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*Speaker: Honourable Derek Bennett, MHA*

Tuesday

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The House met at 1:30 p.m.

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

Admit strangers.

Today, in the Speaker's gallery, I'd like to welcome Pastor Lorne Goudie, captain retired, Canadian Forces and his wife Dawn. Pastor Goudie is the subject of a Member's statement this afternoon.

Welcome, Sir.

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

**SPEAKER:** Today, I would like to recognize an historic and momentous occasion in our Legislature related to the 50th General Assembly.

On September 22, 2022, the Member for Waterford Valley and the hon. Minister of Health and Community Services became the longest serving Member post-Confederation with either continuous or non-continuous service at 26 years, seven months and one day.

The Member for Waterford Valley was first elected to the House of Assembly on February 22, 1996, as the Member for St. John's South, later changed to the District of Waterford Valley in 2015 after electoral boundary changes. During his tenure, the Member has served in many roles including Speaker of this hon. House from December 18, 2015, to July 31, 2017, as well as minister in various portfolios in the Executive Branch. On September 22, 2022, the Member has served with a total of 170 other MHAs since first being elected in 1996.

I ask all Members to join me today in recognizing and congratulating the Member for Waterford Valley and the hon. Minister of Health and Community Services on this historic and tremendous achievement to the service of the people of Newfoundland and Labrador.

Thank you, Sir.

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

**SPEAKER:** And I'd be remiss if I didn't recognize and welcome back the Leader of the Official Opposition.

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

**SPEAKER:** It's great to have you back, Sir.

### Statements by Members

**SPEAKER:** Today, we will hear statements by the hon. Members for Terra Nova, Topsail - Paradise, Torngat Mountains, Baie Verte - Green Bay and Grand Falls-Windsor - Buchans.

The hon. the Member for Terra Nova.

**L. PARROTT:** Thank you, Mr. Speaker.

I stand here today to join with a group of students from Holy Cross in Eastport as they honour our veterans.

Students from Grades 7 to 12 were each given an assignment on a veteran. On Thursday of last week, they placed 43 memorial crosses in honour of all those who served. They have also created a slide show that will be shown on Facebook highlighting each veteran. Each cross was made by Mr. Edgar Napier.

These students have painted rocks in honour of veterans. This year's assembly on Thursday, November 10, is based on the "No Stone Left Alone" program. The school will go to the cemetery across from the school for a brief ceremony and the students will be laying poppy-painted rocks at the graves of each veteran.

As a veteran myself, it is a privilege and an honour to lay wreaths and honour all veterans, as I do today and every day. I will honour the thousands that are still serving

and the thousands of our fallen brothers and sisters that are not with us today.

I'd like to thank the staff and students of Holy Cross and the volunteers that have ensured that no stone is left alone.

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

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

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

Mr. Speaker, you may recognize the name Gavin Baggs as Easter Seals Ambassador for 2021.

Today, I am extending congratulations once again to Gavin, who is one of Newfoundland and Labrador sledge players and was just recently invited to try out at Canada's National Para Hockey's selection camp to compete for a roster on Team Canada for the 2022-23 season.

Hockey Canada had 30 players attend the selection camp in Calgary this past September. The seven-day camp featured 10 players who had won silver at the 2022 Paralympic Winter Games in Beijing, one of them being our very own Paralympian Liam Hickey.

Gavin was born with a rare birth defect, sacral agenesis/caudal regression syndrome. It was unknown if Gavin would walk, however, he has overcome all odds. Gavin's love of the game began when his parents enrolled him in the Easter Seals para sport programs and now is a volunteer coach with the organization's sledge hockey program. Having tried the sport myself, I can tell you it's not easy.

Mr. Speaker, I would ask all to join me in congratulating Gavin on all his recent accomplishments and wish him continued success.

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

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

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

Deantha Edmunds is Canada's first Inuk classic singer, releasing her first solo album *Connections* on the National Indigenous Peoples' Day this year. Deantha is an award-winning performer much in demand as a singer, actor and collaborator in Indigenous and non-Indigenous projects. We are all so proud of her.

This past summer she worked with PerSISTence Theatre Company in *Stolen Sisters*. She's a member of the Canada Opera Company Circle of Artists, she was nominated for the ECMA Indigenous Artist of the Year Award in 2020 for *My Beautiful Home* and in 2016 on an album with the late Inuk singer, Mr. Karrie Obed.

She is developing a reputation as a composer. In May, she presented her libretto and opera *Iringutaq*, the first opera sung in both English and Inuktitut at the Watershed Festival at Queen's University. She participated in the PODIUM National Choral Conference & Festival in Toronto, where she performed with Shallaway Youth Choir and the NL Deaf Choir.

Deantha sang the anthem of Nunatsiavut, "Sons of Labrador/Labradorimiut," at the welcoming ceremony for King Charles and Camilla on their recent visit and toured Labrador schools as a featured guest artist of the Newfoundland and Labrador Symphony Orchestra in June.

She has a huge career ahead of her.

Deantha, keep reaching for the stars and we'll follow you.

Thank you, Speaker.

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

**SPEAKER:** The hon. the Member for Baie Verte - Green Bay.

**B. WARR:** Speaker, I rise to acknowledge Life Unlimited for Older Adults in Springdale, a group who offer numerous services to the area.

A lifestyle clinic is presented by public health nurses at the Valley Vista rec centre and offer good health practices, including regular checkups for blood pressure and weight. Fitness programs are offered by trained exercise leaders at Manuel Hall, plus there is a Walk the Rock.

Educational programs include a book, DVD or CD exchange, introduction to computers, a basic instructional literacy program, a mobile book service and Facebook educational updates.

Social programs include Readers Unlimited, which meet to discuss recently books, chat and socialize. There's a Friday games night at the Kinsmen Club and the Red Leaf Centre holds a weekly coffee break as well as birthday celebration fun.

The Vial of Life program assists first responders in obtaining important medical facts. Along with Life Unlimited for Older Adults, the Vial of Life program is supported by Central Health, Main Street pharmacy, Lawton's pharmacy, the RCMP, the fire department and paramedics.

I ask all hon. Members to join me in applauding supporters, staff, volunteers and participants of Life Unlimited for Older Adults engaging in healthy living.

Thank you, Speaker.

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

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

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

I have some honourable moments but this is one of the most honourable moments I have had in this House of Assembly as I recognize my friend, Pastor William Lorne Goudie, retired captain in the Canadian Armed Forces and veteran. He left for Ukraine on March 21 and, after seven months, I want to give him a hero's welcome home.

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

**C. TIBBS:** Speaker, his duties during this time consisted of teaching tactical combat casualty care to soldiers on the front lines; assisting Ukrainian military drone units; establishing relations with the Ukraine Ministry of Defence; evacuation of displaced people; instructing and advising convoy operations and supply missions; purchasing, procurement and distribution of medical, food, clothing and other supplies; clearing debris from collapsed buildings and streets of Borodianka; providing advice and establishing bomb shelters and shelters for orphanages; raising funds in support of humanitarian aid, the war effort, special projects from medical surgeries, glasses and dentistry.

But maybe the most important task he has been called to do is preaching the good news of the Gospel of Jesus Christ and his spiritual counselling through prayer for dead and dying soldiers, while comforting their families in their most difficult of circumstances.

On the heels of Remembrance Day, my friend, our hero, I say to Pastor Goudie, thank you, God bless you and welcome home, Sir.

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

**SPEAKER:** Statements by Ministers.

#### **Statements by Ministers**

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

**K. HOWELL:** Thank you, Speaker.

I rise today to recognize World Town Planning Day, celebrated on November 8 each year to mark the contributions of planners to their communities and commemorate the important role planning plays in the creation and development of our towns.

Town planning is one of the most important elements of building organized, livable communities. The work of planners is critical in creating areas where everyone can feel welcome, whether that be in housing, recreation or simply pride of place.

We were very pleased to have had our province represented at the Atlantic Planners Institute Conference 2022 last month in Charlottetown, PEI. It was an excellent opportunity to share knowledge and information with planners across Atlantic Canada.

Speaker, I remind municipalities throughout the province that planners are an excellent resource, and are there to provide guidance on land use planning processes. Such professional resources are important, especially in the light of the growing need of municipal leaders to consider ways to mitigate the impacts of climate change in planning for the future development of their communities.

I ask all hon. Members to join me in recognizing World Town Planning Day 2022.

Thank you.

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

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

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

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

Speaker, I join the minister in recognizing the many planners of our province and the important role that they play in the development of our towns. In each and every community, there are planners who work with fire brigades, church groups, seniors' groups, councils, recreation committees, environmental committees and many others to provide careful planning to ensure our communities are livable and citizens are proud of their community.

The work of planners is essential to the growth of any town. With regionalization on the government's agenda, it's important for councils to collectively recognize planners and use their expertise in providing guidance on land use planning processes.

We, in the Official Opposition, realize many communities have been built many years ago, who have been impacted by extreme weather, most recently on our Southwest Coast. It's important for all municipal leaders to listen to planners and ensure changing climate is considered when planning future development.

Thank you, Speaker.

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

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

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

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

Planning is very important to any level of government, but many small towns across this province don't have the budget to engage municipal planners. This government can help. You could focus on those supports to towns to have the funding they need to create better plans for many different situations. Namely, towns that could be built, resilient communities, provide for the residents and build communities that last the test of time.

Thank you, Speaker.

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

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

Oral Questions.

### Oral Questions

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

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

**D. BRAZIL:** Thank you, Speaker.

Speaker, I want to thank the hard-working staff at the Health Sciences Centre and throughout Newfoundland and Labrador for their dedication every single day; I witnessed this first-hand. But I also saw a nurse working a 16-hour shift. I saw paramedics waiting to unload their ambulance for hours at the entrance of emergency rooms.

I ask the Premier: How can nurses and other front-line health professionals deliver the care we deserve through these working conditions?

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

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

First, let me take an opportunity on behalf of the government to welcome back the Leader of the Official Opposition.

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

**A. FUREY:** While I'm glad that he had a good experience in the health care system, we all know that there are challenges facing the health care system, Mr. Speaker. We can go on with stories every single day. I've worked with many of them on the front lines myself. Coming out of COVID, they've put in

the extra work and now they are again putting in the extra work.

That's why we've developed good relationships with stakeholders to understand the issues that they face. Whether it's nurses, doctors, allied health professionals, to understand the change in complexities that are required for a modern health care system, Mr. Speaker.

The Minister of Health and I have had robust conversations, along with the Health Accord, to ensure that we're trying to meet, as best we can, the issues that are facing our workforce within the health care system.

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

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

**D. BRAZIL:** Thank you, Speaker.

Robust conversations are fine and dandy, but action is what's needed here.

This administration is about to start its eighth year, and nothing has happened positive in the health care system here to ensure that health care workers have the resources, have the respect and are able to provide health care in Newfoundland and Labrador the people here deserve.

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

**D. BRAZIL:** Speaker, one of the very first nurses who met me at my moment of need was on the stage when the Nurses' Union just a few weeks ago were demanding action from government. If it wasn't for that nurse, I wouldn't be here today.

I ask the Premier: Why does your government refuse to take action to end 24-hour shifts in our health care system?

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

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

We've been working with the Nurses' Union, first of all, starting with the Think Tank, Mr. Speaker, recognizing that there's a changing dynamic within their workforce. It's complex; it exists across all jurisdictions. We've offered them significant incentives including retention bonuses; signing bonuses for casual nurses; double rate of overtime for vacation period; reimbursement for licensing fees for retired nurses; RN locum premiums; 24-hour, seven-day-a-week mental health supports; exploring child care options for nurses; bursaries for third-year Bachelor of Science in the nursing program. And in fact myself and the minister went and visited the nursing schools ourselves to indeed put job offers in front of them, recognizing that that's an important step.

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

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

**D. BRAZIL:** Thank you, Speaker.

For seven years the Nurses' Union have been telling government what is needed to be done and giving them a solution to it. It's only now when the government is pushed in the corner are they taking any action at all to try to solve the issue that we're facing here in this health care crisis.

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

**D. BRAZIL:** Speaker, I'm lucky the emergency room at the Health Sciences Centre was open when I got there. Ask the people of Bonavista, Harbour Breton, Whitbourne, New-Wes-Valley, Port Saunders and Fogo Island if they can say the same.

I ask the Premier: When will you end emergency department closures in our province to ensure people have access to emergency health care?

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

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

I know it's cold comfort, but this is not the only province that has emergency department closures. Every province across the country has the same thing. There are headlines every day from provinces across the country about emergency department closures, staffing shortages, people without family physicians.

We are working on the issue. We have started a robust recruitment campaign for physicians, for nurses and for other health disciplines. We've put incentives in place. We've seen a significant reduction in the number of emergency department closures in this province so it is getting our full attention.

Are we there yet? No, there is much more work to be done.

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

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

**D. BRAZIL:** Thank you, Speaker.

We on this side of the House worry about the health care workers in Newfoundland and Labrador and the residents of Newfoundland and Labrador having access to health care, not what's happening anywhere else in this country.

Speaker, the nurses and front-line health care workers in our province have our back. They work long hours in impossible conditions and in demanding jobs every single day. They had my back when I was in my hour of need.

I ask the Premier: When will your government have the backs of the health care workers of Newfoundland and Labrador?

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

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

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

As I have already addressed, we're significantly – we all owe nurses, allied health professionals and doctors an incredible amount of gratitude in this province, Mr. Speaker. They have put in an incredible heavy lift over the last two years in particular.

But beyond that, we recognize that the health care system needs significant change to meet, not only the demands of patients, Mr. Speaker, but to help the working environment for those health care workers that the Member opposite correctly addressed are undergoing significant stress and strain.

That's why we have been working with the nurses, for example, in their Think Tank. We have been communicating with the NLMA, Mr. Speaker. We've launched the Health Accord. All in an attempt, not just to change the system for the patients but equally to allow the professionals to practice in their full scope while –

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

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

**SPEAKER:** The hon. the Opposition House Leader.

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

Speaker, an internal Nalcor experts report now show that they selected Port au Port as an ideal site for wind generation in 2015.

I ask the Premier: Did the former chair have access to this insider information while at Nalcor?

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

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

I am happy to answer this question. I think the Member is referring to the launch yesterday of all the different pieces of land in this province that are going to be put up for access. The reality is that Newfoundland and Labrador Hydro was a part of that process and, in fact, they've known that for some time because the wind issues is something that they have been asked about for 10 to 15 years now.

The reality is there are a lot of people that have access to that, a lot of people who have been interested in that. I'm assuming that the former chairperson and anybody who was working at Nalcor also has access to that information.

Thank you.

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

**SPEAKER:** The hon. the Opposition House Leader.

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

The former chair is now trying to build a wind project in the same location that experts recommended to Nalcor in 2015.

I ask the Premier: Did the former chair use insider information to further his business interests?

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

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

What I can say is that there are over 31 groups trying to do business in this province in various locations. In fact, Stephenville, that area, the Bay St. George area, has been identified as one of the best wind resources in the world. That is known globally.



So the reality is that there are multiple entities that have expressed interest, certainly to me, in doing business in the Bay St. George area. I know that area is excited for it, as are other areas.

Come December 15 we are going to let people in this province know what areas are up for bid and, hopefully, as we move forward, that area will have an opportunity to see wind development.

Thank you.

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

**SPEAKER:** The hon. the Opposition House Leader.

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

The first permit application for GH2 was submitted – get this – the day after the wind ban was lifted. The day after. This makes it clear that the former chair was working on this project while at Nalcor.

I ask the Premier once again: Was the former chair in conflict of interest?

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

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

I just want to point out a couple of things. In fact, the former chair had been on a leave of absence from that position since September of 2021. They had not been there. They were working on rate mitigation, actually, on that file.

The other thing I want to point out for everybody, because in fact it's getting close to the year anniversary. On December 16, I launched our province's Renewable Energy Plan whereby the first action to be done within one year was reviewing the current wind moratorium policy.

So the reality is – and in fact, if you go back, the quote is still there on CBC, I said I'm extremely bullish about wind opportunities onshore and offshore. That's almost a year ago that I said that, Mr. Speaker.

Thank you.

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

**SPEAKER:** The hon. the Opposition House Leader.

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

We all know the timelines. I listed some yesterday. I'm adding to them today and we also know, as a province and a House of Assembly, that the Premier will not stand in his place and answer the questions that he should answer, not his minister. He should answer those questions. Short. Full stop, Premier. I'll use your words. Full stop.

Speaker, the Premier continues not to be open and transparent with the people of Newfoundland and Labrador.

I ask the Premier: Who else was on your luxury fishing trip?

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

**A. PARSONS:** Mr. Speaker, I can see that they've moved past the substance here now.

I'll say to the Member, just as I don't dictate who asks questions, they are not going to tell me who answers them.

The reality is that this plan that we have put out there, one that stands above repute, one that will withstand any questions because it is just absolutely filled with substance and work filled by numbers of public servants. The reality is it was almost a year ago that we announced that we were going to move forward in this plan.

**L. O'DRISCOLL:** (Inaudible.)

**A. PARSONS:** I hear the Member for Ferryland, if you have a question, I will answer yours as well. Just give me a chance to answer.

**SPEAKER:** Order, please!

**A. PARSONS:** What I was saying, Mr. Speaker, again, they moved past the substance of the plan because they know that it withstands all the scrutiny.

Thank you.

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

**SPEAKER:** The hon. the Opposition House Leader.

**B. PETTEN:** Once again a disgraceful response. It's a government trying to defend themselves. We all see that. Dig your hole deeper. That's fine.

The people of Newfoundland and Labrador have trouble trusting this Premier when he isn't transparent with the public, and he hasn't been.

So I ask the Premier yet again: Will you table the receipts for your luxury fishing trip with billionaire John Risley?

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

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

So the question, I've said this before, comes back to now they're wondering who went fishing. But the question I'm always worried about: Did it actually affect the process that involves taxpayer dollars? The reality is that no one can say that it does because that is simply not the case.

About a year ago, I announced that we were moving forward with this; in fact, it was multiple years ago that other parties,

including some Members on the other side, talked about wind in this province.

The reality is we have not announced which land we are putting up for bid; we have not announced who's getting it yet. In fact, one of the companies that the Member has asked about were one of the companies that were not happy with the plan that we developed, because we put everybody on the same page.

Thank you.

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

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

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

In much of our province diesel fuel is now over \$3 a litre. This, of course, has an impact on just about everybody in our province when it comes to the cost of food and vegetables.

What I want to know is: Will the minister suspend the collection of all taxes on diesel?

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

**S. COADY:** Thank you very much, Speaker.

It's an important question. This is very concerning to the people of the province.

I will tell the Members here in this House of Assembly and the people of the province, we have one of the lowest taxes on fuel in the country. As Members opposite know, as part of our cost-of-living plan, we did lower our taxation on fuel, including diesel, to one of the lowest in the country. In fact, if you look at Newfoundland and Labrador, I think we're at 9.5 cents and Quebec is at 20 cents, just to give you an example.

I will say to the Member opposite, as part of the budget considerations, we'll certainly consider what more we can do to help the people of the province.

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

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

**T. WAKEHAM:** Speaker, I thank the minister for her answer.

Again, the temporary measures are just that, temporary and due to expire.

Given the fact that we have such high tax rates, including the carbon tax, and the government is actually collecting more money because of the high rates on fuel, I ask the minister: With people struggling to put food on the table, will she suspend the tax?

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

**S. COADY:** Thank you very much.

Allow me to say to the Member opposite, and indeed to the people of the province, we have provided over \$430 million back to the people of the province due to the cost of living.

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

**S. COADY:** We're going to continue to try and help the people of the province, Speaker. As the Member opposite knows we're heading into a budget cycle in 2023-24. We'll consider what we may be able to do.

I will again say that we have one of the lowest fuel taxes in the country, plus we have also provided a 10 per cent increase in the Seniors' Benefit. We've provided a 10 per cent increase in the Income Supplement. We're going to continue to do

what we can help the people of the province.

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

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

**T. WAKEHAM:** Speaker, what I do know is last year the government collected over \$500 million in additional taxes from the people of Newfoundland and Labrador. Right now, the minister is still collecting 49 cents on each litre of diesel. In a matter of days, diesel has gone up by 20 per cent. This is an extraordinary time.

So I ask the minister once again: Will you suspend the tax?

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

**S. COADY:** Thank you very much, Speaker.

Allow me to say that the reason why we were able to collect more taxation was because we have a strong economy – a very strong economy.

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

**S. COADY:** I think it is thanks to the work that this government has been doing. Things like oil and gas, mining, fisheries and forestry, we've been able to increase the level of economic activity which indeed has increased the level of taxation that this province collected. Because we were able to collect more taxation, we've been able to provide \$430 million back to the people of the province.

We're going try and do everything that we can to grow our economy, to grow our population. We have the lowest unemployment rate in the (inaudible) –

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

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

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

**J. DWYER:** Speaker, people are struggling right now. We need solutions right now.

Speaker, parents with children with exceptionalities at Sacred Heart Academy in Marystown are upset with the lack of student assistants that is significantly impacting their learning. I know of one Grade 3 child who is missing the bus and school because there's no one to accompany him.

Why is this government failing this family?

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

**J. HAGGIE:** Thank you very much for the question, Speaker.

Staffing, student assistant and in other areas across the education system is a challenge at the moment. We have met with the NLTA and are working with them to put together a recruitment package to co-create some attractions and incentives to come to this province. We have some in place. We want to know from the NLTA can we do better.

Certainly in terms of student assistants and supports in the class, we're currently looking at the teacher allocation review report, which makes some recommendations in there, and we will be happy to endeavour to work to provide more supports within our fiscal envelope.

Thank you, Speaker.

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

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

**J. DWYER:** I remind the minister that these allocations are done on historical values, and this is something that can be done in

June instead of September and putting everybody up against the wall kind of thing.

So, Speaker, we are well into November and families are still dealing with the issue for the last two months. I am also aware of another child in Grade 4 who is not receiving appropriate education from the instructional resource teacher due to a lack of student assistants.

Again, why is this government failing the people with exceptionalities that try and get an education?

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

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

I think it's important to correct some errors in the preamble. Student assistants are not allocated on a ratio basis in the same way that IRTs, teachers and like are. Student assistants are allocated on a needs basis based on an individual plan developed for students with exceptionalities. Those student hours are then baked in to the HR requests from the district.

Certainly in terms of that, that sometimes has to wait for enrolment. In case of an existing student, it can be done at the end of the year before. And one of the things we're working through with the NLESD is to make sure that next year's requirements are addressed ahead.

Recruitment –

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

**SPEAKER:** Order, please!

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

The minister's time is expired.

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

**SPEAKER:** The hon. the Member for Terra Nova.

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

Speaker, there's a constituent in my district that needs radiation treatment. He saw the oncologist yesterday and he was told the radiation unit is down. There's a backlog in treatments and a lack of staff. They offered him a referral to receive treatment in Toronto without a timeline.

I ask the minister: What effect is this having on the patients that need radiation treatment?

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

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

Until recently, Mr. Speaker, we were able to provide radiation therapy to patients in this province within the provincial and national benchmarks of 28 days. Because of staffing shortages now in that unit, we have come to an agreement with Princess Margaret hospital in Toronto where we are sending patients there and referring them, with all costs covered by the province, to ensure the treatment they require they are getting.

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

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

**P. FORSEY:** Speaker, in the last four days, diesel has increased over 50 cents. Before food goes on grocery store shelves, it must travel on a truck.

Can the minister responsible for food security advise how much food prices will increase because of the fuel increase?

**SPEAKER:** The hon. the Minister of Children, Seniors and Social Development.

**J. ABBOTT:** Speaker, thank you for the opportunity.

I think the simple answer is I can't answer that question.

Thank you.

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

**P. FORSEY:** In my district, a head of lettuce now costs \$10. The Liberals are quick to bring the sugar tax in, but won't help ensure healthy food remains affordable.

Is the minister responsible for food security – the cost of healthy food is becoming too expensive. Is he concerned?

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

**S. COADY:** In the preamble, the Member opposite referred to sugar tax. Allow me to say that even the former Leader of the Progressive Conservative Party – and I'm going to quote from *Hansard* from 2017. He said: Well, we have a tax for cigarettes, we have a tax for beer and alcohol and we have a tax for recycling. We have a lot of taxes and I don't know why they couldn't create a sugary drink tax.

Now, Speaker, I will say, I've read out in this House, support for the sugar-sweetened beverage tax. It's about choice. You can choose not to choose something with sugar in it, or you can choose to pay the tax. I can also say that the Canadian Diabetes Association, the Heart and Stroke Foundation, the Canadian Paediatric association all speak in favour of this tax.

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

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

**P. DINN:** Recently we heard of an 83-year-old that arrived in the ER with signs of a

stroke. There was no bed available, but eventually he was moved to a hallway where he waited hours for a CT scan.

I ask the minister: What assurances can he provide to ensure situations such as this no longer happen?

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

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

This is unacceptable situation. Obviously, we are striving to ensure that the human resources are in place, that the beds are in place, that the infrastructure is in place so that we can provide the services that the people of the province need and they are provided where they need them and when they need them, Mr. Speaker.

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

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

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

This man in particular had one leg amputated years earlier and had mostly been in good health, outside of diabetes which he tried to control through diet.

Will government provide Newfoundlanders and Labradorians with the proper supports to manage diabetes?

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

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

Regardless of what the health condition is, the province strives to provide the services that are required to allow people to manage their health and to allow health professionals to provide the health care that individuals in the province need.

Mr. Speaker, we are working with our health authorities to ensure that the health authorities have the resources that are required to provide health care to individuals throughout the province.

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

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

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

The Health Accord recommends continuous glucose monitors for people with diabetes to improve health outcomes. The use of such devices can also result in savings to our health care system and improve quality of life for patients.

I ask the minister: Why does this government continue to ignore this recommendation?

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

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

The Health Accord was provided to the province in the not-too-recent past, Mr. Speaker. We are looking at all of the recommendations within the Health Accord. There are many, many recommendations. Obviously, not all recommendations can be implemented immediately but we do work on the recommendations that are in the Health Accord towards achieving what is best for the people of Newfoundland and Labrador.

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

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

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

Many residents on the Southwest Coast of the province have been left in limbo after contacting their insurance companies and

learning they will not be covered, while others wait for a decision.

What has the Minister of Digital Government and Service NL done to get these people answers?

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

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

My thoughts go out to anyone impacted by a storm or anything who has incurred costs. You know, we have been working with the insurance industry. I've met with various insurers in the Insurance Bureau of Canada. They're keeping us up-to-date on the number of claims and the number of claim denials.

I know there are programs in place that the federal government are helping where someone who had maximized what they could get insurance for but was not available. So we're working with the federal government on that.

I'd encourage anyone, if you have an issue with your insurance company and you think you're not getting the appropriate coverage, you should contact the ombudsman for that insurance company and after that feel free to reach out to our Superintendent of Insurance.

Thank you, Speaker.

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

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

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

I think the problem is these people aren't getting the answers.

Speaker, it's been six weeks since Fiona devastated the region. Families are being forced to make insurance payments and

even mortgage payments on houses that aren't there or in ruins.

When is the minister going to be able to get these people answers so they can begin to move forward with their lives?

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

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

I feel it's appropriate as the Member for that area to stand up and take the question. I certainly don't mind the Member asking because the reality is that we're facing a situation unlike one we've ever seen.

I, too, find it difficult when I see these stories about people paying insurance, people paying mortgages, but the reality is that the government, right now, just can't come in and say banks stop collecting the mortgage. Insurance companies stop collecting that. We simply cannot do that.

What we have done is we've worked with everybody to ensure that they have funding now, that they've got a place to stay and we are working on a plan and a place for them as we move forward. That is going to happen. We have said that not one person will be left behind.

I can tell you and I can tell this House that I will sit here every single day until we get that situation resolved and when the time is right we will deal with these insurance and other situations.

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

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

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

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

Yesterday, I asked about a gentleman confined to St. Clare's because there is no

specialized dialysis bed closer to his community of Sunnyside. Today, there is a story of a man confined to the Miller Centre while government departments squabble over who is responsible for making his home accessible.

I ask the Premier: Why is your government not interested in improving the social determinants of health for these people who just want to be home?

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

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

If the Member opposite would like to, I'd be happy to look into these individual cases with the health authority and other officials. I welcome him to provide the details for me and we will certainly look into these situations to ensure that they are receiving the appropriate care and that the appropriate decisions are being made.

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

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

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

Speaker, health ministers from across the country are meeting to advocate for better health transfer payments from the federal government in BC.

I ask the minister: Why did you choose not to attend at the federal table?

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

**T. OSBORNE:** Mr. Speaker, I would say that is a stretch of the longest magnitude I can imagine. I am here debating a bill that every Member on the opposite side is saying is an important bill and it needs my attention and we need to debate it.

I ask the Member: Would you rather I had gone to Vancouver for those meetings?

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

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

**J. BROWN:** If the minister listened to this House, took the bill and moved it over to the Committee so that we can have a grander look at it, then, yes, that is what we asked for, but we're here debating this bill because there are some flaws in it.

Speaker, underfunding of the public health system has caused workers to be over worked and it have caused burnout. In government's haste, the provincial health authority bill has come to this House so we can review, and has not been reviewed by the Privacy Commissioner. The need for Ottawa to increase transfer payments is also a major issue that has been on the table for decades.

I ask the minister: Are we still lobbying the federal government for an increase to health transfer payments?

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

**T. OSBORNE:** Yes, we are, Mr. Speaker.

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

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

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

Many people in my district tell me they are unable to benefit from the rebate on furnace fuel. Most have purchased directly at the fuel station and the only fuel receipts provided to them this past winter and spring were the small little receipts which you get from the machine with little information on it. Plus, they didn't keep these little receipts



because they didn't know in advance that there would be a rebate program.

So I'm asking the Minister of Finance: Can your department work with the fuel service provider in my district to find a way so people can get this rebate that is so badly needed?

Thank you.

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

**S. COADY:** Thank you very much.

This is an important conversation. I haven't heard from the Member concerning this. I'd be happy to meet with you, meet with the Member and review the situation and have my officials review the situation.

I'm pleased to report to this House that over 3,000 cheques have already gone out and we're expecting to send out many, many more in the weeks to come.

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

**S. COADY:** We have had a great uptake in this program. We encourage everyone to put their applications in before November 30. We'll be happy to work with you and any Member in this House with any special circumstance, but we do require notification that we have an issue and how we can resolve it.

Thank you.

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

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

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

My constituents have been receiving information from your department from this program saying that they can't avail of this rebate without those receipts. Thank you for

the invitation. Maybe we can get together and discuss this further to help my constituents. I really do appreciate it. This is something that's badly needed.

Speaker, people in my district could also not avail of the Residential Construction Rebate Program announced in 2020. The certified contractors required by the department were not available in my district and the cost of bringing them in negated any financial benefit from the program.

I ask the Minister of Finance: Will she direct her department in future to consider the unique geographic and logistic circumstances of my district that excludes them from accessing programs?

Thank you.

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

**S. COADY:** Thank you very much.

I'm always happy to work with MHAs, Members of the House of Assembly, on helping their constituents. This is an important program, I recognize that, as was the Construction Rebate Program. I wasn't aware that there were so many people that were not eligible for that. We did provide a tremendous amount of money back to the people of the province during a particularly important time and really stimulated the economy.

Regarding the home heat rebate, we do need an auditable trail, obviously, to ensure that these programs are auditable and required under the *Financial Administration Act*. But we'll work with the Member opposite to try and find a resolution.

Thank you.

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

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

The hon. the Minister of Industry, Energy and Technology.

**A. PARSONS:** If I could, Mr. Speaker, I said something during Question Period that I wanted to correct the record. The former chair of –

**SPEAKER:** If you don't mind, could you do that during questions (inaudible)?

**A. PARSONS:** Sure.

**SPEAKER:** Presenting Reports by Standing and Select Committees.

Tabling of Documents.

Notices of Motion.

### **Notices of Motion**

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

**H. CONWAY OTTENHEIMER:** Thank you, Speaker.

I move the following private Member's resolution, seconded by the Member for Grand Falls-Windsor – Buchans:

WHEREAS volunteer firefighters are true community heroes who provide an indispensable service to their neighbours despite the risks, costs and sacrifices often required of them; and

WHEREAS our province's declining, aging population base in some areas may leave communities with fewer people to serve as volunteer firefighters; and

WHEREAS our province and other jurisdictions have found innovative ways to support volunteer firefighters reduce their costs and facilitate their work; and

WHEREAS more can and should be done to support Newfoundland and Labrador's volunteer firefighters;

THEREFORE BE IT RESOLVED that this hon. House urge the government to explore innovative solutions and best practices that will further support our volunteer firefighters; reduce the cost they bear, both as individuals and as departments; help them balance their firefighting roles and their other obligations with policies that better adapt to volunteers' individual circumstances; lessen their need to undertake their own fundraising activities; improve the gear, facilities and vehicles they rely on for their work and their training; enhance, modernize and mobilize training opportunities and equipment to properly prepare them for the range of circumstances they encounter and the risks they face; care for them and their families more effectively if they are injured or their health is compromised while better protecting them from injury or illness; debrief firefighters and better support them after traumatic events; promote volunteer firefighting to upcoming generations, women and new Canadians; better educate the public on effective fire prevention; and collaborate inclusively with firefighters on any other measures that may work to attract and retain volunteer firefighters and protect Newfoundland and Labrador communities.

Thank you.

**SPEAKER:** The hon. the Opposition House Leader.

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

With leave, Mr. Speaker, this will be the private Member's resolution which will be debated tomorrow afternoon in this hon. House.

**SPEAKER:** Does the Member have leave?

**AN HON. MEMBER:** Leave.

**SPEAKER:** Leave is granted.

Further notices of motion?

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

**S. COADY:** Thank you very much, Speaker.

I give notice that I will move that the House resolve itself into a Committee of the Whole on Supply to consider a resolution for the granting of Interim Supply to His Majesty.

I had to think about that – His Majesty.

Thank you.

**SPEAKER:** Thank you.

Further notices of motion?

The hon. the Minister of Justice and Public Safety.

**J. HOGAN:** Speaker, I give notice that I will on tomorrow introduce a bill entitled, An Act to Amend Various Acts of the Province Respecting the Alternate Witnessing of Documents by Lawyers, Bill 23.

**SPEAKER:** Thank you.

Further notices of motion?

The hon. the Government House Leader.

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

I give notice that I will on tomorrow introduce a bill entitled, An Act to Amend the Management of Information Act and the House of Assembly Accountability, Integrity and Administrative Act, Bill 21.

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

**S. CROCKER:** Mr. Speaker, I give notice that I will on tomorrow move the following motion that notwithstanding Standing Order 9, this House shall not adjourn at 5 p.m. on Wednesday, May 18, 2022, but shall continue to sit to conduct government business and if not earlier adjourned, the

Speaker shall adjourn the House at midnight.

**AN HON. MEMBER:** May?

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

**S. CROCKER:** My apologies, Mr. Speaker. What's the date tomorrow?

**AN HON. MEMBER:** November 9.

**S. CROCKER:** November 9, Mr. Speaker.

I think whoever does my notices of motions, it is actually just copy and paste. My apologies, Speaker.

Speaker, I give notice that on tomorrow I will move in accordance with Standing Order 11(1), this House shall not adjourn at 5:30 p.m. on Monday, March 13, 2023.

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

Answers to Questions for which Notice has been Given.

**Answers to Questions for which Notice has been Given**

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

**A. PARSONS:** Yes, as I was saying, Speaker, I said in Question Period that the former chair of Nalcor, Brendan Paddick, took a leave of absence in September of 2021. I apologize; it was actually September 4, 2020, that he took the leave of absence. So I wanted to clarify that.

Thank you.

**SPEAKER:** Any further answers to questions for which notice has been given?

Petitions.

### Petitions

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

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

This petition is for adequate health care for the community of Postville.

We, the undersigned, are concerned citizens of Newfoundland and Labrador who urge our leaders to ensure the residents of the Northern Labrador community of Postville have access to adequate health care.

The community of Postville has only one Labrador-Grenfell Health nursing position in Postville at the single community nursing clinic. This means that there is only one clinic nurse physically present in the community. This nurse does not have access to RCMP support during a medical emergency because the community does not have RCMP stationed in their community.

The community of Postville is isolated with no road access to the outside world. The only means of year-round transportation is by aircraft. Often inclement weather prevents air services, including medevac – medical evacuation services – from getting to Postville. Also, if the lone nurse becomes ill and inclement weather prevents the nursing relief from reaching the community, Postville will be without a nurse.

Therefore, we petition this hon. House of Assembly as follows: We, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to ensure the community of Postville has adequate health care in the form of two clinical nurses stationed, at one time, in the community.

Speaker, I've presented this petition before and I focused a lot on one nurse in this remote, isolated community where the only

way in and out is through aircraft, a lot of the times, and that's actually sometimes interfered by bad weather – no roads.

Also, one of the biggest concerns with the one nurse in the community is there's no RCMP presence. Sometimes they do go in on patrols and the AngajukKâk from Postville has advocated, almost weekly, to the RCMP, to the staff sergeant, even to the MP of Labrador for more patrols. There was an agreement in the past where RCMP would be actually present in Postville for 20 days of the month and, now, there have been months have gone by when the police haven't even come in for a patrol.

It seems kind of ironic that I would be standing here advocating for police presence, but at the end of the day, we have to make sure that our nurse is protected and has access to professional supports. In an emergency like a multi-casualty incident or a fire, where the single nurse would need professional supports and would be able to call upon the RCMP officers in the community to assist, that's not there. It's so important for us in the community of Postville to make sure that our nurse is supported and has the help available so she can do the best job possible.

Thank you, Speaker.

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

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

I'm going to present a petition today on behalf of the Forestry Safety Association. I'll read the prayer of the petition. Petition: Wildlife regulations to include any active workplace operation.

There are the reasons for this petition: There are many instances where forestry companies and workers have witnessed hunters discharging firearms near active forestry operations.

Such actions are dangerous and could lead to serious injury and possibly a fatality.

The current wording in the wildlife regulations allow hunters to discharge a firearm if it is not within 1,000 metres of a commercial wood harvesting operation, 1,000 metres of a school or playground and 300 metres of a dwelling.

The focus on commercial wood harvesting puts some forestry-related workers in jeopardy, including those engaged in silviculture, transmission lines, forest access roads, bridges and buildings, et cetera.

The current legislation seriously limits law enforcement in their ability to protect these workers. A more all-encompassing term would be any active workplace operation.

THEREFORE we petition the hon. House of Assembly as follows: We, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to review and update the wildlife regulations section 111 re: hunting near dwellings, schools, et cetera and ensure that any active workplace operation be appropriately referenced in the regulations.

I attended the Forest Safety Association AGM in Corner Brook a while back and they mentioned to me about this and they asked me would I present a petition.

I spoke to the minister on this and the minister is willing to meet with this group to see what they can resolve on this matter. The concern that they have is that, for example, if you're building a bridge on the road, this is not what you call a silviculture area, but you still could allow hunting in that area. If, for example, you're going in and doing any type of work, Mr. Speaker, like silviculture work, for example, if you're building a bridge, that's not included in the regulations right now.

So their concern is safety. I think the intent of the association is to make it safer for the

workers themselves and it's also a workplace situation that would help them out.

I spoke to the CEO today, the executive director today, and he's very excited that the minister will meet with the group, sit down and have a conversation about this and see what can be done to make sure that it's safe.

These petitions go all across Newfoundland for all the workers that are working there. There are almost 100 people who signed these petitions.

I thank the minister for immediately agreeing to a meeting and I look forward that they have a resolution.

Thank you.

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

**H. CONWAY OTTENHEIMER:** Thank you, Speaker.

The background to this petition is as follows:

WHEREAS individual residents and municipal leaders have spoken to the deplorable road conditions in the District of Harbour Main; and

WHEREAS the district is made up of many smaller communities and towns like Holyrood, Upper Gullies, Seal Cove, Cupids, Colliers, South River, North River, Roaches Line and Makinsons who have roads in desperate need of repair and paving, specifically Routes 60 and 70; and

WHEREAS these roads see high volume traffic flows every day and drivers can expect potholes, severe rutting, limited shoulders and many washed out areas along the way.

THEREFORE we petition the hon. House of Assembly as follows: We, the undersigned,

call upon the House of Assembly to urge the Government of Newfoundland and Labrador to immediately take the necessary steps to repair and repave these important roadways to ensure the safety of the driving public who use them on a regular basis.

Speaker, this is not the first time I've presented this petition. I have presented this petition many times in this hon. House of Assembly. I have to say it still remains one of the most serious issues in our district, the conditions of the roads. They are deplorable. Not only am I hearing now from constituents within the District of Harbour Main but I'm hearing from people outside the District of Harbour Main. Other people who have to travel over these roads to get to either work or to see family and other reasons.

This issue has grown, Speaker. The frustration level is high. People are very upset. I have to say, I am very disappointed that we have not seen any action with respect to getting the roads repaired.

I can bring attention to one call I got who was from outside the District of Harbour Main, who was complaining about from Upper Gullies right on through to Holyrood, how bad it is. He said it was the worst that you could ever see in the province. Also, we have conditions down in South River that are also very serious. What worries me is the safety issue.

I have to bring up one thing with respect to the Minister of Transportation and Infrastructure. I had reached out to officials in his department since February on a problem in Chapel's Cove. When I brought the issue to the minister, I must say it became clear and evident to me and to our residents and people who are complaining about this safety issue in Chapel's Cove, that it was a priority for the Minister of Transportation and Infrastructure. He's immediately going to look into resolving this issue.

I just ask that he look to other areas now within the district that have similar problems.

**SPEAKER:** Order, please!

The Member's time has expired.

**H. CONWAY OTTENHEIMER:** Thank you.

**SPEAKER:** The hon. the Minister of Transportation and Infrastructure for a response.

**E. LOVELESS:** Thank you, Mr. Speaker, and thank you for those words. It's appreciated.

In terms of the challenges in her district, as I've said before, there are 40 districts in this province and there are many challenges. We're working through it. Being responsible for the budget that we do have to spend and looking at a better maintenance program, which I believe will help us all in our districts. But your district will be considered like any other district as we're doing our work around the Roads Plan for next season.

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

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

This petition is about equity for education for the deaf and hard of hearing. The reason for the petition:

Deaf and hard of hearing, DHH children in the public education system of Newfoundland and Labrador are not receiving full and equivalent access to quality education because of the lack of appropriate, full-time resources and are in environments where social isolation is inevitable; and

WHEREAS from 1964 to 2010, DHH children were provided with full-time quality education in the Newfoundland School for the Deaf. DHH children currently placed in

mainstream schools throughout the province receive only a fraction of a school day with a qualified teacher to instruct them; and

WHEREAS in June 2011, the report entitled a Review of Services for Students who are Deaf and Hard of Hearing in Newfoundland and Labrador provided recommendations to ensure all DHH children are provided with equitable access to the same quality education as hearing classmates as well as access to sign language in an environment free from social isolation;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to urge the Government of Newfoundland and Labrador to fully implement the recommendations in the 2011 report that have been overlooked for 11 years, to close the gaps identified and support the commitments made to all current and future students when the Newfoundland School for the Deaf was closed in 2010.

Speaker, certainly, one recommendation, one gap that was identified was the ambiguity within the educational system of who is responsible for providing the intensive supports that some deaf and hard of hearing students require to access the curriculum: district or the department? And it was noted that their funding needs to be earmarked. The update on that recommendation stated that districts continue to look for support from the department when a student needs services beyond what a typical itinerant for the deaf or hard of hearing is able to provide on a weekly basis.

Testimony from the current CEO for the NLESD said that no matter what the issue was, no matter what the discussion was around resources, it was always about using what you have and repurposing what you have. This is the allocation. That's it. That's what you get.

From the parents of Carter Churchill who brought forward the human rights case, it was heard and that was testimony at that hearing, it's clear that even within today's system there is still this pervasive, I guess, not only in that department but the pervasive notion that don't ask. Here's your budget. You're not getting it.

Instead of looking at things from a needs-based perspective, it's very much a fiscal and financial and budgetary process that's got to end, especially, if we're looking at amalgamating systems.

Thank you.

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

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

These are the reasons for this petition:

The Government of Newfoundland and Labrador introduced a 20 cent per litre tax on sugar-sweetened beverages at a time when families, seniors, and residents of the province are struggling with the already skyrocketing increased cost of living in the province.

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

Today in the House, Speaker, we heard the minister talk about the sugar tax in relation to a question from one of my colleagues and she talked about the organizations that support a tax. I can go back and forth with the minister all day about this particular impact of this tax and whether it works or not, but the real issue here is taking money out of the pockets of Newfoundlanders and Labradorians. I would suggest if you were to poll people of the Province of Newfoundland

and Labrador, in all 40 districts, you will find the majority of people in this province do not support this tax and certainly can't afford this tax at this particular time.

Today in the House, I talked about the significant increase in the price of diesel, which is going to drive the cost of food higher again. So again, this is one thing the minister has control of; it's control of a tax. So I would suggest and ask the government, it's time to rethink the tax. Never mind rethink the drink. Rethink the tax. Rethink your campaign. If you want to talk about having people switch to something else then have a campaign, but don't tax people to have that campaign.

So I simply say that this is not a time, the minister has an opportunity to help the people of Newfoundland and Labrador, and I would suggest removing this tax because this tax is being charged on items that it was never intended to be charged on. It's total confusion. It continues to be confusion and it's an unnecessary tax.

The people of the Province of Newfoundland and Labrador do not want this tax. So I ask the minister again and the government to please consider, as the petition says, cancel the sugar-sweetened beverage tax at the earliest opportunity.

Thank you.

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

**SPEAKER:** Orders of the Day.

### Orders of the Day

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

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

I call from the Order Paper, Order 2, third reading of Bill 18.

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

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

I move, seconded by the Minister of Education that 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, Bill 18, be now read a third time.

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

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

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Motion carried.

**CLERK (Barnes):** 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)

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

On motion, a bill, "An Act Resecting the Health and Safety of Workers and the Compensation of Workers for Injuries Suffered in the Course of their Employment," read a third time, ordered passed and its title be as on the Order Paper. (Bill 18)

**SPEAKER:** 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 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, 'nay.'

Motion carried.

On motion, that the Committee 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)

**CHAIR:** Shall clause 1 carry?

The Chair is recognizing the Member for Terra Nova.

**L. PARROTT:** Thank you, Mr. Chair.

Mr. Chair, last night there was some conversation around the matter of cherry-picking, and we immediately went to the second letter that the Privacy Commissioner had sent and never talked about the first letter. What I find strange about that is the

importance of what he said in the very first paragraph, and I'll read it: "Today, November 2, I wrote Minister Osborne, copied to the Speaker, the Clerk of the House of Assembly, the Clerk of the Executive Council, the Deputy Minister of Health and Community Services, to express my concern that the introduction of this Bill in the House of Assembly has resulted in a violation of sections 112(1) of *ATIPPA, 2015*, as no meaningful consultation occurred prior to notice being given to introduce this Bill into the House, a Bill which does indeed contain implications for the protection of privacy of this Province. Indeed a copy of the Bill was never forwarded to this Office," – this is the key part – "despite our requests for the same." The Privacy Commissioner said: "... despite our requests for the same."

So we sat here last night and we listened to the minister, who I will say was very good in his responses and it was great to see him stand and respond to most speakers last night. But he stood here and he said it was an oversight. Now, that lacks credibility when the Privacy Commissioner writes a letter and says we requested a copy of this, we reached out to all the parties involved and we said we needed to review this but the minister explains it as a simple oversight.

It doesn't make a whole lot of sense to me. So somebody is most likely not telling the truth, I would think. He actually goes on to say: "In response to our request to receive the Bill, we received only further offers of verbal discussion, which was meaningless if we did not have access to the Bill's specific provisions, and under no circumstances would we say that we have been consulted on a Bill that we haven't seen."

I'm not sure how an oversight can happen after the Privacy Commissioner reaches out to government and explicitly asks for a copy of the bill. So somebody is not telling us the truth. So when we stand over here and we ask very specifically for this bill to go to

Committee and we say we have no reason to trust government, when government tries to tell us that the difference between a bill and regulations, we don't have any reason to buy into that. We've seen in the past when bills have been discussed in this House where we've agreed to pass a bill, where we've been told that when the regulations come back they'll look one way and they come back looking an entirely different way.

I know that the Member for Mount Scio agrees – she is over there shaking her head – as it happened in the past. It is great to see.

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

Well, I would say that this bill could not only result in significant negative impacts on privacy, but it could have significant negative impacts on health care delivery and that is the discussion that needs to be had here.

I listened to the Minister of Finance yesterday talk about the Health Accord; a document that everyone in this House thinks is wonderful. The Health Accord: Sister Elizabeth Davis, Dr. Pat Parfrey and the job they've done was spectacular. The consultations, the amount of input that was put into it, everything done in a manner that

the people in this House should be proud of them and the people of this province should be excited about what it may or may not offer. They made very specific recommendations.

What I really, really, really want to focus on here is the fact that they talked about social determinants of health. Think about that word. The social determinants of health were one of the largest portions of that entire document. This legislation, in an amendment that government is going to put forward, is going to eliminate the word social determinants of health. But guess what they're going to do? They're going to figure it out and bring it back with the regulations.

I don't know if I buy into that. There should have been consultation to find out how to bring the social determinants of health directly into this bill prior to bringing the bill to the House. Again, another enormous flaw in this bill that gives me no reason to support it.

When we sit and talk about the Health Accord and the great work they've done, we can't overlook the fact that this recommendation from them on the social determinants of health is being left out of this bill in its entirety and because the Privacy Commissioner wasn't consulted, we've decided that we're going to eliminate it from the bill. Because government made a mistake, whether it was intentional or whether it was by accident, the mistake was made, we're going to eliminate the social determinants of health from the most important piece of legislation this House has debated in God knows how long.

It is absolutely mind blowing how that doesn't bother everyone in this House. I'm sure it bothers everyone on this side of the House, but I can tell you the social determinants of health, pick up the Health Accord and read it, everywhere you go through it's all you see. It's all they talk about. As a matter of fact, it's all we've

talked about in this House for quite some time.

Now, when the most important piece of legislation that we've seen in this House, certainly as this sitting group here, probably without the exception of the Health Minister given his long tenure in this House, we are going to eliminate a core piece and leave it up to government to decide to bring it back in regulation without debate or consultation.

They had an opportunity when we supplied a hoist amendment to go to Committee. Here we are now, two or three days into a debate that could last days and days longer, when there should be a resolution to go to Committee and figure this out properly. We all know that there is a path forward with this, but the reality of it is that nobody on that side, other than the Health Minister, wants to say that this was done wrong. The Health Minister is taking the fall for something I would suggest that he has nothing to do with.

When you have the Privacy Commissioner saying he specifically requested this piece of legislation for review as per the ATIPPA and he didn't get it, that's not a slight – that's not somebody forgetting to do their job, that's intentional. It was done intentionally. There it is, it's out there.

Mr. Chair, everybody knows the scenario with health in this province. Every single person in this House of Assembly gets calls from constituents, I would argue, on a daily basis. I stood in this House today and spoke about a cancer patient; a cancer patient who went to see his oncologist yesterday and was told he couldn't get radiation treatment.

Now, it's okay because we've got a plan set up to send people to Ontario and we're going to pay for it, but that doesn't make it okay. Just because we fixed the flaw doesn't mean we fixed the problem. At the end of the day, if you're sick, you don't want to be going to Ontario for treatment if you

don't have to. Those services can and should be offered here and they always have been historically. We've heard the Health Minister respond and say very matter-of-factly: we do have an issue with staffing.

But these issues with staffing didn't happen overnight. They did not happen overnight. In 2002, when the former minister of Health was the president of the NLMA, he talked about the shortages. He became Health Minister in 2015 and from 2015 to 2022, he spoke repetitively about how robust – and that was one of the words he used all the time – our health care is robust. We have a robust health care. We don't have shortages in nursing staff, we don't have shortages in doctors.

Well, guess what? We've got shortages in all staff in hospitals now, not just nurses and doctors. We've got shortages in everything. We are in the middle of the largest crisis that our health care system has ever seen. Now we want to change things around from an administrative standpoint, we want to take people who are currently in positions and add the stress of them not knowing if they're going to have a job in six months. We want to add the stresses and strains of amalgamating four health care systems into one to a bunch of people who go to work every day under more stress than they should have to bear. That stress is unbearable for some, to the point that a lot of them – there are a lot of them that have even left their jobs because of the stress that they bear on a daily basis.

So here we are, we're going to add to the stress of the workers, the front-line workers in our health care system by amalgamating our four health care systems without any consultation, without any Committee work done in this House.

The consultation that was done in the Health Accord is fine. It's great. I agree with what the Minister of Finance said yesterday about the Health Accord and the amount of

consultation, spectacular, but guess what? We're not listening to it. We're not listening to everything that was in that Health Accord. All we have to do is look at what they want to do with quality care.

Quality assurance: one of the key components of working in any industry including health care is quality assurance and that document clearly says that the quality care people should be at arm's-length, instead we want to bring it in under the minister.

Not negotiable is the way it was put forward yesterday when we put forward six amendments for review, those are the amendments that were turned down. Government has an option here to take this bill and walk away, go to Committee and come back with a solution that fits the people of Newfoundland and Labrador. Instead, they choose to find a way to get a solution that fits the Liberal Government of Newfoundland and Labrador.

We're here for the people of Newfoundland and Labrador and this is one of the most important bills that we've debated in this House. It's been said time and time again by people in this House. It's been said by people outside of this House. The reality of it is, we have an option here where we can make this bill acceptable, through Committee work, putting in the hard work, a small delay, but we can get it done.

I see my time is expired, Mr. Chair, thank you very much.

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

**CHAIR:** Thank you.

The Chair is recognizing the hon. the Minister of Digital Government and Service NL.

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

I would just like to raise a point of order.

Section 49: the Member for Terra Nova claims that I shook my head. I assure this House and I assure you, Chair, I absolutely did not shake my head. If I did, I would absolutely own it. The Member called me out, I believe he's trying to diminish my character and I absolutely did not shake my head.

Thank you, Chair.

**CHAIR:** Thank you.

I'll certainly take it under advisement.

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

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

I'd like to stand again and talk about this bill and how it impacts the people of Newfoundland and Labrador and the future impacts on people in Newfoundland and Labrador.

Again, we're debating a bill today about the future of the health care system in the Province of Newfoundland and Labrador, part of which is a restructuring of health authorities. Much more importantly is it's talking about the Health Accord and how it's going to move us to better outcomes in health care.

One of the principle recommendations of the Health Accord, as I said last night, was an independent quality council, which becomes reporting to the House of Assembly. That, in itself, would be a huge accomplishment for all of us in this House. To actually move a quality council of health where we spend over \$3 billion, almost \$4 billion and we're now going to have a quality council that reports directly to the House of Assembly of Newfoundland and Labrador.

That is something that we should all be proud of, if we decide to go down that route, but for some reason my colleagues opposite, in presenting Bill 20, want to

diminish that recommendation, water it down and not have the quality council as an independent body of the House.

I cannot support that. This is a real opportunity that I see for the Province of Newfoundland and Labrador, for the health system to finally have a quality council in place that is independent and that reports directly to the House of Assembly.

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

**T. WAKEHAM:** The single biggest department where we spend the most amount of money, where our outcomes are not where they should be. We all acknowledge that, but at the same time, an opportunity to take this significant recommendation of the Health Accord and make it part of Bill 20. So I urge the minister to do whatever he needs to do to make that happen. Whether it's sending it to a Committee, whatever he needs to do, but let's not water down that recommendation, please.

The other thing I heard today was a recommendation around what the minister had said in response to my colleague from Terra Nova in terms of the shortage of staff in radiation. In fact, I think the minister said that they are sending people to the Mainland, Princess Margaret, with all expenses paid. Imagine, if we had a medical transportation system in this province where people could travel with all expenses paid.

Do the people who travel from Labrador to St. John's get all expenses paid? Do the people who travel from the Northern Peninsula to services in St. John's get all expenses paid? Do the people in my district and on the West Coast who travel for health services to St. John's get all expenses paid? No, they do not.

The current Medical Transportation Assistance Program, while the concept is great, is a very challenging program for

people in filling out all of the forms and, secondly, of course, we all recognize that it only covers part of the cost. That needs to change. So when we talk about the budget consultations and next year's budget, let's hope that part of the introduction to health improvement of health outcomes in this province includes accessibility, so that no matter where you live in the Province of Newfoundland and Labrador you won't have to worry about whether or not you have enough money to be able to afford to go to your appointments.

I brought up the issue yesterday about an individual being required to go on a bus versus a taxi. I'm happy to say right now the minister has made an adjustment to that policy that allows that person to take the taxi. That's improvement, but it shouldn't have to be that way. We need policies that look after the people of Newfoundland and Labrador.

The other point that I'd like to make, when we send people to the Mainland, like, for instance, Margaret or others, we bring them home. We bring them back home, but under our current Medical Transportation Assistance Program, if I am air ambulated from the Northern Peninsula or from Labrador or from Western Newfoundland because I need services at the Health Sciences, I get the services I need and then I'm discharged from the hospital, but then I'm on my own to get back home. Doesn't matter if I don't have a vehicle. Doesn't matter if I can't afford it, I'm on my own. That's a problem.

Again, we need to be able to assure the people of Newfoundland and Labrador that we're going to have their backs and we're going to leave no one behind. Not one single person should miss a medical appointment because they simply can't afford it. Not one single person – not one.

The restructuring of health authorities, one single information system, would be absolutely beneficial. It's too bad that

recommendation that was before government wasn't implemented seven years ago. The current minister's job would be a lot easier if it was, but that didn't happen. Right now, because we don't have that connectivity, people often travel in for appointment, as some of my colleagues have said, only to be told your appointment is cancelled. No previous warning. Their own dime. No help. Those are critical pieces.

If we're truly going to reform health care in Newfoundland and Labrador – we all recognize that we have a small population. We all recognize that we're scattered over a large geography and we all recognize that we cannot have tertiary care services in every part of our province. But what we should also realize is that when somebody in the Province of Newfoundland and Labrador needs our help and needs that medical attention that they cannot get in their local community that their government is there to help them, their government makes sure that they don't have to worry about being able to get to their appointment. Those are the keys to health care. You have to be able to have accessibility and people have to be able to afford to travel to those appointments.

Again, this bill, while not addressing all of those issues, certainly the health care system of the future should make that part of its mandate. Again, I go back to Bill 20 and this Health Accord document. It lays out the plan for the future delivery of health care in our province. The plan that's supposed to result in better outcomes.

One of the pieces of that plan, a significant piece, in my opinion, is the establishment of that quality council and when you read through that and talk about the objectives of what the quality council is meant to do, I urge you to read that. Read what the objectives are of an independent quality council. A council that will report to this House of Assembly. Read those objectives and then when you have done that stand up

in the House and say I agree. I agree with the recommendations of the Health Accord when it comes to the quality council of Newfoundland and Labrador.

I don't care what side of the House you live on or work on or sit. Look at the objectives of what the quality council, the people who spent the time and effort – and there were hundreds – to produce this document and look at what the objectives were of an independent quality council.

I urge everybody in this House of Assembly to take an opportunity to establish in Newfoundland and Labrador for the very first time an independent body that will look at health care from a different perspective. We have an opportunity to do that. I trust and hope that everyone in the House will make that happen.

Thank you, Chair.

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

**CHAIR:** I recognize the Member for Torngat Mountains.

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

Last night, the Member for Labrador West talked about the uniqueness of Labrador. I just want to enforce what he was saying. We both agree that the uniqueness for Labrador is not just the geographical largeness of the Big Land, the remoteness, the beauty of Labrador. Unfortunately, the uniqueness of Labrador extends much deeper to the health care issues that we face. A part of what makes Labrador distinct, the remoteness, the largeness of our great land, really makes us vulnerable for the delivery of health care. That's something that all Labradorians are really concerned about with this new bill.

Looking at the health care issues – we've brought up in the past, and still it happens today, where we don't have air ambulance support for Labrador. It's been days on end

where there was no air ambulance support in Labrador but when we looked on the charts off the web, we could see the air ambulance for the region of the province, for Newfoundland, flying back and forth.

I remember calling – they referenced the former CEO of Eastern Health. I called him on day three of no ambulance support for Labrador. In actual fact, I think at that time we ended up having no air ambulance support for five days. I was talking to him and I was really alarmed, but that's one of the concerns that we have.

It goes much deeper than that. When we look at the legislation here that's in front of us, it talks about the health authorities that we have today being replaced with one Provincial Health Authority with the supporting health councils. Now, what's really concerning for me with the legislation – and it's been raised on this side of the House – is the lack of authority. The regional health councils' roles and powers are very limited and the legislation expressly notes that the role is simply to provide advice and recommendations. That's in stark contrast to the regional health authorities that we have in place today. So that's something that we really need to raise.

When we look at Labrador, especially in my region, what we struggle with when we struggle to access timely health care and effective health care is, a lot of times, we don't get diagnosed in time for a lot of these diseases that really impacts our health and sometimes really, actually, ends our life, such as cancer.

We're not properly diagnosed, we're not diagnosed in a timely fashion and a lot of times these delays are very, very costly. Also with the treatment, a lot of times we can't access treatment because we can't even get on the flight to actually travel out to Goose Bay or to St. John's to get our treatment or get our scans, or even get our chemo. I was shocked and I actually had to

check it, because I didn't think it was accurate, where I actually had a message from a concerned citizen in Nain, where a chemo patient, a cancer patient, was bumped off the schedevac twice. To me, that's really, really alarming and that shouldn't be happening today – a cancer patient.

Then I have other concerns. I was talking to somebody in one of the communities that I represent, and what really was unfortunate and was really, really concerning is they were diagnosed with cancer and they actually went out and they were told by the staff who were was a bit upset with them – this was in the summer. They were there with the staff and the staff said: You should have been here in April. They said: I didn't know about that. What are you talking about, April? They said: You had an appointment to come out in April.

This was, I think, in July for cancer treatment. Those delays can be so costly to their recovery and the ability to recover. They said they didn't know. So when they went back, they went to the clinic and they said: Did I have an appointment in April? The nursing staff looked it up. They said: Yeah, it was in April but it was probably a weather delay. But she would have liked to have known. As a cancer patient, she would have liked to know that she had that appointment and she would have tried to make it. She may have even went out earlier to make sure that she could get diagnosed properly and receive timely care.

People are dying. People in my district are dying because they're falling through the cracks and it's so, so concerning. It's really, really concerning.

Now, the Minister of Health actually responded last night to Opposition comments about the health councils. He said the senior executive will be living throughout the province. To me, that indicates that there'll be representation on these councils throughout the province, and

that's a positive thing. I give them credit for that. Also, it said that the health councils will have representation and their voices will be heard. Yes, but we have to look at the authority of the health councils. It's lacking. They don't have the authority. That's what's really, really concerning because we always talk about regional advocacy, regional representation, to make sure that each area, each region are properly represented and gets access to timely and adequate health care.

Also the Minister of Finance, the Member for St. John's West, spoke last night and she talked on the Health Accord. She was saying since 2020, they were speaking to people in the province, with the Health Accord, as part of their mandate, town halls, round tables, talking to health care professionals – and that's true, and they did that. Actually, they did a good job of it. We're not arguing with that.

Also, the minister said that two years of developing the plan for health care – and that's true. This is the first step of the Health Accord. It's a really good document. Like I said, there was a lot of consultation around the province to arrive at this document. But the problem for us is this bill does not represent the Health Accord. That is a huge issue for us on this side of the House of Assembly, and that's the reason why we want to actually be able to go through the bill. We want to actually have things taken care of so that everybody in this province has equity in terms of health care services, has equality in terms of health care services. That is so, so important to us.

Just speaking on the Health Accord, the Health Accord isn't reflected in this bill. I'm just going to look at some of the things that I spoke – because I spoke on the amendment and I spoke on the bill previously, and I'm just looking back through my notes. That's why they're highlighted again, to reinforce what I said.

Looking at the Health Accord, it was tasked with devising a new governance and management approach to health care in this province. That's a good thing. But one of the recommendations of the Health Accord, and is similar to the bill, was to create a single Provincial Health Authority to address the parts of this system that need provincial-wide integration and oversight. That is actually action 48 in the blueprint.

So one of the concerns about one Provincial Health Authority is centralization and not having the ability to totally advocate. In the Health Accord, they did counterbalance that. In the Health Accord, they did. They basically said that to counterbalance the centralizations, they would propose the creation of regional health councils that would report to the Provincial Health Authority – Action 49 in the blueprint – similar to what's in the legislation.

But where it diverges, where the difference is, is that the Health Accord said that these regional councils would have the authority to address the delivery of health care at the regional level – the authority to address the delivery. They would also listen and respond – respond means actions – to the voices of the people in their regions and be sensitive to regional differences and needs.

Now, when we're looking at the act, which is different from the Health Accord, the act tends to centralize the power and authority in the hands of one Provincial Health Authority rather than what we have currently with the four regional health authorities. They can govern their own affairs.

The new regional health councils appear to be mostly in an advisory role meaning their recommendations may not be taken up by the Provincial Health Authority or the department. Unlike the quality councils, there's nothing binding the Provincial Health Authority to implement on the advice or recommendations of the regional health councils. No authority, no autonomy.



This seems to go against the vision of the Health Accord report, which envisioned the Provincial Health Authority would delegate authority to the regional health councils so that they could assume responsibility for the direct provisions of the health care services at the regional level and the source for that is –

**CHAIR:** Order, please!

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

I am recognizing the hon. the Member for Harbour Main.

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

It's an honour, again, to stand and debate this very important bill, Bill 20, An Act Respecting the Delivery of Health and Community Services and the Establishment of a Provincial Health Authority.

Chair, yesterday, I had the opportunity and the privilege to speak on this piece of legislation and at that time I attempted to highlight some of the major concerns that we in the Official Opposition have with respect to this legislation. I focused primarily on two themes. First of all, the issue of consultation and I do want to revisit that theme first.

I would like to say that the concerns that we expressed yesterday remain on the issue of consultation. I want to highlight a couple of important points with respect to consultation.

We received letters from the Privacy Commissioner with respect to his concerns about consultation. He forwarded to Members of this hon. House two letters by email about his concerns on consultation.

I just want to say, as far as the Office of the Information and Privacy Commissioner, for the benefit of people who are watching, it is

one of seven statutory offices, established by statute that reports to the House of Assembly through the Speaker. It is an independent office. It's independent of the Executive Branch of government which means it's independent. It's not directed by Cabinet and it's not directed by the minister.

What does this important statutory office do? It provides oversight. It has an oversight role. It reviews Cabinet and departmental decisions. It reviews their actions and it reviews legislation. So it is important to understand that the Office of the Information and Privacy Commissioner has a legislative mandate.

So let me, with that backdrop, bring you to the two letters that we received as the Official Opposition and other Members of the House of Assembly. The first letter we received on November 2 on Wednesday, I believe; the second was November 7, this Monday, yesterday.

Now, the first letter outlines some grave – it was in essence and virtually a scathing interpretation of what had happened in terms of how the lack of consultation was very disturbing to this Office of the Information and Privacy Commissioner.

One of the main concerns that the Privacy Commissioner had was in respect to the fact that it was a violation, to quote from the email: "... the introduction of this Bill in the House of Assembly has resulted in a violation of section 112(1) of *ATIPPA, 2015* ..." Why? Because it's had no meaningful consultation.

So we have that stated in the letter from the Privacy Commissioner. Why was the Privacy Commissioner concerned? Because he said that it "occurred prior to notice being given to introduce this Bill into the House, a Bill which" – was noted and acknowledged by the Commissioner – "does indeed contain implications for the protection of privacy in this Province."

So as a result of this first letter, there were discussions, I understand meetings between the Commissioner and officials from the Department of Health and Community Services. I understand as well with the minister.

We are left with the impression from debate yesterday that basically government has appeased, if you will – those are my words – appeased the concerns of the Privacy Commissioner. However, I do not see that from these two letters and here is why.

When I look at the first letter from the Privacy Commissioner, the Privacy Commissioner said, “The only consultation that occurred was a brief, high-level verbal overview, which happened well after notice of the Bill was given to the House.” But this is the key, Chair. “In response to our requests to receive the Bill,” –the Office of the Privacy Commissioner requested to receive the bill – “we received only further offers of verbal discussion ....”

Why is that important, Chair? It’s important because we heard the minister say this was simply an oversight. Apparently, an official within the department, it was an oversight, an error by that person not to have this sent to the Privacy Commissioner. But really when we look at what the Commissioner said, that is not the case. The fact is the Commissioner requested to receive the bill. “In response to our requests to receive the Bill, we received only further offers of verbal discussion, which was meaningless ....”

That has not changed. We received another email from the Commissioner, which in my interpretation looking at that email has not satisfied that point. For the minister to say it was just an oversight, that is not evident from the response that we received from the Privacy Commissioner.

Now, if there’s an improper or incorrect interpretation on my part, I accept that. But what we need –and I believe one of the Members of the House of Assembly on this

side, on the Opposition side asked – perhaps we need to hear from the Privacy Commissioner to clarify that. Because that is a very important point. If this Officer of the Office of the Information and Privacy Commissioner, which plays a very important oversight role, has not given clearance, has not given full endorsement of this legislation, then we ought to know before we proceed any further.

Why is that the case? Because we know that this is such a fundamental massive legislation. In fact, the Privacy Commissioner himself said, “The organizational restructuring of our health care system is one of the most significant public policy considerations of our time.”

Chair, that has to mean that we have to slow down on this. We have to make sure that there is meaningful consultation and careful attention is given to this bill, that we, the Official Opposition, had put forth a motion, called a hoist motion. That motion suggested that we send this legislation to review, to a review Committee of the House. What’s wrong with that? Why is that not reasonable? What is the problem with doing that? We don’t understand.

For a reasonable period of input from – let’s hear from the Health Accord authors, Sister Elizabeth, and let’s hear from Dr. Parfrey. Let’s hear from professional health associations like the NLMA who also wrote – and we have letter from them – indicating they’re concerned about the proposed additional power of the minister, which this bill would include. It provides discretionary power that that be deleted from the act. They’re not in agreement, so we need to have this go to further review, Chair. That’s all we’re asking. There’s nothing unreasonable. This is too important.

We know that we are in a health crisis. We know that our health care system is the most important issue facing the people of this province and we need it. We owe it to them. They deserve that we give this proper

analysis, proper review. Let's look at this, let's put it out so that we can hear from the other health care administrators. Let's hear from the unions. Not just a meeting with David Diamond, but let's hear from them and the general public.

That is important. That, in our view, is something that's very important. It has to be addressed. We have to review this. We're going too fast and we have to give it its proper due diligence.

Thank you, Chair.

**CHAIR:** Thank you.

The Chair recognizes the hon. Member for Cape St. Francis.

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

It is indeed a pleasure to stand here today and speak to Bill 20, An Act Respecting the Delivery of Health and Community Services and the Establishment of a Provincial Health Authority. Some heavy, heavy words in the title of that bill, Chair, and it's something that we are taking quite seriously.

As my colleagues have said, Mr. Chair, we do have some major concerns with this and around consultation. I know in anything that we do in today's age – and from my former municipal career and there are colleagues here as well – there's nothing done without proper consultation. That is indeed an eye-opener for me. Why wasn't the Privacy Commissioner consulted with respect to the full scope of this bill and what consultation has really been done?

When you look at this bill, Mr. Chair, the scope that it has and the impact that it has for the entire province, for all residents of our province, we have to ask why wasn't proper consultation done. If the Privacy Commissioner does have some concerns with respect to this, does he fully endorse it? Is this something that we are good to go with? Right now, we are not.

The Privacy Commissioner, as being an independent body, provides important oversight for all bills, especially one with respect to the delivery of health and community services. Most Members in this House have stood representing their districts and speaking to the situations that they find their residents in with respect to the crisis that we are in health care.

This is of grave importance, Mr. Chair, when we're looking at an independent Officer of the House reporting to the House of Assembly with respect to the quality council. This is something that we cannot take lightly when we look at why we are where we are today and, of course, why we're debating this bill in Committee.

Mr. Chair, being in a health care crisis, we all have personal times we can speak to and I'm no different. When it comes to just my immediate family with respect to the health care crisis, my wife is a cancer survivor who currently doesn't have a family doctor. When we're at the oncology unit speaking to the oncologist for further follow-ups, well, without a family doctor the process is interrupted. We all realize there are Members of this House who are all impacted by cancer, themselves or family members, and we all realize the importance the continuity of care that is required that a family doctor provides. As we're in this health care crisis, my wife is no different than the 125,000 people in this province without a GP or a family doctor.

As some of my colleagues are aware, this has been a difficult week for my family with respect to my father being in hospital. I'd like to speak just a moment about that with respect to his care that he's had in hospital and what we've witnessed in this health care crisis.

**C. TIBBS:** It is important.

**J. WALL:** It is important. My colleague for Grand Falls-Windsor - Buchans says it is important. It's important that we remember

the personal aspects of what we are dealing with. When we are discussing bills in this House, again Bill 20 with health care and community services, it is important to remember the individual, personal aspects, from the time you go in to the emergency room and you spend two days there with a family member who is not well.

This is no slight on the health care professionals that look after us. Our leader said earlier today with respect to the health care he received it's important. Those are the ones that give you the first line of defence when you're coming into any health care facility. My father was no different; the care that we received, once you got in there, Mr. Chair, was top-notch. But it's the look on the faces of the nurses and doctors who are working double shifts and who – I know most of them now by first name – on a daily basis are working 16, 18, 20 hours, working short staffed, who are welcoming family to come in to help with the care of their loved ones.

You see the compassion on their faces and what they're working under. It's important for us to remember those are the people who are caring for us. So when we are here standing in this hon. House and we're discussing Bill 20, and when we look at the social determinants of health, as my colleague from Stephenville - Port au Port said with respect to the Health Accord and what that fully outlines, Mr. Chair, that can't be thrown to the wayside. That Health Accord outlined quite carefully a course for us to take and a delivery model that should be followed, no doubt. The social determinants of health, as outlined in the Health Accord, are very important. If we're looking at the overall benefit for all residents of our beautiful province, it no doubt is important for us to keep in mind.

Mr. Chair, when we look at the people in all of our districts – I know many times I've spoken about cataract surgery, the MTAP with travel and what have you: all of these are very important aspects that we have to

remember. I have residents in my district who are caring for loved ones but are suffering because they're in need of cataract surgery. They can no longer drive to appointments, they can't do their banking and they can't do their day-to-day living. They're looking after their loved ones who have more severe health issues.

So when my colleagues raised the importance of cataract surgery throughout our province – again, you go back to the personal aspect and you go back and you sit at their tables and you listen to what they're going through – Mr. Chair, it is indeed troublesome when we're looking at the health care crisis that we find ourselves in our province. When we go back to Bill 20, it's – we look at the issue of the quality council.

Again, my colleague from Harbour Main discussed it earlier with respect to being an independent Officer of the House, and coming back to here and reporting to this House from a set of eyes outside of this House of Assembly. I think that's very important. My colleague from Stephenville - Port au Port spoke to it earlier with respect to the importance of that and how it cannot be overlooked or missed, Mr. Chair.

So when we look at the total bill, we do have major concerns with it, as I started off with consultation. When we look at going forward with respect to the Health Accord, what do we need to do to make this better? I have constituents that have reached out to me over the last couple of days asking why this is being bulled ahead. Why is it going forward? When you can look at what can be done with respect to amendments and what have you, it causes us concern.

Mr. Chair, I do know that this is a contentious issue, no doubt. We do have the care, of course, of all of our residents first and foremost when we're dealing with bills here in this House, and that's why we are going to keep this going forward.

I thank you for your time and I'll get a chance to speak on this again in short order.

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

**CHAIR:** Thank you.

The Chair is recognizing the Member for Exploits.

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

It's again a pleasure to get up and speak on Bill 20. Actually, this is a very important bill and I know a lot of Members want to get up and talk, but sometimes they're not ready. But anyway, we have a lot of health care concerns. We're hearing it all through each Member of the House of Assembly, all on this side, and we have a lot of health care concerns.

The people of our districts, the people I know in my district, have a lot of health care concerns, especially, we're all saying, doctors and nurses and all through the health care system. This bill is the start of what was started from the Health Accord. You know, the Health Accord took the opportunity to change our health care system – not change it, they gave some solutions and they gave some suggestions of how to change the health care system and how it could work better.

So with the due diligence that they did give us, Sister Elizabeth and Pat Parfrey and all the crew involved, I think it's unfair to them to just look at the Health Accord and pick out so many things from it and then pass that through the House as quickly as possible just try to get something done with regard to some part of the Health Accord part being done. We can't just push this through like that. It's been too much work into it. I think all sides need to sit down and get work done on this.

When you look at the Privacy Commissioner having concerns, the Privacy Commissioner

himself even had concerns. A couple of briefings – two or three briefings – just to try to get it right. We can see that this bill is not ready to be at this stage and being passed; it's just not there. There are things in the bill that we don't know about; we haven't been really briefed on it. So there are a lot of things in that bill that can be discussed and it needs to be discussed in a different manner.

It needs to be sent to a Committee, it needs people on both sides, all sides, to sit down and discuss what can be done, what is actually in that bill, and to pick out points and bring it back so that everybody has a fair opportunity of putting in amendments, putting in suggestions, whichever way it may work, and get somebody to actually tell us the way this is going to work and how it's going to be. This is one of the biggest bills, health care is one of our biggest aspects of government and we need to get this right.

There are people in our province with dire problems; they're in dire straights, most of them. They can't get to a doctor right now. They can't see a doctor. They can't even get in to get a prescription filled most times. They use our emergency services just to get prescriptions filled, and that's not fair to be pushing things through. We need to be trying to get things to be looked at for those people right away so that we can look after the needs of those people.

I know the minister said that he wants to start hiring people, but you can hire people. The minister can hire people and get things working. We still want to get doctors and nurses that sort of stuff, so we can get that done. But people have got concerns – like, I have a doctor in my town of Bishops Falls; we lost our doctor only six months ago, back in April. We've got 3,000 people, like I've mentioned before. I'd say the file at that office that clinic held, was about 1,500 files for patients just in Bishops Falls, and that was in April they lost their doctor. She retired and she did her work and I thank her for her service, actually.

But there was nobody there to replace her, and that left 1,500 people without a family doctor. Left them going to emergencies, left them calling the health hubs, which when they called those health hubs, went to the emergencies, they weren't getting treated. They weren't getting assessed the way they were supposed to get assessed. So that left those people scrambling for doctors and still scrambling for doctors. I hear it every day, and I know all Members of this House of Assembly hear it every day that people are looking for doctors and looking for health care needs.

So that's the kind of attention that we've got to pay to get those things done. To push this bill through without due diligence, it's unfair to the health care system; it's unfair to the people of the province. We need to pay more attention to this. We need to get down in a Committee form and send it out to the Committee, let the Committee sit down and, like I say, brief all this and go through each bill piece by piece, again, add amendments to it, put in what can be done, what may make it better. I'm not saying that the bill is not probably – where most of it is, but we just don't understand it. Our briefings were short. Again, even the Privacy Commissioner had resolve with it.

That means we certainly have to dig in to that bill and make sure that everything is on the up and up and it's the best thing that can happen for the people of the province. People of our province deserve better, we need to give them better and we need to do better. We know the health care system for the past seven years has been the worst. People called me and said it's the worst that they've ever seen, so there have been concerns.

This bill, not only the last couple of days we should have been debating this, we should have been debating the bill like this as soon as we came in the House of Assembly when we got here. When the House opened, this should have been priority. It should have come to every one of our desks and said

now this is what we're going to debate right through – we've been here for almost five weeks, six weeks, whatever, and we want to do it in five or six days. Well, we want more than that if we can get it.

The said bill should have come on our table first when we got here back in October. We should have been debating that bill for it to be a very important part of what we need to provide to the residents of our province. We need to give them due diligence; we need to make sure that we're doing it right.

They've had problems for the past seven years. There's been unfair treatment with regard to the health care system. We've been losing doctors, losing nurses. The system has total failure to them in the past seven years. So we need to get this right, need to do it right and to make sure that we're giving the service, the primary care to the people of our province that we need.

The further out into the rural part we go – and we do it every day; we saw questions again today with regard to emergency units, emergency services. Again, we hear it all the time, Fogo Island, Wesleyville, Baie Verte, Harbour Breton, Buchans, Lewisporte: all those areas; Bonavista is another one. We hear it throughout the provinces, closures and diversions of emergency services. It's terrible, it shouldn't be.

When those things have been happening in the past seven years and a bill like this has not come to the table to give it due diligence, only in a couple of days, right now, that's all we've been discussing this bill for, it's only two days. It takes a lot longer.

It took us seven years for the health care system to get to the point that it is now so it's going to take a while to get it back. I agree with the minister, it is going to take time to get it back, but we can't go pushing it through. We cannot push it through. We have to sit down and do the best we can

and give it the best treatment we can and make sure that, at the end of the day, the residents of our province and our districts have the best primary care, the best treatment that we can offer them.

Thank you, Chair.

**CHAIR:** Thank you.

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

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

I'm going to stand just to have a few more words on this because it is so important to everybody in Newfoundland and Labrador.

First of all, I just noticed that on this side we must see a different part because I can't see no one from the government side speaking on it, only the Minister of Health and Community Services. I give him credit for that. But I guess we must see a different part of the bill; we don't have the same concerns as the government Members.

I just find it strange that there is no one speaking up and saying, yeah, here are some of the concerns that we have. Because when the Newfoundland and Labrador Medical Association says we have concerns, they represent doctors all across the Province of Newfoundland and Labrador, every district here, I just find it kind of odd that they're not saying that they feel if there are any concerns they are getting from their constituents back home or in town when they meet their constituents. That they're not getting concerns about the health care situation in the Province of Newfoundland and Labrador or any concerns that are raised through this health care board.

I heard last night the Minister of Finance and President of Treasury Board speak. I take a lot of notes when people are speaking. Sometimes people don't think that I'm listening but I always take notes. One of

the notes that I took last night, the minister started rhyming off about Dr. Parfrey and Sister Elizabeth Davis and all the work they did, the number of groups they got, look what they did, look how many groups they met. Great.

If you're going to go with that logic that so many groups were consulted, they had so many meetings and took so long to do it, why don't you just follow that same logic for this bill? You cannot stand up and say they did all this great work and look at all the groups they met, look at all the consultations, what a great job, because it was a great job. But then you can't turn around and try to use that, when you're trying to ram a bill through about the health care across the Province of Newfoundland and Labrador.

Logically, that don't make sense. If you agree that we should have consultations, if you agree that we should met with groups, if you agree that all participants should have some kind of input, you should speak to the government and say withdraw this bill.

But if you want to rush it through because there was a commitment made, or because you feel that this is so urgent, we have to have it through so quick, then stand up and say it. Don't go using another report where there was great consultation, great input.

I met with them also. I thought it was a great conversation we had, very open, very frank, very sincere. But now we have the Newfoundland and Labrador Medical Association saying no, b'y, we weren't consulted and we have some major concerns with this.

Can we say for sure that the concerns were addressed? I can't. I don't know if anybody else in this House can, I can't. The letter that they wrote the minister, they sent to all Members, that their concerns haven't been met. So why are we rushing this through? This is going to be the biggest decision this House made in a long while. The biggest

decision this House of Assembly will have to make in a long while. This here is going to affect every resident in the Province of Newfoundland and Labrador, every resident, bar none. Right from birth, right until your death, affect every resident.

Here we are now, and I've been around this House a long time, this is the first time that I ever seen a bill put through by government and government is going to make four amendments on their own through the bill, because it's rushed. Never seen it before.

You might see a friendly amendment if there's something minor, but to have a bill concerning the consolidation of four health authorities across the province and Labrador, brought in by government, then after outcry and after people saying they weren't consulted, after information not being included, the government themselves are going to make four amendments, at least four, to their bill that they just brought in. That's unheard of. It's actually unheard of.

Now, if you listen to the – well, the only one is the Minister of Finance and President of Treasury Board, she spoke a couple of times, and the Minister of Health and Community Services, who speaks on a regular basis on this, that's fine. But now when you hear them saying, okay, we have to make amendments because there are problems with the bill. And you want us to say, okay, let's go vote on these amendments without having a discussion, without – and I agree with the Opposition and the Third Party and my colleague for Mount Pearl - Southlands, what's wrong with sending it to a Committee? What's wrong with sending it somewhere and let's hash this out? If we have to come back for a day in December or January, April 1 is the deadline. What's the rush? There is no rush.

I could start naming all districts here that have health care concerns, because everyone does, we all do. When you make a decision on health care across the

Province of Newfoundland and Labrador, you have to be able to make sure that when you look at the people who need it the most, which will be all of us, too, and our families, that we did the best we could do. We thought it out, we sent it out to everybody, we got professionals involved, we got anybody that's going to be – any input in this here has been consulted. But they haven't been.

This is my big concern. I don't mean to be harping on the Minister of Health and Community Services, but last night he made a statement also. One of the things that he mentioned was it is good to bring the four boards together because they'll be able to use the same equipment. I made a note of that last night with the minister.

This is what I've been telling the minister for a while, and the previous minister. You can't even use the surgeries for cataracts out in Stephenville because the equipment is so old. Yet, they will not give the money, will not give the okay to get surgeries done because they're saying, oh, you could do it in Stephenville. Stephenville has equipment right now that's so outdated they can't even use the equipment for it. They have to borrow equipment to use for it.

I don't know if the minister is aware of the equipment out in Stephenville, and I leave that up to the minister to answer it, but when you stand up and say the equipment must be different – Stephenville, Corner Brook, cataract surgery – I'll say to the minister, you should check it out.

When I get letters saying that there could be cataract surgeries done at the two locations. They can't. They can, no doubt, but they have to borrow equipment because the equipment is so old. Two of the specialists won't go out there because the equipment is so old.

If the minister is using the logic that it's nice to consolidate the four boards because we all have standard equipment, that's great.



But why are the people in Western Newfoundland going to be put behind with the cataract surgery, keep on being delayed because now there's old equipment in Stephenville?

I say to the minister, check it out once again. I'll guarantee you 100 per cent I am correct because I made the phone calls. I checked it out.

So this is the concern that I have. When I sit down and take all these notes and listen to the things to try to justify this here, and it flies in the face of logic, it's hard for me to say okay, they may have something to this. They may say this may be a rush but when you use this type of logic that all the equipment is going to be on par all across the province when now you're putting 800 people, mainly seniors in Western Newfoundland, their quality of life is gone because they can't get cataract surgery or out in a place where the equipment is old, two professionals won't even go there – so be careful what you say in the House because sometimes there are people taking notes and some people who are realizing that some of these things that are being said, either they haven't got the knowledge of it, but to give the benefit of the doubt, check it out.

This is why it's hard for me. I say again to the minister and I know the minister – I heard on several occasions the minister: nurse practitioners. I know a lady, just the last couple of days, went to a nurse practitioner; 91 years old, right away seeing the nurse practitioner. She had to pay \$50; 91 years old and had to pay \$50 – boom. And it's so easy to get nurse practitioners tied into MCP. I've yet to hear – and I know the minister says he's working on it and I have no doubt that he probably is, but there's no one can tell me that if the Government of Newfoundland and Labrador could take this bill that's going to revamp the whole health care system across the Province of Newfoundland and Labrador, wants it done in one day here in this House

of Assembly, can't order someone to tie that in to MCP so that people can see a nurse practitioner who haven't got a family doctor.

Here we are saying – Mr. Chair, I see my time is winding down. I will be back again.

Thank you very much for the opportunity.

**CHAIR:** Thank you.

The Chair is recognizing the hon. the Member for Grand Falls-Windsor - Buchans.

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

I concur with my colleague. We need to use every resource we have at our fingertips, whether it be nurse practitioners, pharmacists – we've got some great people throughout this province in different sectors that can add so much more that are being underutilized it's not even funny. I know it's been happening for years, decades, that sort of thing. But if anything COVID should have taught us, it's now is the time to bring it all together to ensure that the people of the province are taken care of. We should be using every resource that we have available.

During Question Period today we learned that some people for radiation treatments, I guess, are on their way to Ontario and I'm wondering if the minister can answer this the next time he's up. How many people do we take into our province from other provinces, patients for any surgeries or for any sort of care? I'm assuming we don't take any. So my question would be: If every other province is feeling the crunch on the same level as Newfoundland and Labrador, how are other provinces able to take in other patients from other provinces?

Obviously, the crunch cannot be felt the same across this country. So that would be my question moving forward because we constantly hear that every province is going through it. Obviously not. So maybe the

minister can answer that question next time he stands; I'd much appreciate it.

I'm going to refer back to the Privacy Commissioner's letter here for the next part of this. We talk about rushed legislation sort of thing. Listen, there's absolutely zero doubt that this was rushed to us. This may have been worked on for months by some very credible people, and we appreciate the work that goes into it behind the scenes by the bureaucrats, we really do, but it was rushed here.

I'm just going to take a little statement here, a small statement from the Privacy Commissioner. This is his words verbatim: "By rushing this process at the last, most crucial stage"—are we debating that it's not being rushed or if it is being rushed; that shouldn't be even a debate — "which is legislative draft, privacy consultations, and debate in the House," — so the Privacy Commissioner is even noting that it is being rushed; the Privacy Commissioner says that — "Government runs the risk of taking good intentions" — which we have no doubt — "and implementing them in such a way that could cause unnecessary harm to the public."

The public can't afford any more harm. They can't, and I don't think there's anybody here, out of the 40 Members, that want to hurt the public or harm the public in any way. So that's why we have to get this part right. We've been saying it now for — well, it's almost been a week; let's refer this to a Committee. Listen, why am I here? I'm not stood here until midnight tonight, until midnight last night or 11 for my own sake. I'm fine. I'm here for my two sons. I'm here for all the young people in my district that I want to keep in my district. I do. Unfortunately, we see them leaving, and it's heartbreaking to see. I'm doing it for the seniors, in my constituency, like the Member just said, who had to pay \$50 to go see a nurse practitioner. I'm doing it for the cancer patients. I'm doing it for the people who need it most.

That's why I'm stood here and that's why — like I've said before, the very first hitch I ever did on an oil rig was 76 12-hour night shifts straight. I have nowhere to go. This is my job. This is my passion. This is where I want to be. I really, really want — I know everybody seems like they're digging their heels in sort of thing. It doesn't have to be that way. It doesn't have to be that way and listen, I know we can be just as guilty of it, but it don't have to be that way. This should be an honorary House of robust debate — robust debate. That's why I love when somebody on the other side gets up and gives us their point of view. It's important. Your voices on the other side are just as important as us and vice versa.

So when somebody new gets up with a different perspective or point of view, it means a lot. It doesn't just mean a lot to me, but it means a lot to the entire province. So I would encourage Members on the other side to please get up and give us more of a point of view of where you're coming from and why you think this bill should be passed today. I would love to hear it, I truly would. Who knows, maybe I could learn something and my ears are always open to learn something and I look forward to learning something.

People out there are worried about their jobs as well in the health care. If we put this all into one health authority, that's fine, but there's tension out there. There truly is. People want to know exactly if their job is going to become redundant, if they're going to have to move to keep their job — it happens — and some of these questions need to be answered. Again, I think this would have been a great opportunity to send it to a Committee to answer some of these questions. It's truly important.

Our health care professionals, whether it be backroom or front-line professionals, they deserve the respect of honesty, integrity and transparency as well. So I would love to give them some answers about what's going to happen to their future and their

careers in the future of health care right here in Newfoundland and Labrador. I mean, we've had a CEO in Central Health now who's a good CEO, she truly is, and I have no doubt that she's been doing her job.

But the fact that our CEO hasn't been on the ground, our CEO has been in New Brunswick for all this time – and again, it's nothing against our CEO. I think she works hard, I think that she's definitely filled the boots as she needed to, but she's already quit once and they kept her on and she's been in New Brunswick all of this time. What are we looking at, is it two years or one year? It's two years now, I guess, she's been in New Brunswick. We've been pleading with government forever to find us a CEO on the ground that can deal with the front-line issues that we have out there.

I don't know about anybody else's district, but I have doctors in Grand Falls-Windsor who have become locums themselves. They have left Newfoundland on a rotational basis to go to work somewhere else to make more money and come on back here and do their stint at home as well. I think we can do better. I know we can do better. The closures of the ERs across the province, it is mind-boggling. I know, again, we go back to the bill and I asked some questions yesterday about what specifically this bill is going to make better about health care tomorrow – specifics.

We talk about a Committee. If this bill is brought to a Committee where Members can sit down, without any cameras, without any pressures of the outside world and can truly go through this and can add insight to what may be lacking, that would be great. But I think the biggest thing, if this went to a Committee, is the Committee could break it down, strip it down, take it section by section and explain it to the rest of the province exactly what the plan is. That's the biggest thing right now.

You cannot say as government: trust us; we have your best interests, no doubt about it. In order to gain the confidence of the people and the trust of the people outside of this House, we need to ensure that they know exactly what's going on with this bill. I don't think there are a whole lot of people here after five days can tell us exactly what this is going to do specifically to make our province a better place for patients, for health care workers tomorrow, a year from now, ten years' from now; I think it's a missed opportunity. I do.

If you want to sell me something, if you want to sell the people of the province something, well, present it in a way that makes sense. Taking it into a technical briefing without any real hard-copy notes and expecting us to come in here on that afternoon and vote for it – or the next day or three days later or here we are today – is absolutely ludicrous. It is not good enough and I don't think that's the way bills have to be, especially for something as big as this.

One last thing, Chair, before I sit down. I'm thinking about the Lionel Kelland Hospice. Of course, the Lionel Kelland Hospice in Grand Falls-Windsor will be the first community hospice in Newfoundland and Labrador. We are the only province without one right now; it's scheduled to open in June. I am assuming this will fall under the one health authority. I would like to know about funding. So far, the people in all of Newfoundland and Labrador and from abroad have given so much money to ensure the Lionel Kelland Hospice is open so people can die with dignity. I'm just wondering, after all this fundraising, is the next community hospice going to open up somewhere with more funding, after the folks in Grand Falls-Windsor and surrounding areas did a great job in opening that hospice in June.

So that will be a question that I have moving forward. Again, I'm here for the long haul. I will not back down on this bill until we get a better idea of where it's going.

Thank you, Chair.

**CHAIR:** Thank you.

The Chair is recognizing the Member for Topsail - Paradise.

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

Good discussion, good debate. I want to speak to – I think most in the House probably realize it and some may not. Certainly, I would think some of our viewers are not familiar, but before this bill gets here, before it lands on our table, there's a fairly meticulous process that happens. Government or Cabinet would determine, based on reports and consultations that are happening and different things within their jurisdiction – they'll say we need to address this, we need to change this, we need a piece of legislation and they determine what they need to put forward or table during a sitting of the House.

So once that comes up, once you're told that we need to look at combining the regional health authorities into one umbrella group, it's handed off to staff within the appropriate department. I know, having worked with government and having been on that end of it and knowing the people out there, they're a very qualified staff who do that.

There is a process for what a Cabinet paper would entail before you get to a point where Cabinet says, yes, this is what we want. That process will go through a document that would provide background on the issue, basically telling you why, where did it come from that we need a provincial health authority. Talk about the need, talk about why it's there and maybe even talk about the expected outcomes, which is a big piece of this.

The whole analysis that would entail from there is fairly meticulous; you'd place a gender lens on this piece of legislation. There would be a financial lens. You'd look

at the financial implications, anything to do with the budget on this. Environment issues would be looked at, of course, legal and privacy. So there's a whole array of different lenses that would go on this piece of legislation or any piece of legislation in preparing it. There would be a jurisdictional review. You would look at other jurisdictions and see what they are or are not doing in respect to the legislation you're trying to present. It may be a brand new piece of legislation. But you also include in that paper who might be affected by this piece of legislation, as well as who has been consulted, who needs to be consulted.

So my point is, with a piece of legislation, there's such an array of checks and balances that occur before that piece of legislation lands on our tables here. It's quite a piece of work. As the minister alluded to, they've been working on this for months and I don't disagree. Having been there, yeah, some legislation could be done quickly, some will take months.

Then, within that department, it's vetted through assistant deputy minister, deputy minister and the minister. You sit down with the staff, you go through your paper, you go through and answer all the questions and make sure everything's done. That may happen a couple of times. That document, as well, is circulated to every other department. Every other department should have a look at that. They would look at it from the point of view of their mandate. They will look at it and say, okay, can you have a look at this, respond back within a week or whatever time limit. Some will say it doesn't affect my mandate. We have no issues.

Other departments may raise a few red flags and say, hang on now, you're doing this but it could affect this or it could affect this legislation. So it's vetted through quite the process and it takes a lot of time and effort to do it. I know I've been on the other end of it. I've sat down in those meetings and I've told the minister of the day:

Minister, here's the situation, here's how this lays out, here's what's happening. The minister may say I don't really agree with that, but again, as a senior bureaucrat, you're there to advise and give the information. Whether they agree with you or not becomes their decision. So it's a whole process.

But we've come and we will accept that there was an oversight here somewhere in the process that ended up with proper consultation for the Office of the Information and Privacy Commissioner not being, I'll say, properly consulted because there was some back and forth, but it was late. So it raises a red flag for me because of how meticulous the process is and how it gets there.

I almost default to, well, okay, how do you have an oversight like that unless it's been rushed? We saw with the Medical Act legislation, recently, a similar issue there. We saw a similar issue there in that the Newfoundland and Labrador Medical Association wasn't consulted. And this is surprising me because I'm familiar with the process that takes place and it's difficult to think that such groups would be overlooked.

Again, we talk about this bill. We talked about the letter from the Office of the Information and Privacy Commissioner, but we have not yet spoke to the letter from the Newfoundland and Labrador Medical Association, which also raises some red flags.

So we're not disagreeing with the need for this piece of legislation. We just would like to see, especially in light of the oversight, we certainly want to see a little bit more time to go through this on our own, clause by clause, and actually have a Committee outside to have a look at it. The minister has said, he said it yesterday evening, I can't quote him, but I can paraphrase. He essentially said he was willing to stay as long as he can here in this House and

answer any question, clause by clause, until he was satisfied and we were satisfied.

That's a good offer. No doubt about it, but I think we need to take it one-step further. If that's the thought there, why can't we take it away and handle that and go through it and make sure we have the best piece of legislation proper for us? It's not just for us. It's for our people; it's for those out there who need health care.

You know, that's not a lot to ask and we did talk about – I mentioned last night how this recommendation is not one of the first recommendations to come out. There are a lot of other recommendations that we should be addressing and can be addressing before we get to this one and do it right.

In the Oral Questions today when I asked the question on the continuous glucose monitoring device, which is in the Health Accord, the minister, again, responded that the Health Accord was only provided to us in the most recent past, and we all agree with that. Not all will be implemented immediately and, at the end of the day, it is for the benefit of Newfoundlanders and Labradorians. That's essentially what was said. I stand to be corrected, but that's essentially the gist of what we were told today.

I agree with that. That's the reason we were talking about this today. We only got this document in June. We got this document in June. We understand that not everything will be acted upon immediately, but there are issues in here. I think it was in this that we talked to transitional structure that's creating – that the Health Accord talked about creating these structures needs appropriate time and careful attention. That's what we're asking for here.

We're asking for careful time and appropriate attention. That's what we're asking for here. This is not what we would call housekeeping legislation that we can

agree on and move along and see it as the regular changes to legislation. This is the cornerstone of where our health care is going. We all agree that we need to construct a better foundation for our health care and come out with better outcomes, because that's how this is driven.

Again, the process to get here is so meticulous. There's really not a good reason why we can't pull this back, why government can't pull this back and let's lay it to the side, have some proper talk on it between the people here that have not yet really had a good look at it. That's all we're asking for.

Thank you, Chair.

**CHAIR:** The Chair recognizes the Member for Mount Pearl - Southlands.

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

Glad to have an opportunity to speak again. Mr. Chair, I have to say that you know that this is an important bill, and it's been said many times in this House of Assembly, this Bill 20, I would argue it should have been Bill 1. Because Bill 1 is normally your most important, your signature piece. Arguably, this is the most important bill that's come before this House of Assembly in a long time and maybe a long time to follow.

It's easy to tell because when you look at the level of engagement that I'm seeing from the other side and everybody there sitting in their seats and listening attentively and contributing to the debate, you can tell that everybody feels, on both sides, they understand the importance of this debate on our health system.

One of the things I want to raise, and the minister raised this yesterday, actually, which I thought was a very good concept. It's something that I've certainly talked about in the past and I've wondered aloud and I've talked to officials in the Department of Health.

One thing that the minister indicated would happen, I'd love to get his feedback on this and I know he's listening there attentively, is the whole idea about – he said because we'll be under one health authority, that means if I wanted to see a specialist say in Corner Brook, because I had to wait two years to see one in St. John's, now there might be an appointment in Corner Brook, that I could drive to Corner Brook on my own dime and see that specialist maybe in six months, which is a great idea.

I've actually had people in the past, I've contacted Eastern Health in the past, even within that health authority to say: I have a constituent, for example, who needs to get a CAT scan done, or whatever, and they have to wait two weeks to get it done at the Health Sciences, but you find out that if you're willing to drive down to the Burin Peninsula, as an example, you'd get done tomorrow.

I questioned at the time with the department, well, that's the way it should be, shouldn't it? Why wouldn't we have that system? Why wouldn't it be a case of, when they say to go book a CAT scan in Eastern Health, they say, okay, Mr. Lane, you need a CAT scan and they give me the options: Health Sciences, two weeks; Carbonear, next week; down on the Burin Peninsula, you want to drive down there, you get it done tomorrow. If you're willing to do it, because perhaps we're bombarded at the Health Sciences, perhaps at one of the other places it's not really busy, so you have the equipment and you have the staff that are not that busy and they could get it done. It would make a whole lot of sense.

Now, I was told that unofficially, so to speak, tell them to go down to the Burin Peninsula to get it done, but we can't give the patient the option, as you're suggesting, to say go to the Burin Peninsula to get it done, or go to Carbonear hospital to get it done. I said well why can't you give them the option? I don't understand. If the option is there, you can tell them under your breath but you

can't make people aware of these options, why wouldn't we do it?

The reason I was given why we couldn't do it, and that's why I'd be interested to see how it would work on a provincial-wide system, because I actually think it's a good idea. It makes a lot of sense, but the reason why you couldn't do it – at least why I was told and I'd like the minister to clarify – is they said it would come down to you could get human rights complaints. I said what do you mean by human rights complaints? Well, because you can afford to get aboard your car and drive down to the Burin Peninsula to get your CAT scan done, now someone who's on income support says, well, I want to get a CAT scan done, I want to get mine done on the Burin Peninsula because I don't want to wait two weeks either. Now the government has to pay. Are we going to pay a taxi to taxi someone down to the Burin Peninsula to get their CAT scan and taxi them back again?

So you'd be into this situation where people who – while it might seem simple to say I'm willing to absorb the cost, which I'm sure many people here would. If you need to see a specialist and they say, b'y, you could see a specialist in six months rather than two years, drive to Corner Brook. You pay for your own gas, you pay for your hotel yourself, but you get it done. Many people would jump on that. I would.

But if somebody doesn't have the means to do it, then the argument is I'm being discriminated against because I can't afford to drive to these places, now the government have to pay for me and if they don't, it's a human rights issue.

Now, that's what I was told a couple of times when I looked into it by people within the health authority in Eastern Health. I was told by the person that's why we can't explicitly give you the option to go wherever, because then you set up a situation of those who can afford to do it on their own dime,

can avail of it and those who can't say, well, I'm being discriminated against.

So I don't know if that still would be an issue here or how the minister would see how that would work because he's the one who gave the example last night about the fact that if it was one health care authority and you need to see a specialist, I think was the example he said, that I could go to Corner Brook maybe and see a specialist in six months rather than wait two years to see one in St. John's.

I would like some clarification on how this sort of works with the whole concept of human rights and discrimination where people who can afford to drive places on their own dime versus people who can't. I don't know how we get around that or how that would work, but I would like some commentary on that.

Mr. Chair, I'm not going to get into all the issues with the Privacy Commissioner again. I've done that a number of times, as have others. We all know what those issues are.

One of the bigger issues for me, and this was the Member for Port au Port, I believe, raised it last night as well, it was the idea of this quality council. That really is still – and I'm not sure if that's being addressed. I don't think it's being addressed in the amendments either that the minister is making, the idea of the quality council.

Because the idea of the quality council based on what Health Accord NL – what they envisioned was an independent body even having the head of that office as an Officer of the House of Assembly. So they could be upfront and honest, tell it like it is and have the protection of the legal framework to protect them in doing their job. Because when you think about it, wouldn't the whole concept of this quality council, wouldn't you want it to be a total independent body that could say – and I just use long-term care as an example. I use

this just as an example because it's a hot topic right now. It's been a hot topic way before now because we know all of the petitions that certainly I presented here and I was told by the former minister of Health that everything was fine in long-term care. Well, now we're starting to hear more horror stories. We were hearing them back then, too, but now we're acknowledging them.

But I look at long-term care, as an example. Wouldn't we want this quality council to be able to come forward and say, listen, tell the government, tell this House of Assembly, tell the public we have a major problem in long-term care? These are all the issues that are happening. We are hearing all of these horror stories. We don't have the staffing. There are seniors that are being tied down in chairs with Alzheimer's and dementia and they're being given all of these medications because there are not enough people to look after them. They're not being cared for properly. There's abuse happening. All of these issues.

Wouldn't we want to have a system whereby this independent body could report on that and let us all know so that the public are aware of what's going on, the House of Assembly is aware of what's going on so we can fix it?

Under what's being proposed here, as I understand it, the quality council would just simply take the report and give it to the minister. End of story.

**AN HON. MEMBER:** Keep reading.

**P. LANE:** I say to the minister, who I do have a lot of respect for over there, if I need to keep reading then you can stand up and read it. I say to the minister, you stand up and read it. You're in Cabinet you should have read it.

**AN HON. MEMBER:** I did.

**P. LANE:** Good. Well then tell us all. Tell us where we have gone wrong. You can tell us –

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

**P. LANE:** No, you can stand up when it comes your turn and tell us where – as a matter of fact, stand up now. My time is up.

**CHAIR:** Order, please!

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

The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Thank you, Chair. I was expecting someone else, but that's fine.

Chair, it's certainly an honour to get up and speak on this motion, on Bill 20 as well. I go back to when I started the other night and I had said that I was on council in Bay Bulls at one point and had to make a motion. In order to talk to a motion, you had to get a seconder. So I got a seconder and made the motion. I don't even know what the motion was now, but we sat there for, I'm going to say, a half hour to an hour. I listened to all the people that spoke, same as you do here, everybody gets a chance to get up and speak and put their opinion on it and where it's to.

After about an hour, it came back and I listened to what all sides had to say on it. When it came to vote on it, I voted against the motion that I made. Now, that is a bit strange to do that but – and that's what I'd like to see this House do sometimes. I'm not saying vote against your motion, but we've sat here and we've talked on all kinds of bills. Sometimes we make a good motion over here and we sit down and talk about it, it makes good sense, but we'll never go and vote for it. You'll make a motion, you make an amendment, you put it in and then you vote down the motion because you didn't come up with the motion or come up with the idea.



So I think that we have to be a little more co-operative in that – collaborative I think is the word when we first started here, everybody getting along and doing it. That would make sense to me. If we made a motion or you made a motion or come up with something, that we sit here, as 40 people, to try to make things better and we just don't want to see them ever break down and give in to it. It just gets annoying, at a point in time that it is embarrassing. Okay, I might make a motion and I vote against it. You vote against your own motion because you hear different and better ideas or something that can help, not make it all the better good but something that would help the bill along.

It don't ever happen in here, never. If you don't come up with it, it's not a good idea. We know we toe the party line, we vote and that is the way it goes every time. It has never gone any other way in three years that I have been here. So that, to me, is not co-operation and collaboration and working together.

I got a call today from a person in the Goulds. They had lost their family doctor. I think he was on *Open Line* this morning, but I didn't get to here it because I was in a meeting. They lost their family doctor. Their family doctor is wore out, he said. He is younger then he was, he was 45; he was younger than him and the doctor was wore out. So he said they got on – him and his wife – the phone and tried to find all the doctors they could see in the phone book that they could try. They couldn't get one family doctor; everybody was full.

So one of the points I make is that if a doctor has 1,000 patients, to me – now, somebody could tell me something different, I don't know the reason for it. They have 1,000 patients and are not taking any more. Why can't they have 1,500 or why can't they have 2,000? If I can't get in for three weeks, well that's not the doctor's problem. He has 2,000 patients so I'm going to have to wait three weeks or six weeks to get in but at

least I'll get an opportunity to get in no matter how many patients he has.

But they seem to limit their number of patients, and there is probably a reason. I don't know the answer to that one, but I sit back and I think, well, what's the difference between 1,000 patients and 1,500 and 2,000, or whatever the number is, and why can't they just leave you on the list and if you phone in, they're going to tell you in a month's time you have an appointment, well, at least you got an appointment. For some reason, I can't understand how that don't work.

I had a gentleman the other night and he never went to a doctor in seven years, which is great, but he still had a family doctor. He goes in and they tell him he's not a part of having a family doctor anymore in there. They thought he went somewhere else, because he wasn't sick. He didn't do anything. They could have left him on the patient list but, no, he doesn't have a family doctor.

So I'd love for the minister to be able to – of course, that's probably the doctor's priority or prerogative to keep how many patients he wants, but it just doesn't make any sense that they do that.

All this Bill 20 that we're talking about, let's see what it's going to do to help improve health care right now. That's what we're looking for, the improvements to help people in this province right now, and that's where we're missing. This is probably going to help, no doubt, in the long run over a period of time, but we need help right now. That's where we need it.

Every MHA in here will deal with home care workers and people trying to get home care for their parents or some family member. What happens – I had one last year that their own family member was looking to take care of their mom who was 91. She didn't want anyone else coming in the house, and we all know we have people like

that. You have family members that probably could go help look after – they're doing their own thing in their own life; they're retired. But if they had an opportunity, they're going over there to take care of their mom or dad – and we expect them, if there are three or four kids in the family, that they're going to take care of their parents. Well, sometimes that can't happen. Sometimes it can and they probably can be compensated for it, to be in there.

They're going to hire someone else that lives down the road to come up and take care of their mom, and their mom don't want help. They need help, but they don't want someone else coming in their household, and you can understand some people like that. But we can't sit here and try to look at some of the legislation that is there to help that, to make that better, because we had somebody that screwed the system along the way, and we can't let somebody in our own family try to go in and help them and take care of them. That's exactly what happened. The whole system is shut down because somebody else fooled it up. It's wrong in the wrongest kind of way.

We go back to this person that I spoke to today of the family doctor. They went to a walk-in clinic. So when they went to the walk-in clinic – which, when he called me, I thought it was so funny. They went to a walk-in clinic and they had to make an appointment. They went down and they told him he had to make an appointment. I don't know what the purpose of a walk-in clinic is when you have to go make an appointment.

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

**L. O'DRISCOLL:** We laughed together. We did laugh together. So here he is going down to a walk-in clinic and they told him he had to go back and make an appointment.

This is what we're talking about. How is all this stuff that we're trying to do in Bill 20 going to help this system? Can we go down

and fix and say, okay, if you're going to take 30 people, they haul in the parking lot, they take a number, they're taking 30 and the rest can go home because they're not getting served – it's a walk-in clinic. But to go down there and tell them they have to go make an appointment to go into a walk-in clinic makes no sense whatsoever.

First, he tried to call doctors and he couldn't get any. Then he went to a walk-in clinic and they told him he'd have to make an appointment. We both sat there and laughed and his wife – they were on speakerphone and had me on speakerphone, and that's exactly what happened.

They're the kind of things, I think they're – I'm not going to say they're small things because they're not. But they're things that we can fix in the system to improve the system to make the system better so these calls can go away. Let's work on the small things and the little things that can make these problems – they end up being bigger problems, obviously – to make them go away. Again, we come in here and do legislation – that, to me, would be concrete legislation, to change something to make something better. Doesn't come up.

We made calls to the ministers, whatever minister it may be that we have an issue with, and they try to help as best they can, and then you get another call from another MHA that's trying to do the same thing. Well, you might sit back and go speak to the people that work in your departments to say, how can we make this system better – how can we make it?

The Minister of CSSD, the Minister of Health, minister of wherever, speak to the people in your system and say: What can we do to make your job easier and make some of this stuff go away? How can we do it? Because that's what we got to get to.

When I first came in here, COVID was on the go and we were talking about how we

were going to work through it in the schools and all that, and we go back and everybody is trying to make rules. Ask the people that are in the schools. Same thing, we have the issue this year – and this is where I'm going to with Bill 20 is that it's up for discussion.

We ask questions this year on the substitute system. Who better to ask than the substitutes? Not a minister going in making rules who doesn't speak to anybody to get it done. It's not working properly. Everybody here – probably not everybody, but a good many here are getting calls from substitute teachers on the same thing. It's based on legislation, based on the rules that they have put in there to try to fix this. I think you call it SmartFind. I think it's 'DumbLost,' how it's working. It's unbelievable how it's working. It's just not working.

We have to get to the people who are using this system to try to make it better. Let's improve it. Talk to the people who are working in your departments to get and improve the systems to make these jobs easier and make these rules easier for people to do, to employ and just make life better for everybody. That's where I think we should be to. Improve the legislation and get it out here so we can discuss some important things.

I see my time has run out. I thank you so much, Chair.

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

**CHAIR:** Thank you.

The Chair is recognizing the hon. the Government House Leader.

**S. CROCKER:** Thank you very much, Mr. Chair.

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

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 tremendous 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 that they have made tremendous progress and ask leave to sit again.

When shall the report be received?

**S. CROCKER:** Now.

**SPEAKER:** Now.

When shall the Committee have leave to sit again?

**S. CROCKER:** Presently.

**SPEAKER:** Presently.

On motion, report received and adopted.  
Committee ordered to sit again presently, by  
leave.

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

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

I call from the Order Paper, Motion 1.

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

**S. CROCKER:** Thank you, Mr. Speaker.

I move, seconded by the Deputy  
Government House Leader, that pursuant to  
Standing Order 11(1) that this House not  
adjourn at 5:30 p.m. today, Tuesday,  
November 8, 2022.

**SPEAKER:** Is it the pleasure of the House  
to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Motion carried.

The hon. the Government House Leader.

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

I move, seconded by the Deputy  
Government House Leader, that the House  
do now recess until 6 p.m.

**SPEAKER:** This House do stand recessed  
until 6 p.m.