St. John's that are making decisions now for the Lionel Kelland Hospice in Grand Falls-Windsor, which so many people, both inside and outside our health care system, worked so hard to ensure that the money was in place, the building was in place. Those are some of the questions we have, especially when it comes to rural and urban health care. They're different. They are completely different from St. John's to Grand Falls-Windsor, to Labrador. We live in that

geography where they are completely different.

So, again, a little bit more time to digest this. I can definitely make a reasonable decision after that, but until then I have to keep listening.

Thank you, Chair.

SOME HON. MEMBERS: Hear, hear!

CHAIR: Thank you.

The Chair is recognizing the Member for St. John's Centre.

J. DINN: Thank you, Chair.

Certainly I will agree with just about everything that the previous MHA said. It makes a lot of sense, especially when you look at the diverse nature, the geography of this province. I think it was the former minister of Health who used to say that in many ways in Newfoundland and Labrador, you've got an urban centre and the rest of the province is very much like a territory in terms of the geographical spread. Obviously, whatever authority we're looking at here is going to have to be in tune with the needs, similar to having one educational authority.

Many years ago, I guess over 20 years ago, I did an outdoor safety course with Ben Dunne. One of the things he talked about was beware of the second agenda. The first agenda was always about being safe, making sure you knew where you were, that you took precautions to keep safe. The second agenda crept in when you started thinking, oh no, I've got to get back to town, I've got to do this, I've got to do – then you neglect or you take shortcuts or you do things which end up jeopardizing your safety. So beware of the second agenda.

I'm not sanguine at all about this legislation. In many ways, I think we have to beware of the ascent of the second agenda here. The

first agenda should be, must be a requirement is to pass the best legislation possible.

It has been identified over and over again of the crisis facing our health care system. It was a system that was built at a time when we had a larger population of young people. We've heard ministers make comments how we throw money at it and the outcomes have not gotten better.

We invested in the Health Accord NL, which took a rather extensive and detailed consultation process and came back with some very thoughtful, not necessarily cheap, but very thoughtful and data-driven and rationale-driven recommendations designed to improve the health care system and meet the needs of the people of this province and also, Chair, hopefully to save money in the long run.

The first agenda then is to make sure we get that right and do the best possible job that we can to get that right. Because it's not just going to be, I would assume, and I do believe in what the Health Accord says, I firmly believe that with this we've got to move ahead and we've got to be willing to make the changes. Having good governance in place is going to be key to that. So it's important that we get this right.

Instead what we're stuck with here, is the legislation was introduced last Wednesday, there wasn't sufficient preparation for it, I will say that. It seems come hell or high water, it's going to go through. The question I have to ask is: Why, in light of the events?

Look at last Wednesday, a briefing, no document. We got it a half an hour later. We raised concerns. We raised concerns in the House, and then we get a letter from the Privacy Commissioner again that confirms some of our worst fears, that it was offside with ATIPPA. There was a lack of informed dialogue. That he had concerns with the learning systems, the roles of governance

and the appointment of the RHA councils and quality councils and so on and so forth.

But what we learned in that letter, Chair, is that that letter wasn't the first time that this was brought to the attention of government. In fact, the Privacy Commissioner made multiple requests for legislation. Multiple requests, not one, but multiple. There were several high-level briefings, which again I'm assuming did not satisfy the Privacy Commissioner, that the legislation wasn't provided and it was unsatisfactory.

Then a letter earlier that day was sent to the Minister of Health, the Speaker, the Clerk, the clerk of the Executive Council and the deputy minister of Health and then we get the letter in the House, which brought basically the deliberations to a screeching halt.

There was consultation with the Privacy Commissioner, after the fact, two days. I'll talk a little bit about what the Privacy Commissioner said later on. It won't be, I promise you, the only time I'll be up tonight on this.

Today, we received not one but two briefings; again, didn't necessarily have the information in front of us. We asked for what Mr. Harvey said and at that time I think we were told they hadn't yet had a chance to speak to Mr. Harvey. We asked what consultation was with the unions. I'll talk a little bit about that later as well. It's disturbing in many ways.

So here's the thing. With the consultation with the unions: July 15, David Diamond met with the unions to discuss the plans for the transition to the Provincial Health Authority. Now, that was July 15. We still don't know what unions and we don't know if it's some, all, or a few of them. I guess at that time there was no real – it's no different than what we knew was coming, there was no legislation in front of them.

Today, department officials spoke with NAPE to discuss the questions they had about Bill 20. I'm assuming they had a copy of the legislation. Was that before or after the Opposition briefing? Also, contacted CUPE, AAHP, RNUNL and the NLMA to offer an opportunity to answer questions they may have had.

So all that took place this morning and there was a response received from AAHP and the NLMA, the Association of Allied Health Professionals and then doctors. What was their response?

We know from CUPE, I was speaking to the president last week, they didn't know about the legislation. They were away on that second. One thing Ms. Coffey had said in her appearance on *Issues & Answers* this weekend is that we need to move slowly in reorganizing the health authorities into one. We must do so through a worker-and-patient lens, through a rural-and-urban lens as well.

That has not been done. What's the rush? Why are we here tonight? We have the legislation. Let it sit there for a while. Let people have that informed dialogue. I've been thinking, and this is the part that gets me in this time, I've been trying to think, how would I describe this? Basically, it is a train wreck of legislation and process around it. The only word I can think of is FUBAR – fooled up beyond all recognition. It screams stop. Stop now and let's do the consultation. It's not coming into effect until, as I understand it, the 1st until the first of April.

When asked today, the officials recommended that we have the legislation first. Because I want to know if it was recommended or required, why we can't still proceed with the process of getting everything in place and come back, either in a special session – and I will come back for a special session on this, Chair – and let's do it right. For God's sake, let's do it right.

Thank you.

SOME HON. MEMBERS: Hear, hear!

CHAIR: Thank you.

The Chair is recognizing the Member for Stephenville - Port au Port.

T. WAKEHAM: Thank you, Chair.

I'll start off by acknowledging that, besides myself, there are other Members in this House who have been through many reiterations of health authorities, whether it's the current Minister of Health, the former minister of Health or the Minister of Children, Seniors and Social Development.

We've all gone through many different types of health care authorities where we've seen health boards shrunk. I often question whether, at the end of the day, did they achieve the results that we thought they were going to achieve. Because it seems like we're always in this circle of coming back around to making changes to the administrative structures of health boards and health authorities and, over the last number of years, we still haven't seen the improvements and the outcomes that we all so desperately want to see.

So again, we have another piece of legislation before us that talks about changing the number of health authorities in our province. At the end of the day, the ultimate test is: Will this new health authority achieve the outcomes that we have all been wanting to achieve for so many years? I think right now that answer is unknown.

Bill 20 speaks a lot about the Health Accord and much of the language in Bill 20 seems to have come from the Health Accord. One piece in particular is bothersome, is that while the Health Accord recommended an independent quality council, Bill 20 seems to imply that the health council will not be independent. But today I just want to reiterate, with all of this change that we talk

about in health authorities, that health workers are not part of the problem; they're actually part of the solution. Perhaps if we had listened to our health care workers over the last number of years and suggestions and the need for more staffing, perhaps we'd be in a better position today.

Most times, when it comes down to a lot of challenges, it comes down to policy, about our policy. That's why, again, this piece of legislation is so important. It will set the tone for where we go the next number of years in health care. I would love for it to be successful but in order to be successful we need a thorough understanding, a thorough debate.

I want to spend the rest of time just focusing in on one piece of our health system that has a significant impact on anyone, I would argue, outside of the Avalon, more than perhaps people who live on the Avalon and that is the Medical Transportation Assistance Program. I've spoken on this particular program in the past. I will continue to speak on it. Because while it is a great program, it needs to be more comprehensive. It needs to find a way to reimburse people. Yes, we can still be the payer of last resort, but we have to find a way to cover the costs for people travelling.

Just to highlight the challenges, when we all sit in here and talk about what's going on and we banter back and forth, there are real people that have real issues that policy is interfering with them getting an answer or getting help. I'm going to read you something. Today, this came from Western Health; it's from Mental Health and Addictions. Before I start, I want to acknowledge the Minister of Health because I've spoken to him about this and I know he's working on it. But it is an example of the type of things that have to change.

So this is: To whom it may concern – they're actually writing the medical transportation system, to the department in Stephenville. This letter is to advise that this patient

requires taxi transportation. This patient has been a client of mental health services off and on since 2017. This patient has significant social anxiety due to past childhood trauma over many years. This trauma has led to this patient having a diagnosis of post-traumatic stress disorder. This patient can be triggered, which can lead to significant panic attacks and, thus, is unable to travel via public transportation. It is imperative, due to her medical health issues, that this patient attends the patient's appointments. If you have any questions or concerns, please do not hesitate – and it's signed by Mental Health and Addictions services, the social worker in charge of this client.

This patient was refused transportation by taxi from Stephenville to Corner Brook, even though clearly the case worker says this particular patient needs that. They were refused because it's outside of policy, because the policy is you go by bus.

Now, if the patient went by bus, they would actually get dropped off at a depot, have to get a cab to the hospital, a cab back from the hospital, and then the bus back, after spending the entire day waiting to go back. Come out in the morning and come back in the evening. This is where we break down. It's not about the cost; it's about the policy. This letter was refused because the patient needed a note from a doctor in order for them to qualify for a taxi. How or where is a patient supposed to find a doctor, with this kind of condition?

Again, I bring this up because this is an example of the people out there in our districts that are falling down, and we're failing to provide them – and for me to have to come to the House of Assembly and talk about it and have the minister help with this type of policy, this is a problem. When the exceptions become the rule, then I would argue that it's time to change the rules.

I will continue to say that when it comes to the Medical Transportation Assistance

Program, the people of our province should not have to worry about how they're going to get to their health care appointments, whether they can afford to go to their health care appointments. We owe it to them, to all of them, no matter where they live, to ensure that they're able to get to those medical appointments.

I don't have a lot of time left, but I can tell you a quick story about a situation that happened when St. John's had a shortage of urologists, so the decision was made that people from Newfoundland and Labrador would be sent to Halifax to see a urologist. My time in Labrador, we had several patients and they had thought that was a wonderful thing because everything was covered 100 per cent. They came to our office, we made sure they had the appointment, we booked their airfare, we looked after the hotel, we arranged their transportation and we gave them money for meals. They thought it was a great service. Then, St. John's was able to recruit urologists, so no longer were patients being sent to Halifax. They were now being sent to St. John's.

This one particular gentleman came into my office looking to get reimbursed this day for the trip to St. John's and I simply had to tell him, I'm sorry, there's nothing we can do for you. You're on your own because the Medical Transportation Assistance Program will not cover that.

So, again, when we talk about making changes to an act and we talk about making changes about the number of health authorities in our province, let us not forget that it's not about the structure. It's about the people who work in the health care system and it's about the people who need to use the health care system because that's what it's about.

So let's focus on that and make sure that when we bring in legislation that it is the best legislation, that it has been fully explored and if there are problems with it,

let's fix them. Let's not have to adjust them after. Let's take the time to go through it in detail and get it right before we actually turn around and pass it.

Thank you.

CHAIR: The Chair is recognizing the hon. the Member for Terra Nova.

L. PARROTT: Thank you, Mr. Chair.

Last week, we presented an amendment on this bill, and it's funny because the Member for Lake Melville stood up and said that it was a delay tactic, bad idea. Oddly enough, later that day, our amendment was voted down. Our amendment was really just to get this delayed, go to Committee and make sure that debate and proper discussion happened. Oddly enough, right after the amendment was voted down there was a letter that magically appeared from the Privacy Commissioner and government, I would guess, was pretty much shamed into delaying it for a couple of days in order to try and regroup and make face.

The problem with all of this is that it's more than the people in this House that think this bill needs to be discussed. This weekend I heard from all kinds of people across the province and specifically in my riding asking why we were trying to force this through.

Now, if people think back to last week and something that the Member from St. John's Centre just said, after a hoist amendment was voted down which gave us an opportunity to go away and gather our thoughts. Then there was a recommendation here today, just lightly, about going to Committee and maybe coming back for a special session. In that part of the conversation he said, it doesn't have to be done until April 1.

When you think about last week, the House Leader put forward a motion to delay the opening of the House in March by a full week. This is what we do in this House all of

the time. There's opportunity to do these things correctly and therein lies the problem.

We talk about health care and health care issues have been going on for a long time and this bill isn't going to solve our health care issues overnight. There are more important things to be doing right now than staying here until 12 o'clock at night debating this when it should go back to a Committee and come back in the proper manner.

There's an individual who said: If we can't stop the appalling turnaround and loss of physicians, there simply will not be medical services in the province the way we know them today. The same individual said: We're 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 the effort to get government to listen and to act. That's our former Health minister, who spent seven years here, and those statements were made prior to.

I've got to really go back and talk about what happened between 2019 and 2022. This House, Members on this side from the NDP, independents and the Progressive Conservative Party had multiple questions multiple days, every week we're in session about our shortages of doctors, which we listened to our Health minister stand and say there's no shortage. Every single time bullishly, he said there's no shortage.

We talked about mental health care crises, we talked about shortages of nurses, and the responses were always there's no shortage. Not you, definitely not. Not the current Health Minister, the previous Health minister. From 2019 to 2022, every time a question was asked, bullishly it was answered there are no issues.

Those issues have existed for a long, long time. So here we are, trying to bring in this bill as a part of a solution, and there's no question that we need to get a grip on our

health care and the four boards. Everybody knows that, but we also got to do it the right way. We've had lots of discussions about doctors and nurses and how we treat them and what they need.

Listen, the reality of it is, we need to look after our doctors and nurses, but we need to look after Newfoundlanders and Labradorians and it's the doctors and nurses that do that. It's not the Health Accord, it's not the health authorities; it's the people who provide primary health care to the people who need the most.

Right now, there's no question, we're in a crisis. Now, there are individuals in this House who would say that we're not in a crisis. As a matter of fact, when we put forward a PMR, they stood and put forward an amendment to have that word removed. The current Minister of CSSD asked for it to be removed. We're not in health care crisis. That was exactly what was said.

But the reality of it is that this crisis has existed for quite a period of time. There's one thing that really bothers me about this. If we go back, and we don't have to look too far, a few months ago CBC went to the Premier and asked him questions about the NLMA. At that time, he said he's recused himself from discussions with the NLMA because of his membership. Think about that.

Just today, I'll give you two examples, hydroelectricity and wind and now health care. Two of the largest, one opportunity and one crisis that the province has faced in God knows how long and our Premier has recused himself from it. Think about that. This is probably the most important bill that's been brought to the floor of the House of Assembly, certainly since I've been here in 2019, and I would argue long before that, and our Premier has recused himself from discussions because of his membership in the NLMA.

We need leadership now, and the leadership has to come from the people on the other side of the floor who obviously – I can tell you last week when we got this technical briefing, there are a good many people over there who didn't know what this bill had. There are a good many people over there who didn't know that the Privacy Commissioner wasn't involved in this. There are a good many people over who didn't know that other consultations didn't happen and if they did they're not saying anything about it. So the obvious answer here is to find a way to make this bill as good as it can be. That's not going to happen here tonight, there's no way.

We talk about debate, and I always think about debate as two sides going back and forth. Honest discussion, back and forth, not always agreeing but there are two people, two sides involved in the discussion. It's not what I'm hearing here tonight. I'm hearing a one-sided discussion with no one else on the other side weighing in.

The reality of it is, if we're going to solve these issues, if we're going to find a way to make this bill better and find a way to get this side to agree with the bill, I believe that there are things that need to be explained.

Now, earlier someone asked the question: Is there anyone over there who fully understands this bill? One person raised their hand. I would suggest that individual explain it to everyone else because obviously not everyone over there understands it any better than we do.

We sit and talk all the time about how we're going to be better, and it's not just people on this side. We talk all the time and I'll say I've reached out to the current Health Minister several times and it's been an absolute pleasure to deal with his department since he took it over. Not like it was before, but now we get answers. Things are moving in the right direction. There's no question about it. But this is not going to solve it. If somebody can stand up

and tell me how this makes our health care better, right now; how this is going to get patients in to see doctors; how this is going to help our outcomes, then they should stand and talk about it. Nobody is even mentioning it.

Here we are tonight debating this bill again, we're gone to Committee, trying to look for solutions, but there's only one side talking about it. It's really bewildering to me that, like I said, we have a Premier who has recused himself from the discussion, based on his membership in the NLMA. One of the most important discussions that are going to happen in this province for years to come. This isn't just a small bill.

You've got to think. When we've discussed health care in this province, we've said it: urban and rural. For people who haven't lived outside of the metro area and have had to take advantage of health care in Newfoundland, if people don't believe that it's two tiered, you're entirely wrong. You get sick outside of St. John's and find out what it costs you to come here. If you have to go through radiation and live anywhere besides St. John's, find out what it costs you to come here. It's not the same, so that's why this bill needs to be solid.

We need to find a way to put the committees in place; we need to find a way to put the quality control in place. We need to find a way to make this bill so it benefits the people of the province, not the leaders of the province. This bill is for the people who put us here. Why we're here debating this tonight, I would argue that we're debating it because government was embarrassed and government wants to save face and they want to push it through. It's pretty simple.

I would argue that's exactly what we're doing here; it's just an exercise in futility. There was a mistake made. You know what, at least the Health Minister had the gumption to stand up and say we made a mistake. Good for you. Kudos to you.

SOME HON. MEMBERS: Hear, hear!

L. PARROTT: But the mistake was made. The solution isn't to jam the bill through; the solution is to find a way to make this bill so it fits all requirements. As this bill sits right now, it doesn't. There are far more questions than there are answers.

Listen, if you go through the first section of the bill, yeah, maybe it's okay, but for sections 2 and 3 there are a whole lot of questions. I would suggest a lot of these questions are going to get asked over the next 24 or 48 hours, however long this takes, or until somebody decides that we're not going to debate it any longer. But it needs to be fixed before we try and jam it through. I honestly believe there are as many people on that side of the House who feel the same way. But we're stuck in a situation where people aren't allowed to vote their conscience.

Anyhow, on that note I'll sit down, Mr. Chair.

CHAIR: The Chair is recognizing the Minister of Health and Community Services.

T. OSBORNE: Thank you, Mr. Chair.

I do want to clarify one aspect with great respect to the former speaker. I know the Premier recused himself from negotiations with the NLMA, as he should, because he would have a direct benefit from that. But the Premier is meeting with myself, the NLMA, the colleges and others on a regular basis now on the issues that are affecting the province.

There is a very distinct difference. He should not have been involved in the negotiations and wasn't, but he should be involved in the meetings that he's involved with the NLMA, the colleges and others now. So those meetings are ongoing and they do take place.

I don't mind debate on clause 1, which is open and a general debate. I think Members

on this side are prepared to sit as long as Members want to do that. But once we get beyond this – and I'm not rushing it; I'm not standing to suggest that we do. Once we get into clause 2, which is when we get into clause by clause, I'm willing to stay, whether it's an hour on each clause, 10 hours on each clause or 10 days on each clause, until every Member in this Legislature is fully satisfied with each clause as we go through it.

I think that when we get into that, we're open to amendments; we're open to amendments on any clause. We don't have to move beyond clause 2 or we don't have to move beyond clause 3 if Members have difficulty with that clause. If that's where it gets hung up, well and good.

This is more of a general – people expressing their overall thoughts on the bill, but I think the meat of it is once we get into clause 3 and beyond. I will take as much time as is required by each and every Member until we get through that clause by clause.

CHAIR: The Chair has recognized the Member for Mount Pearl - Southlands.

P. LANE: Thank you, Mr. Chair.

I'm glad to hear the minister say that. I have a lot of respect for this minister and my concerns are not aimed at him in particular, it's about the government in general. Not just this administration but what this would mean for any administration as we move forward.

Now, the minister just said that he's willing to go clause by clause with amendments or whatever. How refreshing would that be, I say, Mr. Chair. How refreshing would that be? I hope he's sincere in saying that, because we hear in this House of Assembly all the time about working together. People are always telling us to work together, but in my experience certainly this session, or since the last election and even the one

before that, the definition of working together has basically been you rubber-stamp what government does. That's working together.

So I'm going to take the minister on his word when we progress past clause 1. I have a feeling we're going to be on clause 1 for a while. But once we progress past that at some point in time, I really hope he's serious, Mr. Chair, and that we're actually going to debate amendments. And if they make sense, that the government is actually going to change them.

I don't know about anybody else here, I can't remember too many amendments since I've been here that have gotten passed. Practically zero. There might have been once or twice that there was some little minor amendment accepted, but generally speaking, in my time in this House of Assembly, while that would be ideal, that would make all the sense in the world that we could have 10 amendments and maybe eight of them would pass if they made sense. What always happens is, yeah, you put in your amendments, have your say and then we'll vote it down. Then you put in another amendment and if it's in order, have your say and then the government will vote that down. That's what happens every time.

The Minister of Justice said at one point in time on a different bill – don't mean to pick on him but he did say it. It was another bill; I think it was the pay equity. He got a bit frustrated at some point and said, listen, whether you like it or not it's the way it is. We're the government. We're in control. We're going to do what we want. You can say all you want but that's just the way it works. We are the government, we have the majority and we're doing what we feel like we're going to do. That was the gist of what he said.

That's the way it's always worked I say, Mr. Chair. But is that really serving the needs of the people if there are legitimate issues that are being raised? If Members on this side of

the House – whether they be the Official Opposition, whether they be the Third Party, whether they be one of the independent Members – raises an actual legitimate point that nobody thought of, but puts in an amendment to make a change that might be a slight change, it might be a significant change. But if it makes sense and it makes the bill better, why is it that it's just an exercise in futility? It's an opportunity, basically.

It's like this debate tonight. Unless this one ends up, like I say, differently, and we'll see how it goes, this will be an exercise in whether we're here until midnight tonight and at this again tomorrow and at this again on Wednesday. Maybe we'll decide to keep her going for the next two weeks and force the government to invoke closure. Maybe that will happen. I don't know what's going to happen. But the point is that's the way it has generally always gone in this House of Assembly and that's what needs to change.

It's not because of this government. When I say government, it's this government today; it could be a different government tomorrow. It could be the last administration, which was a version of this one, but it was the same thing and the government before that, which was a PC government. It was still the same concept. We're the government. We're in charge. We put the bill before you.

Tom Marshall – another Member I have to say I have the utmost respect for – put it best in this House of Assembly one time when I was here. I think he might have been the premier at the time or he might have been the Finance minister, I'm not sure. He said Oppositions have their say and government gets its way. Those were his words. It's true. That's the way it always goes.

So if we're going to have meaningful debate and we're going to be able to debate the clauses, put in amendments and it's actually going to get a few through, if they make sense, then I think that we'd be making

great headway. Because, up until now, that's never happened and this just becomes an exercise in futility. It becomes an exercise of staying here all night, doing it again tomorrow, doing it again on Wednesday, doing it again on Thursday, until some point we get tired and say we've made our point. We have everything in *Hansard* –

AN HON. MEMBER: (Inaudible.)

P. LANE: Oh, I'm getting to that.

We're getting to everything in *Hansard*. I don't care –

AN HON. MEMBER: (Inaudible) Saturday.

P. LANE: The Member is saying we'll be here until Saturday. I don't give a shit if we're here until next month.

CHAIR: Order, please!

I ask the Member –

P. LANE: I apologize to the House of Assembly. I didn't mean to say that.

I apologize unequivocally. That was not parliamentary. I recognize that.

CHAIR: Thank you.

P. LANE: And I withdraw the remark, unequivocally. But it's very frustrating when you hear Members over there –

E. JOYCE: Chirping at you.

P. LANE: – chirping at you because you're actually trying to get this right. As the Member for Terra Nova said, the most important bill perhaps to come through this House of Assembly – the most important in my time perhaps and other people there –

AN HON. MEMBER: Muskrat Falls.

P. LANE: Yeah, let's talk about Muskrat Falls again. Yes, b'y, throw that out there. Listen, I'll stay here until June month if wants to, next June.

But you wonder why we're in the mess we're in. We're here talking about the most important bill that we're going to see in this House of Assembly in years to come, the restructuring of our whole health care system, and all you're going to listen to now is Muskrat Falls. The Government House Leader, if you're going chirp at me, chirp at the Minister of Health while you're at it because he voted for it the same as I did. He supported it.

E. JOYCE: How about you meeting on this?

P. LANE: When my colleague says about working together and here we have apparently this big meeting that went on, about what we're going to do tonight and about the bill and amendments and everything else, and we weren't even included – we weren't even included. Heaven forbid, the people of Mount Pearl - Southlands, the people of Humber - Bay of Islands get their representation in. We can't have that; you're not a party. You're not important enough. Then you wonder why we find it difficult to work with you.

Then we have this bill coming through and when you listen to the concerns of the Privacy Commissioner and the NLMA – and I'll get into them in detail when I speak again, but it comes down to trust issues. It comes down to giving absolute power to the minister and to the Cabinet to make very important decisions and access to private information without having that buffer of independents in between to make sure that there's no hanky-panky and there's no politics. That's what both of these people or groups are saying.

So that becomes an issue of trust and then you want me to trust you. We brought a bill in here in the House of Assembly, recently, there last week on the school boards, scrap

the school boards. Based on what? Based on the report. Can I see the report? No, you can't see it. It's based on a secret report.

I made some notes here of other things. We had the Minister of Finance bring in the sugar tax and committed that all the money from the sugar tax go into new initiatives – all new initiatives. That's what was said. It didn't happen. We had the Minister of Service NL –

CHAIR: Order, please!

I ask the Member to bring it back into what we're discussing here in the bill.

P. LANE: Thank you, Mr. Chair.

It is because this comes down to a trust issue, and that's why I would suggest that it is very relevant. Just like the Minister of Finance said we were going to be doing an examination of ABCs just like we do Estimates, two years ago, that we could bring in people and do like an Estimates process with the Liquor Corporation and with Nalcor and all that stuff. Remember that? Where is it? It never happened. Two years later, forgotten.

Just like the Democratic Reform Committee that got scrapped and never got put in place to look at finance reform. Yet, you want me to trust you and I don't –

AN HON. MEMBER: You're not the only one.

P. LANE: And I'm not the only one. My colleagues here don't and I think many people out in the general public don't. If I've got to stay here debating this all night and right into next Christmas, I will.

CHAIR: Order, please!

I remind the hon. Member that his speaking time is expired.

P. LANE: Thank you.

CHAIR: I am recognizing the hon. the Member for Labrador West.

J. BROWN: Thank you, Chair.

Like most of my colleagues here, I do have a lot of issues with this and I do have a lot of issues with how this is set up. But I do have a lot of questions on what does it mean for the people in my region, for Labrador. I think when it comes to health care challenges, we've seen it all, we've experienced it all and we've been through it all.

We're talking about retention, recruitment and all that for health care workers. I think that's been an ongoing challenge that Labrador faced for a decade or more. I don't know how many family doctors I have been through. I don't know how many nurses I've seen go through the hospital. I don't know how many lab techs and so on and so forth that we've went through.

Now we have this bill and we're asked to support it and everything like that but, at the end of the day, I do have issues with the idea that Labrador's voice, when it comes to health care delivery, is going to be diminished. Because we have a unique way of being a part of this province. We are a unique part of this province. We are not as simple as drive to the next community to get service or anything like that. Where we're so spread out, we have such unique needs in every corner. Now we're expected to understand and accept an authority in St. John's.

Then you have your regional health councils but even the way they're written into this act is concerning because it's just an advisory role. They're just going to advise and, like anything with advice, it could be taken or ignored. There's no substance. There's nothing there to actually encourage that the advice be actually listened upon.

I know that we've talked about the Health Accord, but the Health Accord actually had more substance to these advisory

committees than what we see in this act because they actually would take a more leading role. But this act would actually not meet the full substance that was actually recommended by the Health Accord. So this is why I have this issue with it in that sense, that we don't want our voice diminished more than it already is, especially from what I've seen all these years.

Same thing, this is identical to when they rolled the school boards into one district and the people in Labrador said this is a bad idea because we don't want to be seen outside of Labrador. We don't want to take it outside of Labrador and then expected, you know, this is what you're going to do. We're a unique place, with unique challenges, with unique people. We don't fit into the same mould as the rest of the province, and to be asked to take away our voice, our ability to operate, is a very hard thing.

This is very hard for me to swallow in the sense of that, too. Because if you're going to move some things, Chair, if you're going to move it away from the people that actually it is servicing, it is hard. The lack of substance I've seen in these health advisory councils makes me lose faith in the sense that this is the right thing to do because, at the end of the day, I have a district that has a lot of health challenges in the sense of trying to deliver health care, trying to encourage people to move there, to make a life there. Because, yes, as much as I love Labrador, everyone doesn't see it the same way as I see it.

So be it, not many people in this world are as enthusiastic about winter as I am, so I understand. But we have people who want to live there and move there and stuff like that, but they also have a hard time making that jump. That's fine, but now we're going to take away the operations that we have now, that have a lot of autonomy and have a lot of ability and we're going to remove that from Labrador, move it to St. John's and expect some people in St. John's to understand Labrador.

It doesn't work. This is why I have issues with this. I have issues with the fact that these health councils are only an advisory body. They're not going to have any substance. They'll advise the minister, they'll advise the authority, but then like anything else, it's advice, it's either taken or left. There's no teeth, there's no substance, there's no ability. We've seen that time and time again. Like I said, go back to when they rolled all the schools into one and it's still an absolute nightmare for Labradorians when it comes to the school system.

I'm going to say it like this, this my problem with it, this is where I find a problem with it, is that I don't think that removing another voice from Labrador and centralizing it in St. John's is going to be the best outcome for Labradorians. Our unique point of view, our unique thing is just going to be nothing more than advice that can either be taken or left. I think there was a lot more opportunity if we had more time with this to actually talk to Labradorians and see how we can make sure that this will fit what their needings are up there.

Yes, the Health Accord did speak within that, but what the Health Accord recommended is not what's in this bill right here when it comes to these advisory committees. There was more teeth, there was more ability and there was more uniqueness there. Now, everything's going to be centralized in St. John's. It's a bit much to take.

I have a lot of issues. I don't think if this sits there it would be enough to be flushed out. That's why I think maybe this bill should've been moved to the Committee on health and social development. It should have been brought back there to actually have a more fulsome discussion on that kind of aspect of it because there's no amendment right now and I don't think that would correct that situation or those concerns. I think it actually requires a rewrite of what is here.

I don't think that Labradorians are appreciating this, from the feedback that I'm getting back from Labrador, on the sense that they don't want more taken from them and moved to a central location in St. John's. They're not really happy about that. A lot of my constituents are not really happy about that.

So this is where I come from in the sense that we just have a unique way and a unique system as it is. How do you support that from a seat in St. John's looking 4,000 kilometres north? That's the problem that I think is the real issue with this for us and for the people of Labrador.

I had to wait 2½ weeks for an air ambulance to get a guy out for cardiac surgery. He's on his way to Ottawa – 2½ weeks waiting. So these are the things that I have to deal with. I think that rolling everything into a one big chair in St. John's is not the answer. I think it's a bit more fulsome and a bit broader than that. With this, I can't support this, not the way it's written right now.

This is not going to help everything that I think that it is. I think if anything, it's going to make it a lot tougher, it's going to be a lot harder for people to understand. I think it's going to be a lot harder to actually get the uniqueness and the challenges that face delivering health care in Labrador to an ear to someone that could actually do something to help, someone who would actually want to listen instead of a bureaucratic number in a place far removed from the situation.

So this is where I think the rewrite of how these regional health committees actually operate, I think that is the only real solution for a situation like mine, a situation for Labradorians. We need more Labradorians to actually talk about and actually discuss health care, instead of having less. I think that's where we're going. This rolling everything into one is going to have less Labradorians input into the delivery of health care and more of a cost-down

system in a centralized location. I don't think that is what will really help my situation, help Labradorians and help deliver health care in a Northern region. I think this is a part of the thing.

So, honestly, the only solution I think would be best in this is take this, move it to the health care and social Committee and actually have them have a look at it and actually bring in Labradorians and people who actually deliver health care in Northern areas, to have a look at this, because I think this centralizing everything with very weak health councils is actually going to be the bigger problem that we're going to face. I'm going to end up standing up here down the road and talk about how these health resource councils are not doing anything to help Labradorians. I know I am going to have to come back up here and talk about that in the future. We can fix it now before I have to come back and talk about it again.

Thank you.

CHAIR: The Chair is recognizing the hon. the Minister of Health and Community Services.

T. OSBORNE: Thank you, Mr. Chair.

I just want to correct something that the former speaker said. First of all, the office will not be centralized in St. John's. The senior executive of the Health Authority will be living throughout the province. I just wanted to correct that.

The quality council will actually have teeth and represent the entire province. The regional health councils, each one of those, while they are an advisory role to the board and to the Provincial Health Authority, each regional health council has representation on the board. This was designed so that every area of the province has their voice heard, every area of the province is treated equally, every individual, every citizen of the province is part of the same Health Authority.

We've heard, previously, that because you're living in one area of the province you're belonged to one Health Authority that you get a different level of treatment that somebody belonging to a different Health Authority. Part of what this one Health Authority, with regional representation on the board from each region of the province, senior executive living throughout the province, gives every region of the province a voice at the table and every citizen of the province will be part of the same Health Authority and treated equally.

CHAIR: The Chair is recognizing the Member for Exploits.

P. FORSEY: Thank you, Chair

Again, it's a pleasure to get up here to speak on Bill 20. Being from Exploits in Central Newfoundland we've heard more than our share of health care problems in the past three years. We've heard a lot of issues and one of the big ones was probably the Health Authority. I did hear the minister then explain, probably how the Health Authority would work with one Health Authority with regional chairs, but that leaves another question there.

Even when they had the four health authorities, they had their recruitment teams, they had their community advisory committees, doctors, nurses, that sort of thing, especially doctors in the smaller communities; we still didn't get any. I don't know what the problem was. I really don't know. I don't know if that came from the administrative side at the time, that those health authorities and those community advisory committees weren't receiving any help for any doctors, or even if they were, how come they weren't getting them.

Now we've got it down to one ADM that's going to be hiring doctors for all of Newfoundland and Labrador. If four health authorities now with a community advisory committee is going out in the town and looking for doctors to see what they can

offer from each community, that sort of thing, then I'd be more than interested to see how one authority is going to do it when the four of them couldn't do it.

What we're losing probably in the four health authorities, maybe we're losing CEOs, I don't know. Again, we don't know exactly what's in this bill. Maybe we're just losing the CEOs; maybe they're taking off the top brass that we'll lose – you'll probably gain some funding that way. Maybe the health care won't be so expensive that way; maybe you're just losing the CEOs.

I don't know what other ones are coming down the line with regard to the CEOs and health authorities. I don't know what they'll be called, the regional health authorities. If you'll have managers there or if you'll have COOs or what they'll be called or how many you need there. I'm sure that's part of the discussion as well, but my thing is to make sure that one Health Authority – I'm not saying it can't work. Really, I'm not saying it can't work. It's just how is it working when four health authorities can't do it now, they can't get doctors in there now, how is one doing it?

Again, I'll just rephrase that there's a cost saved. Maybe there are a couple of more there on the top levels that don't need to be there. There are probably managers or some advisory committees or whatnot that are not there to see how that's going to work. So I would like to know because that would be part of this bill for sure.

You can say we debate the bill and we stay here as long as we like – all fine, I have no problem with it either. Listen, you guys have proven it time and time again, amendments, you'll shoot them all down. You're after shooting every one down. I know the minister got up and said they'd accept some amendments, and I wish you would. I'm not knocking you because of that stuff, but it's just the entire side is after proving it.

We were here last week on, I'm going to say, the Schools Act, I'm not sure. I'm going to say that one. I can be corrected if somebody wants to get up and correct that. We put in about six or seven amendments; break and go outside; break, go outside; break, go outside; come back, no, no, no, no.

So when you say that we can put in amendments and we would like to see this done, like to see that done, I don't believe it. I really don't believe it, not from my end of her, I don't believe. You're after proving it too many times.

The thing we've got to look at mostly is the primary care, the best health care we can provide to the residents of Central Newfoundland and outlying areas, all of Newfoundland and Labrador is what we've got to be looking at. I've been hearing the questions like, especially in emergency units all the time, there are diversions in the emergency units, diversions in the smaller areas.

We hear it in Buchans, we hear it in Twillingate, we hear it in Baie Verte, we hear it in Kittiwake, we hear it in Lewisporte and we hear it in Fogo Island. They are all congregated on either the James Paton Memorial or Central Newfoundland Regional Health Care Centre. That's in the Central area of it. All that does is overload the bigger hospitals, the Central Newfoundland one or the James Paton one. You're overloading them and they're in the hallways. They're still not being corrected – there are no doctors; the nurse shortage is there. All that is not being corrected to relieve what we need to be done right now. That's not there.

Again, the long-term care units, this is not only just doctors, this is nurses and LPNs. The minister came out last year, last fall, and said we're opening a new unit; we're going to have it fully staffed in January. There were some problems that it didn't happen. So they come out and cut the

ribbon and said okay, we're going to have her fully staffed, only to find out last week it was down to half the residents.

Reducing it down to one Health Authority – and I have no problem with reducing it down to one Health Authority, but how's that going to fix those beds being used in Central Newfoundland, especially the 260 beds that we got in there? How are we going to keep them full when you've got no staff? That's where we're to right now. We need to fix the immediate problem that's already there and we hear it every day. Not only that, with nobody going into those long-term care beds, now you've got our acute beds taken up. So now the acute beds are taken up, you've got no stream of flow through the hospitals whatsoever and it'll come back right down to the emergency systems where still you've got no staff and that's being tied up there and you've got your emergency systems filled up.

Whereas we should be trying right now to try to get people into our long-term cares, loosen up our acute-care beds and getting other people who need to be in those hospitals for other surgeries and that sort of thing to be in there.

One Health Authority right now is certainly not going to fix those problems right off the cuff like that. Again, my biggest fear with it – and I've seen it – is it leads to many unanswered questions when the Health Authority – and I don't want to be bringing up other stuff, but seven years, you've seen this coming that those beds needed to be done and we needed doctors and we needed extra nurses. That's been seven years to try to get this done and to see some programs only being put in place now – I know you put five rooms in MUN for doctors, that sort of thing.

Yeah, it's good initiatives, but to fix those initiatives now, we need that done. That is the problem. People are very, very frustrated with our health care system in the Central region right now, and I know it's all

over Newfoundland and Labrador. You listen to the radios, you listen to the news and you listen to the Open Lines and all that sort of stuff, there's always somebody saying something about the hospitals, something about the doctors' assistants. They can't see a doctor; it leaves a lot of frustrations. I know the Member for Stephenville - Port au Port mentioned that people have to drive long distances for health care problems, and I see that every day as well.

The big problem with that one is they're coming in to the bigger centres, not only from the James Paton Memorial and the Central Newfoundland Regional Health Care Centre, but they're coming in to St. Clare's from Central and they're coming in to the Health Sciences from Central. When they get there, they're being turned away. We got no beds. They're sent home and rescheduled for another appointment. These are seniors or low-income people that have to try to get back to Central. It could be bad weather and it could be stormy nights that they can't get somewhere to stay for another night. That's not acceptable. It's really not acceptable for those people to be turned away and rescheduled with no beds on that.

One Health Authority right now is not fixing those sorts of problems. We have some upfront needs that we need to get done right now.

Right now, I'll sit down and take my place and let somebody else speak.

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

T. OSBORNE: Thank you, Chair.

A couple of points that I do want to raise. I know the Member for Mount Pearl - Southlands and the Member that just spoke from Exploits have said we wish you would accept some amendments. The meeting I had earlier – and I know the Member for

Mount Pearl - Southlands wasn't there. My understanding was the two briefings we had earlier today, there were no issues raised by the independents. The meeting that I had this afternoon was on amendments that were brought forward by the Opposition.

I was given six amendments; we accepted three of them. That's even before we got into Committee. So there were six amendments put on the table; we accepted three of those amendments. I just wanted to let Members of the Legislature know that I am open to looking at amendments. Put your money where your mouth is; we've accepted three of the six, before we even got into the Committee stage.

On that, the Member for Exploits had just said: What is this going to do to get doctors? I've met with the medical schools, with the Centre for Nursing Studies, with the PCPs and ACPs, all of the graduating classes and offered them all jobs. The one consistent message that I got from every one of those classes – there were several of those classes – they hear from Nova Scotia; they hear from New Brunswick. The Member for Mount Pearl - Southlands shared with me an email he got a couple of months ago. Somebody from his district who went to our medical school and was not recruited by our health authorities. They were recruited from the Mainland. Sent an email to our health authorities and didn't get a response back.

So what is one Health Authority going to do? The very first office set up under the Provincial Health Authority will be, working at the Health Authority, a dedicated recruitment office – not on the side of their desk, not doing something in addition to that, not a VP looking after other things and doing recruitment on the side; a dedicated, well-staffed, well-oiled machine so that not one of our medical students will ever be able to say our recruitment office never returned their email. Our recruitment office never contacted them back.

The other aspect of what will one Health Authority do – and they can't hire until they get the authority to hire by getting this legislation. Dave Diamond, by the way, was part of putting this legislation together. Somebody very well trusted, well respected, led Eastern Health for a number of years; Dr. Parfrey was part of putting this legislation together. He was part of consulting on the Health Accord over many months and helped us put this legislation together.

So this wasn't rushed. I know that getting it through the final stages of approval, we had some oversights and I take responsibility for that. But it wasn't rushed. This was put together by individuals who are very well versed on what this should look like.

But one of the very first offices – in fact the very first office that Mr. Diamond is going to put in place, as part of a Provincial Health Authority, is the recruitment office. How is that going to help? We have Eastern Health competing with Central Health, competing with Western Health, competing with Lab-Grenfell for the same people. We've had our health authorities tell us that they compete against each other.

We get somebody who's responsible for the recruitment of cardiac specialists for the entire province; they'll put them where they're needed. We get somebody responsible for hiring orthopedic surgeons; they put them where they're needed, instead of different regions competing for the same people.

We also, as I said, have a very dedicated staff, a well-oiled machine, that is focused on recruiting our own students first and foremost, but then reaching out to the world. One of the things that we've discovered through this is that our health authorities – and it's no disrespect. We're in a different time. We're in a different era. We need to recruit better than we've been recruiting. We need to recruit differently than we've been recruiting.

We can no longer wait for somebody to knock on our door and say: Are you interested in hiring me? We need to go to the world. That's what this recruitment office will do. That's one example. Just one example of how we might get doctors in Central better than we're getting doctors in Central today. That's why we need this legislation. That's just one example of why we need this.

When you look at recruitment, it has been the biggest thorn in my side, because while they're very good employees, the employees at Eastern Health have other tasks they need to do, besides recruitment. So this dedicated office, as an example, which we are waiting for the ability to hire, that we've had on this one office, as part of this legislation over the last six or seven weeks, we've had many, many meetings with Mr. Diamond and Mr. Parfrey, and others on what this office looks like and how we recruit for this office. But we don't have the legislative ability to recruit for that office yet until we get this. That's one example, just one example.

Like I said, each and every clause of this we'll work through. I know that the Member talked about me having extra authority to direct the Health Authority than I do today. That's actually not accurate. It's the same authority under the current *Regional Health Authorities Act* that I have today, that we have under that act. Now, I know that the Office of the Privacy Commissioner said that they have a concern with that. Well, the concern is really with the *Personal Health Information Act*, and we need to make changes there; that's where the changes need to be made. You can't fix a foundation by fixing one brick in the foundation. This is one act; our Health Information Act will cover a number of acts.

The Health Minister, the health department, the Health Authority will still be bound by ATIPPA and by the personal health information legislation. The minister has the same authority when this passes as the

minister has today in directing the Health Authority – the exact same. I can read out what's in the current act and what's going to be in the new act. It's the same authority.

Is the Privacy Commissioner concerned that it's too much authority? Well, the *Personal Health Information Act* is where we get at what information, how it's safeguarded. The reality of it is we're still bound by ATIPPA. The Privacy Commissioner says ATIPPA is stronger than the *Personal Health Information Act*, but I'm bound by that *Personal Health Information Act* as well.

Like I said, when we get through clause by clause, I will spend as much time as is necessary. As I said, in terms of amendments, I've already accepted three out of six. I think that's a pretty good ratio. That's pretty fair. If you have other amendments that make sense, I will look at those as well. I want to work with everybody here because, at the end of the day, I'm not interested in a piece of legislation that's not going to work.

There's been a great deal of time and a great deal of effort by people like Dr. Parfrey and Dave Diamond and others putting this together, and I want to ensure that we have the best piece of legislation. I'm told by Justice and Public Safety, I'm told by the Executive Council, that this is a solid, solid piece of legislation. Did we miss going to the Privacy Commissioner? Absolutely, we did, but I don't think that's the reason we hold this up. We've addressed the issues with the Privacy Commissioner. There's one issue that he made a recommendation on, that we think there's a better way of dealing with it and I'll speak to that, but we've accepted the other concerns that were raised by the Privacy Commissioner.

Again, I know there are about 30 seconds left in this segment of the time, but I will deal with every clause and every issue that the Opposition raised.

SOME HON. MEMBERS: Hear, hear!

CHAIR: The Chair is recognizing the Member for Ferryland.

L. O'DRISCOLL: Thank you, Chair.

It's certainly, again, a pleasure to get up and represent the people from the District of Ferryland.

First of all, I want to start off by congratulating a lady in the Trepassey clinic today who is 45 years in the health care system in Trepassey. Today was her anniversary of 45 years.

SOME HON. MEMBERS: Hear, hear!

L. O'DRISCOLL: Barb O'Driscoll is her name, related distantly, but 45 years today. Somebody messaged me and I said I'd certainly mention her when I get up. So that's a big feat. I tell you when she retires, you're going to need two people to replace her, I can guarantee you, because she does so many jobs up there that one person won't do it. The way today's regulations are, there's no way you'll get one person to do what she's doing. Congratulations, Barb, on 45 years.

Thank you.

SOME HON. MEMBERS: Hear, hear!

L. O'DRISCOLL: Minister, I just wanted to get to some of the stuff that you touched on there that time, bringing five authorities down to one, which is something that's certainly needed, no doubt, and we hope that you get to that. I trust that you will.

But there are some other issues that have been here for three years that we've dealt with. I'll go back to when the Privacy Commissioner was hired here in 2019 I think it was. So in 2019, we had a minority government and I think there were four people on a board that recommended – there were some interviews done for four people. They had them ranked from one to four. This was my first time in the House of

Assembly, not knowing even what the Privacy Commissioner done or whatever happened. So at that time, the Liberal government wanted to bring in the second-ranked person to do that job.

We were in a minority position at the time. So we didn't agree with that. We wanted to take the person that was first ranked. This is where I'm going on the trust factor, related to Bill 20. I don't doubt for a minute that you're going to do what has to be done; I don't doubt that. But we went down that road and we didn't see it that way. There were four credible people that did these interviews, ranked Mr. Harvey first in the category and then they wanted to hire the second-ranked person. We didn't think that was right.

With being a minority government – and sometimes I wish that we had that and we'd be able to get together more and change stuff more, because when you have majority, as the minister said last week, you can run right over and get it done, no matter what we think or what we throw out there, nothing changes. But I think we're going to see some change and I'm glad to hear that.

But that is an example of working together, as far as I can see, that the government at the time couldn't afford to not go along with us because they had a minority and they'd vote against it. That wasn't the way we wanted that planned. The first-ranked person should've got the job, but that's not the way it was going to go. If we had a majority government like we do today, you'd probably pick the second-ranked person.

That's just an example of having a minority government compared to a majority and how you push stuff through. It's what you want. That was what you wanted and didn't get it because of a minority government at that time.

I just wanted to throw that out there as an example of trusting and how it's all going to work and I was very new to it when I first

came in here. We'll get back to the minister who says that he looked at three out of six as batting 500, so I think that's great. I understand, because you've only been in this probably three months, three or four months, time goes pretty quick. But I will give him credit. If you call that minister, he will call you back. It could be 10:30 in the night when I received a call back from him on a question. That's all you can ask for as an MHA and as a minister. Because we don't have the answers. But I'll tell you what, with me it goes a long ways. Personally, it goes a long ways. I can go back and tell someone. So I'll give you kudos for that.

SOME HON. MEMBERS: Hear, hear!

L. O'DRISCOLL: It just makes our job easier.

AN HON. MEMBER: Too bad he's the only one over there.

L. O'DRISCOLL: No, and I'm not going to say he's the only one over there, because there are people calling me back. Sometimes we're only looking for an answer. It may not be the answer we want, but we're looking for an answer, we'd like for someone to get back to us, and it certainly happened at times that they didn't. But me, personally, there are a lot of people that get back to you and they get back to you as soon as they can. If you text them, I'm shocked that he gets back. I'll tell people if you don't call me back within 10 minutes I'll be shocked if he doesn't and he will do it, and it happens. There's nothing better than I can tell somebody that.

That's why I trust that you're going to fix this doctor issue in Trepassey. I really do think you're going to get that fixed. I hope that you get deeper into it and get it solved, because it can be solved. I really do think it can be solved.

So when you get back to the health authorities and get back to the bill again,

with the five health authorities going down to one, or four health authorities going down to one, whatever the number is, they have systems that don't talk to each other. That's another big issue. That's why we're questioning that. That's why it's out there. We're questioning that for that reason. They don't talk to each other. Somebody gets blood work here and they can't read it somewhere else. An X-ray here, they probably can't read it somewhere – and I don't know the intricacies of that. But all I know is that's an issue and it's something that has to be dealt with.

Pardon us for asking and questioning – and that's why we're here. That's our job to do that and we will go through the bill and pick out stuff that we think should be questioned. We've been doing that and we'll continue to do it in a respectful manner, I hope, that that's where it's to.

That is a big question for the whole health authorities system. I'm sure if you're combining all these that's a major hurdle that you have to get over. It's no different than motor vehicle systems. It's outdated. It's antiquated. It's \$30 million or \$40 million but, at some point in time we've got to say, let's stop and put this system in. We spend a lot of money on a lot of stuff. Some of this stuff got to get there.

Back to the *Future Fund Act*, talking about the power that they're giving the ministers in the Cabinet. That's where I have an issue with it, really. They might all have their own opinion. So when all of the power comes back to the ministers and in the Cabinet and then it doesn't come back to the House for us to have a decision or a debate on, that's where I think – you might not be the government and we might not be the next time. Who knows where it's going to go. You might be giving us power to do it that you shouldn't give us. That might be something that shouldn't happen.

It's just too much power to give to a certain group, and that's where I go with it. I think

that's where we've got to get that solved in regard to bring the stuff back to the House of Assembly to be debated and bring it back so we can all have a say on it. That's why we're here and elected to do, as 40 people. Let's not take the power away from the House of Assembly to sit here and debate it and just give the power to the ministers. I am sure that minister is going to get up and probably correct something I've said, and that's fine and I'm good with that because if I've said something out of turn, I certainly would expect it and at least you listened to what I'm saying to where it could help. But we need to get together on this stuff. There's no question about that.

Again, on recruitment and retention – and I did hear you speak on that and that is a thorn in your side and I am sure it is, but we have an opportunity with a doctor in Trepassey area that it can be helped and can be done. I can't stress it enough because I really think that you can get it done and it's something that the area really needs and we really need the help. It's an older population. They need to have a doctor in their area. It's critical. I've spoken to you and you've certainly answered some questions. We've been having lots of discussion on it and, again, it's my job to bring it out as MHA representing a district. I am not being disrespectful, but I do have to get it out there that we are trying to work on it and we hopefully can get that resolved because that's a very big issue.

We look at this bill and how does it affect constituents in your area in regard to being able to go to the hospital to get some blood work done or to get anything done, appointments. So that's why we look at this bill and question some of the stuff that's in it. It's somewhere that we have to get to that point to be able to solve these issues. With a bill that is I don't know how many pages long, 37, and it's so deep in detail, to bring it in a half hour the first day and we're listening for 20 minutes, then bring it back again this morning – and it went to the Privacy Commissioner, you spoke to him

and come back to us again. Forgive us if we're asking again. I mean it was a half hour, and then we had to go back a second time today.

So when we get two briefings in the one day on the same bill, then we have to question it. That is our job and we're certainly going to do it. It's something that we're not going to let go until we get answers. That's where it's going to go. It's something that we really have to get together on, fix it and make sure this issue goes away and not to be dealing with it again in 10 years' time or two years' time. Let's make sure it's right. That's what we're asking. Make sure that we sit down and make sure that we get it right.

So, hopefully, over the course of tonight and tomorrow, we'll be able to have some more debate on this, be able to get into it and hopefully solve some of these issues and get some of these amendments on so we can have a look at them. Maybe you'll accept some of these amendments and see where they go.

Thank you so much, Chair.

SOME HON. MEMBERS: Hear, hear!

CHAIR: Thank you.

The Chair is recognizing the hon. the Minister of Finance and President of Treasury Board.

S. COADY: Thank you very much, Chair.

This is an important bill. I'm pleased to speak during Committee on this particular Bill 20. Just for those that may be listening tonight, in case they hadn't heard what we were debating, it's An Act Respecting the Delivery of Health and Community Services and the Establishment of a Provincial Health Authority.

Chair, I've been listening both in second reading as well as the conversation and debate this evening in Committee. I want to

just raise a couple of key points because I think sometimes they're being lost in what we're discussing. The fact that we do have a Health Accord that spent from, I'm going to say, the summer of 2020 right up until their final reports were delivered this year speaking to people of the province.

They had a number – well, I could tell you. I pulled up the Health Accord record on the amount of engagement around the province; 32 pages of their record of engagement speaking in town halls. They established a number of round tables with a number of stakeholders, including unions, including health care professionals on a variety of topics. They spent two years developing the plan as to how we can improve the provision of health care in this province.

I'm going to say I listened intently to the Member for Ferryland in his most recent deliberations and I'm pleased to say that he recognized the Minister of Health. I believe he even recognized the former minister of Health too, who led us through the pandemic and got us to a point of safety. I thank him for his efforts. The current minister, who has been doing an admirable job – and I think all members across the House agreed; they actually clapped – of how hard he's been working and the efforts and the outcomes of what he's been able to achieve.

So I recognize that. I recognize the Member for Ferryland, who also said – and I don't mean to quote because I don't have it in front of me; I don't have *Hansard* – he did believe that the doctors' issue would be addressed. I agree with him. The minister and all of us in this House are working very hard on this particular issue.

I go back to the Health Accord. We had incredible engagement with the people of the province. One of the top recommendations, one of what I'm going to call the foundations of the Health Accord, is the putting together of and establishing one

Provincial Health Authority. When you read the reports, when you listen to Sister Elizabeth Davis and Dr. Pat Parfrey, they talk about how important that process is. They speak of how important it is to get the governance right, to ensure that the people of the province, their voices are heard and that everyone in this province is treated equally.

I believe those are the same words that I heard from the Minister of Health and Community Services this evening. He talked about how important it was to have the people's voices in the province heard. He spoke about how important it is that we get the process right, that we get the governance right. He spoke of how important it is the people of the province are treated equally.

This bill was developed with Dr. Pat Parfrey's and Sister Elizabeth Davis's words in mind. I'm sure that they were very focused on what they heard coming out of the immense amount of engagement they had all around the province. I won't try and read 32 pages of engagements and where they had their town halls and how many times they met, but imagine having been able to do a report that had 32 pages of different engagement. They've listened to the people of the province. I heard the Minister of Health and Community Services earlier tonight talk about how the bill was developed with Dr. Pat Parfrey and Dave Diamond's involvement and trying to get the right balance.

Now, I did also listen to the Minister of Health and Community Services talk about the *Personal Health Information Act* and the fact that we are required to ensure that we have access to information and personal privacy, how important that is. I know that over the last number of days he's been heavily engaged and his team has been heavily engaged with the Privacy Commissioner to ensure we strike the right balance. I've heard him speak of accepting amendments this evening. We haven't

gotten to that part of the evening yet – even though it's late; it's ten to 9 at this point – but I'm sure we'll get off clause 1 and into the substance of the conversation.

I implore the Members in this House to recognize the amount of effort that has gone in. I appreciate the work of Sister Elizabeth Davis, I know everyone in this House does, and the work that Dr. Pat Parfrey and all the teams engaged in the Health Accord, all of the efforts that they've made because their intent is a good one. They want to ensure that we have the best health system that we can have in this province, that we should have in this province. So I appreciate their efforts.

This bill is reflective of their efforts. It's reflective of making sure that the people of the province, their voices are heard, that we're treated equally. It's the first step. It's the foundation. It's one of the first things that the Health Accord said we need to do is get this right so we can manage the system appropriately. Those that were paying attention earlier would have heard the Minister of Health and Community Services talk about it. We're not talking about that centralized in St. Johns; we're talking about that spread out around the province.

So I do want to say to the Members opposite are we challenged with some of the issues concerning the access to information and the Privacy Commissioner's concerns? Absolutely. That's why the minister has been working with his team, with the Privacy Commissioner over the last number of days. I'm sure you'll see some amendments to reflect that in the bill, but we are governed by ATIPPA, the access to information and privacy, and we are governed by the *Personal Health Information Act*.

Two quick things while I conclude, where I only have a few minutes left today, but I want to address. The Member for Mount Pearl - Southlands was pointing to me directly and saying about the sugar tax. I

want to quote from *Hansard*; I think it was October 19 of 2021. Here was my commitment and I won't read the entire amount, only from time. This is my quote: "I did raise this during my opening remarks of how important it is that we allocate any money raised to programs, and I named some of the programs that we've already allocated to: Kids Eat Smart, for example, I talked about the diabetes Insulin Pump Program and I talked about the Physical Activity Tax Credit. I will give all Members opposite credit for really making sure that we're focused on allocating the monies that are generated by this tax to do just that: education, making sure that we have it for the diabetes program and for others. We can't do it under this particular act" Then I go on to say that "revenue generated from this tax will be reinvested in healthy choices for kids, in educational programs and in diabetes programs and we'll build it into the fiscal framework."

If you look in the Budget Speech under Wellness and Recreation, there's a chart there that talks about the additional \$5.1 million we're getting from the sugar tax and where it was allocated. It was additional monies to Kids Eat Smart. We gave them an additional \$1 million. We gave the Pre-natal Infant Nutrition program an additional \$500,000, and we returned to the people of the province money under the Physical Activity Tax Credit, far outweighing the money that we collected.

So I've said in *Hansard* exactly what we've done. It was shown in budget. I did an actual chart so that we could see it. We have committed to putting that money into programs, as I've indicated, and we will continue to do that. It's very, very important.

I will also say to the Member for Ferryland who questioned about the Future Fund. He said we don't get to debate it in this House. Yes, you do get to debate it in the House of Assembly. No allocation of any monies could – it all has to come to this House of Assembly. Members on the other side

absolutely must do that. It has to come to the House of Assembly.

When they're talking about a minister having the opportunity, we're talking about something in 10 years' time. I've already committed to ensuring that that fund is made healthy and made sure that we are allocating that money effectively, especially to pay down debt, Chair, it's very important.

SOME HON. MEMBERS: Hear, hear!

CHAIR: Thank you.

The Chair is recognizing the Member for Harbour Main.

H. CONWAY OTTENHEIMER: Thank you, Mr. Chair.

It is an honour for me to stand here on behalf of the constituents of the District of Harbour Main and speak to this very important bill, Bill 20, which is An Act Respecting the Delivery of Health and Community Services and the Establishment of a Provincial Health Authority.

Mr. Chair, first of all, I have to respond to the remarks of the Minister of Finance, in which she implores the Opposition to recognize the efforts of Sister Elizabeth Davis and Dr. Parfrey. There is no question that we here recognize the efforts and the excellent work of these two individuals in leading this important bill. What is sad is that this legislation does not reflect the sound advice of these individuals in the Health Accord.

SOME HON. MEMBERS: Hear, hear!

H. CONWAY OTTENHEIMER: Let me explain further. When you look at the Health Accord, three key elements of transformation were highlighted by the creators of the Health Accord, namely Sister Elizabeth Davis and Dr. Parfrey. One of the themes was to listen to the voices of the people – this is taken directly from the

Health Accord. The Health Accord's "fundamental belief is that, to change the health of the people of the province, it is essential to engage with the people of the province."

Sadly, Mr. Chair, this has not happened. I'm speaking about the level or lack of consultation that has not taken place with respect to this very important bill. We know that Newfoundland and Labrador has the worst health system performance in this country, in all of the provinces. Yet, we see that this bill has been introduced and, Mr. Chair, it has been fraught with chaos and confusion.

SOME HON. MEMBERS: Hear, hear!

H. CONWAY OTTENHEIMER: Since last week, we have had to attend briefings without proper bills to even assess and analyze. For example, this morning the government brings in six amendments to this bill, only, I might add, after the Privacy Commissioner raises the alarm bells, brings out the red flags about this legislation. We received an email at 10:02; we're going to have a technical briefing at 10:30 – 28 minutes later.

Then we have that briefing, which didn't last more than 30 minutes. We then had another email at 12:04, saying there's another technical briefing at 12:15 – 11 minutes later. The House of Assembly, we were coming in here at 1:30. Now how is that reasonable, I ask the Chair? How is that reasonable time? This is such important legislation. It requires careful attention. It requires proper time and analysis. To have this going through in such a rushed manner, surely, is not in the best interest of the people of this province.

Is this what our health system needs right now? We know how many problems that exist in our health care system. We know, we speak of it every day. We hear it from our constituents. Yet, yet we are fraught – we see that there is legislation being rushed

through, bulldozed through without proper analysis, proper careful attention.

Chair, this is of grave concern. I wonder if this is a reflection of just intolerance for scrutiny and accountability. Is that what's happening here? Now, I must say I was encouraged when I heard the Minister of Health and Community Services stand up here this evening and say that he will look at each amendment. We have presented to them six amendments, which we wish to have looked at and implemented to perhaps bring it to some standard regarding the problems and the concerns that the Information and Privacy Commissioner had. Yet, only three of those amendments were felt to be adequate.

We're going to get into that much further, but we're going to ask that we have to look at the three that were rejected and why were they rejected. Unfortunately, what it looks like is that these three amendments that are going to be shut down go to a very important point of power and discretion of the ministers. That is what we believe is fundamentally problematic.

The Health Accord urged that we have an independent health quality council. That it be created, that it be at arm's length, that it be independent, an arm of the Legislature. Why? So that it would demand higher standards of care, Mr. Chair, for the public. But we have seen that the government have rejected that in favour of what? In favour of something that the minister and government can control. That is fundamentally wrong. It is not in accordance with what the Health Accord and the leaders of the Health Accord envisioned when they created that body of documents.

SOME HON. MEMBERS: Hear, hear!

H. CONWAY OTTENHEIMER: Mr. Chair, we require and, in fact, demand proper time to assess this massive, massive, complex health care bill.

Why do we do that? We, in the Opposition, are not doing that to be difficult or just to stall things. We have heard for the people. Each one of us here represents people who are suffering right now, and perhaps even dying because of our health care system. It is incumbent upon us and it is our responsibility to make sure that this bill is not rushed through fast, that there is proper consultation, and that is not what's happening.

We know that when we look at whether there has been consultation, we've already heard from the Privacy Commissioner that he wasn't properly consulted. We've heard from the NLMA, the Newfoundland and Labrador Medical Association. They were consulted on this – according to a letter that we received, they were asked to provide recommendations just November 2, I believe. The same thing with unions.

Yes, I understand there was a meeting back in July, but that meeting only references that they were talking about the planned transition. There was no indication that there was a discussion about this actual bill when David Diamond met with the unions. So again, we have to question whether there was proper consultation that took place in terms of this very massive, important bill.

Chair, I need to also put this in context. When we look at what happened – and I think this is very important for the people to understand. The Privacy Commissioner looked at this last week and he had serious concerns. Now, these were not just one-off concerns. Some of them have been addressed. He's had discussions with government about it; they've addressed some.

But when you read his letter that was provided to us, it indicates that not all of those concerns have been addressed. That is what we're concerned about here as well. We look at the Commissioner's concerns and we have the same concerns. We need

this to perhaps go to a Standing Committee to be assessed further. We proposed the hoist Committee. That was what our initial reaction was to this bill, so that we could have further consultation, that it would go to a Social Services Committee of the House for further study on consultation, but that was shut down as well.

So, Mr. Chair, we are very concerned about some of these actions that are taking place. This is not acceptable to us. As it stands, we need to have further analysis. If we're going to make the best legislation possible, we can't rush this through. We can't bulldoze it through. We need to have more understanding, more analysis in order to do the right thing for the people of Newfoundland and Labrador.

Thank you.

CHAIR: Thank you.

The Chair is recognizing the hon. the Minister of Health and Community Services.

T. OSBORNE: Mr. Chair, it is true that Mr. Diamond met with the unions back in July. It is also true that the employment of public servants, regardless of which union they're involved with, is status quo. So there's no change to our bargaining agents. There is no change to our public servants that are members of our bargaining agents. I haven't heard any major concerns raised about that. I know that, in July, the public sector unions met and it was confirmed last week that it was status quo for public sector unions.

Mr. Chair, we did get a letter from the NLMA raising their concerns. We'd reached out, asked them if they had concerns. We have since had a discussion with the NLMA and I haven't heard back from them, but I believe their concerns are addressed.

I also believe, Mr. Chair – and let's be abundantly clear in terms of the Privacy Commissioner. Yes, it was an oversight that he didn't get the legislation. It wasn't a

decision of my office or anybody else's office in this Legislature. It was an oversight, Mr. Chair. We have since met, had a number of meetings with the Privacy Commissioner.

In fact, the Privacy Commissioner wrote to the House Leaders and the independent Members: "In response to a number of inquiries, I am writing further to my letter of November 2, 2022 to update you on discussions that I have had with the Department of Health and Community Services regarding Bill 20.

"I have had a number of meetings with the Department over the past number of days. The concerns that I have raised in those meetings were consistent with the concerns I raised in my November 2 letter. In some instances the concerns or questions that I raised were answered with explanations from the Department" – which meant some were answered with answers from the department, which meant no further action was required. So let's not twist the Privacy Commissioner's words or mine. I'll say it to the Member for Harbour Main again: Some were answered with answers from the department; others were dealt in other ways. So I am not going to twist the Privacy Commissioner's words. If she wants to, then that is her choice. Some were answered with answers from the department.

I'll continue with the letter because it does address the other issues that weren't answered as simple answers from the department. "For example, I was advised that the Public Service Commission process will be used to appoint the Health Councils and Quality Council. This satisfied my concern in that regard." The explanation provided satisfied his concern.

There are other issues – and we'll get to those in the letter, but that satisfied his concern. "As it relates to other concerns, such as the status of the Quality Council as a custodian of the broadness of the concepts of social determinants of health

and learning health systems, my understanding is that these will be dealt with through a number of amendments to the Bill."

So some were simply answered with answers from the Privacy Commissioner; others will be dealt with, with amendments to the bill. There's only one issue that the Privacy Commissioner wasn't fully satisfied with and I'll speak to that as well.

"I understand that the concepts of social determinants of health and learning systems will be removed from the Bill because while the Department appreciated our points that the language in the Bill was very broad, an immediate solution could not be found on how to adequately address the subjects in statute and whether regulation making was the right approach for that. I agree with the Department that these are vital concepts for the implementation of the Health Accord and look forward to working with the Department and other health system stakeholders on how to implement them in a way that provides a high level of privacy protection for Newfoundlanders and Labradorians."

So we removed that, not permanently, but only so that the Commissioner and the department and other stakeholders can find the best way to do it. That's how that one was dealt with.

"The one recommendation that we made that the Department has chosen not to address" – the others were dealt with, let's be abundantly clear – "is our recommendation to limit Ministerial direction over the Provincial Health Authority (PHA) as it relates to the disclosure of personal health information. Our position is that, while the Minister will indeed be bound by the current protections of the *Personal Health Information Act (PHIA)* in that he will not be able to direct the PHA to do anything contrary to the PHIA, we feel that this is a missed opportunity to improve privacy protection for the people of the province.

Custodians under the *PHIA* exercise discretion as it relates to the disclosure of personal health information, in some cases without consent. In our view, this discretion should be exercised impartially based on technical advice of experts”

Now, I’ve indicated earlier how we were going to deal with that, and that is changes to the Health Information Act, Mr. Chair. I indicated that you can’t fix a foundation by changing one brick. The foundation itself has to be fixed. That’s the Health Information Act that we will deal with, but the power that is talked about there, Mr. Chair, I do have to say – and I’ll read because it’s no additional power being provided to the minister. It’s the same power that the minister had under the previous act.

Now, does the *Personal Health Information Act* need to be changed? I would agree with that. It’s under review. We have a third party consultant to review that act, with significant input from stakeholders.

I stand on my word in this Legislature and I think that Members in this Legislature – when I give somebody my word on something, I stand to that. That, Mr. Chair –

AN HON. MEMBER: (Inaudible.)

CHAIR: Order, please!

T. OSBORNE: Thank you.

Mr. Chair, we will have that third party individual look at the *Personal Health Information Act* and deal with that, with significant consultation, including with the Privacy Commissioner, I will say. But the current wording in the act: “The minister may give directions to an authority including directions for the purpose of” and then it lists three different directions. So it’s unlimited in the direction that the minister can give the authority – absolutely unlimited.

What does the new act say? Because that’s the current act. “The minister may provide directions to the authority or the board for one or more of the following purposes” and then it lists what the minister can provide. The only changes – any other purposes the minister considers necessary, because it’s not all are captured in (a), (b) and (c). So (d) says “any other purposes,” but you go back to the current act, it is limitless. The minister may give directions to an authority, including directions for the purposes of (a), (b) and (c).

So there’s no difference in the current act and the previous act. I respect the Privacy Commissioner’s point of view that should there be changes to the *Personal Health Information Act*, I have no issue with that. The consultations that we’re going to carry out will include the Opposition, the Third Party, the independents and any stakeholder that has any dealings with health in that province that want to be consulted when we make changes to the *Personal Health Information Act*. But there’s no additional power in this act to the minister than was in the previous act, so let’s be absolutely abundantly clear on that.

SOME HON. MEMBERS: Hear, hear!

CHAIR: The Chair is recognizing the Member for Placentia West - Bellevue.

J. DWYER: Thank you, Chair.

It’s always an honour to represent the people of Placentia West - Bellevue that gave me an opportunity to come in to this hon. Chamber and have their voice heard.

Do we have issues in health care? Absolutely. Are we trying to fix them? Absolutely. Are we going about it the right way? That remains to be seen. But the thing about it is that we have a nursing shortage and have a doctor shortage and, between the two of them, they have a duty of care and a Hippocratic oath that they’ve fallen upon and they’ve sworn to – their issues,

really, are the patients and to make sure that people are being cared for.

When we talk about nurses, I mean these are really the people that run our hospitals. So I would expect that they would have a lot more input than any other piece of our health care system, for the simple fact that they're boots on the ground. They see the ins and outs of our system every day.

So when we talk about a doctor shortage, it's a little bit of a different conundrum. Because while we're trying to take care of the doctor shortage, we've gone from 99,000 people not having a primary health care physician to 125,000. Are we tackling the problem? I don't know, it sounds like we're robbing Peter to pay Paul and Paul's not happy with his pay.

But, with being said, we've been hearing quoted within the last year or two that we hired 36 more doctors but, in the same amount of time, we lost 45. So there's not really anything to stand up and be proud of in that situation.

When we look at our nurses and doctors that are trained here in the province, everywhere they go in the world, they gravitate to be the best. They're leading health authorities. They're asked for their advice. They're leading emergency wards all throughout this country, North America, and everywhere else in the world that they decide to go.

So why we can't keep them here is beyond me. I will add a little tidbit of what I think might be a little bit of the issue in that regard. I think it's the fact that we look at health care in our budget as an expense; whereas I think we should be looking at it as an investment in our people. That's how we're going to get healthier outcomes. It's not about putting in a sugar tax to make people make a better decision. That's not the scenario that needs to be looked at here.

What we need to look at is stuff like the glucose monitors. If that's going to cost us a miniscule amount compared to what we're going to save 10 years down the road, then I think that's the investment side. That's what we should be looking at. That gives us an opportunity then to be proactive as opposed to reactive. Because being reactive means we're dealing with short-term issues over a longer period of time. But if we're proactive, we're mitigating against these issues even arising.

I think the real issue is the fact that we're being more reactive than proactive but, with that being said, maybe if our health authorities were, let's say – I understand that they need somewhat of a medical background and stuff like that, but they certainly need a business administration background. That's who I think would be able to give the right advice to government on how to run our hospitals. For the simple fact that they're not taking into consideration what the difference is between one doctor and the next, one nurse and the next. They're looking at a system that they're trying to fix.

It was nice for the minister to mention about making changes to the Health Information Act. Well, I dare say it's time because, this time last year, we were dealing with the largest cyberattack on our health system that the country has ever seen, let alone the province. It was a big issue. The thing is that people's personal information needs to be protected at a level that's beyond any other protection. Just for the simple fact that there's some people that probably wouldn't present at a hospital if they thought that their information was going to be given out to their neighbour.

The thing that people like about calling my office is the fact that they know their neighbour, not even their husband or their wife is going to know that they called my office if they don't want to disclose that. I take confidentiality very seriously. I think that if anybody has enough honour to reach

out to me for help for them, then I have enough honour to make sure that their information is kept safe. If we can't do that in the health care system, then we've already missed the boat. We're not going to fix the rest of it if we have people who don't believe in the system.

Again, that's an opportunity to be proactive as opposed to reactive and it gives us also an opportunity to get people back to believing in the system that they're dealing with. We have excellent people. Once you get in to see somebody, I don't think there's anybody who second-guesses that. Because I think we're getting good advice from the people who are professionals in these different entities in our health care system.

But I think something to look at is to have people with business administration acumen look after the authority itself so that we take all advice and make the best determination, given the pros and cons of the advice that's given and given the source, and then that way we can make an informed decision as opposed to being reactive to whatever happens.

One example is that at the Burin Peninsula Health Care Centre they're waiting on an anaesthesiologist. That person didn't just up and leave yesterday. They were overworked. They had to leave. Now we're left with one that we can't get hardly any surgeries done because this person's overworked. That's a person that needs to be replaced ASAP. They haven't been replaced in about a year and a half, Chair.

There's also an X-ray technician who's from Newfoundland, lives outside the province, wants to come home and has accepted a job. But we hear about all that we're offering, moving expenses and all this kind of stuff for people to come and take up those positions. Yet, somebody on the technical side, like an X-ray technologist, is not being given the same offer. When I think that to expedite things, no different than

expediting and getting another professional from another focused area or our health care system, they deserve the same treatment of being able to move here.

They've accepted the position. It's just that right now it's up in the air for the simple fact that she's a single mother that wants to come home and has supports here and stuff like that too. She wants to take the job, yet would like to have some help in moving here.

I have brought that forward and I'll look for that to be adjudicated soon. I only brought it forward to your department, Minister, recently. I appreciate the work that you do put into helping on all files that I bring forward.

One of the things that I would like to understand is by having one Health Authority, how is this going to affect procurement? Because procurement is one of the largest sections in all of our health care system and that's where the most money is spent because, like you say, if you took every doctor out of our system right now we'd save \$100 million compared to a \$4-billion part of our budget. It's minuscule. It's not the doctor issue. The issue is that we don't have enough of them and we'd like to be able to get enough people in so that they can be seen by a doctor, instead of presenting at an emergency for a prescription or, even worse, going to somewhere like the Whitbourne health clinic, it's closed and now all of a sudden they've got to go to St. John's and find a doctor at a community care clinic so that they can get a prescription.

So, like I said, there are things there that if we're a little bit more proactive, I think that's where we're going with the Health Accord and with the new legislation, but it needs to be fulsome. I've heard that word in here before, too. It doesn't need to be rushed. This is something that's going to affect every Newfoundlander and Labradorian for the next 10, 15, 20 years. Let's get it right.

We're here to help you get it right. We're not here to mire you in questions and all that kind of stuff. What we're saying is that we're the official Opposition and we're here to represent the people that we represent but we're here to help government make the right decisions.

Thank you, Chair.

SOME HON. MEMBERS: Hear, hear!

CHAIR: Thank you.

The hon. the Minister of Health and Community Services.

T. OSBORNE: Thank you, Mr. Chair.

I will speak to a couple of the issues raised by the Member. One is on procurement because that is an important issue and one Health Authority, I believe, will help with procurement. I know that in recent years the four health authorities have been trying to work together on procurement but there are huge savings when you buy in volume. One Health Authority will allow them to do that.

The other aspect is we have health professionals working in one area of the province that have been trained on a piece of equipment that if they move to another area of the province, they have to be trained on a different piece of equipment because it's in a different health authority and different equipment was purchased. Having one Health Authority will ensure, not only consistency in terms of procurement, but it will be the same equipment in one region of the province as it will be in another region which will help with mobility.

I had a locum, for example, a doctor in Labrador who was vacationing in Bonavista with his family this past summer and couldn't simply go to Bonavista with his family. Because he knew Bonavista needed locums, they had a shortage of shifts being filled, volunteered and had to fill out a barrage of paperwork in order to work in the

same province because it was different health authorities.

So these things need to be corrected; they need to be fixed. Why should a doctor in Labrador going on vacation in Bonavista have to fill out paperwork to work in Bonavista and do a couple of shifts to help out that hospital when it is the same province, just because it is different health authorities? So these are the things that have been identified. These are the things that the Health Accord has identified. These are the reasons this legislation is important.

We need to get this right. I understand, you know, when Members say we shouldn't rush it but this legislation has been worked on for a number of months by Dave Diamond, by Dr. Parfrey and by others. Getting through the approval process so we can share a piece of legislation is challenging. Could that have been done better? Yes. Was the legislation rushed? The legislation has been in the works for months.

The process in the final days is not only embarrassing; it is unfortunate because the Privacy Commissioner didn't get the legislation. In that briefing the Opposition couldn't be provided because we needed the final approval level. Lessons learned. The next piece of legislation that we bring through here, despite the fact that you have very good, very qualified, very capable individuals who have put weeks and months of work into making sure this legislation is right, won't be tarnished by the fact that we messed up in the final couple of days of making sure that the Privacy Commissioner got the legislation in advance.

But this is solid legislation. It is solid legislation. Based on concerns that were raised, I've met with Executive Council and Justice and Public Safety because I want to make sure we get it right and I have been told this is solid, solid legislation.

We do need to address the concerns that the Privacy Commissioner has put forward,

and I believe we have. The piece that we haven't been able to fully address with him, in terms of the protection of privacy, we've pulled it temporarily. It will come back, but when we get that piece right.

This is solid legislation and the point that you've raised in terms of procurement is one of the benefits of having one Health Authority. Somebody living in your district belonging to the same Health Authority and having the same right of access as somebody living in another health authority is part of fixing this, because every person in the province should have the same access.

The health information system that we're talking about is part of going from four health authorities to one and ensuring that if you're a patient at Western Memorial that has to be referred to St. John's Health Sciences Complex, instead of printing off your file and faxing it in or sending it in in the ambulance, that it can all be communicated electronically.

So that's part of what we're doing with this, and we need the legislation to proceed with going to one Health Authority, to proceed with the hiring, for example, of the recruitment team that I've talked about, to proceed with putting the health information system in place so that a patient in one area of the province is a patient of the Health Authority and their health records can be accessed whether they're in the hospital in the town they live in or at the Health Sciences Complex, the patients themselves, with this health information system, will be part of their own health journey.

What do I mean by that? Protection of privacy is of the utmost importance, I agree, and we need to make sure we get the health information system right – absolutely. But if you are referred by your physician to a specialist in this province and you're living in St. John's and your specialist has a six month wait-list, right now you don't have the capability or the ability to say no, I want to

go to Corner Brook because they have a three month wait-list, or I want to go to Marystown because they have a one month wait-list.

With the health information system, the patient will be able to go in, log in with their credentials, and see that they've been referred to a specialist or they've been referred for a scan and they can pick. If they choose they want to drive from St. John's to Marystown because they can get it done in one month, they are part of their own health journey instead of just simply being told the wait-list in St. John's is six months, you've got to wait six months. So that's part of what we're doing.

Should we have had the Privacy Commissioner involved earlier? Absolutely, but we will work with the Privacy Commissioner. The one section of this that we weren't able to satisfy the Privacy Commissioner on, we've pulled so that we will continue to work with the Privacy Commissioner and other stakeholders until we get it absolutely right. Then we'll bring it back and bring it to this Legislature, put it in regulation, whatever needs to be done. But this is a solid piece of legislation. It absolutely is.

I look forward to further debate from other Members.

SOME HON. MEMBERS: Hear, hear!

CHAIR (Trimper): Thank you.

The hon. the Member for Conception Bay South.

B. PETTEN: Thank you, Mr. Chair.

It's a pleasure to get up and speak in this House. We're speaking on a piece of legislation that affects the health care, or delivery of health care in the province, actually, is a better way of putting it.

That affects every single resident, not only in Conception Bay South, but right throughout the province. As I've sat and listened and I listened to everyone here speak on this side of the House tonight, and the minister has got up and responded pretty well to every single person, which is fine, and I respect that. But he just said it wasn't rushed, okay. They had it for months, okay. Should never have happened, okay. It's on me, okay. But I have one question to all of that and I'm sitting listening to it and I'm thinking: Why? Why are we where we're to now? That's the question you have to ask: Why?

If you're saying it's not rushed, that doesn't make sense. If they say you're working on it for months, why are we debating it the last week that we're trying to get the House closed? The House opened on October 3, why did the House open October 3 and we're here on November 7, the end of the night, and they'll stick it out tomorrow night, and they may stick it out Wednesday night – we're not going anywhere; we here to stay. We'll stick it out Thursday night. Why?

We have concerns with this piece of legislation because, as a lot of colleagues said, this is a massive piece of legislation. It's not so simple that we're getting rid of the four boards and bringing it down to one. It's how you deliver health care in this province.

The minister is saying you have to have to be able to hire people, okay. Again, all that's fine. You look at November 1 we were given the briefing in the morning. There were no decks or no bills supplied; they gave that out later. November 2, we started the second reading. We're here in the afternoon. We started at 3, second reading. Seeing how the bill was going to go and everyone were having their say on second reading, and whatever, we were getting prepared possible amendments in Committee and what have you, as the second readings go, and 5 we get an email from the Commissioner. There was only five

of us got the email – serious, serious, serious concerns.

We come back that night and we go into second, then we time out Thursday, give time for everyone to get everything lined up, fine. We're into the weekend and we come back today. We meet with the Government House Leader this morning and we're going to try to get this through and there are some changes – we are willing to make this change and that change to please the Commissioner. That's fine. We'll offering a briefing. It was 10:30 the briefing was offered, with 20 minutes' notice to most people.

At 12:02, we get another letter from the Commissioner. The Commissioner in his letter – and the minister said it was part of it. There's a full paragraph down there. "The one recommendation that we made that the Department has chosen not to address is our recommendation to limit Ministerial direction over the Provincial Health Authority (PHA) as it relates to the disclosure of personal health information. Our position is that, while the Minister will indeed be bound under the current protections under the *Personal Health Information Act (PHIA)* in that he will not be able to direct the PHA to do anything contrary to *PHIA*, we feel that this is a missed opportunity to improve the privacy protection of the people of the province."

Then we go over – "In our view, this discretion should be exercised impartially partially based on the technical advice of experts, and insulated from the prospect of political involvement. We fail to understand why a Minister would need this discretion." Now, that's a pretty strong statement from the Commissioner. "And while *PHIA* does provide protection, it is a statute that has been under review since 2016"

The minister and his officials – and we met with them this evening – they told me that will all be covered under *PHIA*, don't worry, that's fine and that gets protected under

PHIA. When you read closely, that's under review since 2016. Even the Commissioner has doubts on it. It's "increasingly outdated when it comes to privacy protection within the context of our modern health system. For example, the oversight responsibilities that my office has under PHIA are significantly weaker than those under the ATIPPA, 2015." That sums it up there, Mr. Chair.

We're saying we're going to appease some of the Commissioner's requests, but one of the ones there that I think right across over on this side we have a lot of questions on is the ministerial discretion. The minister has a lot of power under this legislation. The Commissioner questions that discretion and fails to understand why. That's not being addressed. Mr. Chair, you can't go cherry-picking the good things and leaving the bad things there. It's all in this letter that we got at 12:02.

We get this letter at 12:02; 12:15 we have another briefing. I think people left the second briefing more confused than the first one. It's important to get this out. You're hearing it from my perspective, and no one else in the House probably has that perspective because I'm dealing with the Government House Leader.

I have a caucus there and we're getting ready to go and our shadow minister for Health and our other people. Everyone's speaking on this; it's important to everyone. Now we're asking where are we going with this. I don't know. I'm trying to wait to talk to the Government House Leader. But we're confused. What are we doing? Is this bill going to proceed or what have you?

Anyway, I sent a message to the Government House Leader: call me. So when he called me I told him, I said, we're in a dilemma. We're that confused. We're more confused than we ever were. So you started off last week, you thought you had an idea. We're doing the health bill, Bill 20, it was a bit meaty but we should be okay.

We'll get through it with lots of time for debate, okay, best kind.

Now the pressure is on. We have to try to get the House closed and we have to try to get this bill through. Closing the House is irrelevant to me. We don't care, that's fine. We have nowhere to go. But we didn't feel comfortable, and I don't mind admitting it. I mean, I said to the Government House Leader: I can only speak for myself, I'm totally confused. We're gone away from a bill that's very important to total confusion.

There are letters coming, there are emails coming, there are briefings coming and no one knows what they're at. The government can't answer my question. I'm asking, but no one knows the answer. So we'll go to another bill and we'll give you time to process this, and here we are. We come back at 6 o'clock, oh no, we're going to leg it through. We tried to bring in some amendments; they agreed to some, they never agreed to others. That's massive confusion on a massive piece of legislation.

If you're Joe Q Public and you're listening to that, that's a pretty close timeline – that's pretty close there. That's incredible. You have a government – we're in a health care crisis. We're going to solve all the problems. We're trying to get recruitment. We've got people going to India to try to get nurses. We're changing the legislation to get more doctors in play. We're changing the legislation to get health care professionals. We're trying to help streamline things. We've sat in this House; we've debated that stuff. Actually, we supported most of that stuff in this session; we wholeheartedly supported all of it.

But it's getting increasingly difficult to sit here and listen to what we're being told. There's a definition you're doing the same thing over and over again, expecting another result. This is one example where I think enough is enough and we've agreed here, we're not willing to let this legislation to go out of Committee. We have a lot of

questions. We have a lot of debate. We have a lot of things to get off our chest, because what we've seen this last week has been utter confusion. It's beyond embarrassing.

The minister, to his credit, has taken the fall, but he's not the only one. He's not the one who should take the fall for this. This is an administration problem. This administration here, they rushed to get things through. We have to get it done. It's a checklist. Everything there is check the box. Get the boxes checked, get it done, get it done, get it done, get it done and then you're going to go out in front of the cameras, and we have all this solved. This is what we got: we have 52 pieces of legislation, what a session. That's not on.

I'm sorry, but that's not on this time, that won't be happening. When we get through this bill, if the Government House Leader wants to shut this House down, that's government's prerogative. They can shut the House down now. But they're not getting the bill until we've had a fair amount of time to debate it, raise our concerns and speak about issues that are important to us because, right now, I've never been so confused.

To take that piece of legislation out now, I mean, it was amendments are supposedly coming. Will they make it better? I'm not sure. Will they make it worse? I hope not. But, again, unlike government opposite – or I should say more like government opposite – we don't know, but I don't think they know. I don't think anyone knows. But trust us, this won't happen again, trust us.

There are enough checks and balances through this government process by the time it gets up to Cabinet Sec, this should never have happened. Again, this minister took the fall for it and that's fine. There's a level of respect I got for that. But there are more checks and balances outside the minister that this should have been picked up. That's a big miss. So if you miss

something big like that, I got doubt right through this bill now. I respect the minister, but I don't know if I can trust everything that's in this bill.

If you made that big of a miss, what else is missed? We can't pass this bill. We can't just let this go this evening without questions. We probably can't let it go tomorrow, who knows, Wednesday. We don't know because, right now, we're getting this bill reviewed and reviewed and we're asking questions because we really don't know what's in this legislation anymore. We don't know if we can trust this legislation and we have good reason.

AN HON. MEMBER: Read it.

B. PETTEN: No, we can read it. We have good reason not to trust this legislation because if you haven't paid attention to that in the last week, it's disgraceful.

CHAIR: The Member's time has expired.

Thank you.

The hon. the Minister of Health and Community Services.

T. OSBORNE: Mr. Chair, I said last week a very qualified, very competent, very capable individual missed sending it over to the Privacy Commissioner.

SOME HON. MEMBERS: Oh, oh!

CHAIR: Order, please!

T. OSBORNE: Now, again, at the end of the day, it is my department and I take responsibility. But I will say the briefing today, I had asked officials to ensure that because we knew there were amendments coming, but we knew we had another conversation with the Privacy Commissioner, we knew we were waiting on a letter from the Privacy Commissioner.

So the Member opposite just outlined that the Privacy Commissioner sent a letter at 12:02. Why were they informed of a briefing shortly after 12? Because we got the letter from the Privacy Commissioner. Why? Because we were able then to put the final wording on the amendments and ensure that they got them. The first briefing today, Mr. Chair, was on the amendments because we knew what the amendments were going to be, but I wanted to ensure that (a) we give a verbal briefing on the amendments because we knew what was coming as soon as we were able to give that briefing this morning.

Once we got the amendments, I wanted to give Members the amendments. We did go through the amendments earlier, but we give them the written amendments and give them another opportunity to go through those word for word.

Now the amendments are not complicated, Mr. Chair, but they did stem from consultation with the Privacy Commissioner. So, you know, the fact of the matter is we were providing information in real time as quick as we were getting it to Members opposite today and when we got –

AN HON. MEMBER: Sounds like a rush.

T. OSBORNE: No, we were waiting on the Privacy Commissioner, which is something Members opposite wanted us to do and, quite frankly, something that we should have done, but as we got the letter from the Privacy Commissioner today, we briefed the Members opposite again. The letter came in at 12:02. The Legislature was opening 1:30. We wanted to ensure that Members were briefed.

So you go out of your way to try to ensure that you give the up-to-date information and they use it to beat you with, which is unfortunate.

The reality, Mr. Chair, is we did provide the briefing this morning on what we knew the

amendments were going to be, waiting to hear back from the Privacy Commissioner, spoke with the Privacy Commissioner, quickly followed up with a letter by the Privacy Commissioner and then another briefing to make sure that Members opposite were fully informed.

SOME HON. MEMBERS: Hear, hear!

CHAIR: Thank you.

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

E. JOYCE: Thank you, Mr. Chair.

I'm going to stand and have a few words. I say the Minister of Service NL who was singing out: read it, read it. If you had to have read it in Cabinet we wouldn't be here today.

SOME HON. MEMBERS: Hear, hear!

E. JOYCE: Don't go saying, read it, read it, because if you had to do your job in Cabinet we wouldn't be here. You'd have to do the scrutiny.

First of all, I want to clear up a few things so it's on the record talking about the sugar tax that the minister spoke about in the agreement. I say to the minister, you made an agreement outside this door. The Member for Mount Pearl - Southlands was there. I was there. The Leader of the Opposition, the Leader of the Third Party and Government House Leader was there and she made a commitment that none of that money would go into existing programs. That's what broke the stalemate in this House: the existing programs. That's what she agreed to and when she got back in, she put it in general revenues.

So when you want to say to Mount Pearl - Southlands what you said in *Hansard*, that was said before you made the agreement outside this House.

P. LANE: Hear, hear!

E. JOYCE: So I just want to make this quite clear.

So when you stand up and say, well, just let it go. We know what we're doing. Well, sometimes, you know, history can repeat itself. So I have to say that.

I heard the Minister of Health and Community Services make a few statements. One of the statements he said was: If I say it, it's my word. There's no doubt he's an honourable Member, no doubt, but I can tell you and I go back to again to the cataracts. When he went out and sent out a press release and said this is to take care of all the backlog in Newfoundland and Labrador; we're going to clear the backlog. We have a wait-list; we're going to clear it. Not true.

What it is now, even up to St. John's, they put the private clinic in Corner Brook. It got nothing to do with how many are done in here because there is no wait-list. There is no intake officer for a wait-list. So when the minister stands up and says that, he contradicts his own public statements that he put out to the general population and you're going to say, well, I'll do this right.

I can tell you what's happening here with that situation in Corner Brook is that the minister got pressure from other outside sources. I'll guarantee you, because I'll tell you the Minister of Health and Community Services, if he had his way, the cataracts would be done out in Corner Brook.

And another thing –

P. LANE: Why wasn't he pressured, I wonder.

E. JOYCE: I don't know why he wasn't pressured. I'll find out, though; I got a good idea.

And then the other thing the minister said – and I got to put it on the record. The minister said every person in this province should have the same health care access. That's the Minister of Health and Community Services saying that everybody should have the same health care access, but he is denying 800 seniors in Corner Brook with the stroke of the pen – 800 seniors, stroke of the pen. And he makes a statement that we should all have the same access, but give 3,000 to St. John's where there is no intake officer and say that we do have a backlog at those two private clinics, yet 800 out there and say we should all have the same access; am I missing something here? Am I actually missing something? And standing up and saying this is why we need to support this bill because we need the same access.

The other thing I'll say to the minister – and I know he is attentively listening. The minister stood up and said again that his word is good. Look, he is an honourable Member, I understand that. But I'll ask him a question because I go at the former minister of Health, who is the Minister of Education, the Member for Gander. He always said that the NLMA, Newfoundland and Labrador Medical Association, are the ones that got the agreement with the private clinics. If the minister wants to sit me down right now, let the minister stand up and say the Newfoundland and Labrador Medical Association negotiated the deal to put 3,000 cataracts in St. John's, I'll sit down. Here's your opportunity. I'll sit down.

Because you can't have the minister deny one way in Corner Brook and now say we got it all done. Because if you bypass the Newfoundland and Labrador Medical Association, which you did in this bill, I'm 100 per cent certain – I never ever spoke to the Newfoundland and Labrador Medical Association, but I'm 100 per cent certain that whoever is in charge of the Newfoundland and Labrador Medical Association, would not allow backlog in St. John's – if there is a backlog – of 3,000 and

say the hell with the people in Corner Brook. It just wouldn't happen.

So if the minister wants me to sit down – stand up in this House and say it was the Newfoundland and Labrador Medical Association who negotiated that deal, which according to the minister, the former minister of Health, that had to be done and he had no authority to give that out without NLMA negotiating it, here's the opportunity. Here's the opportunity right now because I am confident that it did not happen.

I'm just going to speak one second on something that I have concerns about. The minister was up then and said look, what we're doing, we're going to take that part out that the Privacy Commissioner has concerns about the minister having the authority. We'll bring it back later. Okay, so we're going to take part of this bill out. We're going to pass the rest, which we have major concerns about, but we'll bring back another part later. Why don't we just haul the bill off the table and come back again in December? Come back in January. It's not in effect, I think, until April 1. Come back and do it right.

So when this comes back, the Newfoundland and Labrador Medical Association will sign off. The Privacy Commissioner will sign off. The Opposition Party and the Leader of the Third Party can say, okay, yeah, we'll work together. We don't count, myself and the Member for Mount Pearl - Southlands. We're not going to be included anyway. We don't count anyway. We're only just elected here, but we don't count.

But I'll go on the words, if the Leader of the Opposition and the Leader of the Third Party agrees to it, because they'll do what they've always been doing, briefing us and letting us know what's happening and I thank them for it. I know the Member for Mount Pearl - Southlands also thanks them for it.

But I'm just going to read one part of the bill that I have a concern with. It's concerning actually. I'm going to read it. This is section 38(1)(d) where it goes back to – and then when you read 38(1)(d) "... report to the minister in the form and manner prescribed in the regulations respecting a report, advice or recommendations received from the quality council."

Here's 32(a): Develop a plan and recommendations to the authority on delivery of health and community services in the department. "The quality council shall (a) provide written reports to the minister regarding the quality and performance of the health system; (b) provide written reports to the minister on any other matter requested by the minister"

So when we go back to 38(d), it says: prescribed by the minister is going to be put into regulations. What are the regulations that are going to be prescribed and how are you going to accept the report? Can anybody here tell me? Do you say I don't want that report? Just like the wait-list in Corner Brook, in wait-list 1. I don't want that. Don't give me that. That's what's happening. That's what is happening, people.

P. LANE: Sounds like the risk report at Nalcor.

E. JOYCE: Risk report, don't give me that.

The reason why I have a concern with that piece, it is actually happening right now as we speak. I have first-hand knowledge. The minister is well aware of this wait-list, wait-list 1 in Corner Brook. He has knowledge but the department is saying to Western Health, don't give it to us. And here we are putting it in the legislation that the minister, under regulations, is going to tell them how he wants to receive a report. There's just something fundamentally wrong.

When I can already show that the department is not receiving information

which is detrimental to 800 people, now we're going to stand up and put our hand up and say, yes, we're going to put it in regulation now that the minister can tell them how to write the report, how to receive it and how to get it – it's just wrong. It's just absolutely wrong.

I don't know if anybody else in this room really thinks that, okay, let's just take this – and I've got 50 seconds left. I just want to explain to the people who are listening and put it in *Hansard*. The reason why we are staying on clause 1. Once you stay on clause 1, you can talk about the whole bill, any part of the bill, anything related to the bill in health care. Once you get off clause 1 and you go into different sections of the bill, then you have to be relevant.

This is a parliamentary way that people can talk in general so they can get their points across and get a lot more opportunity to speak about the bill, so you don't have to rush the bill. Because once we get into each specific part of the bill, clause 1, clause 2, we have to just speak on that and it's limited. This is why this is being done. This is such a huge bill. It's going to affect our health all across the Province of Newfoundland and Labrador for decades to come. This is why we have to take our time.

Thank you, Mr. Chair.

SOME HON. MEMBERS: Hear, hear!

CHAIR: Order, please!

The Chair recognizes the Member for St. John's Centre.

J. DINN: Thank you, Chair – the Chair is sounding hoarse.

I'll start with the comments by the Minister of Health in relation to the email from Mr. Harvey today and he made an effort to read just about most of the letter into the record. I want to deal with the one recommendation that the department chose not to address,

the recommendation to limit ministerial direction over the Provincial Health Authority.

Now I noticed that when the minister read that, not so much what he read, it's what he didn't read and where he stopped. Because it said there: "Custodians under *PHIA* exercise discretion as it relates to disclosure of personal health information, in some cases without consent. In our view, this discretion should be exercised impartially based on technical advice of experts" That's where he stopped reading.

What wasn't read, Chair: "... and insulated from the prospect of political involvement. We fail to see and understand why a Minister would need this discretion."

That is the issue that we've been speaking to as well, one of the key concerns. He did not read that and, quite frankly, we fail to understand why the minister would need this discretion as well since the whole purpose of this is to prevent political interference. I'll come back to that in a minute.

It does say that the *PHIA* does provide protection, but that protection is significantly weaker than they are under *ATIPPA 2015*. The other part of it is that it's been under review since 2016, so that's six years.

The question I have to ask is: Shouldn't we be fixing this problem first? Will it be fixed in time or ready by the time this Health Authority is indeed ready to go? We have concerns about that because we fail to see, I think for the most part, regardless of government, regardless of administration, that the one thing that government is reluctant to relinquish is its power.

Now in the legislation, it makes it quite clear in section 19 that the Provincial Health Authority is to "comply with directions the minister may provide." So not a matter of if he provides them or if she provides them, then they must comply.

Under the authority of the Provincial Health Authority, the provincial authority has the ability or has the authority to construct, to renovate, expand, convert or relocate buildings or structures. I'm thinking two days before we had this bill in the Legislature, I guess in some ways we saw an example of political interference of the highest order, in that government committed to constructing a new St. Clare's hospital. Even though it was not identified in the Health Accord, even though was not identified in any of the sessions. While it's important to keep structures in repair, Chair, the argument that we've heard is that, well, the hospital is 100 years old. Not really, only one part, the part where the PR stunt was held. That was probably in that age and we have a piece of metal that fell down. We had the lights go out here a few months ago but that's not a reason to build a new building.

But in effect what's happened here, what they did say, the Health Accord suggested that really you need to focus on the setting up of, the establishing of the virtual emergency rooms, the collaborative team clinics and a robust ambulance system. Those are the necessities. In effect, that announcement last week basically, I would assert, ties the hands of this Provincial Health Authority before it's even set up, in that they now have to figure out this, in addition to meeting the other demands of the Health Accord. The Information and Privacy Commissioner has issues with this ministerial authority, so do we.

Now, in many ways, I've listened tonight to the debate about the process and how this has been an ongoing process and how we're bringing this information to you now. I can't help but think it's making a virtue of necessity.

We're challenged by the Privacy Commissioner's concerns. I heard the Minister of Finance speak about the Health Accord and the consultation that they undertook, speaking to people in the province: 32 pages, seven round tables.

One of the things that I admire most, that gives me tremendous confidence in the Health Accord, Chair, was the level of consultation. I always remember when we met with Sister Elizabeth Davis and the team, the process where they would do the consultation, write the report, bring it back for a: did we get it right session. Did we get it right? Here it is.

Now, we were told that this has been worked on. Dr. Parfrey and Mr. Diamond have been working on this for months. We don't know if they agreed with the legislation, they provided their input, because in the end government will make its decision. We don't know.

But I think at this point what never happened but what we have now an opportunity to do, since the bill is out there, is to maybe take it back and did we get it right? Bring it back to whether it's the full Health Accord committee or to the people of the province who are going to have to live with this decision and ask them: did we get it right?

I heard earlier again: we consulted with unions back on July 15 and again today. We didn't hear anything back except for a few. Now I don't know about you but I would assume, Chair, that certainly it's going to take more than: by the way, we're bringing this bill back to the House of Assembly, any comments? Please let us know. It's unfair and I would argue undemocratic.

But if we're truly interested in consultation, then let's do that next step: did we get it right? Otherwise, tell me that we're prepared to be here as long as it takes, until Members are satisfied because I haven't seen that before.

The only time I've seen that as a real earnest attempt to reach out to the Opposition was when we had a minority government. It was bending over backwards to co-operate.

I can think of several examples in the legislation up to this point in this session, good luck getting an amendment passed. Now that, of course, government is back peddling, they've been called out, all of a sudden at this point in time, well now we're open to the amendments. It's making virtue of necessity.

Thank you.

CHAIR: Thank you.

The hon. the Minister of Health and Community Services.

T. OSBORNE: Mr. Chair, I have to correct a couple of the statements that the Member opposite made because they're simply not accurate. First of all, I don't know if he pays attention to the media, I presume he does, but Dr. Browne, who's the chief of staff at Eastern Health, did an interview last week or the week before regarding St. Clare's.

I'll provide a couple of pieces of information now regarding St. Clare's, but before I do, we're talking about the authority that the minister has. Every day in Question Period, we get Members opposite asking this minister to contact the health authority and try to change something. That's the authority the minister has. So I'm not sure if you want to change that or not, but that's what we're talking about.

If Members want to, we'll go back to the old wording that's in the current legislation as opposed to the new wording because there's no difference in the authority that the minister has in this legislation that we're proposing and the current legislation. But I'd be happy to do that if that makes all your concerns go away. Or if you want, if you really want, put in an amendment to take that authority away and stop asking the minister to do things, because every one of you ask the minister to do things. But you do want me to exercise that ability, which is what is in the current legislation and the

proposed legislation, and so the minister should have that ability.

Now when it comes to St. Clare's, the Member just said what an outrageous mistake, an overruling of power, the announcement –

J. DINN: Point of order, Mr. Chair.

(Inaudible.)

CHAIR: No point of order there.

Minister, please continue.

T. OSBORNE: Mr. Browne, the chief of staff: I don't think anybody involved in health care is going to be surprised that St. Clare's needs to be replaced. That was one of his statements. Eastern Health and government at the Department of Health are in touch on a regular basis about infrastructure. So they have an annual discussion and we have been discussing the state of St. Clare's for a number of years. Surprise announcement, the Member for St. John's Centre said.

The Health Accord doesn't speak specifically to one facility versus another, so it would be indirect idea that a new hospital needs to be built or one needs to be changed. He goes on to say that there are 200 beds at St. Clare's, which is an antiquated facility that doesn't allow us to provide efficient care. Those beds are going to need to be there and probably going to need an expansion given then demographics in the area.

Now, these are the discussions that we had with Eastern Health, by the way, and confirmed by the chief of staff in an interview.

The human resources issue is a complex one, that's a national one and it would be hard to blame the government for that. We are trying to recruit. We are competing with nine other provinces as part of that, to have a modern facility to help it work. A new

state-of-the-art facility of any sort is attractive and gives us a little bit of an edge up. Don't forget the staff at St. Clare's would move to the new place when it is built. So that's one thing, the new hospital would have a new, more efficient layout which might allow us to optimize staffing levels, function at the top of their level of training, which is what most of us in health care want to do.

SOME HON. MEMBERS: Hear, hear!

T. OSBORNE: So, Mr. Chair, we also have – and I won't name them – Members of the current sitting Opposition who talked about St. Clare's in speeches that they've made saying that essentially, diagnosed with an illness, had to be at St. Clare's, they had booked them at St. Clare's. It goes on to say that there are not enough beds in that facility. I would say the Member was right. Part of the reason we replaced St. Clare's, not enough beds. Not enough beds in the facility.

There are other Members, but I know based on the time because I could read out some of the quotes. We have something that was done in August – and by the way, in July a piece of steel fell off of St. Clare's, landed on the walkway in the front of the building near the entrance where people go in. But, Mr. Chair, there was done in August, I believe – no, sorry, July 29, there was a report done for government, I don't mind sharing it with Members opposite, talking about why St. Clare's needed to be replaced and there were several graphs on that. So an announcement was made in November after years of discussion with Eastern Health and a report done in July and they try to say that it was a rushed decision using the ministerial discretion.

Mr. Chair, in that report that was done they talk about whether it is cheaper to replace or repair the building. I will say that I had asked last week or the week before for the information that was done in July. One of the officials in the department sent it. But

the tracking of infrastructure renewal requirements within our health care facilities is undertaken by a specialty third-party provider, Capital Management Engineering Limited. Now, that's who did the July piece and I will provide it to Members of the Opposition, no problem, but it was done in July and the announcement made in November, I would say not rushed. They provide the same services to many other organizations, the information is updated on a regular basis through scheduled infrastructure audits and provides an estimate of capital cost to maintain the existing infrastructure. The information also reports on the building condition using a facility condition index, which is an industry accepted metric. The FCI is presented as a percentage, the importance of which is not so much the specific number but rather the trending of that number with an increasing FCI representing a worsening condition. Attached are a few reports received this summer from CMEL on St. Clare's. As you can see, the current outstanding deferred maintenance requirement is approximately \$20 million with an FCI of over 50 per cent.

Now what does that mean? CMEL has previously advised through other correspondence assessments that individual building requirements resulting in an FCI value exceeding 50 per cent suggests that a replacement may be more cost effective than individual component replacement and an FCI exceeding 42 per cent represents facilities that are likely subject to unforeseen and unscheduled partial or complete closure due to facility components.

It goes on, but, Mr. Chair, I had to raise that because we have had Members opposite talk about St. Clare's and why would we do that because it's antiquated, as the chief of staff says, because we need a new facility, because there are not enough beds there, because the cost of repair is more than the cost to replace it. Replacing that building is going to be five, maybe six years from now.

Why are we doing it? Because we need to plan for that building, which is now beyond its useful life. The cost of repairing is more than the cost of replacing. It's going to be five or six years before it's there, but simultaneously, in parallel, at the same time, we are undertaking recruitment efforts to ensure that not only the staff that are in the building, that will move to the new building, but we also have more staff to put in that facility.

SOME HON. MEMBERS: Hear, hear!

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

P. DINN: Thank you, Chair.

Of course, this bill, as we know, is originating or gets its genesis from the Health Accord. All the talks we've had, all the work that Dr. Parfrey and Sister Elizabeth Davis has done and all the consultation that has been done has all been centred around the social determinants of health.

Of course, that's defined in the documents. Social determinants of health is the name given to the conditions in which people are born, live, grow, eat, exercise, learn, work, play and age. These social economic and environmental factors have more influence on health than the health system or genetic makeup, biology.

So I note that because, as we all can agree, that's a big part of the Health Accord. When the Office of the Information and Privacy Commissioner raises concerns – and we see that some have been addressed. For example, the term “learning health system,” how it is used in the bill and its implications, they have problems with that. The term “social determinants of health” and how it's used, they have problems with the implications of that.

If I'm hearing that, then I'm putting a full stop and saying that's a key issue. That's a

key piece of the Health Accord. That's a key piece of the legislation. For whatever reason, government has amended and are removing the references to the learning health system and social determinants of health from the legislation that grew from the Health Accord, that grew the social determinants of health, for whatever reason. But to have legislation that is designed to fulfill what's asked in the Health Accord and address the social determinants of health and in the legislation itself you're removing the actual definition of it until you have a better look at it and see the implications of it, would leave me to believe, well, maybe we should halt this. Maybe we should have another look at this, you know, and we continue on here.

When I look at the transitional structures, the governance, we've heard Members across talk about the extensive work of the Health Accord, the foundation, the one Provincial Health Authority – and I don't think any of us disagree with the extensive work of the Health Accord. There's been a lot of time and effort gone into this document and we waited earnestly for this. As you know, we have asked many questions on health over the years only to be told, well, that'll come in the Health Accord. That'll come in the Health Accord. That'll come in the Health Accord.

Here we are, and we're seeing a piece of legislation coming out of that Health Accord which talks to governance and that's what we've heard government say. The Members across the way talked about get the governance right. I'll say that, again, get the governance right is what we've heard.

So if I look in the report and I look at governance, transitional structures. In the introduction to that section: “It is urgent that the transformation envisioned by the Health Accord begin as soon as possible. Since creating legislation and establishing governing structures need appropriate time and careful attention” – that's right there in the Health Accord: appropriate time and

careful attention – “it is recommended that a transitional structure be put in place to prepare for a more permanent structure”

“The transitional structure must ensure that the transition focuses on the importance of attention to SDH” – which of course we just pulled out of the legislation, and on the preparation for rebalancing the health system.

That’s what we’re looking at there. And if you read the timelines provided by the Health Accord, you’ll see that in Year 1 it talks about a transitional CEO and board for the Provincial Health Authority, an interim NL Council for Health Quality and Performance. That is Year 1.

It is really not until you get to Year 2-3 of this plan that you actually get in to the legislation around this and what’s required. Year 2-3: Appoint the permanent Provincial Health Authority – Year 2-3 – appoint the regional health councils – Year 2-3 – create legislation for regional social and health networks – Year 2-3 – create legislation for NL Council for Health Quality and Performance – Year 2-3.

We have this document four months. We do question, what’s the rush if that’s what’s laid out in the document that we invested so much time and money in – I don’t understand it.

And when you talk about one of the key pieces in what’s been offered in this bill, it deals with the NL Council for Health Quality and Performance. We’ve had talks on this, too, and you talk about doing what’s been asked of in the Health Accord and it talks about that. Right out of the Health Accord: “Create an organization, protected by legislation and arms-length from government, which provides information and advice, in an iterative process, to improve quality and performance of institutions and providers in the health and social systems. This should evolve from structures already created to provide clinical interpretation and

knowledge translation of data and to improve quality in the province.” Arm’s length, and we’ve already hear that we’re not seeing it arm’s length.

That whole section goes on: “The NL Council for Health Quality and Performance (The Council) would be led by a Board of no more than nine members with a small office responsible for initiatives related to reporting on the quality and performance of the health and social systems, supporting the LHSS, and evaluating implementation of Health Accord NL.” So arm’s length.

I can see why that would be arm’s length, because it is evaluating what is happening with the Health Accord implementation. “The Board should be comprised of evaluation, research and clinical leaders, community leaders, and public representatives.” “The staff should be led by a CEO and include program managers for the LHSS and for the evaluation plan. The staff would work closely with QCNL, NLCHI, the LHSS” and it goes on and on. “The CEO should report annually to the House of Assembly, supported by Chair of the Board of The Council.” It goes on to say: “Start the Council as an interim structure in year one and complete legislation in year two. The legislation should include a clause to ensure data requests are fulfilled within a specified time period.”

So this is right out of the Health Accord report, what I’ve read. What I’ve read here is straight out of the Health Accord report. It talks to getting the governance right, making sure proper time and attention is given to getting it right. Yet, we received this in June and now we’re jumping right to year two and four and pushing this along.

You want to talk about recruitment. One of the reasons for pushing this along: We don’t have the legislative ability to do this. A recruitment office must be the first to be done. Well, let’s go back to July of this year. The provincial government established a Provincial Health Professional Recruitment

and Retention Office. It's already there building a world-class recruitment and retention program for health professionals.

So if we already have it and you're using this as a reason for pushing this along, then something is mixed up here. Something is not right. Either what we have done now is useless and not working, or you're actually trying to push it along and making up reasons for it, because it's too important to this province what we're doing here.

CHAIR (Warr): Thank you.

The Chair is recognizing the hon. the Minister of Health and Community Services.

T. OSBORNE: Mr. Chair, I don't mind debating actual factual details, but the Member opposite, we're pulling out an important component. Well, no, that's not our words. I will read from the Privacy Commissioner again, because he read part of it, but not all of what the Privacy Commissioner said on this.

So I'm not going to be selective, I'll read the entire piece on the social determinants, Mr. Chair. The Privacy Commissioner stated: "I understand that the concepts of social determinants of health and learning health systems will be removed from the Bill because while the Department appreciated our points that the language in the Bill was very broad, an immediate solution could not be found on how to adequately address the subjects in statute and whether regulation making was the right approach for that. I agree with the Department that these are vital concepts for the implementation of the Health Accord and look forward to working with the Department and other health system stakeholders on how to implement them in a way that provides a high level of privacy protection for Newfoundlanders and Labradorians." That doesn't sound to me like we're yanking it out. It sounds like we're working with the Privacy Commissioner to make sure that the Privacy Commissioner is

completely satisfied with how we're putting the social determinant piece in there.

Mr. Chair, I'm not going to be selective on that. We'll talk about the whole piece, because that's what the Privacy Commissioner said. There is a solution there and it's clearly outlined in his letter. Let's not cherry-pick one sentence to make it sound like it's something different than when you read the full paragraph. The full paragraph gives the full picture and I just read the full paragraph.

SOME HON. MEMBERS: Hear, hear!

T. OSBORNE: Another topic, Mr. Chair: the provincial departmental recruitment office. Yes, that has a function. It is staffed up and we have a navigator. Because when somebody applies to the College of Registered Nurses or applies to the College of Physicians and Surgeons, we've come to realize that there are times that they fall through the cracks because there's paperwork required and they don't fully understand the process, especially if they're not from this country. We've put that office in place to basically hold the hand of somebody applying for a position in this province and guiding them through the process.

That doesn't mean that we don't need recruitment staff at a Provincial Health Authority. To suggest that would be absolute nonsense – absolute nonsense. It's not the department that are responsible for the recruitment of physicians or registered nurses or practical nurses, Mr. Chair, or respiratory therapists. The Provincial Health Authority, or the regional health authorities currently, are responsible for that role. But we do want to strengthen that office and have a fully dedicated staff to not two or three different duties, but for recruitment.

I don't know if the Member opposite thinks that's a bad idea, because I certainly don't. I certainly don't, Mr. Chair, but we need a

dedicated staff who are fully, totally dedicated to recruitment at the Health Authority, because it's the Health Authority that knows when they have a retirement coming up or know what area they have a vacancy in or know what area they have pressures in. They know what people it is they need to recruit.

But we do need to get better at recruitment, which is why we want a dedicated staff that the only chore they have, the only objective they have, the only duty they have is recruitment. Not on the side of the desk or not with other duties added, or not as a duty added to other duties, but totally dedicated to recruitment. That's why that is going to be set up, Mr. Chair.

I know Mr. Diamond has been working on the organizational chart for that and how it's going to look and what people he needs in place for that fully dedicated, well-staffed and well-oiled machine focused totally on recruitment. But he can't hire them until we have a Provincial Health Authority. That is a fact, that is the reality and that is the situation.

Now Eastern Health can recruit, or Central Health can recruit, or Western Health can recruit, but we understand that having fragmented recruitment – they will still have recruitment responsibilities. Eastern Health will have recruitment responsibilities, there's no doubt about it. But the Provincial Health Authority will recruit provincially and eliminate the confusion of having four different regions competing for the same person. A provincial office will recruit provincially with a focus on provincial recruitment.

SOME HON. MEMBERS: Hear, hear!

CHAIR: The Chair is recognizing the Member for Mount Pearl - Southlands.

P. LANE: Thank you, Mr. Chair.

Mr. Chair, I just want to say for the record, the concept of this bill that we've been debating now for several hours and likely will continue for much longer than this, I agree with it. I want to support this bill, I really do. I know it's coming from Health Accord NL.

They went through a very significant consultation process, reached out to all the stakeholders. They went further than that because after they went through an exhaustive process and consultation with the public, with the stakeholders, they came forward with a here's a *What we Heard* and then they went out again with that.

So I have no real doubt in my mind, quite frankly, that the work of Health Accord NL is solid work. One of their recommendations is to do what we're doing in this bill. I don't dispute that. I don't dispute that at all. My concern and this is a concern that others have – and I'll be honest, I'll say, look, my concern is not with this minister. It's not. Others have talked about the fact that he's very responsive, I agree. He has made a lot of important announcements over the – I really think that since he came into the portfolio, he is doing the best he can and making significant moves to try to improve our health care system. I absolutely agree with that. I have all the respect in the world for him, always have, unless he proves otherwise, I always will and I mean that.

So I don't want to come across as if I'm dumping on him, but there is a bit of a trust issue, not with this minister, but I do have a trust issue with a number of things that have gone on with the administration. He's part of it but I really don't think it's him.

My colleague from Humber - Bay of Islands keeps harping on about the issue on the cataracts and the 800 people. That's a very valid concern. I think if this minister had his druthers that would be taken care of. I honestly believe that. I believe he is being pressured not to do that. That's my opinion. I also believe he's falling on the sword

somewhat on this whole Privacy Commissioner thing and I don't think that's all on him either. I really don't, but he's doing what he has to do and I understand the game. I understand how things work.

I would feel, I think, a lot more comfortable, I'll just say, because what the minister has said now, based on the letter from the Privacy Commissioner, is the fact that there are a couple of things that the Privacy Commissioner – concerns he had, once he talked to the department those concerns were alleviated just by verbal conversation and so on. I accept that.

There are a couple of amendments that will be coming forward where the minister is going to remove a couple of pieces in this bill and it's going to go back to the Privacy Commissioner and others to, I guess, redraft or whatever and to come up with something that everyone is comfortable with. I understand that. I also understand that the one concern that the Privacy Commissioner has that has not been addressed, really, he would have that same concern today with the existing legislation. Because as the minister has said, really, there's not a big difference in terms of the authority that exists today and exists here.

What the Privacy Commissioner has said, I think, is that this is a missed opportunity to close that gap. He's not saying that you're doing anything worse here. He's saying there's a gap existing in the current legislation around the authority of the minister, unfettered authority, so to speak, and under this change that gap does not get closed. So he had a concern today, after this is passed, he would have the same concern so it's a missed opportunity to fix what he feels is already a gap.

Now the minister has said that this will be fixed through another piece of legislation, through the PHIA legislation is how that will be addressed. I do have a concern about the fact that I'm finding out here that that's been under review for six years. So that

doesn't give one a whole lot of confidence on this side that it's going to get addressed, when we find out that we've been reviewing it for six years and nothing happened. Now we have to accept the fact: now we're going to fix it.

So for me at least, I have to ask the question: if we're going to bring this bill forward, but we're going to remove parts of the bill and then we're going to go in and we're going to fix PHIA and all this kind of stuff, why would we not just simply remove the bill altogether and let the Privacy Commissioner work with the department and whoever else to deal with the two important parts that are being pulled from this bill? And also, to deal with whatever amendment would need to be made to PHIA as it relates to this bill and that could come in as a consequential amendment to Bill 20 when it comes before us again.

I don't understand why we have to pass this now, take parts out and then come back again. Why not come back when it's all done and it's all done properly, that way we know it will be done properly. Because right now, we could pass it, and while the minister is saying we're going to work on this and we're going to work on that and we're going to fix PHIA. I'm not doubting your word minister, I'm really not, but you might not be the minister next month. They could do a shuffle or anything could happen. Anything could happen. I'm not saying it will, but it can.

AN HON. MEMBER: He won't stand for that.

P. LANE: He probably wouldn't stand for that, no. I'm not saying it is going to happen, but the point I'm making is that if we remove the bill and fixed all the things that the Privacy Commissioner has said, the NLMA's concerns and then brought it back with everything fixed, then we all know what we're voting on and we're bringing it through and doing it properly the first time. I don't understand why we would haul parts out,

pass a bill that's incomplete and then come back in two or three or four months time and start adding pieces, making amendments to a bill that we already passed. That part I don't understand. It would make it a lot easier for me if we just simply took the bill out, fix what needs to be fixed, bring it back and then we could all vote for it.

I would say, in the process, if we were to do this right so that all Members could be engaged and we could have unanimity, because I believe we all want to do this. I believe we all want to do it right because we understand that the stakes are high, we understand how important this is and health care is the number one concern. So if we were going to do this, then I would like, as a Member, I'm sure others may like as well, I'd like for us all – whether it be the whole House or representatives from the parties and the independents, I'd like to sit down with Sister Elizabeth and Dr. Parfrey and get their take on it.

Now, we have their take on it the minister said, we have their take on it because that's why we're doing this, because of the Health Accord. And that's true, but they didn't write the legislation. The premise for why we're doing it, a lot of the stuff that they recommended are in the bill, but they didn't actually write the entire bill. Now, Dr. Parfrey might have had some input into the bill, but did they write the bill?

I'd like to be able to sit down with Sister Elizabeth about this whole idea, about the independence and all this kind of stuff, some of the concerns that are being raised and say: Sister, in the Health Accord you said that here had to be this separation, when it comes to quality reports and all this stuff, this separation between government, the authority and this quality group that we're going to let the people know what concerns they have in health care and be able to tell that publicly without political interference. That's what you envisioned with this quality council.

What's written in this bill, is that what you wanted? It might have a quality council, but is this the way you envisioned it? Yes or no. I'd like to be able to sit down as a group and get the answers to those questions. I'd like to be able to sit down with Mr. Harvey, again, as a group, hear his concerns and then say, look, if we did this, this and this, will that work? We could all agree, yes, that works; we all hear it straight from the horse's mouth.

I'd be on board, 100 per cent. There wouldn't be an issue. But we're not seeing that. We got a letter from the NLMA. We got a letter from the Privacy Commissioner. We don't know what Sister Elizabeth thinks and it's kind of like, well we'll take it out, we'll fix up, we'll come back again, then you can vote for it.

CHAIR: Order, please!

I remind the hon. Member his speaking time has expired.

I'm recognizing the hon. Minister of Health and Community Services.

T. OSBORNE: Thank you.

I indicated earlier that we are actually engaging an independent third party to look at PHIA. I understand that it's been since 2016. All I can tell you is what I'm doing today and that we are engaging an independent third party to look at PHIA, to do consultations, but that process, while it will be started literally within the coming weeks – not the coming months or the coming years, the coming weeks – it will take months to carry out those consultations. It will take months to do the piece of work. When the piece of work comes back, it will be sometime next year before we bring legislation to this Legislature to change PHIA.

The consultations will be meaningful, will be fulsome. That is what we are asking, that is what will be directed of the third party

independent organization that will carry out the work on PHIA. So we can't wait for PHIA; that's the explanation on PHIA. PHIA will be done. I am giving my commitment to this Legislature and it is in *Hansard* that PHIA will be done. It won't be unduly delayed. I understand people have been waiting since 2016 or the Privacy Commissioner's office has asked for it, but it is in the process. So I can say that, with full sincerity to this Legislature, that will be done.

In terms of the social determinants piece, the Privacy Commissioner is satisfied with the process that is outlined, that we will work with the Privacy Commissioner and other stakeholders to ensure that piece is done right. It is not that somebody is going to have to question whether it will be; the Privacy Commissioner is engaged on that piece. It will be done right.

The rest of this, there is a couple of other amendments to take these pieces out that the Privacy Commissioner thought should be taken out, and that's being done. What the Privacy Commissioner has brought to us, with the exception of what is currently in legislation and what we want to keep in legislation, one piece – the others have been addressed. We are dealing with the PHIA piece, which is what the independent consultant will carry out and do the consultation, including consultation with Members in this Legislature, including consultation with the Privacy Commissioner, including consultation with other stakeholders involved in health care.

So I don't believe we need to delay the legislation to get the social determinants piece done right. There is a process laid out, accepted by the Privacy Commissioner, to deal with that. We have a process to deal with PHIA; I have outlined it here tonight. My commitment is in *Hansard*, it will be started; there will be very thorough consultation on that and we will see changes to PHIA. The rest of this, most of what's going into this is substantially the

same as what's in the *Regional Health Authorities Act* and substantially the same as what's in the NLCHI act, and it's being carried over – because they worked well and what's in the new act is substantially the same as what was in the previous acts.

There are three news sections dealing with social determinants, learning – the PC has dealt with those and we've accepted those recommendations. We will get those aspects of it updated in consultation with the Privacy Commissioner, but we shouldn't delay this legislation. Because we do need to have certainty for the Health Authority staff, the executive, on where they fit into the new structure. Otherwise we're going to lose some of those staff, and that's a reality. When there's uncertainty on where you fit, people start looking.

Mr. Diamond, who is leading the transition of this Health Authority, has already outlined that. He is speaking with senior staff of the four health authorities that have a feeling of uncertainty and it is creating issues in terms of retention. We also need this so that he can start recruiting the team around the Provincial Health Authority.

What is going forward here and what we're dealing with here, in consultation now with the Privacy Commissioner, will ensure that this bill is as it should be. Even the piece on social determinants will be as it should be. PHIA will do the piece of work on that, and we will see changes in this Legislature. I will say those changes – it won't be this year because we're into November and we're probably in the final week or maybe the final last two weeks of the sitting of this Legislature but it will see this Legislature, I would suspect, wholeheartedly, next year.

Now, I can't give you the absolute guarantee of that. I do believe that, but it depends on the consultant that we've got hired and the consultations that are done and the piece of work that needs to be carried out but it will not be delayed, I can assure you of that.

SOME HON. MEMBERS: Hear, hear!

CHAIR: I am recognizing the Member for Grand Falls-Windsor - Buchans.

C. TIBBS: Thank you very much, Chair.

The first thing I want to do is commend the minister for being on his feet and addressing just about every point – other ministers, you can definitely take an example of that, instead of just pushing it through carte blanche, doing it the way you want to do it and that's it.

So whether you agree with what the minister is saying or not, I want to commend you for standing up, Sir, and addressing each point as it goes through. It's important. It is.

SOME HON. MEMBERS: Hear, hear!

C. TIBBS: We just talked about the Privacy Commissioner and his recommendations. What we've heard so far is it will be coming soon. Now, in consultation with the Privacy Commissioner – and again, some of us may be a little bit naive, we have not been around for a long time, but it just seems as though all of this should have been done beforehand. And I get it. Mistakes were made, but that's not the point. The point of the mistake being made, the whole premise of this mistake being made, was that it was rushed. It truly was.

Our interim leader today talked about we came here on October 3 and if this has been worked on for months, it should have come before last Wednesday. Now if that's the timing, if that's when it was ready, then so be it. Then we should have planned to have the House open for another couple of weeks or another week or so, so we could debate it and hear everybody's point of view. Because everybody in this Legislature, they have a lot to say and it's important. There's not one person here that has all the answers or knows any better than anybody else. We collectively add a

little bit to it and come up with a plan, a product that's going to work for the province, and that's how I think that any legislation should go.

The Member in front of me here from Topsail - Paradise, when he talked about the recruitment desk, I think what he was referring to was we've been hearing for the past year or so: We are doing everything we can to recruit. Well, we kind of, obviously, weren't if we are going to make another announcement with this legislation saying that now we got it right. Now the recruitment can begin.

I get where the minister is coming from with each health authority has to do their own recruitment, yes, but it just seems like we've been hearing: We are doing everything we can. It's a global shortage, a Canadian shortage, every province – I think that's the point he was getting to, was we're doing everything we can but obviously we weren't.

The Member for St. John's Centre just talked about the Health Accord and how much faith we put into it, and we should, a lot of great work has gone into it, but it's not great work because a couple of reputable people took it in the backroom and figured what they know is right and that's it.

What makes that document great is the consultation, is the fact, like the Member said, they took it out, they gave it to the public, the public said okay, I'd like to see this or this changed. They took it back and they said well what do you think of it now? I think that's important for any piece of legislation, especially something as big as this.

So the Health Accord, for the five or six times we met with Dr. Pat Parfrey and Sister Elizabeth Davis, we've heard about the social determinants of health and was preached and preached and preached. Now we hear – and again, we're not just yanking it and throwing it away – we're going to take it out, put it to the side and we're going to

address it later on. Again, like the Member for Mount Pearl - Southlands said, that just doesn't work for us. We need a little bit more than that. We need something to sink our teeth into. I truly do trust the Member, I do truly trust the minister, but we don't know who's going to be in that position tomorrow, a year from now, four years from now or five years from now.

One section of this says comply with directions the minister may provide – comply with directions the minister may provide. You'll have to excuse me because that's a little bit scary coming from the MHA for Grand Falls-Windsor - Buchans listening to, because since I've been elected, there has been a wedge between two towns, Grand Falls-Windsor and Gander, that should have never existed.

Still today, I'm pretty sure, they've been there for a long time, you can see signs at the Grand Falls-Windsor health centre, the hospital out there, signs littering the lawn saying: politics has no place in health care. That was a part of my battle for the 3½ years that I've been here and it should have never been.

So I get a little bit skeptical when I think about a minister having more power or more control. We even had the former minister of Health at one time stand up and say – and this is not verbatim by no means, but it was something along the lines of: Do you know what? I'm the representative for Gander, I make no apologies for that. Fine enough. As an MHA, I applaud that. As a minister, you are not the minister for Gander. Just as the new Health Minister is not the minister for Waterford Valley.

When we look at the Privacy Commissioner having trouble with that, I have trouble with that myself. Again, it's due to the history, and history tends to repeat itself as we look forward and we want the best for the entire province on an even playing ground.

I know for a fact in Grand Falls-Windsor and throughout the whole province here, the health care crisis is not diagnosing or misdiagnosing people. It is. This is not a reflection on our health care workers, as we know the strain they're under, but they are stretched so thin that things go unnoticed. Things go missed. Unfortunately, it happens. Until we have a health care system that is stable that can give the time allotted that the people actually need as a patient to get a good examination or go over, we're going to continue to see those problems.

The other thing I wanted to touch on, of course, is mental health. I think I'm a huge advocate for mental health. I've tried to be one my entire life. I think it's the most important section of health, or one of the most important sections of health. Because if you don't have your mental health, you don't have anything, you truly don't. You struggle each and every single day. For me, that would be paramount with any piece of legislation, health care related, that gets pushed through is the mental health. Because people with cancer or with a brain injury or might be missing a limb or diabetes, you can see that. That's a sickness that you can see. When it comes to mental illness it's not a sickness that you can see. People may smile, people may be the happiest person you'd ever want to see, but unfortunately most of those people are dying on the inside as well.

I know in Central Newfoundland we have a huge mental health crisis. It not only affects the person that has the illness, but it affects their family and friends and their inner circle as well.

When we move forward a piece of legislation like this – and again, we talked about how big it is. We've all had pretty much our say about this going around the room here to ensure that we all have our say as we see it. As I sit here, I try to read more and more of it a little bit, here and there sort of thing, pick up what people are

saying, take what the Health Minister says and take it to heart and truly take it to heart and try to make some sense about this. But, again, it's not the document, it's not the legislation itself, it's the way it was prepared, pushed upon to the House to debate and vote in three days and it's just not good enough. It's just not good enough.

If I want to persuade somebody, if I want somebody to get on my side, to help me out or to put a bill through, I'm going to do everything in power to ensure that that group of people has all the facts, it's transparent and they have the time to go through everything. I think, again, that's the biggest thing here. I've been asked a couple of times by some constituents today: Are you going to vote yes or no on this bill? I don't know. I can't make an educated decision right now about how I'm going to vote on this bill.

Three days, it's not enough. Again, it's not the document, it's not the legislation; it's the way it was prepared and provided to the rest of us that is insignificant and not good enough.

Thank you.

SOME HON. MEMBERS: Hear, hear!

CHAIR: The Chair is recognizing the Member for Stephenville - Port au Port.

T. WAKEHAM: Thank you, Chair.

I want to start off by referring to a few comments that the Minister of Health and Community Services has made. We used to have a saying a while ago in Health when I was there: you can act as one without becoming one. Unfortunately, the four RHAs didn't act as one and they're now becoming one. But some of that could have been prevented because in the minister's office now, I would suggest to you, there's a blueprint that's been there since 2016, which would have consolidated the human resource function, which would have

consolidated one information management system, which would have consolidated the supply chain and procurement, which would have consolidated the business office. All of that was laid out and how to do it and when to do it. It's unfortunate that it wasn't done because now you have a lot more work to do. But it's there, it outlines the process and how it was done and how it should have been done. I know because I did it.

But now what I want to talk about quickly is one point in this Bill 20. The first 19 pages of this bill aren't a problem, I mean we all understand that. The minister was right when he talked about what's going on. He did make a comment though about the authority and about people reaching out to him, because he has the authority. As I said, it's unfortunate that we have to reach out because that tells me that the people in government departments or the people in Crowns or agencies or health authorities either don't have the authority or don't feel they have the authority to make those decisions. As a result of that, we find ourselves having to go to ministers to try and get answers, when in a lot of cases, these things should be done and they should be done because the people of the province certainly need them to be done.

Part III, the Quality Council – this is my biggest concern with this bill. We've got a lot of discussion tonight around this document, the Health Accord. I really want to quote from this Health Accord because, to me, this is the fundamental reason that we're talking about this. There's been a lot of reference to this bill and to the work being done by the Health Accord. The recommendation of the Health Accord when it comes to a quality council is this, it says: "Create an organization, protected by legislation and arms-length from government, which provides information and advice, in an iterative process, to improve quality and performance of institutions and providers in the health and social systems."

It goes on to say: “There are currently several Officers of the House of Assembly (Auditor General, Seniors’ Advocate, Child and Youth Advocate, Citizens’ Representative) who report directly to the Legislature. By reporting directly to the Legislature, they are independent entities with legislative protection. The CEO of the NL Council for Health Quality and Performance (The Council) could become an Officer of the House of Assembly, thus having the independence, resources, influence, and transparency needed for the wide scope of subject matter envisioned in this Report.”

So, Chair, that speaks to the reasons why this bill needs to be changed. I look forward to the minister bringing that amendment tomorrow. On behalf of Sister Elizabeth and Pat Parfrey who authored this report, I cannot support this bill that does not implement their recommendation.

On behalf of the committee chair of Community Care, Shanda Slipp; on behalf of the Aging Population chair, Joan Marie Aylward; on behalf of the Digital Technology Committee chair, Paul Preston; on behalf of the committee chair of Hospital Services, Sean Connors; on behalf of the Working Group chair, Louise Jones; on behalf of the Education Working Group chair, Ian Bowmer; on behalf of Eastern Health, Dave Diamond; on behalf of Central Health, Andrée Robichaud; on behalf of Western Health, Michelle House; on behalf of Labrador-Grenfell Health, Heather Brown; on behalf of the Newfoundland Centre for Health Information, Steve Clark; on behalf of the Department of Health and Community Services in the Government of Newfoundland, Karen Stone; the Department of Health and Community Services, Andrea McKenna; Newfoundland and Labrador Medical Association, Robert Thompson; Registered Nurses’ Union of Newfoundland, Yvette Coffey; Association of Allied Health Professionals, Pamela Toope; the Newfoundland Association of Public and Private Employees, Jerry Earle;

the Canadian Union of Public Employees, Sherry Hillier; Faculty of Medicine, Memorial, Margaret Steele; community member, Bud Davidge; community member, Linda Oldford; community member, Michael O’Keefe; Indigenous community member, Anthony Andersen; task force member, Jeff Marshall; task force member, Joshua Smee; task force member, Ross Wiseman; engagement advisor, Steve Tomblin – on behalf of all those people who took the time to help author this report and make a recommendation that the quality council should report to the Legislature, I cannot and will not support it. It’s that simple. It comes down to what they said.

Lastly, on behalf of the 34 public town halls, the 432 meetings with a wide range of stakeholders and groups, the 392 electronic mail-in communications, the special interest town halls of which there were 49 and 45 mediator actions, I cannot and will not support this bill.

So tomorrow, tonight, whenever we get to that place where we start to go into Committee –

AN HON. MEMBER: We’re in Committee.

T. WAKEHAM: Well, the clauses. When you want to talk about the clauses, when the minister wants to talk about making amendments, I’d like the minister to make this amendment and adopt what the Health Accord has recommended when it comes to the quality council.

So that’s a big amendment. That’s a significant piece. I would hope that that minister would take that one under consideration whenever we get to the point of talking about quality councils. Because that is and should be what we’re talking about here. You cannot simply cherry-pick what you want to take out of this Health Accord.

If you’re true to your word that you want to reform health care in this province, and you

want to move to one Health Authority, and you want to follow the Health Accord, then I would argue you should stand up and make an amendment to make sure that the recommendations for the quality council, in section 3 of this particular act, are that it is an independent body and reports to this House of Assembly.

Because that's exactly what the report says it should do. That's exactly what Dr. Parfrey said it should do. That's exactly what Sister Elizabeth said it should do. All of us, on this side of the House, I'm sure, would love to see an independent quality council reporting to the House.

AN HON. MEMBER: (Inaudible.)

T. WAKEHAM: Pardon? Yeah, I should. No, I won't list it all out again. The Members obviously got the point. I heard the chirping, so that meant it must have been good. They all enjoyed it –

AN HON. MEMBER: (Inaudible.)

T. WAKEHAM: Well, I could, but tomorrow – I'll save that for my next chance.

Thank you so much.

S. CROCKER: Mr. Speaker, I move that the Committee rise and report progress.

CHAIR: The motion is that the Committee rise, report progress and ask leave to sit again.

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

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Motion carried.

On motion, that the Committee rise, report progress and ask leave to sit again, the Speaker returned to the Chair.

SPEAKER (Bennett): Order, please!

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

B. WARR: Speaker, the Committee of the Whole have considered the matters to them referred and have directed me to report progress and ask leave to sit again.

SPEAKER: The Chair of the Committee of the Whole reports that the Committee have considered the matters to them referred and have directed him to report progress and ask leave to sit again.

When shall the report be received?

S. CROCKER: Now.

SPEAKER: When shall the Committee have leave to sit again?

S. CROCKER: Tomorrow.

SPEAKER: The hon. the Government House Leader.

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

I move, seconded by the Deputy Government House Leader, that this House do now adjourn.

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.

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

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