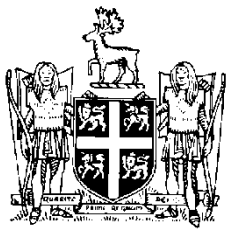

Province of Newfoundland and Labrador

FORTY-EIGHTH GENERAL ASSEMBLY

OF

NEWFOUNDLAND AND LABRADOR

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HANSARD

Speaker: Honourable Tom Osborne, MHA

Tuesday 7 March 2017

The House met at 1:30 p.m.

MR. SPEAKER (Osborne): Order, please!

Admit strangers.

Today, I welcome to our public galleries 10-year-old Wendy Dalton, who is joined by her mother, Patricia, and father, Don Dalton.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Wendy is the subject of a private Member's statement.

As well, we welcome to our public gallery: Mayor Paul Pike of St. Lawrence, town clerk Andrea Kettle, and councillors Ernie Lundrigan, Mike Stacey, Rodney Doyle, Amanda Slaney and Jack Walsh.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: We would also like to welcome to our public galleries: Port Saunders Mayor Tony Ryan and Councillor Peter Kennedy who are in St. John's for meetings.

SOME HON. MEMBERS: Hear, hear!

Statements by Members

MR. SPEAKER: For Members' statements today we have the Members for the Districts of Conception Bay South, St. George's – Humber, St. John's Centre, Burin – Grand Bank, Lewisporte – Twillingate and Harbour Main.

The hon. the Member for the Conception Bay South.

SOME HON. MEMBERS: Hear, hear!

MR. PETTEN: Thank you, Mr. Speaker.

Mr. Speaker, I rise in this hon. House today to pay tribute to the Kiwanis Club of Kelligrews on the occasion of their 60th anniversary. I recently had the pleasure of attending their anniversary dinner celebration. They have worked tirelessly serving the needs of those in Conception Bay South.

The Kiwanis Club of Kelligrews has had a significant impact on the community over the last 60 years. To see an example of its many contributions, one only has to look at the minor softball field located next to the club, and their commitment to the youth of the area is very evident.

With projects ranging from developing the Sgt. Thomas Ricketts Memorial Park and long-time hosting of the annual Santa Claus parade and the infamous annual Kelligrews Soiree; the Kiwanis Club of Kelligrews is committed to bringing the exceptional services to our community.

Mr. Speaker, I ask all Members of this House to join me in congratulating the Kiwanis Club of Kelligrews on 60 years of service to the Town of CBS, and wish them all the best in their future efforts to assist the people in our community.

Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. George's – Humber.

MR. REID: Mr. Speaker, I rise today to recognize Alex Henniffent, a business administration student at Grenfell campus who was recently recognized at the Global Student Entrepreneurs award ceremony.

While only 20 years old, Alex already has seven years' experience as an entrepreneur and is a client of the Navigate Entrepreneurship Centre in Corner Brook.

The Global Student Entrepreneur Awards program is designed for undergraduate students who own and operate their own businesses. Young entrepreneurs can learn to promote their business and its value proposition by competing with other business owners.

Participation in local, regional and online competitions will result in worldwide media coverage for the entrepreneurs and their businesses. Students can also meet and benefit from the experience of fellow entrepreneurs, the VIP judging panel and industry representatives from the Entrepreneurs' organization.

Alex placed first in the Atlantic Canada's region of the international contest series for 2016-2017. The value of the prize he received was $30,000, which includes transportation to Vancouver, a trip to anywhere in North America, business training, a website creation package and $5,000 in cash.

Mr. Speaker, I ask all Members of the House join with me in wishing Alex well in his future endeavours and congratulating him on this prestigious award.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

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

MS. ROGERS: Thank you, Mr. Speaker.

Many people are doing wonderful work in my District of St. John's Centre and today I recognize Susan Gillingham.

Susan is the pharmacist owner of Shoppers Drug Mart on Lemarchant Road, one of the largest methadone dispensaries in the province, serving over 270 patients.

Susan is participating in a fantastic study aiming to increase access to HIV care. The APPROACH study is led by a team at MUN's School of Pharmacy. APPROACH stands for: Adaptation of Point of Care Testing for Pharmacies to Reduce risk and Optimize Access to Care in HIV.

Clients request a test verbally or discretely on a piece of paper. The screening test is similar to a blood-glucose test with a finger prick and results are ready in less than two minutes.

Susan and her team have received extensive training in not just the physical aspects of the testing, but also in counselling for delivering test results in a safe and caring manner. Positive results come with a bloodwork requisition and people receive further testing.

This study is also in partnership with the AIDS Committee of Newfoundland and Labrador. I thank Susan Gillingham and her team for their leadership, improving our community, for their passion and their compassion.

Thank you very much, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Burin – Grand Bank.

MS. HALEY: Thank you, Mr. Speaker.

I rise today to recognize Chief Petty Officer Second Class Scott Osborne of the Royal Canadian Navy. Originally from Little Bay East in my District of Burin – Grand Bank, Scott is now stationed in Halifax.

Scott was in Ottawa yesterday where he was presented with the Military Merit award by the Governor General, Mr. Speaker – an award given to service men and women who have demonstrated dedication and devotion beyond the call of duty.

He has served on six naval ships, including HMCS *Toronto*, which nominated him for this award; has been twice an instructor at the Canadian Forces Naval Operations School; and has been posted to CFS St. John's.

Anyone who knows Scott will be struck by his energy, his positive attitude and his willingness to go above and beyond. His parents Bill and Rita Osborne, sister Gail, brothers Ross and Ron, and indeed the whole family can rightly be proud of him.

I ask all Members to join me in congratulating Chief Petty Officer Scott Osborne on this award. He is a shining example of the more than 700 Newfoundlanders and Labradorians currently serving in the Canadian Armed Forces.

Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Lewisporte – Twillingate.

MR. D. BENNETT: Thank you, Mr. Speaker.

I rise in this hon. House to recognize an outstanding gentleman from my District of Lewisporte – Twillingate, Mr. Victor Baker – better known as Uncle Vic.

On March 3, I had the privilege of attending Uncle Vic's 100th birthday. The celebration started with Victor being picked up by horse and carriage at Pleasantview Manor in Lewisporte, where he now resides. He travelled to the United Church where a full house of family and friends awaited his arrival for a surprise birthday party. The afternoon was filled with stories of Mr. Baker's life, along with song and dance, in which this youthful man could not stay seated, and danced and sang to nearly every song.

Mr. Baker is such a pleasant and caring man. He appreciates everybody and everything. And people love him for that. When asked by reporters what was his secret to living 100 years, he said the key was to watch your diet and stay active. And as a testament to his humour, he told another reporter that the key to being 100 years was being born in 1917.

Mr. Speaker, I ask all hon. Members to join me in congratulating Mr. Victor Baker on his 100th birthday.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. Member for Harbour Main.

MS. PARSLEY: Thank you, Mr. Speaker.

I am honoured today to rise and recognize a special constituent of mine from the District of Harbour Main. In October, nine-year-old Wendy Dalton was selected as Mattel: You Can Be Anything contest winner, which allows young girls to live out their dream career for a day. Wendy chose to be a pilot; a profession that is male dominated.

In collaboration with the Gander Flight School, Wendy was sent to Gander via limo with her mother Patricia and father Don. She was given a tour of the flight centre, was taken through pre-flight checks and shortly after took to the skies above Gander to fulfill her dream.

Working alongside flight instructor, Heather Philpott, Wendy operated the various controls inside the cockpit and learned about the importance of the instruments that keep a plane on course. Once back on the ground at Gander International Airport, Wendy no doubt was elated by the experience.

I believe she serves as an example to young girls everywhere that no matter what profession you choose in life, whether it be male dominated or not, with dedication and hard work you really can be anything.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Before proceeding to Statements by Ministers, we would also to recognize in our public gallery today, Deputy Mayor Todd Strickland and Town Manager Melvin Keeping from the Town of Port aux Basques.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Statements by Ministers.

Statements by Ministers

MR. SPEAKER: The hon. the Member for Education and Early Childhood Development.

MR. KIRBY: Mr. Speaker, I rise today to acknowledge the committed efforts of the Premier's Task Force on Improving Educational Outcomes. The task force was launched in November as one of more than 50 initiatives included in *The Way Forward*, which is our government's vision for sustainability and growth in Newfoundland and Labrador.

The task force includes four distinguished education experts: Dr. Alice Collins, Dr. Marian Fushell, Dr. David Philpott and Dr. Margaret Wakeham.

From January 30 to March 2, public consultations were held throughout the province which included meetings with teachers, high school students, members of the public and various stakeholder groups. In addition, there is

an online option for submissions which will be available until March 20 at www.ptfnl.ca.

Mr. Speaker, the task force is examining the kindergarten to grade 12 education system and considering a number of priority areas in education, including: early learning; mathematics; reading and literacy; inclusive education; student mental health and wellness; multicultural education; co-operative education; indigenous education; and teacher education and professional development.

The Premier's Task Force will provide recommendations to assist government in developing an Education Action Plan which will guide and support 21st century learning and educational opportunities for students in Newfoundland and Labrador.

Mr. Speaker, as a government, we are committed to providing the best possible education system for our students and we will continue to work collaboratively with our stakeholders to improve student performance.

I ask all hon. Members of this House to join me in thanking everyone who has taken advantage of the opportunity to share their opinions during these consultations, and also in recognizing the members of the task force for their dedicated work.

Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Conception Bay East – Bell Island.

MR. BRAZIL: Thank you, Mr. Speaker.

I thank the minister for an advance copy of his statement. I would also like to acknowledge Dr. Collins, Dr. Fushell, Dr. Philpott and Dr. Wakeham. I've had the pleasure of working with some of these individuals in the past and I hold their experience in the highest regard.

While I have a great deal of faith in the task force, the same cannot be said for the group to which they will report. I would hope the Minister of Education will listen more intently to the task force than he did with other stakeholders such as the NLTA, the association of school councils, administrators and teachers, parents and students as it relates to improving education in our province.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. John's East – Quidi Vidi.

MS. MICHAEL: Thank you very much, Mr. Speaker.

I, too, thank the minister for the advance copy of his statement. I'm delighted to acknowledge the task force, in particular, for their efforts. They've had a huge task to perform and they have a long road to travel at the hardest time of the year.

I'm very much looking forward to their report and have great hopes, but I urge the minister once he has received the report, to work closely and work with all stakeholders in ensuring that all the task force's recommendations get implemented. I trust what they're going to say.

Thank you, Mr. Speaker.

MR. SPEAKER: The hon. the Minister of Advanced Education, Skills and Labour.

MR. BYRNE: You got that right.

Mr. Speaker, I would like to inform this House of a far-reaching advancement that our government believes will have a very positive impact on post-secondary education in our province and on the economy of our province.

At the end of February, I was very pleased to join the Premier at the College of the North Atlantic's Corner Brook campus to announce the establishment of a new Workforce Innovation Centre. This is an extraordinary development, made possible by $1.8 million in funding from the Canada-Newfoundland and Labrador Labour Market Development Agreement.

The Workforce Innovation Centre will fund a variety of initiatives to help create sustainable employment and serve as an incubator for new

ideas and projects that will help our province prosper. Eligible organizations, Mr. Speaker, such as municipalities, Indigenous organizations, and post-secondary education institutions, can and will apply for funding following a public call for proposals later this spring.

In *The Way Forward*, we commit to have College of the North Atlantic and its 17 campuses serve as local and regional economic generators and hubs. This centre represents a giant leap in that direction. By harnessing the renowned creativity of Newfoundlanders and Labradorians, we can, as the Premier said, set our province on a new path of discovery.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Conception Bay East – Bell Island.

MR. BRAZIL: Thank you, Mr. Speaker.

I thank the minister for an advance copy of his statement. The Workforce Innovation Centre is a very positive initiative which we all hope will produce positive results for the people of our province. This is an initiative that was worked on heavily by the previous administration. I'm pleased to see the partnership with the federal government came to fruition.

The Canada-Newfoundland and Labrador Labour Market Development Agreement can only be truly successful when a government actually focuses on the province's economic climate and recognizes that fostering an environment for sustainable employment and innovation is a step in the right direction.

At a time when the Liberal government has done so much to discourage economic growth in our province, it is nice to see something that offers our communities and young people a glimpse of hope.

Thank you, Mr. Speaker.

MR. SPEAKER: The hon. the Member for St. John's East – Quidi Vidi.

MS. MICHAEL: Thank you very much, Mr. Speaker.

I, too, thank the minister for the advance copy of his statement, and this is great news. I'm really glad to see it. It will definitely help our growing unemployment issue which, as we all know, is a serious problem.

I have one – it's not so much a concern, but a question to the minister because it wasn't clear to me. Is this a one-time grant? How many years is this going to cover? What is going to sustain this centre over many years? That wasn't clear from his statement.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Further statements by ministers?

Oral Questions.

Oral Questions

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. P. DAVIS: Thank you, Mr. Speaker.

Mr. Speaker, the Premier hand-picked a former Liberal leadership candidate and a Liberal financial donor to the highest, non-political position in the public service the Clerk of the Executive Council.

So I ask the Premier today: Do you think it's appropriate to have a politicized Clerk of the Executive Council?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

With all positions, certainly within government, what's important is we get the right people that can do the job, Mr. Speaker, and the person that we have in place right now has a very stellar record. As a matter of fact, he had a lengthy career in public sector workforce in this province, Mr. Speaker. Mr. Coffey, for those that would know him as the current Clerk of the Council, the head bureaucrat in our province is doing a great job on behalf of Newfoundlanders and Labradorians.

Mr. Speaker, one of the most encouraging things that I know since I became Premier of this province is the number of Newfoundlanders and Labradorians who unselfishly are stepping up to key positions in this province to help work with us through the current situation that has been left by the previous administration, a record of mismanagement and poor planning, I say, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. P. DAVIS: Thank you, Mr. Speaker.

As we all know, the Clerk is supposed to be the most senior, non-political office in government. This is another backtrack on the Liberal's promise to take the politics out of appointments.

So I ask the Premier: Are you and your Clerk, Mr. Bern Coffey, attempting to politicize the public service?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

For the question there, I would say to the Member opposite, not at all. What we're trying to do, Mr. Speaker, is get this province back on track.

SOME HON. MEMBERS: Hear, hear!

PREMIER BALL: We're very fortunate that the former Clerk is now working with the Newfoundland and Labrador Housing Corporation doing a great job, Mr. Speaker. So this is not about replacing people or putting people there for political reasons. This is about making sure we have people that can actually do the job that we've asked to do.

Again, I say, Mr. Speaker, it's about people that are willing to step up. Step up from very great careers that they've had, both in the public sector and the private sector, willing to help and step up for our province, Mr. Speaker. We've seen it with the new CEO at Nalcor, who has a stellar record. We know that he's making a great difference at Nalcor, and helping us right now in the current situation, as I say, Mr. Speaker.

The Member opposite raises the question here; if you look at your own record, political appointments that they have put into place, like John Ottenheimer who was a leadership candidate just weeks prior to the previous election, Mr. Speaker. They were decisions they made for political reasons.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. P. DAVIS: Thank you, Mr. Speaker.

Just to be clear to the Premier, I'm not questioning qualifications of the Clerk. I'm questioning the promise that this government made, that the Liberals made to take the politics out of appointments, and putting Bern Coffey in such an important position is putting politics in to the most senior position in government.

So I ask the Premier: Can you tell us and identify, explain to us the process that you followed when you hired former Liberal MHA Perry Canning to the Assistant Deputy Minister of Mines and Natural Resources?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

What we've had with Mr. Canning and his appointment, Mr. Speaker, again, it's another example of a Newfoundlander and Labradorian who's now back in our province and willing to step up and support the initiatives that – what we need to do in this province, Mr. Speaker.

When you look at the past, and we look at how far we've advanced this since we've taken government, Mr. Speaker, we need not go back too many years when you look at elections in our province. When Len Simms would one day be the CEO of Newfoundland and Labrador Housing Corporation, the next day he could be leading a Progressive Conservative campaign, and then he'd go back when that was finished and go back into the same position again. Mr.

Speaker, that is politics. What we are doing is not politics.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. P. DAVIS: Thank you, Mr. Speaker.

I heard some of the comments over there, and I just reiterate, I'm not questioning the qualifications of Mr. Canning or Mr. Coffey. My question was what was the process, and the Premier hasn't told us yet.

So I'll ask him this question: Premier, can you explain to us what was the process you followed when you hired former Liberal candidate Lynn Sullivan to the Assistant Deputy Minister of Royalties and Benefits in the Department of Natural Resources?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

Well, once again, Ms. Sullivan had a great record working within an agency or within a public sector workforce within our province. Ms. Sullivan did a great job. Again, I would – if you look at the qualifications, in her case, Mr. Speaker, she came back and took a pay cut to come back and try and help this government tackle the mess that was created by the Members opposite.

I would say, Mr. Speaker, that when you look at the process that we had used in attracting the people to work with this government, it was a much better process that was used by the prior administration. And the former premier himself knows that he reached into the RNC to put his own deputy chief in staff, I say.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. P. DAVIS: Deputy chief.

Well, Mr. Speaker, once again, this is not about qualifications or capabilities of people, this is about the process. The Premier's not providing the information. A very clear question is what is the process they followed? In the case of Ms. Sullivan, it appears she didn't even know what job she was going into after she was appointed. She had to find out.

So I ask the Premier this: Can you tell us what process was used when you hired former Liberal political assistant Tony Grace to the position of Assistant Deputy Minister of Lands in Municipal Affairs?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

Well, to the Leader of the Opposition, you know, I take exception to the fact that we've had people here with long careers within government. To bring someone like Tony Grace, who has been around government circles through the past administration – Mr. Speaker, he worked there for many, many years. It's been a continuous years of service in public sector within this province, I say.

So he's qualified for the job, Mr. Speaker. He stepped up to the job and doing a great job, I would say, in some of the restructuring that we've seen within government.

These are people that have been inside the government for a long, long time. When the opportunity came and the positions were available to them to continue the great work that they were doing on behalf of people, Newfoundlanders and Labradorians, they stepped up to the task and the challenges that was offered to them.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. P. DAVIS: Thank you, Mr. Speaker.

I say the opportunity didn't come, they created the opportunity because it was only last fall that the Premier and his ministers stood and talked about how all the deputy ministers and assistant deputy ministers positions and people they eliminated, very qualified people they threw out,

and then they appointed their own Liberal friends to all these many positions. Tony Grace was no different. While they were terminating others, they were moving him in.

So the Premier still hasn't told us what the process was, so I'm going to ask him again, Premier, if you can identify the process used to hire your former Liberal Party executive member Ted Lomond to the Deputy Minister of Tourism, Culture, Industry and Innovation. Can you tell us what process was used for that political appointment?

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

Well, the process that was used when you go out and you put management people in situations, you look for qualified leaders; that is exactly what you do. You put the best people that you have available to you to go into those key positions.

Mr. Speaker, what I would like to know, in some cases, what process was used by the former administration to actually take some of those very qualified people out of the positions that they were in to.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. P. DAVIS: Thank you, Mr. Speaker.

The question was very simple, and I've asked several times now and we still don't have an answer. I've asked the Premier: What is the process he used to hire these people? He took good public servants out of jobs, people who have served government for many, many years, he put them on the streets, he eliminated them. They talked about all the jobs they eliminated and then they backfilled them with Liberal friends.

So I'll ask the Premier again: Can you tell us the process you used to hire former Liberal candidate Paula Walsh to the Assistant Deputy Minister of Justice and Public Safety?

MR. SPEAKER: The hon. the Premier.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

PREMIER BALL: Thank you, Mr. Speaker.

I have to be honest with you, it's pretty sad in this House today when you look at a woman, a young woman who's had a tremendous service and a stellar record again within the RNC in our province and through Labrador and throughout this province, to even question the fact that she would not be qualified for the job that she's been asked to do, that she stepped up to do. It is a bit disheartening, especially tomorrow when we look at PMRs in this very House when we'll be discussing things like pay equity and so on for young women and women who are willing again, Mr. Speaker, to step up.

The former premier of this province, the current Leader of the Opposition, is willing to question someone of their record, which Paula Walsh has put in place in this province, it is very hard to stand up here and answer a question about an individual who's doing such a great job on behalf of this province.

SOME HON. MEMBERS: Hear, hear!

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Before I recognize the Leader of the Opposition, I hear banter back and forth across the floor. The only individual I wish to hear from is the individual recognized to speak.

The hon. the Leader of the Opposition.

MR. P. DAVIS: Thank you, Mr. Speaker.

There is a lot of noise coming from across the hall here today. I think they're a little bit sensitive over the line of questioning today.

To the Premier's answer to the last question, not one time today have I questioned the qualifications of any of these appointments. I've asked repeatedly what the process was. The

Premier wants to try and grandstand and make it about qualifications or questioning someone's background. It's not about that, I say, Mr. Speaker. It's strictly about qualifications.

I'll ask the Premier this because he has not yet told us once what the process he used was. He campaigned on taking the politics out of appointments – his words: taking the politics out of the appointments. Their signature bill was about taking the politics out of appointments.

So I'm going to ask the Premier, you appointed a long-time, Liberal, strong supporter with very close ties to people within the Liberal Party, a former political staffer, Carla Foote, to the most senior communications position in government.

I'll ask the Premier: What process did he use to appoint Ms. Foote to the most senior communications, non-political role in government?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Wow – thank you, Mr. Speaker.

When you think about that position and who was actually filling that position that Ms. Foote is now into, I find the line of questioning rather bizarre in some ways.

Mr. Speaker, I want to go back to one of the questions that was asked about Mr. Lomond, Ted Lomond. In that particular case we had – in many of the cases that I talk about here, there were vacant positions that were available for people to step into. So, Mr. Speaker, it was as simple as that.

It's important for any government, for any team, to put the best available people that they have around them. That's what these decisions were based on, making sure that we have strong Newfoundlanders and Labradorians in the positions often that were vacant that required good, strong Newfoundlanders and Labradorians to step into these leadership roles.

Mr. Speaker, I'm very proud, not of the work that's being done even today, but also the work that's been done in the past as well.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. P. DAVIS: Thank you, Mr. Speaker.

He did fill a vacant position because the government opposite created these vacancies in these positions by putting long-standing, qualified, hard-working senior executive members of government on the streets.

Mr. Speaker, the Premier has been asked several times to provide the process used to make these political appointments when he promised to take the politics out of appointments. He hasn't answered yet what process was used, so I'm going to ask him: What process was used when he appointed the former Liberal candidate, a long-time party supporter, a significant financial contributor to some of their campaigns, Mr. George Joyce, to the position of Assistant Deputy Minister of Labour Relations.

I ask the Premier: What process did you use to choose Mr. Joyce?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

Well, the former premier, and now the Leader of the Opposition, is asking questions about process. With Mr. Joyce, and I'll go by memory on this, but he was hired by a former – I'm guessing it was a PC government in the '80s, by Minister Blanchard at the time. So the process of him being hired and coming into government was done, you know, many decades ago, I say, Mr. Speaker.

And likewise with Tony Grace, you'd have to ask the former Premier Williams because that was the guy that actually hired Mr. Grace in the beginning.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

PREMIER BALL: So, Mr. Speaker, the former premier is asking questions about a process of people like Tony Grace, or people like George

Joyce. These processes were established a long time ago by the individual hires that he's asking about.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. P. DAVIS: Thank you, Mr. Speaker.

So if I understand what the Premier said, the closest time that it came to a process, the process was that he was formerly hired by a PC government so that made him right for the assistant deputy minister position.

So, Mr. Speaker, I want to ask the Premier this because we've asked this question about process over and over today, given him numerous opportunities to talk about what process he used to make sure that he took the politics out of appointments in all of these positions. There is right now a process going on with government whereby managers and directors in government are competing for restructured positions within the public service.

I ask the Premier: Will the competition that you currently have underway within the public service where people are competing against each other for jobs, will it include interviews or will ministers simply handpick those positions as you've done with all these others today?

SOME HON. MEMBERS: Hear, hear!

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

MS. C. BENNETT: Thank you, Mr. Speaker.

The process for the individuals that have been impacted by the decisions and the announcement we made on February 22 is a process that has been agreed to with the public sector act in mind, in consultation between the HRS department as well as the Public Service Commission.

All impacted applicants are to submit by the end of business on March 6 their applications for positions. Applications should include a recent copy of the employee resume, as well a summary of why the employee believes he or she possesses the necessary educational skills and experience for the position.

Mr. Speaker, the deputy ministers are responsible then to do the screening and make a recommendation on the somewhat, I think 60 to 65 positions that are posted, and we look forward to seeing successful candidates receive those positions.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. P. DAVIS: Thank you, Mr. Speaker.

Well, the names and the positions that I went through today during Question Period is just a small sample of political appointments made by the Premier and his government. They politicized the Clerk, the highest position within government. It's never been politicized like this in the history of our province before; the highest communications position. They are moving to politicize other positions. They politicized deputy ministers and assistant deputy ministers. They're moving to politicize Access to Information, and now they're making efforts to politicize positions in the public service.

I ask the Premier, people of the province do not trust you and your government: Are these moves that are going to instill trust? Why have you broken another promise to take the politics out of appointments when you've made all these very clear political appointments?

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

If you remember, for the people of the province, Bill 1 in this particular Legislature was the Independent Appointments Commission. Where we had Chief Justice Wells, we had Shannie Duff, certainly not someone who is known to be a Liberal, we had Zita Cobb, we had Derek Young and Philip Earle. These are individuals that stepped up to put, for the first time in this province, a non-political appointments

commission. Mr. Speaker, they've done a great job. They've been able to put key people in place; politics completely out of it, I would say, Mr. Speaker.

What we've done, for the first time in the history of our province, is put indeed a very formal Independent Appointments Commission, I would say, Mr. Speaker, and the former premier certainly did not have the courage to do that.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Conception Bay East – Bell Island.

MR. BRAZIL: Can the Minister of Education outline the process used to hire his former running mate as the director of communications position in his department?

MR. SPEAKER: The hon. the Minister of Education and Early Childhood Development.

MR. KIRBY: Mr. Speaker, I don't know what political system the Member – his headspace is in. There are no running mates that I'm aware of in our political system. So I'm sort of at a loss to even comment on what he's referring to. I have no idea what the Member is talking about.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Conception Bay East – Bell Island.

MR. BRAZIL: Thank you, Mr. Speaker.

I should remind you that you were both running candidates when you were a Member of the NDP Party.

In April of last year, the Minister of Education stated that the 2016 Liberal budget would not cause undue hardship for teachers. Well, the teachers have spoken.

Does the minister now still stand by that statement?

MR. SPEAKER: The hon. the Minister of Education and Early Childhood Development.

MR. KIRBY: Thanks for the political history lesson from the Member for Bell Island, Mr. Speaker.

Last year, we implemented a number of changes for a very unfortunate reason, and that's because the previous administration over the course of their term of office drove this province up onto the rocks, raided the Treasury and basically ran for the hills afterwards, and continue today to take zero responsibility for the financial mess that they want the next generation of Newfoundlanders and Labradorians to have to deal with.

We made decisions last year that were very difficult to make. We made them based on the best research evidence available. We had the courage to make those decisions, unlike the previous administration who doesn't even have the courage today to admit responsibility for the mess they made.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Conception Bay East – Bell Island.

MR. BRAZIL: So your courage included cutting 217 teachers out of the education system.

Educators, parents and students have expressed concern about the inclusive education model.

Will the minister confirm that pushing through full-day kindergarten was at the expense of inclusive education resources?

MR. SPEAKER: The hon. the Minister of Education and Early Childhood Development.

MR. KIRBY: Mr. Speaker, at the expense of repeating myself for about the hundredth time, perhaps, there were 73 positions reduced through the teacher allocation formula last year, not the number that – the Member seems to come up with a different number every time he stands here in the House of Assembly.

To a person – I have been to closing in on a couple of dozen schools so far in this year, in 2017. I was in several dozen schools last year. I have spoken to kindergarten teachers and I have spoken to parents. To a person, they have

praised full-day kindergarten. The only person I hear criticizing full-day kindergarten and saying that he doesn't want it is that critic over there.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Conception Bay East – Bell Island.

MR. BRAZIL: This critic over here has never said he didn't want all-day kindergarten. It was this administration who designed the process for all-day kindergarten, but we were not willing to do it at the expense of the rest of the mainstream school system, Mr. Speaker, and the inclusive process.

To quote the minister: We have to make adjustments to inclusion, because if we don't, we will be failing our children.

What are these planned adjustments to the inclusive program?

MR. SPEAKER: The hon. the Minister of Education and Early Childhood Development.

MR. KIRBY: Mr. Speaker, again, I thank the Member for the question he asked me last week. As I said, we stood in Opposition for a number of years calling attention to issues and challenges associated with the inclusive education model that that administration brought in, I believe it was 2009, with zero consultation with teachers and the education sector. Drove it in, imposed it upon the education system, never consulted with anybody, never put in a dime of additional resources.

When we were running for election, the Premier said he would establish a task force to review the education system. That was the subject of my Ministerial Statement today. One of the key areas that they are looking at is inclusive education. We are acting where they failed to act.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Conception Bay East – Bell Island.

MR. BRAZIL: Two-hundred-and-seventeen needed teachers removed from the school system last year, Mr. Speaker.

The minister likes to talk about the past. Well, in the past that minister actually condemned government for failing to, and I quote: invest in new public libraries, stating they are such a crucial resource for families with young children.

Will the minister tell us: What is holding up the release of the consultants that you hired on the closure of libraries?

MR. SPEAKER: The hon. the Minister of Education and Early Childhood Development.

MR. KIRBY: Mr. Speaker, I'm pretty sure the Member was here in the House of Assembly last week when I said that that report was going to be released in the spring. And that hasn't changed since last week when the same question was asked by the Opposition.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Mount Pearl North.

MR. KENT: Mr. Speaker, following Question Period yesterday, the only thing that the Finance Minister could say in response to my questions over and over again was he's wrong, he's incorrect, he's wrong.

So I ask the Finance Minister a simple question: Has any direction on targets for cuts been given to departments?

SOME HON. MEMBERS: Hear, hear!

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

MS. C. BENNETT: No.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Mount Pearl North.

MR. KENT: Mr. Speaker, that's not even believable, and answers like that contribute to

the lack of trust that people have in that Finance Minister and administration.

According to Statistics Canada, 16.8 per cent of people in Newfoundland and Labrador were unemployed in January 2017. That's over double the Canadian average. This government has put the economy into a tailspin with heavy taxes and a lack of a plan, and it has negatively impacted consumer confidence.

I ask the Minister of Finance: Is there any plan to address the negativity and the hopelessness created by you and your government?

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

MS. C. BENNETT: Mr. Speaker, I'm glad to have the opportunity to stand up again and answer a question from the Member opposite who yesterday made a choice to speak about information that he had not validated, he had not had facts. He never picked up the phone and asked me the question, but he saw fit to come into this House of Assembly and provide information to the people of this province that's not based on fact, and by doing so created anxiety.

Mr. Speaker, I would ask the Member opposite to take a long look at the tone of the questions that he asks in this House of Assembly in the context of his contribution today and in the past to the economic realities that our province faces, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

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

MS. ROGERS: Mr. Speaker, last week the Premier said, when referring to Muskrat Falls power rates: In just three years, we will see double. That means people now paying $300 a month will be facing a staggering $600 for their power bill.

I ask the Premier: What measures is the Premier planning now to help homeowners, businesses and institutions prepare for these skyrocketing power bills?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

Well, thankfully someone in this House had the wherewithal to ask a question about what is indeed a very pressing issue in this province.

SOME HON. MEMBERS: Hear, hear!

PREMIER BALL: I'm not expecting the Official Opposition to be asking these questions. I wish they would.

Mr. Speaker, I did say in this House last week about one of the biggest challenges that we will face as a province is the doubling of electricity rates as a result, or mainly as a result of the Muskrat Falls Project.

We've put in many measures already. We talked about the sale of surplus power. We made that commitment for many years now. We lead that discussion when the Official Opposition refused to even go down that road. It took them a few years to get there when they started realizing the impact that this was having.

We're a few years away. We're going to look at whatever mitigating efforts. We know there will be things that will have to be done, Mr. Speaker, to deal with this, what is indeed a pressing issue.

SOME HON. MEMBERS: Hear, hear!

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

MS. ROGERS: Mr. Speaker, the people of the province are waiting for those plans.

Mr. Speaker, Nova Scotia's UARB acted decisively in protecting the people of Nova Scotia from their excessive power bills, just as a regulator is supposed to do.

I ask the Premier: Why won't he give this province's PUB oversight of the Muskrat Falls Project so it can begin to protect the people here in Newfoundland and Labrador?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

Well, the UARB in Nova Scotia – and we're seeing, obviously, lots of interest in provinces like Ontario as well, Currently, right now in our province we are just over 11 cents a kilowatt hour. So we are very competitive as it exists today. We know that mitigating efforts will have to be put in place in the future, but we're not quite there yet.

In terms of bringing the PUB into this process right now, this project is nearly 80 per cent either done or committed to at this particular point right now. So the PUB will have to be involved at some point in terms of rate setting, as they always do. But when you look at the legislation that we've sat through, both Bill 60 and 61, and the impact of Muskrat Falls, with a power purchase agreement that is in place for the supply and purchase of power from Muskrat Falls, there's very little that could actually be done right now because of the measures that have been put in place. We have a contract that is in place with Emera. There is a federal loan guarantee commitment.

So we will be there for the people of Newfoundland and Labrador who deal with this issue.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. John's East – Quidi Vidi.

MS. MICHAEL: Mr. Speaker, a recent Emera document revealed it has a 59 per cent partnership capital in the Muskrat Falls transmission line. I ask the Premier, is this accurate and, if so, what are the financial implications for the people of this province?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

Well, I think that the document that the Member opposite is talking about is some information that was put forward on a blog right now. But when you look at the way the financing was put in place, the structure was put in place by the prior administration, not by me – not by me at all, but by the prior administration and we've inherited this situation that we're currently into. When you look at the Emera investment in terms of the overall project, there are responsibilities. Because it was a prior administration that said for 20 per cent of the project, they would get 20 per cent of the power, Mr. Speaker.

So the final determination on what the percent would be have yet to be determined, Mr. Speaker. And we are very concerned – very concerned – of many missed opportunities for people in Newfoundland and Labrador as a result of this project.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. John's East – Quidi Vidi.

MS. MICHAEL: Thank you, Mr. Speaker.

I ask the Premier: Could the people of this province be on the hook for some of the costs to Emera for the two-year delay in Muskrat Falls and, if so, how much? Because they've paid for the Maritime Link; it's done. What's it going to cost us, that delay?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

The project itself, when you look at the Emera component to it, it's a publicly traded company. As I said, the terms that were outlined in the contract by the prior administration is what they are. As a matter of fact, Mr. Speaker, Emera will get access to power once a third generating station or a third turbine actually starts producing power.

That is kind of where the contract is, Mr. Speaker. One of the astounding things that we see in that contract is that it is the people of Newfoundland and Labrador, because of the contract that was put in place by the prior administration, could potentially be on the hook for overruns on the Emera portion of this project.

SOME HON. MEMBERS: Hear, hear!

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

Presenting reports by Standing and Select Committees.

Tabling of documents.

Tabling of Documents

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

MS. C. BENNETT: Thank you, Mr. Speaker.

On February 22, our government made an announcement about changes to the management positions in government. At that time, I indicated both to the media and to Members opposite in the House of Assembly that when those employees who have been impacted by this change had all been spoken to, I would table a departmental breakdown of those numbers.

Mr. Speaker, I'll be tabling that information today based on the decisions and the announcements we made on February 22.

Thank you.

MR. SPEAKER: Further tabling of documents?

In accordance with the *House of Assembly Accountability, Integrity and Administration Act* I am pleased to table amendments to the Members' Resources and Allowances Rules subordinate legislation to the act. The amendments arise from the recommendations made by the 2016 MCRC and were first approved the House of Assembly Management Commission on February 27, 2017.

The amendments are being tabled in the House as required under the act. As a copy is being distributed to each Member, I ask the Members do I have the consent of this House that these amendments are considered as read into the record?

AN HON. MEMBER: Yes.

MR. SPEAKER: As required, these amendments will be posted on the House of Assembly website and will be brought to the next meeting of the House of Assembly Management Commission for final approval.

Further, in accordance with section 19(5)(a) of the *House of Assembly Accountability, Integrity and Administration Act*, I hereby table the minutes of the House of Assembly Management Commission meetings held on November 30, December 7, 2016 and February 1, 2017.

Notices of Motion.

Answers to Questions for which Notice has been Given.

Petitions.

Petitions

MR. SPEAKER: The hon. the Leader of the Opposition.

MR. P. DAVIS: Thank you, Mr. Speaker.

To the hon. House of Assembly of the Province of Newfoundland and Labrador in Parliament assembled, the petition of the undersigned residents of Newfoundland and Labrador humbly sheweth:

WHEREAS emergency responders are at great risk of post-traumatic stress disorder;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to urge government to enact legislation containing a presumptive clause with respect to PTSD for people employed in various front-line emergency response professions, including firefighters, emergency medical service professionals and police officers not already covered under federal legislation.

And as in duty bound, your petitioners will ever pray.

Mr. Speaker, this is a mater and a very important one that I've raised in the House last year. I've discussed it publicly and I can tell you I met with a number of stakeholders over recent months and look forward to meeting with more to discuss this.

PTSD goes beyond just what the prayers of the petition here are asking for, which is a presumptive clause for PTSD. PTSD is being better understood, better known, a much clearer

understanding of the nuances and what's involved in PTSD, the causes, the response, how people are impacted by PTSD and their families. It's being better understood now than ever before. One of the problems with a personal PTSD is their ability to apply for assistance or to talk about what had caused the PTSD or the workplace stress injury.

Currently, under the rules of the Workplace Health, Safety and Compensation Commission, or WorkplaceNL as it is now, an injured worker, a person who becomes injured with PTSD, especially front-line responders in our province, have to be able to establish what event caused the PTSD. What's known now, more than ever before, is that PTSD is often not caused by a single event but by a series of events or many years of workplace trauma or exposure to significant events.

What the petitioners here are asking for is a presumptive clause for people in those particular professions. As well, what's needed, Mr. Speaker, is not only just the presumptive clause for people in front line but also other people who have the risk and exposure to PTSD in other workplaces.

The legislation should be updated. The legislation should be improved. There should be other actions that government can take to help assist and promote early intervention of those who are regularly exposed to difficult and traumatic events so that the onset of post-traumatic stress disorder and workplace stress injuries can be reduced, better understood by those who are exposed to them, and then reduced lost time and also the impact on the workers.

So, Mr. Speaker, I'm pleased today to table this petition. It's another one I have on PTSD. I have tabled them in the past. I expect to have more that will be looking for other aspects of improvements in legislation to have a positive impact on workers throughout our province when it comes to post-traumatic stress disorder and workplace injuries.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Mount Pearl North.

MR. KENT: Thank you, Mr. Speaker.

To the hon. House of Assembly of the Province of Newfoundland and Labrador in Parliament assembled, the petition of the undersigned residents of Newfoundland and Labrador humbly sheweth:

WHEREAS Members of the House of Assembly are elected to represent the interests of their constituents; and

WHEREAS recall legislation would increase democracy in our province by making Members of the House of Assembly more accountable to their constituents;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to urge government to introduce recall legislation into the House of Assembly.

And as in duty bound, your petitioners will ever pray.

Mr. Speaker, this is an issue that I've spoken about at length in this Chamber in the past. In fact, I presented a private Member's motion just last year, and it read: "BE IT RESOLVED that this hon. House supports the introduction of legislation for the recall of elected Members of the House of Assembly, similar in principle to the legislation in effect in British Columbia, where a registered voter can petition to remove from office the member of the assembly for that voter's district provided the voter collects signatures from more than an established percentage of voters eligible to sign the petition in that electoral district."

So this is not a new concept. It's a concept that has worked in other places in Canada and has worked in other places around the world. I understand the sensitivities associated with it, particularly for Members opposite, but I think it would be – when we talk about the need for democratic reform, I think it would be a step in the right direction.

Recall legislation is not a new idea. It was on the books in Alberta in 1936, in one of the US states back as far as 1908. And it's not a rare idea. Most US states have had recall at some level of their democracy. In Canada, Alberta has had it in the past, and British Columbia has it today. So it doesn't destabilize a democracy. Many would argue it strengthens a democracy.

So given that all three parties in this Legislature have talked about the need to modernize this institution and promote democratic reform, recall legislation seems like an easy step. There's precedent for it. There are jurisdictions where it's working quite well. It's a multi-step process.

For instance, as I mentioned when I read the previous resolution, a petition has to be signed by a specific percentage of the electorate. There has to be a vote on whether to recall the Member, and there are all kinds of checks and balances along the way. So it's not something that could simply be done flippantly or in response to a broken election promise or a bad budget or whatever the case may be.

This would be a positive step in the direction of democratic reform. There are a lot of people out there who would like to see recall legislation of some form come into our democracy. Unfortunately, that private member's motion last year was defeated, but there's a lot of support for it among the public. It's an issue that I'll continue to raise, and I hope other Members in this hon. House will raise as well.

Thank you.

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

MS. ROGERS: Thank you, Mr. Speaker.

To the hon. House of Assembly of the Province of Newfoundland and Labrador in Parliament assembled, the petition of the undersigned residents humbly sheweth:

WHEREAS government has removed the provincial point of sales tax rebate on books, which will raise the tax on books from 5 per cent to 15 per cent; and

WHEREAS an increase in the tax on books will reduce book sales to the detriment of local bookstores, publishers and authors, and the amount collected by government must be weighed against the loss in economic activity caused by higher book prices; and

WHEREAS Newfoundland and Labrador has one of the lowest literacy rates in Canada, and the other provinces do not tax books because they recognize the need to encourage reading and literacy; and

WHEREAS this province has many nationally and internationally known storytellers, but we will be the only people in Canada who will have to pay our provincial government a tax to read the books of our own writers;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to urge government not to impose a provincial sales tax on books.

And as in duty bound, your petitioners will ever pray.

It's rather ironic, Mr. Speaker, when you think that our own writers here in Newfoundland and Labrador, that everybody across Canada will pay less to read their books than the people of Newfoundland and Labrador will. Because we will be – we are the only province in the whole country that imposes a 10 per cent tax on books. It's rather ironic really. It reminds me of – no, I won't go there. I simply won't go there, Mr. Speaker, but it is so incredibly ironic.

Now, it's not only the effect on the people individually in terms of the extra financial burden on books – and again, we have to constantly remind the Members of government who support this that we do have the highest illiteracy rate in the province. We have the lowest literacy rate in the province. But we're not affecting only individuals' ability to buy books, but also we're really harming individual booksellers here in the province.

For instance, Amazon only started collecting the taxes since January 1, when they are importing books, selling books to individual people here in the province. Chapters and Indigo started collecting the second week of January, after

Matt House, who's an independent bookseller here in the province, complained to the Finance Department. But there are still maybe hundreds of retailers who do online sales, who aren't collecting the tax. So that means they are selling the books at a much cheaper rate than our own booksellers are able to sell them here, because they're not charging the obliged 10 per cent tax.

So the Finance Department says no, it's not our responsibility, it's a CRA matter. So our own Finance Department is not doing anything about it, and CRA doesn't have a system through which it can monitor the destination of online sales. So, Mr. Speaker, this is negatively affecting the people and businesses of Newfoundland and Labrador.

Thank you very much.

MR. SPEAKER: The hon. the Member for Conception Bay South.

MR. BRAZIL: East – Bell Island, Mr. Speaker. Sorry to correct you on that.

MR. SPEAKER: My apologies. Conception Bay East – Bell Island, sorry.

MR. BRAZIL: Thank you, Sir.

To the hon. House of Assembly of the Province of Newfoundland and Labrador in Parliament assembled, the petition of the undersigned residents of Newfoundland and Labrador humbly sheweth:

WHEREAS government recently cut vital funding to many of the province's youth organizations; and

WHEREAS the cuts to grants to youth organizations will have a devastating impact on the communities, as well as its youth and its families; and

WHEREAS many of these organizations deeply rely on what was rightfully considered core funding for their day-to-day operations;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to urge government to immediately reinstate funding to the province's youth organizations.

And as in duty bound, your petitioners will ever pray.

Well, Mr. Speaker, we talked about multi-year funding here and it was a good piece of legislation that we all supported, and that we want to move forward as quickly as possible; but it does bring up concerns when only a few months ago, without proper notice, a multitude of organizations, particularly youth organizations, were cut substantial parts of their core funding. And it ranged from 40 per cent to 60 per cent and has had a devastating effect on some of these organizations.

We're hearing some organizations having to layoff some employees, some having to reduce hours of operation, some having to reduce what programs they offer – and we all know, and I attest and I would suspect most Members in this House of Assembly have been part of some youth organization that has received some form of government funding over the years. If it's the Boys and Girls Clubs, if it's Big Brothers Big Sisters, if its Girl Guides or Scouts, or if it's a number of the organizations that particularly service young people in this province, they see the value.

From an economic point of view, the value here, and the business community will tell you, they generate tens of thousands of dollars for the economy because the ratio of the dollar invested in comparison to the dollar that they themselves leverage is, in some cases, 3-1, 5-1. In some cases, some organization leverage 20-1 the money that's put in by government.

So to cut that, not only are you cutting directly that dollar figure but if you can quadruple that, in some cases, that's what is lost to the taxpayers here. That is what is lost to our local economies, particularly all these organizations that are in rural Newfoundland and Labrador. Outside of that, it's the program money, the investment we're getting by the amount of money being put into the economy, but the service is being provided.

If government tried to provide those services, it would be hundreds of millions of dollars. So

we're getting tens of millions of dollars invested in our economy, but we're getting hundreds of millions of dollars of program delivery services. So that's a positive for the people of this province.

So, Mr. Speaker, I do ask that the Minister of Finance and the Cabinet go back. It's a minimal saving, and I mean a very minor saving in comparison; but the impact it will have on young people, the impact it will have on our society, next year, five years down the road and the next generation, it's going to be irreversible. So I ask, go back, reassess this, put back the core funding. If you're going to move that way, it's a good move. Do it right at the beginning.

Thank you, Mr. Speaker.

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

MR. A. PARSONS: Yes, Orders of the Day, Mr. Speaker.

MR. SPEAKER: Orders of the Day.

Orders of the Day

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

MR. A. PARSONS: Mr. Speaker, I would call from the Order Paper, Order 3, third reading of Bill 68.

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

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

I move, seconded by the Minister of Service Newfoundland and Labrador that Bill 68, An Act To Amend The Highway Traffic Act No. 5, be now read the third time.

MR. SPEAKER: It is moved and seconded that Bill 68 be now read a third time.

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

All those in favour, 'aye.'

The hon. the Leader of the Opposition.

MR. P. DAVIS: Thank you, Mr. Speaker.

I'll only take a few minutes today. Yesterday, in Committee, I asked the minister and we had a discussion after the House as well and his answers yesterday, he was going to give some thought to three matters that I raised. One was discussion about why age 22. Statistics reflect ages 16 to 25, so I asked the minister yesterday why not 25 versus 22.

Also, the length of impoundment for vehicles; officials have provided information that the first impoundment would be three days. We know other jurisdictions have seven days. The minister was going to reflect on that too, if I remember correctly. And thirdly regarding impoundment, indication was that impounding of vehicles would only occur when a person has a blood-alcohol content of over 80 milligrams or refuses a demand provided by a peace officer.

So in a case of a person over 22 has a blood alcohol content between 50 and 80, who receives a suspension, my understanding is that in that case the impoundment would not happen; or, if a person under the age of 22 who had a BAC of between zero and 50 milligrams, they would receive a suspension and, in that case, the vehicle wouldn't be impounded either.

Anyway, I just remind the minister of those and ask him if he's got any further information or comments to offer on the legislation before we finalize third reading.

MR. SPEAKER: The hon. the Minister of Service NL.

MR. TRIMPER: Thank you, Mr. Speaker.

I thank the Member opposite for the chance to further comment. Before I say anything further, I'd like to acknowledge again the presence of Patricia Hynes-Coates and Amanda Hynes-Coates who are with us and watching our deliberations with MADD Canada.

As the Member indicated, I did have a good discussion with him yesterday and reflecting back on the discussion and the debate in the House over two full afternoons, two full

sessions, a variety of media, numerous commentary that we've received in our office, I've received personally, it's been dramatic to see that, frankly, the province is telling us that as we move forward with the passing of this bill, that they're looking for as stringent a set of regulations as possible to implement and association with the passing of this bill.

I met with my staff this morning and received assurance that they also have that desire to do same. So what I'd like to offer as an overview comment to the Member opposite is that we have that determination. We will be continuing to work with other jurisdictions to look at the various parameters that he's indicated, plus others, frankly, and we will be looking for the toughest, most stringent mechanisms and mitigation measures that we can apply in association with this bill.

The specifics around his questions – if I could just take a second – in terms of why age 22, it's clear that some jurisdictions – certainly I indicated that Quebec and Ontario do reference this less than age 22. As I indicated in my remarks, it does provide one six years. Assuming you become a new driver you've got six years to be under the scrutiny of a strong environment of separation of alcohol and driving. That's it. We did have further discussion on this point this morning and our staff are going to continue to consider that. At this time, though, our position is less than 22.

In terms of the length of impoundment, and I believe that this question – and the Member can correct me if I've got it unclear – but it was from the perspective of a peace officer and making it clear that when a peace officer encounters an impaired driver, making sure that they've got clear direction.

In speaking with officials this morning, I can provide the following clarification that it will now be mandatory for that peace officer to impound the vehicle on two situations: One is if the driver refuses to provide a breath sample; or secondly, if either the roadside test or a subsequent test back at, for example, a police station indicates that the driver is driving at an impaired level.

There is some discussion still, I will assure the Member opposite, around the aspect of whether or not that level should be dropped to 0.05. And I'm going to assure this House that we will continue to look at this matter and if we can, we will certainly move forward on that point.

I believe that captures the scope of it, but I guess, in summary, I would like to reassure the House that we are determined to make our roads and our highways safe again. By passing this legislation with the support of MADD, and frankly with the support of the entire province, it's been quite overwhelmingly to see the response. I'm looking forward to, in about six months from now, releasing these regulations after a thorough education, a thorough revision of the structures that need to be put in place to move and tighten up the way Newfoundland and Labrador looks at drinking and driving.

Thank you very much.

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

MS. ROGERS: Thank you very much, Mr. Speaker.

I also would like to commend the folks from MADD, and we know that we wouldn't be here today doing this work, were it not for the leadership, the passion and compassion of the people in MADD and the teams that work together in MADD – Mothers Against Drunk Driving.

We know that often, often it is folks in civil society who push us to do the right things. And I'm very grateful for their leadership, for the work that they have done, and for the insistence and persistence, because that's what brings us to do – often we need that push in order to be able to do the right thing and to work together.

Now, yesterday in Committee of the Whole, I asked the minister why the province hadn't looked at implementing the recommendation of 0.05 for the alcohol-blood concentration that MADD had recommended. And the minister had said well, because it's a *Criminal Code* matter. However, we know that in most territories and provinces in the country that there is an aspect of administrative laws for drivers. I'm not exactly

sure, I haven't had a chance to go back to our law, whether or not we have that ability within our province, but I believe we probably do.

The minister responded to me and said, well, no, that's a *Criminal Code* matter; not in our jurisdiction. In fact, it can be within our jurisdiction if it's administered under the administrative laws for drivers, and there are a number of actions that can be taken, if in fact the blood concentration level is over – if we lower the rate as recommended by the Mothers Against Drunk Driver. There is everything from licence suspension from a few hours to seven days, or again, different provinces and territories have other suspension programs for repeat infractions. It could be vehicle impoundments, education and remedial programs, ignition interlocks.

So I would like again for the minister to consider that, to consider looking at the potential under own laws for administrative laws for any infractions that, in fact, we can take that recommendation from the Mothers Against Drunk Driving to reduce the level for blood-alcohol concentration. So I would hope that the minister would consider that, that the Department would consider that. I believe that it is a really good recommendation. All the recommendations from the Mothers Against Drunk Driving are solid recommendations, and I believe this might firm up what we are doing here in this bill.

Thank you.

MR. SPEAKER: The hon. the Minister of Service NL.

MR. TRIMPER: Just a short comment, Mr. Speaker, I'd like to say as I said previously, that I appreciate the suggestions, the recommendations. As I said and I want to assure the House again, we are feeling an awakening in this province in terms of the seriousness of this problem. The level of conversation is such that we realize we need to get tough on this problem. Following an excellent meeting with all senior officials in my department this morning, I can assure the Member of the Third Party that that zeal is there, and we are going to do our best with these regulations to honour the request, frankly, of this House and the entire province.

Thank you very much.

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

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

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

Carried.

CLERK (Barnes): A bill, An Act To Amend The Highway Traffic Act No. 5. (Bill 68)

MR. SPEAKER: Bill 68 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.

SOME HON. MEMBERS: Hear, hear!

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

MR. A. PARSONS: Thank you very much, Mr. Speaker.

I would call from the Order Paper, Order 6, second reading of Bill 70.

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

MR. A. PARSONS: Mr. Speaker, I move, seconded by the Minister for Health and Community Services that Bill 70, An Act Respecting Patient Safety And Quality Assurance In The Province be now read a second time.

MR. SPEAKER: It is moved and seconded that Bill 70 be now read a second time.

Motion, seconding reading of a bill, "An Act Respecting Patient Safety And Quality Assurance In The Province." (Bill 70)

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

SOME HON. MEMBERS: Hear, hear!

MR. HAGGIE: Thank you very much, Mr. Speaker.

I'm pleased to rise in this hon. House today to open debate on Bill 70, entitled An Act Respecting Patient Safety and Quality Assurance in the Province. This bill is actually one of a kind in this country. Many provinces have brought together elements of patient safety through various acts in their legislatures. It includes quality assurance in some, but there is, however, no other province in the country that has a single comprehensive statute with all of the elements found in this bill. Indeed, we have been lucky in some respects to come towards the end of the pack because we've been able to learn from others who've gone before us.

To put this bill in context, I think it would be first important to actually decide what constitutes patient safety. There are many definitions and there's a whole raft of literature, but I think the simplest working definition is that patient safety is the reduction and mitigation of preventable harm in the health care system.

The fact that preventable harm actually occurs is disturbing to some, but effectively every day in this province health care providers engage with the people of this province with the goal of providing them with the best possible care. As a former health care provider myself, I know that providers choose their professions because of a desire to help, not to inflict harm. Indeed, my own profession has its ethos summed up through the Hippocratic Oath, which can be paraphrased as first do no harm.

In actual fact, however, whilst in the majority of cases, patients do traverse the system with good quality care and more often than not favourable outcomes, there are occasions where that isn't the case. Despite best efforts and intentions, patients are sometimes harmed as a result of care that was actually intended to help them.

In Newfoundland and Labrador our health care system is actually administered directly by four regional health authorities, each of whom are responsible for ensuing quality services are provided to the people of the province predominately on a geographical basis, but in the case of some health authorities they assume a provincial or even a super-regional service.

One way of enhancing patient safety is for the RHAs and health care providers to participate in a consistent approach to quality assurance activities. Again, quality assurance may require a little definition but, essentially, it has several elements to it. These activities provide or involve the assessment or evaluation of the quality of care provided. So they're metrics. They process metrics. They look at numbers. They look at percentages of people who have problems associated with disease and try to separate those from folk who would have problems that may be associated with the processes of care.

So it also, therefore, involves the identification of problems or shortcomings in the delivery of care. Unfortunately, the nature of health care and its personal involvement often means that problems with health care actually end up in MHA's offices and on the floor of this House when they would be more properly dealt with by actually going to the front-line providers and managers.

Part of the quality assurance activities is to try and have mechanisms to identify problems with delivery. Once you've identified the quality of care and shortcomings, or potential shortcomings in delivery, you need to then design activities that might overcome those deficiencies like a gap analysis.

Finally, once you've identified where those gaps are and put remediation in place, you then need to ensure that there's some monitoring to keep an eye on your corrective steps. You cannot manage what you do not measure, is a simplistic expression but it does actually help in this context.

In the context of this bill, quality assurance activities may actually focus on reviews of a particular event after it's occurred or it could actually include a broader systems review. And as my narrative progresses, I hope to highlight some of the areas where those would occur but also to emphasize those areas where it doesn't delve. This is not about clinical competence and it's not as much focused on the individual as it is on the system.

The intent to Bill 70 is to actually provide a legal framework for quality assurance activities.

These would be undertaken by the RHAs and the Department of Health and Community Services. It also, therefore, would be a two-way communication.

It would provide direction to the RHAs to achieve that consistency by enabling both the department and the RHAs to set standardized requirements. Those standardized requirements would be around things like reporting, how you actually conduct quality assurance activities and also an element figured prominently, both in Justice Cameron and in the wider literature and societal discourse, which is the concepts and practicalities of disclosing information to patients and their families.

So the bill itself covers four major areas related to the umbrella themes of quality assurance and patient safety, and to do that it's divided into sections. One will be on reporting investigation and release of information, the second will be on quality assurance committees and patient safety plans, the third will focus on a provincial patient safety and quality advisory committee, and the final part will lie around patient disclosure.

The RHAs will be required to report to the department on specific safety indicators. These will be determined from time to time and can be altered in the regulations that will be crafted under the act.

And I'm going to talk a little bit about handwashing, nothing too gory for my colleagues here who are of a sensitive nature in the field of patient care.

AN HON. MEMBER: We appreciate this.

MR. HAGGIE: You may be surprised that I'd pick something like handwashing. You'd think that was a fight that was long since over, but in actual fact it isn't. And of all the things that health care providers and individuals can do to prevent the spread of infection, washing of hands is probably the single easiest and most important. It's something that we're taught as children and grandchildren, yet it's surprising how often it lapses; it's slipped from areas in professional life.

The commonest way of transferring bugs – for want of a better word – viruses, micro-organisms that cause health care associated infections is on the hands of health care workers during patient care. Everyone thinks about wearing gloves but really that isn't always practical and, where it is, there are still flaws with the concept that a single technique by itself produces a solution to the problem.

The cross-infection and infection control literature is very dogmatic. Hand hygiene is still considered the most single important way to reduce health care associated infections, but compliance is poor. People rush, they go from one room to another, there isn't a sink handy. The hand sanitizer dispenser is broken or fallen off the wall, or simply empty from overuse and it gets skipped.

It is actually quite frightening when you do these audits and spray areas of door handles, for example, and phones, telephones. You really don't want to know what's growing in the handset of the average telephone. Stop! You don't want to know, that's right.

Paradoxically even the plug socket, the plug holes in showers and tubs. So really, handwashing and hand hygiene is your final barrier for yourself as well as the next person with whom you interact.

Shaking hands may be very sociable, generally accepted western way of greeting but there are some people for whom that is probably not a good idea.

The results of monitoring of handwashing within RHA operated health care settings would actually become a publicly reported, open, transparent, easy accessible indicator. It's one of many interventions that actually educate, and by educating starts to change behaviour. A lot of people will skip that or forget it simply because of forgetfulness. It's an error of omission, not an error of commission. And it's simply just the busy world in which they find themselves.

Public reporting encourages transparency and accountability and allows people to see the effects of interventions from such processes around quality assurance to see how they're working with time. So the results would then feedback to improve health care worker understanding and compliance, and maybe even

identify deficiencies in current policies. So that kind of information, in addition to others, would then assist the RHAs as those organizations mandated to actually deliver health care with the effectiveness of infection prevention and control and allow them to make future further improvements.

As an aside, this is becoming even more important with the declining effect of antibiotics with other quality assurance issues in the system, the number of bacteria who are developing multiple resistant, becoming so-called super bugs, is actually getting to the point in some jurisdictions where it's going to affect the ability for people to undergo straightforward routine surgery, putting joints in and having caesarian sections and these kind of things. You're going to put the clock back to the 1930s. Handwashing will mitigate against some of that, simple, low tech, very effective.

So as part of the reporting mechanisms, the RHAs would be required to notify the department of specific occurrences and adverse health events. If you had a cluster of infections and notice that your hand-washing numbers weren't right, you may be able to tie the two together. These would then become something that would be flagged at the provincial level – again, awareness and education.

The bill also defined adverse health events in section 2. The logic behind this is again to provide a constant, consistent lexicon so everyone's talking about the same thing. There were reports in 2008 and 2009 as a result of provincial inquiries. There was an Office of Adverse Health Events established, but the definition was not one of regulation or legislation, it was one of usage. I think to have consistent definitions would be very helpful. So the bill and the definitions are actually included in your draft.

It defines adverse health events as "an occurrence that results in an unintended outcome which negatively affects a patient's health or quality of life." It's a fairly standard, fairly well-validated definition. An occurrence is "an undesired or unplanned event that does not appear to be consistent with the safe provision of health services." So it's something outside the norm.

The bill then specifies that certain adverse health events and occurrences must be reported to the department, as the department is ultimately responsible for the oversight of the RHAs and the province's system. It would be important that this information is shared up the chain.

So every RHA would also be required to establish a process for review, what we would call close calls. They're defined in the bill as "a potential occurrence that did not actually occur due to chance, corrective action or timely intervention." This close call is a concept borrowed from other fields of engineering, the nuclear industry and aviation have pioneered these kind of concepts and actually have a whole literature about systemically identifying errors and close calls and ways to document, track and reduce them, ultimately.

The RHAs would then have to establish a process for reviewing and investigating occurrences and adverse events. This would be done under direction from the department to the RHAs through regulation, as to what processes they should utilize at analyzed specific events. The importance of this is at the end of it you have a standard framework. Whatever is happening in Lab West is subject to the same processes, the same standards as whatever is happening in Gander or in the Health Sciences Centre.

So the regulations would be drafted to support the bill, if the House sees fit to pass it. Work on those regulations could begin immediately. I'm advised by staff, both within the department and the RHA, that it would take no longer than six months to get those regulations into place.

Changing tact ever so slightly, I'm sure, Mr. Speaker, that all Newfoundlanders and Labradorians are familiar with the Commission of Inquiry on ER/PR receptor laboratory testing, often shortened by the name of the Commissioner, Madam Justice Margaret Cameron. Her report was presented to government in 2009 and contained a number of recommendations for reform. It actually followed on the heels of the Task Force on Adverse Health Events, which was government initiated and led by the then Clerk to the counsel, Mr. Robert Thompson. This was

completed in 2008 and had numerous recommendations as well.

So it's not like the department started from cold, and much work has been completed in addition to those within the department and the RHAs on implementation of the recommendations in both of those.

There were changes recommended, particularly by Madam Justice Cameron, about the disclosure of information to patients, which actually required some legislative change. Whilst I can't speak to what happened between 2009 and 2015, my department has worked hard to make sure that the various interests and stakeholders have had sufficient input to have their views reflected with Madam Justice Cameron's in this draft bill.

So section 17 of the bill requires a positive obligation on the part of the RHA to disclose certain information related to an adverse health event to a patient and/or his family. That is not an option; it is a responsibility written in law, not regulation, that falls upon the RHA. And basically, the disclosure has to include the facts of the adverse health events and any new or otherwise unknown facts as they become known. So you can see from the way this is worded, this is probably just not a single conversation.

Secondly, the consequence to the patient, as they become known, because this may be something that evolves over time; the details of the health services provided to the patient as a result of the adverse health event – so this is what they had from health care that they would not have otherwise required had this event not happened – and finally, any recommendations from a quality assurance activity undertaken to review the adverse health event.

This deals with the concerns of Madam Justice Cameron, as well as patients and their families. How could this happen, what does it mean, and are other people likely to suffer a similar problem in the future? These four points detail a positive obligation on behalf of the RHA to actually meet those requests, and do it proactively. The bill also requires that the information provided to the patient be noted on the patient's health record as had by the RHA.

Currently, each RHA does have a policy which addresses disclosure, but Bill 70 imposes a positive duty on the RHAs by statute to ensure that patients who are impacted receive the same type of information regardless – irrespective, rather, of whether they live in Lab West, Nain or downtown St. John's.

Mr. Speaker, this will be the first time in this province, the first time the patients and their families who've been impacted by an adverse health event will have a statutory right to recommendations that come out of a quality assurance activity into the event that impacted their family.

There was another recommendation from Madam Justice Cameron – recommendation 34 – and I'll come back to this a little bit later – but she recommended that there be no restriction on the right of access of a public inquiry into the quality assurance information and its process. In accordance with Bill 70 we have followed that recommendation, and public inquiries will be able to access quality assurance information.

I will loop back to other elements of access to information later, because it's not quite as straightforward as that. For those of you who follow these things, you may recall that after the Cameron inquiry there was a flurry of activity from regulators looking to have access to quality assurance information, and this ended up going to court and there was a ruling sought as to whether or not two pieces of legislation applied to quality assurance information, and both of them were competing.

The judge of the day, in the way judges sometimes do, actually ducked the question by saying the information requested wasn't quality assurance information, go away and sort out the law at your own pace. So there will be another piece to this public disclosure and access to information that I'll allude to shortly.

It is acknowledged that there is a risk perceived by health care providers in permitting commissions of inquiry to have continued access to quality assurance information; however, a commission of inquiry is created in response to major, significant events. And it's important, particularly in the light of current societal views I think on other issues, that these public inquiries

are and are seen to have the access they need to do the job to address the question for which they're constituted. These are not everyday events, hopefully and fortunately. Certainly, if you look in the health care field, Madam Justice Cameron's inquiry was a two-plus decade event.

It's hoped that the possibility of a commission of inquiry accessing quality assurance information won't actually produce a barrier to health care provider's participation in the quality assurance process. But at the end of the day, that is a hope, and it's set against society in the public inquiry, the rights of a public inquiry commission to do the things that it is mandated to do.

Traditionally, you see, documents related to quality assurance have been treated as highly confidential and not shared even within a regional health authority, let alone between it. The legal protection of quality assurance information has been regarded as a fundamental underpinning to the process. It is felt to be essential to ensuing an open environment where health care providers are more likely to share opinions and make recommendations.

This august House, in May of 1991, had a two-day debate on access and rights of access to quality assurance information. When it passed, in those days, what became the amendment to the *Evidence Act*, section 8, that stated as amended after that debate, which involved figures of the like of Hubert Kitchen, Lynn Verge, Paul Dicks and the former Minister of Justice, I think at the time, was the father of the current Minister of Justice. It was quite a debate.

Basically, once the amendment was passed, it stated the quality assurance information and those individuals who participate in those activities are not compellable in legal proceedings. Mr. Speaker, not compellable is a term that has significant legal connotations. It means that information gathered during the activity cannot be disclosed in a court and a person who participates in a quality assurance activity cannot be compelled to testify about what occurred in that quality assurance activity. That protection only occurs for a quality assurance activity.

I think it's worth sharing some insights from my own perspective about what quality assurance activities actually are like. They can vary from the boring and anodyne to the openly hostile and vitriolic. And the stuff that's said in there is said – set against the background that it stays in the room. It is, if you like, a health care provider's equivalent of a sandbox where a computer programmer can deal with deleterious code and not kill his computer system. It's done in a way that allows the outcome to be better than it otherwise would have been.

It is felt, if that protection under the *Evidence Act* is removed, that kind of level of discourse and the quality of output will fall. So the bill amends the *Evidence Act* and the *Public Inquiries Act* to clarify the relationship between the two, between legal proceedings in which quality assurance information can be disclosed and those where it cannot.

The definition of a legal proceeding has been clarified in this act and in a consequential amendment contained in this act to the *Evidence Act* to include a proceeding before a committee or a person under the authority of an RHA mandated to review the clinical competency of a health care provider.

Legal proceeding also includes proceedings before a committee of a governing body of a regulated health profession. What that does with the protection, is quality assurance information is not to be produced during a legal proceeding. So individuals who participate in quality assurance activities cannot be required to testify in relation to those proceedings at a legal proceeding.

It's not a blanket protection. What it does, though, is it specifies that a legal proceeding before a regulator is included in this protection. So to clarify, the output of the committee is public. The fact the committee met is public. What goes on inside the committee is protected from disclosure in disciplinary and legal proceedings in a civil action in a court of law.

What it doesn't mean, though, is that anybody who wants, for other reasons, to engage in a legal proceeding in a civil action or a regulator who wants to find and establish the facts of the case, they have no impairment of their ability to go and subpoena or request people to testify. All it means is they cannot ask them about the

speculations in the room. They can ask them as to the facts. They can ask them as to the details of their direct knowledge, but they can't ask them about the hearsay of what goes on in a room.

Quality assurance information is defined in Bill 70, and means information that's generated or provided for a quality assurance committee activity. So it will not include, and specifically excludes, anything in the patient's clinical record, a hospital chart or a medical record, anything that's maintained for documenting health care. That is accessible to anybody, as it is currently.

When a quality assurance activity is being conducted, however, if it appears that the actions of a health care provider don't meet a standard of care and a review of the skill, knowledge or competency would be undertaken, that falls outside quality assurance. A switch is tripped. Whatever went on in quality assurance remains protected but the issue of competency and skill is referred to an outside process through the regulator, or through whatever mechanism the RHA feels is appropriate as a first step. That review would be separate, not part of the quality assurance activity and once it's identified as such and taken outside is not protected.

At the conclusion of an accountability review into the competency of a health care provider – so this is a separate process, if that were a concern – the RHA can impose its own disciplinary measures or change their practice scope within the ability, or register a complaint of misconduct to the relevant professional regulatory body.

It's important to note that information generated for or produced in the context of this type of individual accountability is not protected. So this is not a blanket protection for anyone who participates. It doesn't hide the unsafe practitioner, if that's what people are worried about.

Information generated for this kind of a review, i.e. a competency review, can be released in legal proceeding and can be released to the health regulators. This clarifies what can and can't, and at the moment there's such an element of doubt, that in particular – my understanding is it's the nurse regulators who've been besieging the health authorities looking for information from a quality assurance process, feeling they have a legal right to get it.

Our government appreciates and values the role that regulators have, but it recognizes that there is some protection of process needed for true quality assurance. One of the ways that regulators fulfill their statutory mandate is through the disciplinary process, and this comes into play when a regulator receives an allegation of professional misconduct about a health care provider. They currently have the authority to obtain the information necessary to process allegations and currently a lot of this comes from the RHAs. That again is not impaired or constrained by anything recommended in this bill.

It does, however, clarify that while they're not entitled to quality assurance information, as regulators, they are entitled to everything else: patients' records, patients' charts, RHA policies and any public information about what may come out of a quality assurance process in the future.

Quality assurance information only includes information created for or produced in the context of a specific quality assurance activity. It will, as I say, not include patients' charts and it doesn't cover areas of skill, knowledge or clinical competency. That information can all be released.

Regulators are also entitled to speak to the individuals involved and the only limit is that they cannot compel an individual to divulge what was said in that box, in that sandbox during a quality assurance process. Similarly, human resource divisions of the RHAs, when investigating an issue about a clinical competency matter, will not be able to access quality assurance information.

The idea of protection of the information under quality assurance is to maintain the integrity of the process which is of the most value to the systems when health care providers who are involved in it feel they can participate in an open and honest and frank manner without their musings and hearsay being hauled up in a court in legal matters.

Without such protection, and the uncertainties that have existed since Cameron, and the decisions of Justice Diamond for example in 2014-15, the quality assurance activities that used to happen in the RHAs have really chilled. They're frozen. And it's felt that this clarity will help to re-establish that process, because a lack of quality assurance has been shown to have a significant negative impact on patient safety.

Mr. Speaker, we sought the input of the health profession regulators who would like us to have less protection. We've sought the opinions of the professional associations who would have liked us to have had a lot more protection for their individual members. And we've spoken widely with advocates and representatives in drafting this bill, and I would appreciate and like to acknowledge here their efforts and insights.

As I say, some groups say that Bill 70 doesn't go far enough, and there are some that say it goes too far. Maybe that balance is struck just simply by that fact alone. It does attempt, as a bill, as a comprehensive piece of legislation, to achieve a balance in the protection of quality assurance information so that only that is necessary for the quality assurance systems issues will be protected. The objective, again, is to promote full, open and candid discussion within that protected area, unimpeded by risk or perception of risk.

While most of my remarks have focused on the area of quality assurance, there are a number of other provisions in the bill; I've simply emphasized these because I'm aware that they have been significant sources of contention with special interest groups. The bill provides a structure through which quality assurance activities will be conducted – one that currently doesn't exist at the moment in any cohesive way.

It will require each RHA to establish a QA committee which will monitor, report and make recommendations on the quality of health services to its health service board. It will also feed in and provide direction to RHAs as to how to conduct a quality assurance activity. Some of the smaller RHAs, particularly, have had challenges around these. There was a knee-jerk action in 2009 and 2010 for any quality assurance activity to automatically mandate bringing in outside specialists and consultants. This is overkill and not necessary, but it was done because of a lack of clarity in the system at the time.

The quality assurance committee within each RHA would be responsible for overseeing processes in the RHA and may actually convene subcommittees from time to time. So with a larger RHA, such as Eastern Health, they have a QA, a regional committee, but it may have, for example, subcommittees to look at cardiac program, subcommittees to look at mental health in a community, these kinds of things.

Also, the RHAs will actually be required to develop patient safety plans. These are plans that would focus on improving safety and removing preventable negative occurrences which could impact a patient's ability to get out of hospital. I'm thinking of initiatives in hospital now like falls and medication errors and those kinds of things.

These plans would be the means through which each RHA would tailor to its own priorities, but the provincial mechanism I'll allude to in a minute will allow those plans developed, say, in Central or in Western to be available for input or perusal by other RHAs, so they're not perpetually reinventing the wheel.

As a provincial mechanism, Mr. Speaker, we felt a provincial patient safety and quality advisory committee would be the way to go. It would be established with representatives from the department, the RHAs, and as well would have public members able to represent the voice of the patient, if you like.

The committee's mandate would be to measure, monitor and assess patient safety indicators, and the overall quality of health services in the province. It would use those indicators and those quality measures to make recommendations on gaps and how to improve things.

We have, for a long time, measured process enthusiastically but poorly. What I am hoping with these is that we can look at those process indicators that we can show are clearly linked to positive outcomes or removing negative incidents. I think that fits very well at a departmental and a provincial level with the

thrust of where this government wants to go in terms of outcomes and indicators and using evidence to feed back into the system to tweak it, to make it better.

So to summarize, Bill 70 aims to achieve the following objectives – and I believe it meets those aims and does achieve these objectives. Firstly, to standardize quality assurance processes and reporting; to impose a positive duty on RHAs to provide patients, their families, and the public with information relevant to the care provided within the health care system. This is a significant first and was very popular with the public groups and advocacy groups we saw.

Thirdly, it would create a mechanism whereby learnings related to close calls, occurrences and adverse health events are actually shared. Too often the smaller RHAs struggle and aren't aware that other of their neighbours have actually had the same problem, dealt with it and fixed it. And we found that out with incidents both small and large over the system in my short tenure in office.

Finally, and the bit I spent probably the most, in terms of time, talking about, it provides legal protection and legal certainty around what is protected and what isn't, that does not currently exist. In that void we have uncertainty, and in that uncertainty we have had a distinct lack of ability to do some of the quality assurance work that I think professionals would really like to get involved in, but they've been fearful because they didn't know where they stood.

The intent of the bill is to provide a framework through which policies and procedures adopted in the area of QA actually get the force of law, because underneath this act will be regulations. It will be through these regulations that we will have standardized committees, standardized terms of reference mandate and we will start to homogenize policies across RHAs and across themes. So if you're a patient receiving surgical care in Happy Valley-Goose Bay, the patient safety framework, the quality framework is exactly the same as if it was in the Health Sciences Centre.

It will provide legal support to the activities that are already being undertaken by the department and the RHA. They've been doing them through policy without regulatory framework or without a legal background. It will provide direction as to the expectation of QA activities within the regions and provincially.

There is no expectation. So any quality assurance activity can be set at the moment by its mere existence to meet the standard, because we don't have a standard.

This bill, however, is not – and I would emphasize at this stage – is not about protecting people who should be providing health services to an appropriate standard and who are not. They are not covered. This may make them easier to spot, and, quite frankly, I think they represent a very small fraction of the people who work in health care in this province.

To go away thinking that we have a health care system that doesn't have people who go to work every day determined to do the best job they could, I think would be a misapprehension I'd want to correct at this point, because that's certainly not my personal experience. It's certainly not been the experience I've got travelling around the province here in the last 14 months going from facility to facility. Universally, I've been met with enthusiasm, dedication and a preparedness to do more than their simple job description and time sheet would suggest.

What this bill is about is it's about creating an environment where QA activities are undertaken consistently throughout the province but in an environment that's conducive to frank and fruitful discussions, because without frank and fruitful discussions some of this could easily devolve into lip service. So there is an element whereby we have to generate some trust with the RHAs and our health care providers so that they will feel engaged in this process and want to engage. Once that happens and we have those discussions, that's when you'll see the true benefit of QA activities as they feed back to make a good system even better.

Providers do need reassurances that the reporting of occurrences and adverse events will actually trigger something, and that once that process is triggered it's not going to be one that exposes them unnecessarily. It's not going to be

a witch hunt and it's not going to be blame and shame, because that has been a real concern that we've heard. I think this framework goes some way to addressing what are basically cultural problems.

Mr. Speaker, we know that an adverse event can be devastating for everybody involved. The patients and families have to live with the consequence of the adverse events and the health care providers go home and beat themselves up over it. They wake up at night and they dwell on it, and they don't get back to sleep and it makes their life very difficult. It benefits no one.

A framework like this, quality assurance activities do improve patient care and do reduce adverse events in those jurisdictions where they have a structure. This is a comprehensive bill, the like of which has not been seen in Canada. It will reduce adverse events. It will allow for sharing of information. And the important thing is that at the end of the processes people involved and the system as a whole is wiser than it was the last time.

I will take my seat now, Mr. Speaker, and I would ask all Members of this House to join me in supporting this bill.

Thank you very much.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER (Warr): The hon. the Member for Mount Pearl North.

MR. KENT: Thank you, Mr. Speaker.

Good afternoon once again. I'm actually very happy this afternoon to rise to speak to Bill 70, An Act Respecting Patient Safety and Quality Assurance in the Province.

I certainly won't be as eloquent as the Minister of Health and Community Services, but I do have a few things I want to say about the legislation. I should say upfront, that I support the legislation. I intend to vote for the legislation and I suspect many of my colleagues will do the same.

SOME HON. MEMBERS: Oh, oh!

MR. KENT: Thank you. Thank you for your enthusiastic support. I can hear you; it's not that big a Chamber.

It's good legislation. It's legislation that I'm quite familiar with. It's been drafted for quite some time, for a number of years. There were some outstanding issues that needed to be resolved. I believe many of those issues are resolved. There's a couple that I don't feel are fully resolved that I do wish to speak to during my time today in second reading debate. I'm hoping the minister will be able to address those particular points in his closing comments in second reading. I suspect he will, and I suspect he can anticipate some of the questions that I do have.

This is good legislation and it is necessary legislation. Really, what we're doing here is providing a legal framework for a whole bunch of policy that's been created over a number of years that already exist. We're taking a whole bunch of policy and a whole bunch of things that are in practice in health care today in our system here in Newfoundland and Labrador and elevating it to the force of law. That's a logical step. It's a step that's been planned for several years and I'm pleased to see it finally come to fruition here this afternoon and, ultimately, very soon, I suspect this bill will be brought into law.

So as the minister says, I think there will be those who say that this legislation goes too far and there will be others who will say this legislation doesn't go far enough. I know I've answered questions on this draft legislation in this House of Assembly when I sat in the minister's chair for a brief period, and trying to strike that right balance was a challenge then and it's a challenge today.

I think for the most part this legislation, as it's proposed, strikes a good balance. So I know full well that not everybody is going to be happy with every element of this legislation, but based on my limited experience I'd say that's predictable. That's to be expected.

I know that the Newfoundland and Labrador Medical Association, for instance, has a view on medical peer review and does have some concerns that they've shared with the minister on this particular piece of legislation. So that

speaks to the point I just made. Some folks are going to say this goes too far, some are going to say it doesn't go far enough, and it is about striking the right balance. But what's most important is that this is all about enhancing patient safety and taking many things that are already now in place in our health care system and making them law, actually putting them into legislation. So I think that makes a lot of sense.

I'll just give you one example of the kind of work I was familiar with that was going on and is going on in the health care system already that I think is very much in line with this legislation. One project I took an interest in during my brief time in the department that related to quality and patient safety was a clinical safety reporting system. The clinical safety reporting system was put in place, I believe, in the fall of 2012, and it was in response to the *Report of the Task Force on Adverse Health Events*. It recommended that a provincial electronic occurrence reporting system be developed and that it be implemented across all services and programs in the regional health authorities.

So there has been a lot of work done, and I want to acknowledge the work of people in the Department of Health and Community Services who've brought a lot of those initiatives into place, and the folks in our four regional health authorities who've worked hard to bring a lot of those initiatives into place.

We also talk about the recommendations coming out of the Cameron inquiry, which in very large part have been successfully acted upon and implemented, and this legislation addresses the bringing into legislation that was called for in some of the recommendations that the minister spoke to today.

But, in practice, a lot of the work that was being called for is actually being done; it's been happening for years. I want to join the minister, I think, in giving the people of the province some confidence that this is not new; it's not like all of a sudden people have decided let's put greater emphasis on patient safety. A lot of the initiatives that this legislation is now bringing into law, so to speak, are in place today. There is lots of good quality assurance and patient safety practices in our health care system today, I would argue, better than ever before in our history, and that's a good thing.

And, unfortunately, it took some failures in the past; it took some near misses in the past to get to that point in some ways. But the good news is significant progress has been made, and those reports that have been referenced here today, the recommendations in large part were implemented. I suspect this is much the same for the current minister. I would receive regular reports from the department and from the regional health authorities that measured and monitored compliance with recommendations coming out of Cameron, and with recommendations coming out of the *Report of the Task Force on Adverse Health Events*.

So that's been ongoing work for a number of years, and this is not a – I was going to say this is a final step, but it isn't, because quality assurance and patient safety, that's an ongoing priority and it's an ongoing journey, and we have to constantly be striving to make the system safer and make the system better. This is a final step in dealing with some those recommendations, because now we're actually taking what's in policy and practice and bringing it into legislation.

Anyway, I started to talk about the clinical safety reporting system as one example. Some of the benefits that that system brought to patient safety involve a really timely process for reporting and feedback and appropriate follow-up on occurrences across all four regional health authorities. This system that was put in place in 2012 by the previous administration ensures that those relevant occurrences are communicated among the regional health authorities and with the Department of Health and Community Services as well.

The system also helps ensure appropriate and timely follow-up to prevent negative outcomes for clients receiving health services. Another benefit is the provision of trends and analysis and reports on occurrences at multiple levels of the health care organization. So managers are involved in the health care system, the executive of the regional health authorities are involved, the board of directors has a role to play.

While the regional health authorities have an operational responsibility for programs and services that they provide, including managing occurrences like the ones this legislation addresses, there is a leadership role that the department has to play and is playing by dealing with legislation like this, and by implementing systems like the clinical safety reporting system.

Each RHA today, unless it's changed in the last 18 months, has an occurrence reporting policy that provides direction for reporting and managing occurrences. It also includes a timely process for the follow-up of occurrences. So I point all of that out because there has been a lot of progress made. This legislation is about tying all that together. And it would have been possible in the past to deal with this piecemeal and amend various pieces of legislation to try and achieve the same effect, but what we're doing here is taking an approach that is unique.

It's a made-in-Newfoundland-and-Labrador piece of legislation; we've learned from others' experiences across the country, but there isn't a piece of legislation quite like this that ties it all together. I'm starting to sound a little too positive, but I have to say I do feel positive, for the most part, about this legislation because I have a vested interest in it. I spent time debating it, spent time talking about it, and trying to move the work along. It's an evolution, and I applaud government, and I applaud the minister for following through and getting the legislation to this point today.

At the same time, let's make sure we acknowledge and celebrate the great work that's been done by health care professionals and health care administrators and managers and leaders over the last number of years in implementing all of those recommendations from the Task Force on Adverse Health Events and from the Cameron inquiry. Because I do sincerely believe that the system is better and stronger today as a result.

So I'll talk a little bit about the legislation. I think the minister did a reasonable job of providing an overview of what the legislation's all about, so I won't go through it in incredible detail; but, I do want to, for the benefit of those following the debate, provide some context to what it is we're doing here in Bill 70.

Ultimately, it's all about improving patient safety and ensuring that quality assurance processes don't just happen because somebody recommended that they happen and don't just happen because someone has set a policy saying they have to happen. It's about bringing it into legislation, bringing it into law to make sure that there is a solid framework for reporting and investigating close calls, near misses, occurrences and, unfortunately, adverse health events that do happen in a system that deals with thousands of people in our province each and every day.

So the first part of the legislation talks about reporting. It talks about the requirement for our regional health authorities to compile and report information that relates to the quality of health services and if there is a close call or an actual occurrence, that the RHA becomes aware of, the regional health authority, the RHA will review that and report on it. There will be a process established for reviewing it in a way to do whatever we can to ensure that there's less chance of a similar incident happening again.

In practice, from my limited experience, that is what happens today but now we're making sure that it's actually in legislation so that it will be, in the eyes of the law, required to happen. This legislation also gives the ministry the ability to request quality assurance information, which I know to be important. There's information through a quality assurance process that may be provided to the public, without identifying people's individual personal information, of course, but the public does have a right to know about issues that are affecting patient safety within our health care system.

This section of the legislation also makes sure, obviously, that the regional health authorities can share information with one another and with the department which, obviously, makes sense.

The minister talked at length about quality assurance committees and patient safety plans. Each regional health authority will have a quality assurance committee. The committee will report to the board of trustees. The committee will improve the quality of health services, monitor and report, make recommendations, maintain confidentiality and carry out some other duties as well.

The regional health authorities will also be required to implement a patient safety plan according to regulations that will be established. Again, I would suggest that, in practice, these are things that are happening within our health care system today.

There's a section related to disclosure to patients, and people that are affected by an occurrence in our health care system obviously have a right to be informed and have a right to certain information. They deserve to know the facts of the adverse health event or any other new or unknown facts that become known through any kind of investigation.

They deserve to know about the consequences to the patient. They deserve the details of the health services provided to the patient as a result of an adverse health event. If there are recommendations coming from quality assurance activities in the system, they deserve to know what those recommendations are as well. So it makes good sense.

Part four of the legislation speaks to the provincial patient safety and quality advisory committee, and there will be a whole host of individuals involved in that from the deputy minister, or somebody designated by the deputy minister, to patient reps, reps of the regional health authorities, physicians, and there may be others that the department decides are appropriate as well.

That provincial committee plays an important role as well. They'll make recommendations. They'll measure and monitor and assess patient safety indicators and the quality health services. They'll identify good practices, assist in implementing and evaluating. So it's not just going to be another advisory group. It's a committee that will play an active role in ensuring that this legislation is truly brought to life in the way that it's envisioned.

As there typically are, there are some general amendments and provisions in section 5 of the legislation as well. There will be a number of things to find in regulation which is quite normal practice: reporting of close calls and occurrences, and adverse health events; how the appointments to the committees, I just mentioned, will take place; how a quality assurance committee can access information from a regional health authority.

So there's some work to be done in regulation. I suspect those regulations are ready to go as well. I share the minister's enthusiasm for bringing this into force as quickly as possible.

As I said earlier, there's a desire here to amend a number of pieces of legislation all at once and bring a number of elements of other pieces of legislation together in this bill and in this act, rather than having done it piecemeal in the past. I think this kind of comprehensive approach in this instance makes sense.

On the point of the regulations, while I suspect a lot of them are ready to roll, I also understand from the briefing that we received from the minister's staff that it will probably take several months more to develop some of those regulations. And that's reasonable as well, given the complexity of some of the processes that are being dealt with here.

So, overall, a positive piece of legislation. A couple of questions and concerns that I'm hoping the minister will be able to address in his response today. One major gap we are concerned about relates to the Child and Youth Advocate. The Child and Youth Advocate has been saying for some time, not just the current advocate but specifically the previous advocate, had been saying there should be mandatory reporting of deaths and critical incidents to the Child and Youth Advocate. It would seem to me that this legislation could go all the way and actually address that request, reasonable request by the Child and Youth Advocate in this legislation, to actually bring that into law as part of what we're doing here in Bill 70 as well.

I was surprised to hear the Child and Youth Advocate was not consulted. I know we're going back into history now, but it was my understanding during my brief time working on this that it was the intention to consult the Child and Youth Advocate. And given the attention that the Child and Youth Advocate has drawn to the whole issue of mandatory reporting, it seems this legislation would be a place to address that because incidents are now going to be reported through these quality assurance systems. Systems are in place today within the system for

the most part, but now we're bringing it into law. So it would seem there was an opportunity here to address the concerns of the Child and Youth Advocate at the same time.

I guess my question to the minister is why wasn't the advocate consulted? Also, why not in this legislation address that need and address that request from the Child and Youth Advocate to ensure mandatory reporting of critical incidents and deaths that would affect children and youth in the health care system?

The other concern, which I recognize is a complicated one, I'll say that upfront. It's part of what I was struggling with myself in dealing with this proposed legislation. The definitions as they are outlined here really only apply to those working directly in the regional health authorities, but health care in our province is certainly bigger than that.

When we talk about all the provisions related to quality assurance and patient safety, none of them will apply to GPs, family physicians who have their own private practices, their own offices. It won't apply to – unless they're interacting with the regional health authority. So if a physician is working in the regional health authority, that's a different story, but for the work they do outside of that with individual patients in their own offices, then it doesn't apply. It doesn't apply to our paramedics. It doesn't apply to our private ambulance services or non-profit ambulance services. It doesn't apply to home care. For the home support personnel that work for agencies in private sector, it doesn't to them as well.

Community supports and home care is actually listed in the services covered by the legislation but there's really no practical application from what I can see because they're not actually going to be governed by this legislation. So I know it's not – given the complexity of the system and the fact that not everybody falls within the auspices of the regional health authorities, it's not simple to put everybody under the umbrella of this legislation, but at the same time I'd like to hear the minister's thoughts on why those issues were not addressed, or perhaps he can tell us how they are being addressed. Maybe there are other provisions planned to ensure that some of the issues we're trying to get at here will also cover those disciplines and those professions.

So those are really the two big concerns related to the Child and Youth Advocate, the lack of consultation and the fact that this legislation doesn't ensure mandatory reporting of critical incidents and deaths. Then, the fact that there are a number of significant health care providers in our province that won't fall under this legislation, family doctors that work in private practice, paramedics, home care workers, just to give a few examples. And I know, given the challenges, you have to draw the line somewhere, but it just feels to me that those are gaps that could possibly be addressed. I'd appreciate hearing the minister's thoughts on those.

Overall, though, this is a positive step forward. I want to thank those that have been working on it for literally years. This goes back; I'm going to say four or five years. My time in the Department of Health and Community Services was very brief. The current minister has been in the office already longer than my entire time in the office, but I know that even for ministers before me, this was on the agenda and there was significant progress made. I'm glad to see it get to this point and to be debating this bill in the House of Assembly today.

To recap, this is an appropriate response and it's part of the evolution when it comes to Justice Cameron's report on hormone receptor testing that came out in 2009, I believe, and then there was the *Report of the Task Force on Adverse Health Events* that was actually even before that in 2008, I think. As a result of those reports, there has been a lot of work done. A lot of the concerns and recommendations have been addressed and, in practice, much of what we're debating today is already happening. And that's good news for patients; it's good news for everybody in Newfoundland and Labrador.

We've been working to get patient safety legislation in place that addresses even more aspects of patient safety, and it's not just about the things that were recommended in those two reports. This legislation provides a framework through which the policies and procedures that are already in place in the area of quality assurance will be given the force of law, and

that's an appropriate step for us to be taking here.

It will provide legal support for initiatives already being undertaken by the department and our regional health authorities and it provides direction as to the expectations of quality assurance initiatives within the regions and across the entire province.

I think having one piece of legislation on patient safety will complement the culture of patient safety that I think has developed in our health care system. There's a much greater focus on quality and patient safety over the last eight or nine years or so than there has been ever before and it's evolved, and it needs to continue to evolve. We need to continue to show leadership. We need to continue to have conversations like this one, because the work will never be done.

Putting this in legislation is a positive step forward. I think it demonstrates that, regardless of party stripe, regardless of which government is in power, we all know how important patient safety is in our province and in any province, because of some of the things that have happened in the past that were preventable and, to a degree, were predictable. It's going to continue to evolve. We're going to constantly be trying to find ways to make the system function better and be safer.

In summary, what we're doing here is addressing those recommendations that required a legislative response. We're addressing concerns that I heard and I'm sure the current minister has heard and ministers before us heard from patients and families about adverse health events. We're addressing concerns from health care providers who do have to participate in peer reviews and quality assurance activities. And again, not everybody will be happy with every element of this legislation, but I think it strikes a reasonable balance overall.

What we're doing here is developing and mandating public reporting of specific indicators of patient safety. And that provision for public reporting, that kind of transparency, is incredibly important when you want to ensure that people have confidence in the system. Actually mandating the quality assurance committees makes sense and making their terms of reference public makes sense. Mandating reporting and investigation of adverse health events, even though it's happening today, mandating it through legislation makes sense.

So overall, I'd say this is good legislation. I believe there are a couple of gaps that can be addressed. I suspect the minister will have reasonable answers for the couple of points that I've raised. I certainly hope so anyway. Because perhaps there's an opportunity here to make this legislation even better or perhaps there are other plans to address some of the concerns that I've identified related to the Child and Youth Advocate and related to the health care providers that are not included under this legislation.

I'll wrap up my comments there. I'm pleased again to have the chance to speak to this. I know a lot of great work has been done. I feel this is one where we can all say this is good work and there's more to do and it needs to transcend politics. Anything that's going to improve patient safety in our health care system is something we should all stand and support. It's also important that we ask the right questions and make sure that we do everything we can to make it even better.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Virginia Waters – Pleasantville.

MR. B. DAVIS: Thank you, Mr. Speaker.

I'm pleased to rise here today. I must, first of all, thank the Minister of Health and Community Services for passing on – we can't say he's not a generous individual because last week he passed on this flu that I'm nursing here today. So I'd just like to thank him for that. Hopefully, I can get through this without coughing in his general direction, that's my hope that the hand-washing stations we have set up will help get us through this here today.

Mr. Speaker, this bill is a very good sign, as you can see from our colleague across the hall here, he's supporting this. This is yet another example of us delivering and not talking about it. We're going further and we're finishing off things that

may have been started by the previous administration but we're delivering on those initiatives. So we're pleased to be doing that in this department. We're quite happy to be here today to debate this.

Mr. Speaker, I believe that it's safe to say that just about everybody in this province and in this House have received health services offered through one of our four regional health authorities, or has a family member who has received health services from one of those four regional health authorities. I, myself, have received services on numerous occasions over the years and I'm pleased that the government is moving in this direction.

With such an important legislative initiative, whose primary goal is the enhancement of patient safety in our province, when people enter a facility operated by an RHA or receive health services provided by that regional health authority, they want to know that all the efforts have been put in place to ensure that they receive the best possible care available. They want to know the health system is safe and that it has all the checks and balances put in place to ensure the services provided to the patient are safe.

The intent of this bill is to provide a legal framework for the quality assurance activities undertaken by the regional health authorities and the Department of Health and Community Services. It will also provide the direction to the RHAs so that they can achieve consistency among the regions by setting standardized requirements for reporting, conducting quality assurance activities, for disclosure to patients and their families – as mentioned by the Minister of Health and Community Services, that's an important piece. You should not have to rebuild the wheel each and every time. If one RHA has a very good process in place, why not copy that and put it into the other RHAs, and that's where we're going with this.

The patient safety bill is divided into five parts. The first part is entitled reporting, investigation, and release of information. In our province our health care system is administered by four regional health authorities, as we all know. Part one of the bill imposes a number of obligations on the RHAs related to patient safety in its delivery of health services to our people in our province.

The RHAs will be required to report to the department on certain patient safety indicators, such as hand washing, as mentioned previously. This public reporting will enhance transparency and accountability within the RHAs, and it is expected to protect the public and the health care workers by ensuring that the indicators are monitored and lessons learned from the reporting are shared.

Each RHA will be required to establish the process for reviewing close calls, occurrences and adverse health events for the purposes of reducing and mitigating the risk of similar events.

Mr. Speaker, the bill sets out the definitions for the terms of close call, occurrence and adverse health event. A close call is a potential occurrence that did not actually occur due to chance, corrective action or timely intervention. An occurrence is an undesired or unplanned event that does not appear to be consistent with the safe provision of health services.

An adverse health event is an occurrence that results in the unintended outcome which negatively affects a patient's health or quality of life. RHAs will be required to notify the Minister of Health and Community Services for certain adverse health events which occur during the provision of health services to a patient.

The RHAs will also be required to notify the minister of certain occurrences that involve multiple patients or occur in multiple regions. While it is not anticipated that the minister will be notified of every event that occurs in the RHAs, given his responsibility for the health system in the province, it is important, Mr. Speaker, that the minister be notified of specific, adverse health events and occurrences.

The particulars regarding the specific events will be reported to the minister, will be set out in regulations. The bill also protects the health care providers who report a close call or an occurrence to the RHA, and anyone who provides information to a qualified assurance committee from appraisal of providing that information.

Part II of the bill is entitled Quality Assurance Committees and Patient Safety Plans. In occurrence with this part, RHAs will be required to establish a quality assurance committee whose mandate will be to monitor, report, and make recommendations on the quality of health services. This committee will report to the board of trustees of the RHA.

The quality assurance committee will be responsible for establishing or designating various subcommittees referred to in the bill as quality assurance activity committees to carry out a range of quality assurance activities within the RHAs which may include quality reviews into specific events or broader reviews of the health services.

In order to ensure consistency of the establishment of a broader quality assurance committee, as well as various quality assurance activity committees, regulations will be drafted to set out, and set out in requirements regarding the membership, composition, structure and terms of reference of those committees.

In accordance with the bill, RHAs shall also develop and implement patient safety plans. These plans will focus on improving safety within the RHAs, preventing outcomes which negatively affect patients' health or quality of life, and promoting safer care for patients.

SOME HON. MEMBERS: Oh, oh!

MR. B. DAVIS: There seems to be a little noise in the House here. Mr. Speaker, can I have some protection please.

Part III of the bill focuses on disclosure to the patient, which is very, very important. Section 17 requires the RHA to establish a policy for ensuring that an adverse health event is disclosed to the patient and his or her family. You recall, Mr. Speaker, that an adverse health event occurs when a patient is harmed while receiving health services.

While all four RHAs currently have disclosure policies, regulations will be developed to provide direction and to ensure consistency in the information that is provided to patients, regardless of the region in which they receive the health services.

The bill imposes a positive duty on the RHA to disclose certain information to patients. An RHA must disclose the following information to patients affected by an adverse health event: the facts of the adverse health event and any new or otherwise unknown facts they have learned during the review or investigation into the event; the consequences to the patient; the details of the health services provided to the patient because of the event; any recommendations from quality assurance activities conducted to review or investigate the adverse health event. It is also a requirement that the information disclosed to the patient must be recorded in the patient's health record.

Part IV of the bill deals with the establishment of the Provincial Patient Safety and Quality Advisory Committee. This committee will be comprised of representatives from the Department of Health and Community Services, the RHAs, as well as public members who will represent the views of the patients. Its mandate will be to measure, monitor and assess patient safety indicators, as well as the quality of health services in the province in order to make recommendations on how to improve patient safety and the quality of health services.

Part V of the bill is simply entitled General, but contains some very significant amendments to the *Evidence Act* and to the *Public Inquiries Act, 2006* which I would like to take some time to highlight.

The bill sets out legal protection – as mentioned by the minister – that does not currently exist for quality assurance information which is the information created for or generated by quality assurance activities and committees. Advocates and associations representing health professionals, as well as the RHAs, have advised that without clear protection of quality assurance information, health care providers will be less inclined to fully participate in the quality assurance activities. This will drastically impact the quality assurance activities undertaken by the RHAs. People have to feel that what they're saying in there is protected in these committees, which is very, very important that we do that protection.

In some cases, health care providers may refuse to participate, or if they do participate they may

be very guarded in what they say or unwilling to participate in an open and frank manner which is important. This level of participation is of limited value to the process. The legal protection of the quality assurance information is regarded in the health system as essential to ensuring an open environment where health care providers are more likely to share opinions and make recommendations.

Following the Cameron inquiry, the Canadian Medical Protection Association advised the department on a number of occasions, without adequate legal protection physicians would be reluctant to participate in quality assurance activities which will have a highly negative impact on the efforts to improve patient safety in the province.

This concern is not unique to physicians. We have heard the same from organizations representing other health care professionals. To address this concern, the bill amends the *Evidence Act* to clarify that quality assurance information cannot be disclosed in the context of legal proceedings.

A legal proceeding is defined to include persons and committees, including disciplinary committees of the RHAs who are mandated to review the clinical competency of a health care provider. Legal proceedings also include committees of health profession regulators.

It is important to note that, in order for the information to be protected, the quality assurance information which, as I said earlier, will only be the information created for or produced in the context of quality assurance activities. Health records such as patient charts will not be protected from being released in a legal proceeding. Furthermore, information related to the skill, knowledge or clinical competences of a particular health care provider will not be protected. This information can be released.

While it is recognized that quality assurance information needs to be protected from being released during a legal proceeding, it is acknowledged that its protection should not exist in a commission of inquiry, thus the bill sets out changes to the *Public Inquiries Act, 2006* and clarifies the commission of inquiry will be able to access quality assurance information. A commission of inquiry is created in response to a significant event and it is important that these inquiries have access to the full and fulsome amount of information.

Mr. Speaker, we know that when an adverse event occurs, it can be devastating to everyone involved. Quality assurance activities are undertaken to improve patient care and reduce adverse health events within the health care system through sharing of learnings from each and every event.

In summary, Mr. Speaker, let me recap the objectives of Bill 70. First, it aims to standardize the quality assurance activities undertaken by the regional health authorities and how the results of those activities are reported within the organization, which is very, very important.

Secondly, it imposes a positive duty on the regional health authorities to provide patients and their families with the recommendations from relevant quality assurance activities and the public with information relevant to the quality of the health care services.

Third, it creates a mechanism whereby learnings related to close calls, occurrences and adverse health events are shared within the RHAs. Fourth, it protects quality assurance information from being released in the context of a legal proceeding. This will support an open and frank environment in which health care providers are comfortable providing opinions and speculations during a quality assurance activity. It is this level of participation which will help to achieve a safer health system, which is what we all want.

Mr. Speaker, this bill is one of a kind in this country. No other province has a comprehensive statute which contains all of the elements found in this bill. For this reason, it is an important piece of legislation and I encourage all Members in this House to support Bill 70. Hopefully, they'll be supporting us in this initiative. It's a very ground-breaking one for our province. We're interested to try to hear what the questions are and I'm interested to hear the minister's responses to the questions from the Opposition, because I know we've delved into those in the department over the past number of

months and years, as the Member mentioned before.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER (Bragg): Order, please!

It is getting a little loud.

MR. B. DAVIS: Oh, thank you very much.

With that said, I'd just like to say thank you very much, and hopefully we can encourage everyone in this House to stand together and vote for the future of the health care system in our province.

Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Order, please!

The Speaker recognizes the hon. the Member for St. John's East – Quidi Vidi.

MS. MICHAEL: Thank you very much, Mr. Speaker.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MS. MICHAEL: I'm very pleased to stand here today and to respond to Bill 70, which was presented so well by the Minister of Health and Community Services. I want to thank his staff for the great briefing we had last Friday. It was very comprehensive and they didn't rush it. They took the time that we needed to make sure we had a clear briefing.

This bill is extremely important. There's no way that we're not going to agree about that in this House. And it's been a long time coming. I think we were about 10 years waiting for this bill to appear in the House of Assembly.

It's not that safety of patients hasn't been part of our health care system and all of the regional health authorities do have aspects of this bill in their regulations and in how they operate, but what is so important about this bill is that we now will have a unified system that's concerned about patient safety. Now we will unanimity. We will have something that we can expect.

I think the minister pointed that out well, that whether you're in a hospital on the top of the Northern Peninsula or in Labrador, or on the Avalon Peninsula or on the West Coast, it won't matter where you are that the same legislation, the same regulations, the same practices will be in place and that's extremely important. I was glad that he pointed that out.

It would nice to think that we don't need this kind of legislation, but I can't imagine –

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

I'm having a problem hearing the speaker.

MS. MICHAEL: Thank you very much, Mr. Speaker.

This is important and I think it's important that we listen to each other.

What I was about to say was that I can't imagine that there isn't a Member in this House who hasn't heard some of the stories that I've heard as an MHA, which tells me that we do need this kind of legislation. It's not that anybody out there in our health care systems are deliberately trying to cause accidents, are deliberately wanting to cause adverse events. Nobody is trying to do that. It's not that our people aren't professional or aren't trained, of course they are, but we're all human and things happen and we have to acknowledge that things happen.

One of the issues that's been brought to me recently – and I brought this up on Friday and asked would it be covered by this legislation. I was told it certainly would be. A number of people have come to me with something that may seem simple but could, in actual fact, be quite serious. Something that I think probably would defined as close calls, if they haven't actually gone further.

That is people coming to me and saying I was in hospital – and before you go in either to stay overnight or have some kind of procedure done, you sit down, you go through meetings with

people and one of the things you're asked are what are the medications that you are on, do you have any allergies, do you have any situations that we need to know about. Certainly people give that information.

What's been told to me by a number of people recently, and I've been a bit startled by how often it has happened, just in the last couple of months, is people saying to me: I didn't know what was wrong, what was going on. And it turned out that a mediation had been given that they had identified they can't take. When they asked well, isn't that down on my file like I told when I did the pre-op stuff and came in and gave my information I said that – three people have told me this recently. And when the person they said this to checked the documentation, no, in actual fact, this hadn't been noted.

Now anything can make that happen; however, sometimes that could end up with being a real adverse event. In the cases where I have been told about, people picked up on it in time and something didn't happen that really could have caused them being very sick or even dying in one case, but it was picked up in time, et cetera. But that kind of thing is happening regularly.

Every now and again you hear about, with a surgery, for example, something like a sponge or something being left inside a body, inside the person. And down the road this becomes discovered and whatever was left inside has to be removed. It does happen. I'm not blaming anybody; I mean this is human frailty. Lots of things can cause those kinds of things to happen. So we do need this kind of legislation, and I'm more than happy that we now have it.

I'm not going to go through all the things the minister went through because he did an excellent job. He did point out that in actual fact, as we know, this legislation in particular, the need for it was highlighted by the recommendations from the Cameron report and the task force that policy – and their recommendations pointed out that policies should be legislated around reporting, investigating, releasing information, quality assurance committees, disclosure and the patient safety advisory committee. And since those recommendations, some things have been put in place, but I think this piece of legislation is really a culmination of a lot of those recommendations which are extremely important.

Another response to some of the recommendations that have been made was the *Apology Act*. I think we brought that in, in 2009, I think the *Apology Act*, which was an extremely important piece of legislation as well where it is a recognition that if something happens to a person while being taken care of in our public health care system, that it be acknowledged and steps be taken to make up for it, obviously.

So safety provisions need to be firmly placed inside of our health care system, and I think it's really important that our regional health authorities will now have a common document to work from; will have common regulations to work from that we can be assured that everybody in the province is receiving the protection they need. It is a concern to me, and I heard my colleague from the Official Opposition mention this as well.

That because the bill only covers providers who are affiliated with regional health authorities – for example, salaried and fee-for-service physicians, and ambulances that are part of the health care system, because it only covers those who are directly under the regional health authorities, it means that – for example, if I live in an area where the ambulance system is either a private ambulance, that's a for-profit ambulance, or it's one of the community based ambulances, these ambulances are not directly under the regional health authorities.

So if something happens to a patient in one of those ambulances, there's no protection for them in this bill. Whereas, here in St. John's, if I get an ambulance that comes to me from the Health Sciences Centre and something happens to me in that ambulance, that will be covered by the bill. So one of the things I am asking, and if the minister doesn't get a chance at the end of second reading I'll be asking for when we go into committee, one of the things I want to know is what is the protection we are going to offer? That difference is very problematic.

The difference – you know, I think I understand what it's all about, that the health system and the regional health authorities don't have authority

over the private operators, no matter what those private operations are, because it even includes GPs with their own clinics for example. That if the bill is not covering patients in those situations, what is the protection for them? Because whether or not there is a legal bind between the health system and people who are using facilities or services that aren't under the health authorities, certainly government has the responsibility to all the population.

How do we protect people who may have a close call or an adverse event or whatever happen, when it's health related, in a health facility, but not part of our public system, not under the authority of the health authorities. To me they're still under the authority of the province. So how do we deal with that?

Now, of course it begs the question, and I've said this before in this House of Assembly, and it is: Why do we have the mix that we have with regard to ambulances? I firmly believe we should have a completely public ambulance system and find a way in which to make that work and bring into that system all the different facets we have.

If we had a completely public ambulance system, then the question when it comes to ambulances wouldn't exist because all of them would be under the regional health authorities. I think there are a number of reasons why we need them under the regional health authorities besides patient safety. A lot has to do with the working conditions of the people who work in the ambulances, salaries, et cetera, but right now I'm focusing on the issue of patient safety. And this certainly – because it didn't dawn on me until we were at the briefing, this was a real bit of a shock, the fact that somebody on an ambulance coming from the Bonavista Peninsula, for example, or up from the Burin Peninsula, is not going to be covered by the legislation.

It's the same way with the personal care homes. Again, it's the same reasons of course. These are private, they're not under the authority of the health authorities but at the same time people are being taken care of in those homes. So again it's my question: How are we going to make sure they have protection? How are we going to make sure that they too, if something happens, can report it and can have something be done about it? So this is a big concern I have, and I'll be interested in hearing responses from the minister about this.

Some other things I'm concerned about; I'm really glad we are going to have, for example, a good database created, that we are going to have events reported on a regular basis by the regional health authorities, that they will be publicly reporting on patient safety indicators. They're also going to have to make sure that information on serious events get reported every three months; whether, for example, surgical events. I made reference to something being left inside a person, for example; product or device malfunction; care management events – and I think what I described with regard to people not having all their information recorded ahead of time, that would be a care management event. All these things will have to be reported. But what I'm really concerned about and not happy about, actually, is that the data is not going to be automatically public. That there's not going to be a place where that database is going to be published, and where people can go online and read.

I've been told, when I asked the question in briefing that no, you can ATIPP and when you ATIPP, you'll get the information. My concern is that, first of all, that's a process that takes time. Secondly, it's a process maybe not the general public is going to be comfortable with. And thirdly, it shouldn't be happening.

I think we really should be looking at what they do in Nova Scotia, because in Nova Scotia everything is publicly posted. All of the events that are reported: close calls, adverse events, whatever, there is a public database. And I really like the reasoning that the Nova Scotia authorities give.

This is publicly on the Q&A that they have on their website; they say: Making the information available to the public raises the level of accountability and demonstrates a commitment to transparency and openness. The goal is to share lessons learned and prevent the event from happening again.

This new province-wide data – this is when they put theirs in place – will help us understand what

is happening across the system. This information – and I think this is the important point I want to make – will enhance patient safety by improving and standardizing the way serious events are reported.

It will also free people up. If people all of a sudden hear that there's a database, and somebody heard that somebody else had the experience for example with information not being recorded, that makes that person say, oh, this is not just me, this has happened to other people and may be reported as well. Because one of the aspects of the legislation is that the close call or adverse event doesn't have to be reported immediately when it happens. It can happen post the event as well, and I think that's very important.

So having a public database, having a database where people can go in and read what's going on, will make the public more safety aware and observing more. For example when the minister talks about the hand-washing, which is extremely important, even on a personal basis when – some people know that my mother was bedridden for 2½ years, and I coordinated her care. I wasn't the caregiver in that sense because I had a full-time job but we had caregivers – but with everybody, and the caregivers too, it was the minute somebody came in the front door was wash your hands.

Because we didn't want my mother getting the flu, for example, or any other bug that was running around. Wash your hands. And I'm proud to say that for the 2½ years that she was bedridden she did not pick up anything. Because we were so careful, her caregivers were so careful, we made sure that she did not get anything. The awareness factor is extremely important. Having a public database does increase the awareness factor. It does increase people becoming educated.

They did it in Nova Scotia; if it's available information, why should it have to be ATIPPed? It doesn't make any sense whatsoever and I really do think it's a real weakness in our legislation. So I'd like to hear from the minister at some point, while we continue this debate if this is going to be given consideration down the road. Does he himself have a desire for this to happen at some point? And why wasn't it put in the legislation at this moment? I really don't see why it wasn't.

A couple of other points that I want to make – there are a number; I'm not going to get to everything today. It has to do with regard to the committee that will be set up and which is set out in the act – and I think it is important that it is set out in the act rather than in regulations, or actually a lot of things are being left to regulations that we're not going to get to see here in this House, that aren't in the legislation. But the committee that is being put in place is important. It will have two patient representatives on the committee, the Deputy Minister for Health and Community Services, and two safety officials from the health – not the Health Sciences Centre. I forget what HCS stands for; I should know –

AN HON. MEMBER: Health and Community Services.

MS. MICHAEL: Yes, right; Health and Community Services: two safety officials from Health and Community Services and the vice-presidents of patient safety from each of the regional health authorities, and one or more patient safety physicians.

When I asked about the patient representatives, I liked what I was told. They will actually go through the Appointments Commission, so people out there can really think about who to get, put their name in to get nominated and go through the Appointments Commission to be on this committee, it's going to be extremely important. I'll have to end there, Mr. Speaker. I could go on, but I'm going to have to wait I guess for Committee.

Thank you.

MR. SPEAKER: The Speaker recognizes the Member for St. George's – Humber.

SOME HON. MEMBERS: Hear, hear!

MR. REID: Thank you, Mr. Speaker.

It's great to have an opportunity to get up and speak on this very important bill today, the *Patient Safety Act*. As the name states, it's about patient safety. But it's also in a large respect

related to the confidence that people have in the medical system in this province, Mr. Speaker. It's about confidence; it is about restoring confidence in the system.

Today I'm going to keep my comments relatively brief, Mr. Speaker. There are some things I want to do; I want to give a little bit of background of where this bill came from. I want to go through some of the main provisions of the bill and to make some comments and observations on each of those. Also, I want to make some overall comments about the legislation and the bill, Mr. Speaker.

So Bill 70, as other speakers have noted, is a response to two reports that were released in the late 2000s: the *Task Force on Adverse Health Events* and the *Commission of Inquiry on Hormone Receptor Testing*, commonly known as the Cameron inquiry. Those two reports really provided an overview of some problems that existed in the system.

And based on that review, and the problems that had occurred, there were some, really, doubts in the system as it existed then, Mr. Speaker. With the release of those two reports, there were measures taken by the government of the day to improve patient safety, taken immediately upon the release of these reports. Bill 70 is really a continuation of those actions in relation to those bills and those problems that existed in the system at that time.

So it involves the creation of a better, more consistent and province-wide framework in relation to patient safety. That's what this legislation is all about, that's what it's trying to achieve.

The specific items in this bill relate to reporting, investigations and release of information; quality assurance committees, the establishment of these committees; disclosure of incidences to patients and families; and patient safety advisory committees, the establishment of those in hospitals, Mr. Speaker.

In terms of reporting, Mr. Speaker, I'm going to go through each of those items now and give a little bit of information about those, and give some reflections on the necessity of these sorts of things.

Certain indicators will be specifically regulated, which will be reported publicly. This could include things like the Minister of Health mentioned. Hand hygiene could be one report. Another report could be infection rates and things like that. So the idea there is, I think, that if this information is publicly available, then people have a right to see what the problems in the system are, and if they don't think the rates of hand hygiene or the infection rates are acceptable, then they have an opportunity to lobby government, to put pressure on government to push and to bring to light some possible alternatives.

So the full idea, the principle that patients have a right to know what is the state of the system they're going to for service is a very important part of maintaining the confidence in that system. Things aren't hidden, they're there, they're available and people can get the information if they want, Mr. Speaker.

Another aspect of this provision is reviews and investigations. Procedures and regulations will be developed on how to handle reviews and investigations. The procedures will become more formalized than it had been in the past.

Although we've had investigations, and different regional health care boards may have had provisions for how things are going to be investigated, this legislation makes it more consistent across the province. The type of investigation that would be done in one hospital is the same as would be done in another hospital. So it's good to have that consistency, and that as well adds to the confidence in the system.

There are also stronger requirements for reporting to the minister, Mr. Speaker. That's one of the things that came out in the Cameron inquiry. When do you report an incident to the minister? When is it significant enough to report, to involve the minister? Those were some things that came out of the Cameron inquiry and I'm pleased to see that these requirements are being strengthened in this piece of legislation here that we're debating today.

Quality assurance committees; right now, we have quality assurance committees in regional health care authorities but this legislation requires the establishment of quality assurance

committees in each regional health authority. While they currently exist, the legislation requires province-wide consistency in their operation and in their terms of reference. So it provides that consistency. It ensures they are working in a proper way that is consistently applied across the province through various regional health authorities.

Also, further activities will be undertaken in terms of quality assurance activity committees, and these may be related to specific events that occur or instances that occur. It may also relate to situations related to one specific hospital or one specific regional health authority. These quality assurance committees are going to be more rigorous, they're going to be more involved and they're going to be more formalized and consistent across the province. So that's a good measure as well. I think that is something people can expect to be applied and there should be an expectation of that.

Disclosure is another item that's dealt with in this piece of legislation, Mr. Speaker. The regional health authorities will now be legally mandated to disclose to patients and their families, adverse health events. They're legally required to tell the patient if something has gone wrong. They're legally required to tell the family or the patient that something has gone wrong.

Now, while they currently maybe operating under an ethical requirement that they do that, it's not a legal requirement. This piece of legislation makes that requirement a legal requirement. So it's very important to see this piece of legislation include that provision, Mr. Speaker.

For example, if a patient gets the wrong drug or gets the wrong dosage, or, as the Member for Signal Hill – Quidi Vidi mentioned, if the person gets a medication they're not supposed to have gotten, then there is a requirement for this to be disclosed to the patient or to the patient's family. It's outlined in the legislation what the requirements are for disclosure. The facts surrounding the event, you have to tell the patient, tell the family what happened. You have to tell the consequences to – what are the consequences to the patient? What are the possible harmful effects? What could happen to the patient because of this mistake that has happened?

You have to detail the health services that are being provided as a result of this event, to mitigate the problems that could result from this event. So there's that sort of requirement for disclosure, and any form of recommendation that is being made in relation to this event also has to be made available to the patient and the patient's family.

So it's really: What happened? Why did it happen? What are the consequences of it happening, and what provisions are going to be taken to ensure that this doesn't happen again? What recommendations are going to be made as result of this event? It's part of the recommendations that are being brought forward as well.

Mr. Speaker, another provision in this bill, Bill 70, *Patient Safety Act* is patient safety advisory committees. The legislation also provides for the establishment of a Provincial Patient Safety and Quality Advisory Committee and outlines the representatives who will serve on this committee. So it provides for the committee and it outlines who should serve on this committee and it's a very important part of improving patient safety, improving confidence in the system, the health care system in the province.

I guess in summary, this bill is about improving patient safety. It's about improving confidence in the system. It's about rebuilding confidence after we had some things happen in the system that need to be changed, and it's a very detailed sort of provision of, okay, what is actually going to be done?

In closing, I just want to congratulate the minister and the people in the department on the things they've done to bring about this piece of legislation, to bring it to this House. I'm very pleased to be able to participate in the debate.

As I went to the briefing the other day, I noticed the Minister of Health was there. He had detailed examples of how this would change practice in hospitals. So I think we're very lucky to really have him in the position he is and to be able to look at bringing this type of legislation forward here in the province.

Also, I have to say the minister's parliamentary assistant; I know he's very efficient in what he does as well. He's very astute in terms of recognizing problems and how they can be solved. So I think they're a very dynamic team and the fact that they've been able to bring forward this type of legislation is very important.

So, next, after this piece of legislation is passed, then we'll go on to look at the more detailed aspects of the legislation in Committee and then for the final approval. But it's very good to see all sides of the House to work co-operatively in discussing and negating this piece of legislation.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Stephenville – Port au Port.

MR. FINN: Thank you very much, Mr. Speaker.

It's certainly great to stand today and add my voice to the debate for just a few moments. I believe a lot has already been covered. The Member for Gander and the hon. Minister of Health has done a great job in his opening remarks and we'll certainly hear from him shortly, I think, in terms of wrapping up debate. But for those who are listening and for the record, today we're discussing Bill 70, An Act Respecting Patient Safety and Quality Assurance in the Province.

Earlier this morning, the minister held a press conference and outlined a number of the initiatives and I guess some of the key features of this legislation. I will say, having attended the briefing just the other day, it seems a bit complex, but that's primarily due to some of the legal ramifications around the *Evidence Act* and what is permissible and not permissible and as well it's around the *Public Inquiries Act*.

With those two pieces aside, essentially this legislation is just looking to standardize quality assurance processes and reporting with our regional health authorities. As the minister had alluded to, as well as his parliamentary secretary earlier, it's not that any of the regional health authorities aren't doing this work now, but this is merely a measure to ensure that there's a consistent approach across the province and a consistent approach through all of the regional health authorities.

So we're going to impose a positive duty on them to provide patients, their families and the public with information relevant to care provided within the health care system. Certainly creating a mechanism whereby learnings related to close calls, occurrences and adverse health effects are shared amongst the regional health authorities. We're also providing some legal protection of quality assurance information that does currently not exist.

As the Member for St. George's – Humber alluded to in his remarks, there certainly will be a number of quality assurance committees developed within the regional health authorities. Within that as well there will some subcommittees and the subcommittees would be looking at quality assurance activities on a bit more of a smaller scale.

One of the interesting things in this as well is that these committees will then report to a provincial patient safety and quality advisory committee that will be established as a result of this legislation. On this committee we will also have some public representation; I guess, noteworthy, is that that public representation will be brought in through the Independent Appointments Commission. So there will be an opportunity for anyone who has any great interest in patient safety and what that means and what that means as it relates to the regional health authorities, there will be an opportunity for the public to apply for this position and that would then be dealt with by the Independent Appointments Commission.

So I guess we're putting in place some real legal framework for quality assurance and ensuring that each regional health authority can then talk to another. As in the past, this wasn't a common practice. Regional health authorities would have held this type of information on any adverse health effects or any instances; they would have held this information in high confidentiality. We're allowing the regional health authorities now the mechanism which they can speak with each other.

With that said, this legislation being brought on – I'm terribly sorry, I'm just looking over at the Minister of Health here; he's just giving me a little nod of encouragement as I try and articulate what's certainly a complex piece of legislation to some degree. This was brought on, as mentioned, by two reports that were released in the late 2000s, and two reports which most of the Members here and certainly a lot of the public would be familiar with. So it's great to see that running on the heels of Justice Cameron's report, we're able to bring this legislation in today.

With that said, I'm not going to take us much further, Mr. Speaker. I have no trouble supporting the bill, as I understand most Members here and across all sides seem to have great support for this legislation. But with that, I'm going to take my place today and I'm going to let the Minister of Health take us with his concluding remarks in wrapping up second reading in debate today.

Thank you very much, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

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

If he speaks now, he shall close debate.

MR. HAGGIE: Thank you very much, Mr. Speaker.

I've caught something off my parliamentary secretary.

SOME HON. MEMBERS: Oh, oh!

MR. HAGGIE: It's heartening to listen to the comments from all sides, which are broadly supported. And I'm grateful for the comments from all parties and all sides.

The Member for –

AN HON. MEMBER: Signal Hill – Quidi Vidi.

MR. HAGGIE: – Signal Hill – Quidi Vidi, thank you very much.

AN HON. MEMBER: St. John's East – Quidi Vidi.

MR. HAGGIE: – St. John's East – Quidi Vidi – my apologies – was right; the *Apology Act* was 2009. The *Apology Act* actually simply made it straightforward for health care providers to actually apologize for an adverse event without that apology having any legal implications or undertones. So it wasn't by doing such, which had been the fear at the time, that it was some kind of admission of liability or error. So it was a step – and as others have alluded to, this legislation is part of a road towards a better quality framework and a safer system.

It is a systems- based look at legislation. Currently, for example, paramedics, they are actually regulated through provincial medical oversight, which is actually an offshoot of Eastern Health. So incidents that might occur in that arena with any licensed paramedic would actually feed back into the RHA system because of that. And as has been alluded to already, there are lots of reports – there are two Fitch's reports and Pomax report, for example, that discuss how we can do better with the dollars that we spend on ambulance services.

We have community ambulances who are, in some areas, part of the glue, the fabric of smaller communities. There are generations of people who've worked on the ambulance or their training and served their communities, and that spans the altruistic spectrum all the way to the more business-like arrangement. And certainly in the future, I think, we need to look at how we get the best value for the dollars that we put into the ambulance system.

This legislation is based on other jurisdictions to some extent, where really they have focused on the provincially funded health care system. If you look at solo practitioners in the medical field, for example, the systems issues they're going to encourage are going to be fairly limited and fairly straightforward. Often what happens in those environments is an issue becomes one about competency or skills or standards, or practice variation.

One, in actual fact, is outside the remit of this even if it is an RHA-run facility. The other, we are starting to develop tools to address in

different directions. I think whilst it's all part of a quality assurance process, it probably needs to be nuanced for the fact that there are differences in practice styles between people who work in groups and those who don't.

So I take the comments about the private practitioner element but really I think those will be addressed over time in other ways. This is a unifying piece of legislation with a theme which lends itself to this approach and it's tidier, in some respects, as a next step.

With regard to the Child and Youth Advocate, we have actually had fairly significant discussions between Health, as well as Children, Seniors and Social Development, about the whole issue of adverse effects or adverse events in children. I think the feeling is that's better dealt with separately as a specific area of concern given the prominence that children's issues have currently in the province. So it wasn't from neglect, it was simply from a different focus.

So with that, I would draw to a close the debate around second reading. I look forward to any exchanges around questions that might arise during Committee.

I thank the Members on both sides of the House for their support.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER (Osborne): Is the House ready for the motion?

SOME HON. MEMBERS: Yes.

MR. SPEAKER: The motion is that the bill be now read a second time.

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

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

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

Carried.

CLERK (Murphy): A bill, An Act Respecting Patient Safety And Quality Assurance In The Province. (Bill 70)

MR. SPEAKER: Bill 70 has now been read a second time.

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

MR. A. PARSONS: Tomorrow.

MR. SPEAKER: Tomorrow.

On motion, a bill, "An Act Respecting Patient Safety And Quality Assurance In The Province," read a second time, ordered referred to a Committee of the Whole House on tomorrow. (Bill 70)

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

MR. A. PARSONS: Yes, thank you, Mr. Speaker.

Given the hour of the day, I move, seconded by the Minister of Education and Early Childhood Development, that the House do now adjourn.

MR. SPEAKER: The motion is that the House do now adjourn.

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

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

Carried.

This House now stands adjourned until 10 a.m. tomorrow, being Wednesday.

On motion, the House at its rising adjourned until tomorrow, Wednesday, at 10 a.m.