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*Speaker: Honourable Perry Trimper, MHA*

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The House met at 1:30 p.m.

**MR. SPEAKER (Trimper):** Order, please!

Admit strangers.

In the Speaker's gallery today, I'd like to welcome Ms. Amber Costello, who will be the subject of a Member's statement. She is joined by her parents, Stewart and Sherryl Costello.

Welcome.

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

**MR. SPEAKER:** In the public gallery today, I'd like to welcome Ms. Madison Barrow, who is joined by her parents Don and Glendene Barrow. Madison will be the subject of a Member's statement today.

Welcome to you as well.

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

#### Statements by Members

**MR. SPEAKER:** Today we'll hear statements by the hon. Members for the Districts of Ferryland, Bonavista, Mount Pearl – Southlands, Labrador West, St. John's East – Quidi Vidi, Harbour Main and I understand the hon. Minister of Health and Community Services, the Member for Gander, has leave to make a statement today.

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

**MR. SPEAKER:** Thank you very much.

The hon. the Member for Ferryland.

**MR. HUTCHINGS:** Thank you, Mr. Speaker.

Mr. Speaker, I rise today to recognize the 40th anniversary of the Witless Bay Volunteer Fire Department and the members who have served in the past and serve today.

I want to acknowledge and say thank you to our many volunteers as well as those over the years who have given so much to the region's protection and well-being. The hours that each firefighter volunteers give peace of mind to the

residents of our communities and ensure them that they have someone to rely on in the event of a fire or any type of emergency.

The Witless Bay Volunteer Firefighters have performed many heroic and lifesaving acts over the past 40 years and are to be commended for their dedication and commitment. There are many challenges that face first responders today in carrying out their duties and the Witless Bay Volunteer Fire Department have done remarkable work, and over the years have lived up to that challenge. I also want to recognize the partners, spouses and families of the members for their continued support.

I ask all Members of the House of Assembly to join me in congratulating the Witless Bay Volunteer Fire Department on their 40th anniversary and thank them for the past 40 years of service.

Thank you, Mr. Speaker.

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

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

**MR. KING:** Thank you, Mr. Speaker.

Provincial scholarships were recently announced, and I'm honoured to stand here today and recognize three bright young people from my district who were recipients. These scholarships are awarded to high achievers who just finished high school, are attending a post-secondary institution and are based on results from public exams. Ultimately, it's the culmination of years of hard work and dedication as it relates to their secondary education.

The Electoral District Scholarship, valued at \$1,000, is awarded to three high school graduates in each district who achieve the highest Department of Education and Early Childhood Development scholarship score.

In the District of Bonavista, Stacie Abbott and Lauren O'Driscoll of St. Mark's School and Brittany Pitt of Heritage Collegiate were the recipients. These three young women and future leaders have certainly done their schools and

communities proud. I'm sure that they will go on and do amazing things in life.

I ask that you join me in congratulating them and wishing them success in the future.

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

**MR. SPEAKER:** The hon. the Member for the District of Mount Pearl – Southlands.

**MR. LANE:** Mr. Speaker, it's my privilege to stand in this hon. House to recognize the tremendous success which was the 29th Annual Mount Pearl City Days celebrations.

Once again this year, the festivities included various activities for citizens of all ages and interests including: a family outdoor movie night, a pig roast, a picnic in the park, a senior's afternoon tea, a classic car and motorcycle show, a drive-in movie and a community breakfast. A new addition to the festival this year was Neveah's lemonade stand in support of children who are battling cancer.

As in past years, the festival culminated with the big birthday bash, which saw thousands of residents and visitors gather at the Ruth Avenue Sportsplex to participate in fun activities, games of chance and take in some of the best entertainment that Newfoundland and Labrador has to offer, including the Masterless Men and the Navigators.

Mr. Speaker, as I'm sure you can appreciate, any festival of this magnitude would not be possible were it not for the hard work and co-operation of a number of community partners.

I would therefore ask all Members of this hon. House to join me in congratulating the City of Mount Pearl, the City Days Advisory Committee, the various community groups and organizations, community sponsors and all of the community-minded volunteers who contributed to the great success story which was City Days 2017.

Thank you, Mr. Speaker.

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

**MR. SPEAKER:** The hon. the Member for the District of Labrador West.

**MR. LETTO:** Thank you, Mr. Speaker.

I rise in this hon. House today to recognize the success of Labrador West's 14th Annual Alvin Parrill Hockey Tournament.

Even Mother Nature wasn't going to put a damper on the 47 hockey teams and 600 players that gathered in Lab West from all over Labrador and Quebec, despite the 45 centimetres of snow that fell in less than 48 hours.

This is the only tournament in the province that includes every division and there were lots of great memories made during the long weekend.

The winners in each division got a banner to take home and hang in their arena. This year the banners went as follows: Midget, Churchill Falls; under 20 female, Lab West; Bantam, Lab West; Peewee, Goose Bay; and Atom, Goose Bay. There was an MVP award given to one player on each team for every game played who worked very hard and never gave up, despite the outcome.

The planning behind such an event comes from countless hours of hard work and commitment from a great group of organizers and, without them, this event would never happen.

I ask all hon. Members to join me in thanking them for their dedication, year after year, to make this event a huge success and congratulations to all teams.

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'm happy to rise to congratulate a young constituent who has had recent success in provincial debating.

Grade 12 student John Harris participated three weeks ago in a debate organized by the Roderick J. White Foundation for Science and Reason in Society, or SARIS, a local education and advocacy group. SARIS is a charitable organization based on advocating for evidence-based reasoning in all aspects of public life.

John Harris and his debating partner, Hannah Breckinridge, first competed against 10 other teams at an invitational tournament, organized by the Newfoundland and Labrador debate union, in order to qualify for the SARIS debate and lecture. The championship topic the two qualifying teams debated was: Should Prison be Punitive?

These top two teams debated in front of a live audience at Memorial University on a serious and challenging topic. John's team ultimately placed second, and all four youth participants took home scholarship prize money from SARIS.

Congratulations to John Harris and the other student debaters: Hannah Breckinridge, Henry La Prairie and Luke Battcock, who participated in the tournament and SARIS debate.

I ask all hon. Members to join me in congratulating these young people on their success and wish them the best in their future debating careers.

Thank you, Mr. Speaker.

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

**MR. SPEAKER:** The hon. the Member for the District of Harbour Main.

**MS. PARSLEY:** I rise in this hon. House to recognize Amber Costello, a young woman from my district who was presented with the Future Leader Award at the 2017-2018 Miss Achievement Newfoundland and Labrador Scholarship Program gala held at the Holy Heart Theatre in St. John's last evening.

Amber is the daughter of Stewart and Sherryl Costello of Conception Harbour and the granddaughter of the late Wilf Doyle, the first Newfoundlander and Labradorian to cut a record.

The Future Leader Award recognizes a participant who has faced obstacles and, despite these challenges, has continued to succeed. The award carries with it a \$500 scholarship.

Mr. Speaker, despite living with a learning disability, 14-year-old Amber, a student at Roncalli Central High School in Avondale, works extremely hard to maintain an honours average. Within her community she is a volunteer, gives countless hours to St. Anne's parish and Woodford's Comfort Manor.

I had the privilege of attending the Miss Achievement awards gala, which awarded nearly \$10,000 in scholarships to many exceptional young women like Amber.

Mr. Speaker, I ask all Members of this House to join me in congratulating Amber Costello on her accomplishments and wish her every success in her future endeavors.

Thank you, Mr. Speaker.

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

**MR. SPEAKER:** I don't get to say this very often: The hon. the Member for the District of Gander.

**MR. HAGGIE:** Thank you very much, Mr. Speaker, and thank you to my colleagues.

I rise in this Hon. House today to recognize the achievements of constituent Madison Barrow of Gambo. Madison is the daughter of Don and Glendene Barrow and is currently a grade ten student at Smallwood Academy.

Madison is an Encounters with Canada alumni and was invited to apply to be one of the Government of Canada youth delegates for the 100th Anniversary of the Battle of Passchendaele. This application included writing an essay and she chose to write about her great-great-grandfather Eleazar Saunders who was wounded during the Battle of Passchendaele in 1917. She was chosen to participate in the journey, along with four other youth from across Canada.

The first leg of her trip took her to Ottawa where she read at the National War Museum's

remembrance candlelight vigil. She then travelled to Lille, France to attend the 100th Passchendaele Anniversary in Ypres, Belgium.

Madison participated in a variety of ceremonies including: the Last Post ceremony at Menin Gate Memorial; the Ceremony of Remembrance at the St. Julien Canadian Memorial; Sunset Ceremony and Vigil at Passchendaele Canadian Memorial; a ceremony at the John McCrae Memorial; and a ceremony at Hill 62 Canadian Memorial, where she shared her essay.

Madison was also one of the Newfoundland and Labrador ambassadors that went to Beaumont-Hamel in 2016 to commemorate the anniversary of that battle. She was selected at a Heritage Fair because of her project about her great-great-grandfather.

Madison has a keen interest in the history of World War I and II as a result of her grade eight social studies teacher, Ms. Joanne Broders. She has a great respect for our veterans past and present who served to protect our country.

I ask all hon. Members to join me in congratulating Ms. Madison Barrow of Gambo while concluding with Madison's own words: "May we be challenged by our Veterans' devotion to give our best to our families and country as well."

Thank you, Mr. Speaker.

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

**MR. SPEAKER:** Statements by Ministers.

#### Statements by Ministers

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

**MR. KIRBY:** Mr. Speaker, I rise today in this hon. House to recognize November 20 as National Child Day, a celebration of children's rights.

Members of this House of Assembly are wearing blue ribbons today to recognize National Child Day, which commemorates Canada's adoption of two documents focused on children's rights: the United Nations Declaration of the Rights of

the Child and the United Nations Convention on the Rights of the Child.

National Child Day demonstrates our commitment to ensuring all children are treated with dignity and respect. This commitment includes the opportunity for children to have a voice, to be protected from harm, to be provided with their basic needs, and to have every opportunity to reach their full potential.

Mr. Speaker, this morning I had the opportunity to celebrate National Child Day with children and early childhood educators at Family and Child Care Connections. The centre is a community-based, non-profit early learning family resource that provides a variety of programs, services and supports to parents, family home child care providers and others.

Our government is committed to enhancing access to exceptional and affordable early learning and child care opportunities during these important early years of development.

Mr. Speaker, I ask parents, early childhood educators, teachers and other community members to remain ever mindful of the commitments that are celebrated on National Child Day. Working together, we can ensure the rights of children are respected, that each child has access to the endless opportunities around them, and that children are recognized as important members of our community.

Thank you, Mr. Speaker.

**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. This side of the House would also like to acknowledge November 20 as National Child Day. The adoption of the United Nations Declaration of Rights of the Child and the United Nations Convention on the Rights of the Child are an invaluable testament to the fact that as a society it is incumbent that we give advice to those who are vulnerable, and we ensure that

children are provided with their basic needs and protected from harm.

All 40 Members of the House may quite often disagree on public policy and the way in which it is administered, but I'm confident each and every one of us will always ensure the children of Newfoundland and Labrador are treated with dignity and respect.

The spirit of National Child Day must be acknowledged and celebrated every day by governments and legislators so that all children of Newfoundland and Labrador have increased opportunity to reach their full potential.

Thank you, Mr. Speaker.

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

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

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

I, too, thank the minister for the advance copy of his statement. I'm pleased to commend the work of Family and Child Care Connections in supporting families and child care providers.

Government says it is committed to ensuring that children are treated with dignity and respect, that their needs are met and that they can reach their potential, but I ask what is government doing about the large number of food bank users in this province who are children; about child poverty; about child care that is available only to a minority of those who need it; and about the lack of respect for the rights of deaf and hard of hearing children in the province, which is covered by the UN convention, Mr. Speaker?

Thank you.

**MR. SPEAKER:** Further statements by ministers?

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

**MR. HAWKINS:** Thank you, Mr. Speaker.

The Workforce Innovation Centre at College of the North Atlantic's Corner Brook campus supports innovative research and projects to help Newfoundlanders and Labradorians gain and maintain sustainable employment. Four inaugural projects have now been selected to share more than \$1.7 million in funding.

These projects were selected based on their alignment with our government's vision for private sector job creation and economic development in *The Way Forward* and our Immigration Action Plan. Priority was also given to projects that address emerging issues and support the ongoing efforts of the Cabinet Committee on Jobs, especially building a skilled aquaculture, agriculture and technology workforce.

Mr. Speaker, the Genesis Centre will explore ways to increase the number of female and immigrant technology entrepreneurs; Hospitality Newfoundland and Labrador will support rural workers who wish to transition to the tourism sector; the Social Research and Demonstration Corporation will deliver an innovative aquaculture training model for entry-level positions; and the Association for New Canadians, in partnership with Memorial University's Grenfell Campus, will implement a program connecting refugees with agriculture employment opportunities.

By tapping into the passion, ingenuity and exciting new ideas of these partners, the Workforce Innovation Centre will help us build a stronger, more diversified economy and an even brighter future for Newfoundland and Labrador.

Thank you, Mr. Speaker.

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

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

**MR. PETTEN:** Thank you, Mr. Speaker.

Mr. Speaker, the minister stood today and provided some basic information on the Workforce Innovation Centre, for which I hope will produce positive results. I'd like to focus my response – the minister claims this was

brought about because of the Liberal government's vision for private sector job creation, economic development and the Immigration Action Plan.

Before the minister begins to beat his chest about these economic initiatives, it should be noted that the actions taken by the Liberals have put the economy into a tailspin. Their own numbers confirm it. The number of private sector jobs has plummeted, there are fewer opportunities for new graduates and the province is no longer viewed by immigrants as an attractive place to live compared to only a couple of years prior.

As a person who loves this province, I want nothing more than to see it succeed and I wish the Workforce Innovation Centre the very best. I also wish to acknowledge the minister in trying to resuscitate an economy that was smothered by his own Liberal government.

Thank you very much.

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

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

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

**MR. SPEAKER:** Order, please!

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

I, too, thank the minister for the advance copy of his statement. Diversifying the economy is critical to the future of Newfoundland and Labrador and we're glad to see these long, overdue investments, particularly the focus on supporting women, rural communities, immigrants and refugees; however, in the state that we are in, these initiatives alone won't be enough to address out-migration of young people from our province.

I have to ask the minister: What is government doing to encourage young people here and now to stay, work and live in the wonderful province that we have?

Thank you, Mr. Speaker.

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

**MR. SPEAKER:** Further statements by ministers?

The hon. the Minister of Service NL.

**MS. GAMBIN-WALSH:** Mr. Speaker, I'm pleased to rise in this hon. House today to congratulate Mothers Against Drunk Driving on the 30th anniversary of their Project Red Ribbon Campaign.

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

**MS. GAMBIN-WALSH:** Throughout November and December, MADD will distribute millions of red ribbons across the country. These ribbons serve to raise awareness of the terrible cost of impaired driving and honour the memory of those who have been killed or injured in impaired driving crashes.

It is important to remember that illegal and prescription drugs, as well as alcohol, can impair a driver's ability to safely operate a motorized vehicle.

Mr. Speaker, these deaths and injuries are entirely preventable and we all have a role to play in reducing these statistics.

This morning the Minister of Justice and Public Safety, the Speaker of the House of Assembly and I attended the provincial launch of this year's campaign at the Royal Newfoundland Constabulary Headquarters.

This year, RNC officers will show their support for Project Red Ribbon by lacing up their boots with red MADD Canada laces.

I commend MADD for their dedication to Project Red Ribbon over the past 30 years and for their valuable contribution to this most important cause.

I encourage all Newfoundlanders and Labradorians and my colleagues in this hon. House to participate in the 2017 campaign.

Thank you.

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

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

**MR. K. PARSONS:** Thank you very much, Mr. Speaker.

I want to thank the minister for an advance copy of her statement. Mr. Speaker, we also congratulate Mothers Against Drunk Driving on their 30th anniversary on the Project Red Ribbon Campaign.

Last week, we stood to remember victims of road crashes and issues involved in road safety is certainly on the minds of all Newfoundlanders and Labradorians, and so it should be. As I said last week, road safety is a shared responsibility and we all must do our part.

I want to thank MADD for all the work that it has done and continues to do in raising awareness on a very important issue. I also want to thank the RNC officers for their support of this year's Project Red Ribbon Campaign.

Thank you very much.

**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 an advance copy of her statement. I join in thanking Mothers Against Drunk Driving for this annual effort to raise awareness of the damage caused by impaired driving.

The minister reminds us that deaths and injuries are preventable and we all have a role to play, but she didn't tell us what government's role will be in the future to increase road safety. There is more to prevention, Mr. Speaker, I say, than just attending an annual event.

Thank you very much.

**MR. SPEAKER:** Oral Questions.

### Oral Questions

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

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

Mr. Speaker, I ask the Premier if he will commit here today to the Muskrat Falls inquiry being completed and a report made public before the next general election.

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

**PREMIER BALL:** Thank you, Mr. Speaker.

Well, when you put together the terms of reference as something as broad and as far-reaching with such an impact as a terms of reference about the inquiry into the Muskrat Falls Project, Mr. Speaker, you speak with the Commissioner. Mr. Speaker, the Commissioner established a date, that being December 31, 2019. That was at the request of the Commissioner.

Now, Mr. Speaker, we know that Members opposite, the PC Party, the leader and all the other MHAs over there with the PC Party, they are used to directing people that should have their say, people like the PUB when they kicked them out of this process in March of 2012. When they asked for simply 90 days, they kicked them out, they shut it down. Mr. Speaker, we want to let the Commissioner have his say. The date was put in place by him.

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

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

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

I ask the Premier, then: You're saying this was the decision of the Commissioner; did you consult with anyone else about having the possibility of the inquiry and the report completed before the next provincial election?

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

**PREMIER BALL:** Mr. Speaker, I take exception with the fact that he would question



the advice of someone like Judge Richard LeBlanc. That is what he is saying there, Mr. Speaker. We've given the judge the time that he asked for, Mr. Speaker, for us to interfere in this established process.

Now, there's information that they might have, that they probably don't even need an inquiry about, so come on with it. I asked you for information on September 26, 2015; you weren't willing to come with it then. What is it that you were hiding then that you'd like to make public right now?

Mr. Speaker, we've waited two years for you to come clean on the Muskrat Falls Project and you haven't done it. The inquiry is in place. We will get the answers as –

**MR. SPEAKER:** Order, please!

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

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

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

This coming from the Premier of the province who hid oversight reports for 18 months.

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

**MR. P. DAVIS:** Mr. Speaker, 18 months under his watch, he intentionally hid oversight reports from the Oversight Committee. He's delaying. The report will now be delayed until after the next general election.

Premier, I can tell you I have nothing to hide, and if you want the people to know what's happening, make sure the inquiry happens and it's delivered before the next general election.

Will you do that, Premier?

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

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

**PREMIER BALL:** Thank you, Mr. Speaker.

Well, you know what? I have nothing to hide, that I can guarantee you. I've been speaking out

on this project when it wasn't popular to speak out on this project. When they were lining up like lemmings to lead people to doubling of electricity rates in this province.

Is that the legacy you still continue to stand behind? Are you now still saying that this is the best, that this is the legacy? This is the best project for Newfoundlanders and Labradorians, the doubling of electricity rates at a time when you said you were flush with cash? Did you put the money into the right project, Mr. Speaker, I ask the Member opposite? Is he still proud of the project that he sanctioned?

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

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

**MR. P. DAVIS:** Thanks, Mr. Speaker.

Well, let's find out and get on with the inquiry.

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

**MR. P. DAVIS:** In May of this year, we asked for a review done on the project. In June, the Premier finally spoke to it and said we can't do this now because it's going to disturb the project. Now, all of a sudden, on the eve of a by-election, interestingly enough, he announces he's going to hold the inquiry not to start until 2018, Mr. Speaker.

Mr. Speaker, 18 months they hid information. Why is it your inquiry does not include anything that's happened over the last two years?

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

**PREMIER BALL:** Thank you, Mr. Speaker.

Well, I will tell you right now, I for one will be glad to sit in front of the Commissioner and speak about my experience on the Muskrat Falls Project prior to becoming Premier and while being Premier, Mr. Speaker. So let's make that very clear.

Now, I would say to the Member opposite, what he should do is read the terms of reference of the inquiry. It goes back prior to 2012 and it goes on beyond that, Mr. Speaker.

I will comply. I will be more than willing to sit in front of the Commissioner and discuss my experience from the beginning to the end of this project. That you can guarantee.

Mr. Speaker, what I'd like to know is the Cabinet confidences that may be required. Are they willing to put that information out there, Mr. Speaker, because they hide it in the past?

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

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

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

The Premier wants to talk about the terms of reference. I'm fine to discuss the terms of reference.

Who developed the terms of reference, Premier?

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

**PREMIER BALL:** Thank you, Mr. Speaker.

It wasn't the Members opposite. They had all kinds of opportunity to have public input into the Muskrat Falls Project. Let's not forget, Mr. Speaker, this is the same crowd that kicked the PUB out. They told the people of the province: We have preplanning done, pre-engineering done, no worries about cost overruns, don't worry about scheduling. They said they had that all under control, Mr. Speaker.

Well, I tell you right now, the project speaks for itself. It's over schedule. It's over budget, and it's not on the backs of the men and women. Newfoundlanders and Labradorians are doing exactly what they've been asked to do. It's not about them.

This project is having an impact on both present and future generations, Mr. Speaker. We are pleased today to call this inquiry.

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

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

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

The Premier either forgot or intentionally neglected to answer the question.

It was very simple: Who developed the terms of reference for the Muskrat Falls inquiry?

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

**PREMIER BALL:** Thank you, Mr. Speaker.

Well, the terms of reference was put in place by Justice LaBlanc. There were some discussions that were had with the Minister of Justice and Public Safety. So these are the terms of reference that were put in place as a result of those meetings. As quickly as we could get those terms of reference out there, we did so.

Now, I want to address going back a few questions. Mr. Speaker, in June of 2016, this project was 48 per cent complete. As of September 30, 2017, just 14 or 15 months later, the project is now 85 per cent complete. The transmission line is virtually complete. It is now in the position to actually do this inquiry so we can get the information that people of this province deservedly need.

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

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

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

In a briefing provided to the Opposition after we heard this announcement was taking place, we requested it. We just received it a short time before Question Period started today. Officials advise that the Department of Natural Resources drafted the terms of reference for the inquiry. The Premier is saying today it was Justice LeBlanc who drafted the terms.

Premier, can you clarify that? Was it the Justice who drafted it, or was it actually the Department of Natural Resources that provided direction on it?

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

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

I'm happy to stand here and speak to the terms of reference for the Muskrat Falls inquiry, something that's been asked for by the people of this province.

I can say here in the House that there are a number of parties that had a say in this, including individuals within the Department of Natural Resources, the Department of Justice, all throughout government; but, at the end of the day, Justice LeBlanc would have also been involved in this process when it comes to the terms of reference.

What I can say, there were some exclusions. Nalcor was not consulted throughout this process and neither were the PC Party.

Thank you.

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

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

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

Just to clarify: Is the minister saying that the Department of Natural Resources did have input and was part of the process of developing those terms of reference?

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

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

Yes, the Department of Natural Resources would have had some input into the terms of reference, as well as the other parties that I named.

Thank you.

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

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

**MR. P. DAVIS:** So, Mr. Speaker, we have input from the Department of Natural Resources, the current minister has been a minister for two years. It's the same minister who has been identified in the terms of reference as the

minister responsible for the inquiry and it's the same minister who has made significant policy decisions about Muskrat Falls over the last two years.

I ask the Premier: Do you see a possibility of a conflict happening here? Maybe your minister may become a witness in this inquiry.

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

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

Certainly, what we have here I think is a very broad terms of reference.

I've said on numerous occasions, and the Premier said it today: When it comes to an inquiry, we want the facts. What happened? The second part we want is to ensure that the recommendations throughout will help avoid a situation like this happening again in the future. That's what happens in an absolute inquiry.

I can guarantee you, first of all, that the inquiry is independent. That's why it's not led by government; that's why it's led by a Justice. The second part is that I can guarantee you, everybody on this side would be ready to appear if compelled and put any evidence there, and I hope the Members on the other side would be prepared to do the same.

Thank you.

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

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

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

So the minister has confirmed that the Minister of Natural Resources, who's been identified as the minister responsible for the inquiry, the same minister who has made significant policy decisions over Muskrat Falls, the same minister who led the department full of staff, who has had total involvement with Muskrat Falls since the very beginning, is also a minister who Member's opposite say will testify.

My question was: Do they not see a conflict of interest?

Couldn't a different minister, other than the one who has been so closely involved with this over the last two years, have been the minister responsible and also someone other than her having been who drafted the terms of reference?

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

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

Again, I appreciate the questions from the Members opposite. What I would point out, there's one significant factor that he forgot in the line of questioning: that the current Minister of Natural Resources was certainly not involved in the sanction of Muskrat Falls as opposed to the Members on the other side.

At the end of the day, the *Public Inquires Act* allows for the justice of this independent inquiry to compel everybody – everybody – to appear, to give testimony, for the release of documents so that, at the end of the day, all the facts of this matter will be known. This will be an independent inquiry that's quite broad so that the people of this province get the full disclosure on what happened.

Thank you.

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

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

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

So the minister doesn't want to speak to it if it's a conflict of interest or potential conflict of interest or not, but I'll ask this because when I had the short period of time I had to look through the terms of reference once they were released this afternoon – and the Premier was heckling across here: It does include the last two years.

Does the scope of the inquiry include management and leadership of the project over the last two years or does it not?

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

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

I would say to the Member opposite that the good news is that we have Question Period again tomorrow and the day after, so we'll be happy to take questions on this absolutely every day because that's what the people of the province demand. It's too bad that they weren't more forthcoming with answers when they were sitting on this side of the House.

What I would point out, though, is that under the terms of reference, it talks about the fact that everything will come out, including reliable estimates of the cost to the conclusion of the project – to the conclusion of the project. We're talking about the beginning right to the end; everything needs to come out into the light of day.

Thank you.

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

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

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

Reliable estimates to the conclusion of the project apparently involve the decision and policy decisions made by that government since they've been in power or by Nalcor since they've been in power. Let's not forget, Mr. Speaker, earlier this year their Premier's handpicked CEO, the new CEO of Nalcor, announced no more surprises and, three months later, had an additional billion dollars added on to the cost.

Will that be part of the scope of the project?

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

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

Again, let me make this extremely clear to the Member of the opposite side, as well as to all the people of the province. This inquiry and its terms of reference, which will be led

independently by Justice LeBlanc, will have the power to compel anybody and everybody, to compel all of the evidence. We want absolutely every shred of information from the time that this was thought up until the time it's completed to come into the light of day under the watch of Justice Richard LeBlanc.

I say to the Member opposite, Nalcor, this government, your government, everything should be scrutinized.

Thank you.

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

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

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

I ask the minister if the Commissioner is able to add to the scope of the inquiry, if the Commissioner sees fit to do so.

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

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

As I stated earlier in my questioning, the Commissioner of this inquiry, Justice Richard LeBlanc, was actually consulted upon these terms of reference. These would not have gone forward unless he felt that this was all encompassing, whether it was broad enough to take in all the factors, as well as the date – this was not a date that was picked by this government; it's a date in which the Commissioner feels comfortable that they can get all the information done and to get this inquiry done in a full fashion.

So what I would suggest to the Member opposite, again, this is a very broad terms of reference for a very broad project and, at the end of the day, there will be independence so that he can get all of the information and all the answers that he and the people of this province need.

Thank you.

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

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

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

It's too bad the government didn't move on this back in May when it was first asked for and there would have been no trouble to have it completed before the next general election, if that was the case, Mr. Speaker.

So my question was if the Commissioner can add to the scope of the inquiry. That was the question that I asked, if he's able to do that, because there are times when something will come up during the inquiry which may lead the Commissioner down a road that wasn't previously seen or anticipated. If that were to happen, can the Commissioner add to the scope of the inquiry? That's the question, Mr. Speaker.

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

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

The terms of reference, there was consultation with Justice LeBlanc. This will be done independently; this will be done to allow the justice to get all the information that they need.

Again, the terms were specifically drafted to be broad enough to allow for all concerns to be brought forward. What I would say is it's awfully low that the Member on the other side, his only concern is that this be done before the next election. It's too bad that they didn't think about the people of this province and not their own election prospects.

Thank you very much, Mr. Speaker.

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

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

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

I don't know, the minister is trying to say my only concern – we have a lot more concerns than what he's pointing out there. The Premier himself identified this as attached to politics in the very beginning, so I can't help but wonder.

They announced it on the eve of a by-election when it's not going to start until 2018. The Commissioner wasn't available to attend their announcement today and they're not going to have it finished until after the next general election, so we can't help but wonder – especially when he raised it in his own press conference, Mr. Speaker.

My understanding is the Commissioner can add to the scope of a public inquiry, but he would have to go through Cabinet to ask for that. My question is: If the Commissioner asked to broaden the scope of the inquiry, will the government commit to making sure the public is aware of that request?

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

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

It is unfortunate that Justice LeBlanc couldn't be here today. Unfortunately, he is actually down handling court matters and we didn't want to take away from that.

This is something that we've been working diligently on to go out there for the people of this province. They've been asking a lot of questions and up until two years ago, they certainly weren't getting any answers.

We want all the facts out there. We want all the information out there. We're willing to do what we can on this end to get that information out there because what's the point of doing an inquiry that doesn't answer the questions that the people have?

The question I have for the Member opposite: Is he willing to make sure that he puts all the information that he knows about in front of the Commissioner?

Thank you.

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

**MR. SPEAKER:** Order, please!

First and final warning, I remind all hon. Members I will not tolerate interruptions when I've identified a Member to speak, please.

The hon. the Leader of the Official Opposition.

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

My questions are about the scope of the inquiry. In my first review of this today, and we will have more time to review it in the coming days, later today and in the coming days, was about advancing the scope of the inquiry if the Commissioner so desires. Members opposite are not asking that.

The inquiry regulations do not lay out clearly that they'll review all the decisions and policy decisions made over the last two years.

I ask the Premier of the province: Will you make sure a full review of all decisions made over the last two years is included as part of your inquiry?

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

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

I'm certainly happy to have someone of the calibre of Justice LeBlanc handling this because anybody that knows him knows of his thoroughness, knows how he is going to want all the information out there.

What I can say in case there's any – I thought there was some clarity over the last number of answers that the Premier and I have given. We're going to put absolutely everything we are asked and more in front of the Commissioner from the last two years. We have nothing to hide. I'm wondering if politicians on the other side and from previous will make sure that they do the same.

Thank you, Mr. Speaker.

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

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

**MR. P. DAVIS:** Mr. Speaker, I can assure you Members on this side of the House, current and previous, will do everything we can to support and assist this inquiry and all the work that it does. I can assure you of that.

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

**MR. P. DAVIS:** As I've said many, many times, I have nothing to hide. I asked for this inquiry back in May when the Premier was dodging it. It's not until five months later they finally call an inquiry, and interestingly enough the results are not going to be back until a couple months past the next general election, Mr. Speaker, so I can't help but ask about it.

The terms of reference don't clearly outline decisions made over the last two years. Why is that, Premier?

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

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

Again, I'm hearing an echo because it's the same question that was just asked and I'm pretty confident that we gave an answer.

The terms of reference are sufficiently broad to ensure that everything that needs to be in front of the Commissioner, in front of the people of this province, will be out there. This is not something that's going to be, as with the previous administration, done under the cloak of darkness. This is going to be done out there and televised right out in the public eye.

We are certainly happy to release Cabinet confidence as it relates to this process to ensure that this administration's decisions are put out there in the clear. I hope that the Members on the opposite, including those that were around for sanction and before, will ensure that all that information is put in front of the Commissioner, too.

Thank you, Mr. Speaker.

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

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

**MR. BRAZIL:** Thank you, Mr. Speaker.

On Thursday, in the House of Assembly, the Minister of Health blamed communications for the cancellation of cancer treatments last week

in Grand Falls-Windsor. He stated that the error was rectified. Just one day later, on Friday, only one nurse was on staff when a patient showed up for treatment, and treatment was delayed yet again.

I ask the minister: How can you blame communications when staffing appears to be the issue?

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

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

If the Member opposite had fact checked he would find that the patient in question arrived early for their appointment and began their treatment exactly at the appointed hour and was assessed on time. There were no challenges with staff. The place was staffed fully, and no one was cancelled on either day.

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

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

**MR. BRAZIL:** Well, Mr. Speaker, that's not our understanding and it's definitely not the media's understanding of what went on last Friday.

The Department of Health noted last week that it was reviewing workflow and a model of nursing practices to be created.

Why did the minister blame it on communications issues when his own department clearly states it's a staffing issue?

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

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

As I referenced in the House last week, Eastern Health, who run the cancer care program, were asked to investigate. There was no problem with staffing on that day. The unit was fully staffed. We have gone back with the assistance of the union to inquire about the communication error.

That has been rectified and will not happen again.

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

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

**MR. BRAZIL:** Thank you, Mr. Speaker.

His own department confirmed what the cancer patients had said was correct, yet the minister still tries to blame the situation on everything and everyone else.

Does the minister feel that a core staffing review is required in our health care system?

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

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

Thank you very much for the question. We continue to work with the Registered Nurses' Union around staffing. One of our challenges is – whilst we have a very valuable contribution from nurses, we're blessed with them, and we actually have more per capita than any other jurisdiction in Canada, our challenge is to get best value for them. We are committed with them and have joined with them on a workforce review management strategy and that's actually in the process of being worked through as we speak, Mr. Speaker.

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

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

**MR. BRAZIL:** Thank you, Mr. Speaker.

My understanding from last week's incident was that a nurse had to be sent from Gander to help to do treatment in Grand Falls-Windsor.

How can cancer patients have confidence that staffing shortages won't continue to be a constant issue when it comes to cancer treatments?

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

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

Cancer chemotherapy is administered by nurses who receive extra training. The program is run by Eastern Health on a provincial basis. It is not at all unusual for staff to go from one centre to another.

Just in case the Member opposite gets worried, I'll warn him now, there is a staff member from Eastern Health going out there next week for further training for the staff in Grand Falls. So before he blames us for having staffing issues out there, this is an education piece and it's part of routine activity in the health care system, Mr. Speaker.

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

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

**MR. BRAZIL:** So, Mr. Speaker, what this sounds like is that we have a funding issue here for Central Health versus Eastern Health, not an education issue here.

Last week, patients began to speak out against the minister's statement. Has the minister personally contacted the patients impacted and personally apologized for his department causing them undo stress?

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

**MR. HAGGIE:** Just to correct a factual inaccuracy, Mr. Speaker, this entire program, wherever it is located in the province, is actually funded through Eastern Health.

As to the individuals concerned, certainly my staff and Eastern Health staff have reached out on more than one occasion to the individuals involved.

The issue around last week in Grand Falls was one of communication, not staffing. There is no suggestion that the system is inadequately funded or inadequately provided for in any way.



If there are any future concerns by patients and their family, I'll be happy to hear them, Mr. Speaker.

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

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

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

A forensic audit of the Muskrat Falls Project is key to understanding what has gone wrong.

I ask the Premier: Why didn't he make a forensic audit a condition of the terms of reference for the Muskrat Falls inquiry?

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

**PREMIER:** Thank you, Mr. Speaker.

Well, I know the Member opposite is very eager to get on with this and so are we.

Mr. Speaker, if you remember back in 2012, this is a project that was designed not to go over budget; it was not to lose schedule. This was going to be the best thing for the future of Newfoundland and Labrador, Mr. Speaker. Well, I would argue that it really turned out that way.

One of the tools – we wanted to make sure that the terms of reference were very broad for the Commissioner and so if it was around forensic audit, Mr. Speaker, it is clearly in section 8, it gives the Commissioner the powers to do and use whatever tools they see fit to get to the bottom of this problem. A forensic audit is an option and is a tool that the Commissioner can use if they see fit.

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

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

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

It's a tool that is essential. They should have had it in there.

Two years ago government could have paused the Muskrat Falls Project and conducted an inquiry – all the knowledge the Premier has today, he had two years ago – possibly saving more than \$4 billion and saving the people from a crushing financial burden.

I ask the Premier: Why did you push just blindly on with this project, only to begin the inquiry today?

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

**PREMIER BALL:** Thank you, Mr. Speaker.

Well, I've said on numerous occasions, Mr. Speaker, publicly and to the Member opposite, that even two years ago, this project was a big commitment. There were huge commitments on the supply of electricity to Nova Scotia, who has billions of dollars that were now into the Muskrat Falls Project. They would have been sunk in cost, Mr. Speaker.

Regardless, if it was two years ago, today or whenever, that cost would have still been borne on the ratepayers or taxpayers of Newfoundland and Labrador, still borne on the taxpayers of our province. The commitments would have been far-reaching.

The PC Party, if they did anything right, was lock up this project and take it out of the hands of future decisions for Newfoundlanders and Labradorians.

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

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

**MS. ROGERS:** Mr. Speaker, by delaying an inquiry into the Muskrat Falls Project for two years after coming to power, government may have eliminated the possibility of stopping the project.

I ask the Premier: Will he show us the evidence he used for his two years of foot-dragging, the evidence he used to not stop the project?

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

**PREMIER BALL:** Mr. Speaker, well, I can guarantee you there has been no foot-dragging with this administration. We had to make numerous changes, tons and tons of hours of work that has gone into fixing many of the problems that we inherited, Mr. Speaker.

Is the Member opposite suggesting we should just walk away from this project, exposing taxpayers and ratepayers in our province to billions of dollars and get nothing back in return? Is that what you're suggesting?

It still would have had to be paid. The bills were not going to evaporate. They were not going to just disappear, Mr. Speaker. The bills were there. The guarantees and the commitments were made by the PC Party. Right now, we need an inquiry to get to the bottom of it.

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

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

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

The Premier knows what I am asking for is the evidence on what he based his decision on for not even pausing the project.

Mr. Speaker, in his news conference this morning, the Premier said power rates will double by 2022. He's known this for quite a while, yet nowhere today did he say what he's going to do to help mitigate this extra financial burden.

So I ask the Premier: What is his plan to help seniors, working families and small businesses of this province with the doubling of their power bills?

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

**PREMIER BALL:** Thank you, Mr. Speaker.

We certainly, on this side of the House, know the impact of the doubling of electricity rates on our seniors and on young families, Mr. Speaker. We also know the difficulty in people that are looking to this province to create jobs if we are not competitive with electricity rates in our

province. That is what we are doing – we have a rate management, rate mitigation committee that's doing work.

Mr. Speaker, in the *Budget 2016* we already announced some \$210 million in rate mitigation. We will continue to work on this. It's a few years away, but the work must continue. We must put confidence back into the electricity system in this province, and we must remain competitive. Doubling electricity rates are just not acceptable.

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

**MR. SPEAKER:** The time for Oral Questions has ended.

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.

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

Mr. Speaker, I have an answer to the letter that the Leader of the Opposition had sent in May to the department. The first item on his letter was tabled in the House of Assembly in May in response to his letter. The other items here, Mr. Speaker, that were a part of his letter I will table today.

**MR. SPEAKER:** Further tabling of documents?

Notices of Motion.

#### Notices of Motion

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

**MR. BRAZIL:** Thank you, Mr. Speaker.

Mr. Speaker, I give notice I will move the following private Member's resolution:

BE IT RESOLVED that the hon. House urges the government to amend the school bus

transportation policies to cover the transportation to and from school of pupils who reside within the 1.6 kilometres of that school where these pupils are primary or elementary students, and where those pupils are secondary students whose safety may be jeopardized by the failure to provide them with school busing.

It is seconded by the Member for Cape St. Francis.

Thank you, Mr. Speaker.

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

**MR. HUTCHINGS:** Thank you, Mr. Speaker.

Mr. Speaker, the private Member's motion presented by the Member for Conception Bay East – Bell Island will be the private Member's resolution that will be debated on Wednesday, Private Members' Day.

**MR. SPEAKER:** Further notices of motion?

Answers to Questions for which Notice has been Given.

Petitions.

### Petitions

**MR. SPEAKER:** The hon. the Member for Fortune Bay – Cape La Hune.

**MS. PERRY:** Thank you, Mr. Speaker.

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

WHEREAS there has been an identified lack of mental health services in our provinces K-12 school system; and

WHEREAS this lack is having a significant impact on both students and teachers; and

WHEREAS left unchecked, matters can and, in many cases, will develop into more serious issues;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to urge government to increase mental health services and programs in our provinces K-12 school system.

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

Mr. Speaker, mental health is quite a serious issue across this province, across this country and, indeed, the issue has been identified as a very serious one for this province. We've had a committee in place that produced a report on mental health not too long ago. Part of the measures that we need to undertake is ensuring that our youth have these services available to them to help overcome some of the mental health issues they are experiencing.

We all recognize that we're in times of fiscal constraint, but the government magically finds money from time to time for projects that are of interest to them from a political nature or from a hiring point of view of people who are patrons of the party and whatnot. So we believe that efforts should be made to find money to help the people of the province, particularly the people who are our future, and that being our young ones.

We certainly call upon government to take this issue very seriously for the youth of our province and to really look at improving supports that can be provided in the K-12 system so that we have a healthier province, healthier population and stronger leaders for tomorrow.

Thank you so much, Mr. Speaker.

**MR. SPEAKER:** Further petitions?

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

**MS. MICHAEL:** Thank you very much, 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 the 2013 risk assessment report made public in June 2017 makes it clear that initial cost estimates and financial risks for the Muskrat Falls hydroelectric project were understated; and

WHEREAS the Muskrat Falls Project is way over budget, diverting funds from other needs and potentially doubling electricity bills, and it has raised serious concerns about damage to the environment and downstream communities; and

WHEREAS Nalcor and the provincial government have not been transparent or accountable as to why the 2013 report was not previously made public, and the people of the province are left with many unanswered questions;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to urge government to immediately conduct a forensic audit of the Muskrat Falls hydroelectric project.

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

Mr. Speaker, this is one of the reasons why I asked the question I did today in the House of the Premier, because the people of this province see the need for a forensic audit and I think it is absolutely essential that a forensic audit take place. I'm very sorry that the Premier and the Minister of Justice did not see the need to make a forensic audit an actual part of the terms of reference. I know they give the power to the justice who is going to run the inquiry on Muskrat Falls to do that, but it should have been seen as something that was absolutely important to the inquiry.

I note that in this petition people are concerned about the possibility of the doubling of the electricity rates. Well, the Premier announced today that, in actual fact, the rates will double by 2022, so if ever we needed something to look at, it's not just what happened in the past, but what is this government going to do about the doubling of electricity rates.

People don't know where they're going to turn and if this government says there be mediation put in place that people will receive support in

paying their bills, that's still money coming out of the public pockets, Mr. Speaker.

So the need for a forensic audit, of the past and the present, is absolutely essential to really know what the impact of this project is going to be on the backs of people. People are already feeling it because of the money that is going into Muskrat Falls, and money that could have been saved if this government had stopped two years ago to really look what was happening. People are already suffering from the loss of services.

Thank you very much, Mr. Speaker.

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

**MR. LANE:** 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 inshore harvesters of Newfoundland and Labrador have serious concerns about their current union representation; and

WHEREAS the inshore fish harvesters of Newfoundland and Labrador want the right to vote on which union will represent them;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to request that the government urge the Newfoundland and Labrador Labour Relations Board to proceed immediately to a vote of inshore fish harvesters to decide which union will represent them.

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

Mr. Speaker, I have a petition here of approximately 60 names on this one. They're coming from places such as New Ferolle, Reefs Harbour, Shoal Harbour, Pasadena, Port aux Choix, Shoal Cove West, Bartlett's Harbour, Bear Cove, Bird Cove, Castor River South, Princeton, Plate Cove, Bonavista, Little Catalina and so on, numerous communities throughout the province.

Basically, what's being asked for in this petition, what it comes down to is the right for these people to choose. Obviously, they're concerned. We know there are numerous concerns in the fishery. I certainly don't pretend to be any expert on the fishery, but I do know it is riddled with concerns. It has been for years and continues to be. If we want to have a successful fishery here in our province, I think it's important that we're all singing from the same hymn book, if you will, and that we're all united in our stance to the federal government to see improvements. The last thing we need is division amongst our fishers.

We've seen this division now go on for quite some time. It's not healthy for the members. It's not healthy for the industry. Basically, all they're asking for is to get on with it, have the vote so they can move on, one way or the other, and have a united front, whatever that should be, to best represent the interests of the province of the fishers and so on.

That's what's being asked for here, Mr. Speaker. I was asked to bring it forward on their behalf and that's what I'm doing.

Thank you.

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

**MR. PETTEN:** 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 school-age children are walking to school in areas with no sidewalks, no traffic lights and through areas without crosswalks; and

WHEREAS this puts the safety of these children at risk;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to urge government to ensure the safety of all children by removing the

1.6 kilometre busing policy where safety is a concern.

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

Mr. Speaker, my colleague from Conception Bay East – Bell Island just made the motion, and that will be our private Member's motion this Wednesday coming. It's an issue that affects a lot of us in this House. I know, me personally, in my District of Conception Bay South, it is a huge issue. It's something I've spoken on before and I'll continue to speak on it and represent the parents who have this concern for the safety of their children because ultimately that's what it comes down to.

Our children are our most precious resource. If we can't provide a safe path for them to get to school, that's where the buck should stop with any government or any person, no matter what position you're in.

Right now, it's a policy that's been around so long. At one time the policy worked based on the family models. My opinion is right now this policy is outdated. It needs to be revised to reflect today's families. Two people working, busier streets, busier lives, everything is changed, Mr. Speaker, society has changed. There are more threats to our children.

It's something that when you look at the 1.6, a mile on some of these roads during the wintertime. This has been an issue that's been talked about over and over again. It's an issue that we can't – we have to keep talking about it until we bring in effective change to provide safety for our children because that has to be number one.

One other point, Mr. Speaker, every time this issue comes up – and I'll say it again and be on record again. The minister was the biggest opponent to this policy in 2015 until he became the minister. Now he's the biggest fan of it. They need to take a serious look at this policy because in 2015 and prior, this policy was terrible. Now all of a sudden it's not terrible.

Mr. Speaker, I don't buy that, and I don't think most of the people in this province buy it. I think

it's time for this government and this minister to take a serious look at this policy and do what's right and make a safe path for our children to get to school each and every day.

Thank you very much.

**MR. SPEAKER:** Further petitions?

The hon. the Member for Ferryland.

**MR. HUTCHINGS:** Thank you, Mr. Speaker.

It's certainly a privilege today to rise on behalf of the people of Ferryland district to present a petition.

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 the road on the Southern Avalon between Renew's and St. Shotts is in need of major repairs and forms a large piece in the Irish Loop road highway system; and

WHEREAS now we have a World Heritage UNESCO site that has increased further the volume of traffic in and out of the Southern Avalon;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to urge government to upgrade this piece of infrastructure to enhance and improve the flow of traffic.

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

Mr. Speaker, over the past number of years we've been able to do some upgrades in regard to this significant piece of infrastructure leading to the Southern Avalon. As indicated in the petition, a significant part of the Irish Loop which as we know from a tourism, commercial and economic development is key to growth to the current period of time, but looking to the future will play a huge role in some of the opportunities we have there to develop.

Traditional industries like the fishing industry – the crab industry is used in that region. For those that live there, there's no major medical treatment facility or acute care facility in that region. Everything comes north to St. John's to avail of the significant medical treatment and infrastructures in place. So a highway is certainly required for that.

As we look to the World Heritage UNESCO designation we achieved last July, we've seen increased traffic this year as well. Looking at economic development and opportunities from small businesses that have started and will grow out from that, it's very important that this piece of infrastructure be upgraded.

The current government's five-year road plan, I think, had mention of this for 2019-2020. We believe there needs to be a look at that. They talk about economic development in areas of opportunity where you can drive those opportunities with investment and infrastructure. We think this is extremely important, and we can't wait until 2019-2020. Even to start and get an indication of a long-term plan over the next couple of years will be helpful to start this process.

So we urge, on behalf of the residents, that this get started, and certainly the minister revisit this and get this moved up and get started as quickly as possible.

Thank you, Mr. Speaker.

**MR. SPEAKER:** Further petitions?

Orders of the Day.

#### Orders of the Day

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

**MS. COADY:** Thank you, Mr. Speaker.

I call from the Order Paper, Order 8, second reading of a bill, Prescription Monitoring Act. (Bill 25)

Motion, second reading of a bill, "Prescription Monitoring Act." (Bill 25)

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

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

Thank you for allowing me to rise and to speak to Bill 25, *Prescription Monitoring Act*, as it's referred to, An Act Respecting the Monitoring of Prescriptions in the Province, a bill that was brought in last week and spoken to by the Minister of Health and Community Services. There have been a couple of speakers, and I'm going to speak to it today as well.

Mr. Speaker, the monitoring of prescription drugs is new for Newfoundland and Labrador; however, not new for some other provinces in Canada. A number of other provinces have already instituted similar kinds of legislation in other jurisdictions. I think pretty much all the jurisdictions in the country have a program, with the exception of Quebec.

The bill brings about a program for Newfoundland and Labrador, a program that currently doesn't have here. We'll become one of four provinces to have stand-alone legislation similar to this. Nova Scotia, New Brunswick, Ontario and PEI have stand-alone acts regarding this. Other jurisdictions have amended established legislations to include a prescription monitoring program.

What the government is proposing here is to do similarly what four other provinces in the country have done to have a stand-alone type of legislation. The program is based on the input and collection analysis of data with respect to monitored drugs in the Pharmacy Network.

So it allows for government to identify with problem drugs. Quite often in Canada we hear today, and these days, a problem with opioid use, narcotic use for many years, and we know that those drugs over decades have changed and transformed over a period of time.

We know that for prescription drugs the knowledge and understanding, the prescribing of such drugs changes, trends change as more studies are done and understanding is gathered. That's what happens in medicine, Mr. Speaker. It happens with varying diseases and treatments of those diseases where better solutions are

found, testing and research occurs and continues to occur and then you find changes in programs and how they're used and so on.

I remember clearly a few years back on the evolution of OxyContin. OxyContin is different than other drugs because normally when drugs and new illegal drugs become available, are produced, new chemicals are created around the world, they quite often come into Canada through Montreal, through Vancouver, through Toronto as major centres and then will distribute and their networks will grow from there.

For example, you see drugs being brought in through Vancouver, which is new drugs, new chemicals that evolve. It's not unusual for them to come in through Vancouver and then they would spread to the West Coast from British Columbia to Alberta and so on. In Ontario, a similar kind of circumstance; Ontario and the great Toronto area has the highest concentration of our population anywhere in the country, which means there are high markets for chemicals and a variety of drugs. But when the OxyContin issue came in, it didn't begin and circulate and catch hold like traditionally has happened in Vancouver and Toronto and in Montreal; it was an issue here much earlier than it was in other jurisdictions.

The problem here grew rather quickly and then there was a number of steps that happened here which worked to try and control it, to understand it, get a grasp on it and to contain it. Fortunately, as the years went by, OxyContin evolved into a newer drug which was harder to abuse and to use for abusive and for addictive measures. We also know that in our population today there's a significant amount of use and treatment for people who have abused opioids in Canada, who have become addicted to certain drugs and then treatments happen to try and understand that, to help those patients, help Newfoundlanders and Labradorians with that and help them to return to non-use, which is the goal. We know a lot of times it doesn't happen as well as people had hoped.

The Prescription Monitoring Program is to be able to track the usage of certain prescribed drugs. OxyContin was a prescribed drug and became a problem here in our province and it can happen for other drugs in the future.

One of the differences of the act here in Newfoundland and Labrador versus what we've seen in other provinces, for example, in Ontario, Ontario has an act they refer to as the *Narcotic Safety and Awareness Act*. The title of the bill itself, the title of their legislation itself in Ontario is specific to narcotics.

Now, the bill itself allows leeway for addition of drugs to a list of those that are being monitored, but the title of the bill itself refers specifically to narcotics. In Newfoundland and Labrador, the bill is simply the *Prescription Monitoring Act*.

As we had a look at other legislation in other provinces, Mr. Speaker, I'm going to use my time today to and highlight some of the differences we've seen and then what I anticipate will likely happen is when we get to Committee stage where it's an opportunity to have a question and answer period – not like Question Period, where we have 45 seconds, but you have a longer period of time to ask questions and give some understanding and background of why you're asking the question and also gives opportunity for the minister to respond to the question. So there's more or less a discussion that takes place as, for example, why is this a *Prescription Monitoring Act* and not like what Ontario did, being a narcotic safety act or a *Narcotic Safety and Awareness Act*, as they called it.

So there are some nuances and changes. While we see similarities in Ontario, we see similarities in Nova Scotia, PEI has essentially adopted a duplicate. But what we see happened in some of those, we see pieces in this bill before the House, Bill 25, on the *Prescription Monitoring Act*. I'm going to talk about some of those this afternoon, Mr. Speaker.

Under section 3 – I should back up. Section 2 is always the section of an act that has definitions contained within it. Under section 2 of the act, electronic health record is referred to in the legislation. It “means a province-wide record of a patient's health care history that is available electronically.” It refers to the minister. It refers to “‘monitored drug’ means a drug or class of drugs prescribed in the regulations.” It talks about personal health information and ties it to the *Personal Health Information Act*. Personal health information means personal health

information that's defined under that particular act.

It talks about regulatory authorities being the Association of Registered Nurses of Newfoundland and Labrador, the College of Physicians and Surgeons of Newfoundland and Labrador, the Newfoundland and Labrador Dental Board, the Newfoundland and Labrador Pharmacy Board and a professional regulating body prescribed as a regulatory authority in the regulations.

When it says regulations, it generally means one of two things. It generally means that the Lieutenant Governor in Council, which is Cabinet, the Members of Cabinet can make regulations as outlined in the bill and a specified minister can make regulations. I'm going to get to those a little bit later because we see both of that in this particular bill.

Under section 21, the Cabinet can make regulations in prescribing drugs or classes of drugs to be monitored, may make regulations excluding the monitoring of certain drugs within a class of drugs that are being monitored, and so on. And under section 22, it talks about the regulations that the minister is able to make. “The minister may make regulations (a) prescribing regulatory authorities for the purpose of subparagraph 2(k)(v). So he can make regulations.

In 2(k)(v) under this, the one I just referred to, the “professional regulating body prescribed as a regulatory authority in the regulations.” So when it refers to regulatory authority it means – and what this tells me is that the minister can add other regulatory agencies to the regulations as he sits fit, and sees appropriate.

It also includes respecting the additional requirements that are required to be met before a prescriber may prescribe or a dispenser may dispense a monitored drug, respecting the information a dispenser is required to record. It also includes respecting the Pharmacy Network regulations: the person who may access the Pharmacy Network. It includes respecting the reports to be produced under the act, and respecting a person with whom the minister may enter into agreements with.



So there are some others there, a list of them there, under section 22 and I'll be referring to some of those during my comments this afternoon.

Section 3 lays out the objective of a program. It says: "(1) There is established a program entitled the Prescription Monitoring Program. (2) The object of the program is to monitor, analyze and report information related to the prescribing and dispensing of monitored drugs in order to educate, support and assist."

It goes on to say: "(a) individuals in the safe and appropriate use of monitored drugs by identifying and reducing instances of abuse and misuse of monitored drugs; and (b) prescribers and dispensers in appropriately prescribing and dispensing monitored drugs."

Just to clarify that, it says: "... the program is to monitor, analyze and report information related to the prescribing and dispensing of monitored drugs in order to educate, support and assist (a) individuals in the safe and appropriate use ...; and (b) prescribers and dispensers in appropriately prescribing and dispensing monitored drugs."

The object of the act is, as I referred to a minute ago, sometimes there are changes in how drugs are prescribed and monitored, and also there is change in the formulation of drugs, how they act. Are they fast acting or slowly acting? Are there safeguards built into the drug to prevent misuse of the drug?

When we compare that to what the *Narcotics Safety and Awareness Act* of Ontario has said, they've taken a different approach. They said: "The purpose of the Act is to seek to improve the health and safety of ..." – in our case it would be Newfoundlanders and Labradorians. In their case it would be Ontario, the people of Ontario. It talks about improving the health and safety.

The first object here in Newfoundland and Labrador is to monitor, analyze and report information. I know the minister talked about it's not set up as a method of policing doctors and pharmacists; even though that's an aspect of the bill, that's not the intent of it.

The very first words under 3(2) is to "... monitor, analyze and report information ...." That's what makes it sound like policing, whereby in Ontario, they chose to speak about improving the health and safety of their citizens. They do that by permitting monitoring, analyzing and reporting information.

It is a little bit of a nuance, Mr. Speaker, because the minister – I raise it because the minister during his time in presenting the bill referenced on a number of occasions how this mirrors or is similar to what other jurisdictions have done, including Ontario. He's talked about Ontario at some length, about what they've done.

What I'm suggesting to the minister is the focus they've put on this is about health and safety of individuals, where the focus he's put on the bill for Newfoundland and Labrador is about monitoring, analyzing and reporting information related to prescribing and dispensing. Somehow, you know, sometimes that puts people a little bit defensive. People who are professional prescribers, doctors and those dispensers, the pharmacies, puts them a little bit on the defensive.

The choice of words is interesting, Mr. Speaker. In Ontario it also says: "contribute to and promote appropriate prescribing and dispensing ...." In Ontario it also says: "reduce the risk of addiction and death resulting from the abuse ...." Ontario seems to put focus on people and the use of drugs by people, Mr. Speaker.

Under clause 4, it talks about the minister shall do. Mr. Speaker, in some jurisdictions the legislation establishes a committee – I don't think I have it in front of me, but a committee on oversight. In Newfoundland and Labrador and others, it's the minister.

This one says: "The minister shall administer the program;" the minister shall "monitor the prescribing and dispensing of monitored drugs;" the minister shall "evaluate the effectiveness of the program;" the minister shall "provide information, professional consultation and assistance to the regulatory authorities relating to the prescribing and dispensing of monitored drugs;" the minister will "monitor the use of monitored drugs;" the minister will "educate prescribers and dispensers regarding the

appropriate prescribing and dispensing of monitored drugs;" the minister will "educate individuals on the appropriate use of monitored drugs;" the minister will "report to regulatory authorities on new and emerging prescribing patterns for monitored drugs;" and also, the minister will "perform any other duties prescribed in the regulations," which the minister can draft himself.

Mr. Speaker, the only issue here, the only concern that we have here, the only one I'm going to raise – and I should back up a little bit on this. I failed to identify how we've come to the understanding of these, because we've reached out to stakeholders, Mr. Speaker. We've reached out to the Newfoundland and Labrador Medical Association, we've reached out to the Pharmacists' Association of Newfoundland and Labrador and we've reached out to the Office of the Privacy Commissioner.

Mr. Speaker, I can't remember a time when the Newfoundland and Labrador Medical Association and the Office of the Privacy Commissioner, the Privacy Commissioner himself so quickly spoke out and raised concerns about a bill, together – separately, yet they've both done that.

So we reached out to them, and what I found out was – we know under legislation, by the way, and the Office of the Privacy Commissioner, there's a requirement that the government consult with the Office of the Privacy Commissioner, particularly on matters where privacy could change or be impacted.

There was a consultation, I'll give that to government, and there was a consultation done with the Newfoundland and Labrador Medical Association; however, my understanding is – and I haven't spoken to all of the groups that are potential stakeholders here yet, but my understanding is until we received this bill late last week – we received it, I think, on the 13th. It was first reading on the 14th and it was second reading on the 15th, but until this bill was actually provided to us – at the same time we were provided with the bill, my understanding is the Newfoundland and Labrador Medical Association was also, for the first time, provided with a copy of the bill.

While they did have a consultation back in October, where there was a slide show or a deck as it's sometimes referred to, and there were discussions about the bill, the actual bill, they never had a chance to see the final language and the final bill until last week. I heard Robert Thompson, who I think his title is CEO of the NLMA, speak about this publicly last week, on Friday. We know the Privacy Commissioner has also spoken out on some concerns as well.

We took the opportunity to consult with those people as well, and we're still consulting with them because even over the weekend, as they dig deeper into the bill and they consider all the potential nuances that could happen, then they've raised more concerns. Some things they've become less concerned about, other things they've become more concerned about.

Mr. Speaker, I should be very clear because this in no way is a reflection – anything that I'm going to talk about this afternoon is in no way a reflection on the current minister or the current government. This legislation will be in place for future governments and future ministers, whoever they may be. So it's important for us to look at it from that lens as well.

If we raise a concern about an authority that the minister may have, it's not referring personally to the current Minister of Health. It's the position who has the authority, not the current minister. It's the position who has the authority that raises some concern for us. So I want to be clear and point that out. It's certainly not personal to anybody on the other side of the House. It's really about whoever happens to be the minister of the day.

Under clause 4 where it says the minister shall do this and the minister shall do that, it also says under paragraph (f) that the minister shall "educate prescribers and dispensers regarding the appropriate prescribing and dispensing of monitored drugs."

Mr. Speaker, some organizations feel that it would be more appropriate for the minister and the work that he does, to help develop educational tools and information and services regarding the appropriate prescribing and dispensing of monitored drugs. They say it's not the minister's role today to educate prescribers

and dispensers. This would be outside of the role of the minister, as it exists today, for the minister to actually be the person to educate prescribers and dispensers.

It would be more appropriate for the minister and the Department of Health under the direction of the minister, it would be very appropriate for them to help develop educational tools, information and services, other than the minister or the department actually providing that education.

Also, under clause 4 of the bill, further to that, that the bill could also include that it develop a prescriber portal that permits prescribers to compare their prescribing activity to peer groups.

Mr. Speaker, we know today, and the minister talked about this when the bill was launched last week – I think his words were that every physician, privately fee-for-service doctor and others besides, the ones that are salary doctors as well, have access to electronic health records. I believe the minister said there were five that they knew of in the province who don't have a computer or an iPad, I think is what he referred to. There are only five in the province and all the rest of them do. Knowing that this access is available, then there may be another opportunity here to enshrine in legislation another opportunity.

The minister even talked about – and I remember listening to the dialogue at his press conference – what about the doctors who don't have electronic sources available to them; they're not connected to electronic health records. The minister made a point of saying that if you're progressive in medicine – I'm not trying to put words in this mouth, but my understanding from the answer was if you're progressive in medicine and so on, then it's the right thing to do. I don't disagree with that. That you subscribe to the advancement of technology and have that available to you as you do your job practising medicine.

Mr. Speaker, having said that, if there was a prescriber portal that permitted prescribers to compare their activity to peer groups that it would be advantageous to have such a portal. What we mean by that is if physicians are saying

I want to have a look to see how I'm doing with this compared to other doctors, they'd be able to do that.

That's under section 4. Section 5 lays out a number of areas that the minister may. Section 6 talks about delegating his authority – "... may delegate, in writing, any power or duty conferred on him or her under this Act to a custodian under the *Personal Health Information Act*." Again, I point out here he may do that; he doesn't have to do that. He may do that or she may do that, whoever the minister happens to be at the time.

"A delegate referred to in subsection (1) shall comply with all the requirements and have all of the authorities of a custodian under the *Personal Health Information Act*, unless otherwise stated in this Act."

I heard the minister talking about Newfoundland and Labrador health information services, but the act does not specify that they will be the custodians or the ones leading this particular monitoring program as a regulatory authority. Because that's really what it is. When you begin to monitor prescribers and you monitor dispensers, then you become a regulator of those programs. The College of Physicians and Surgeons in Newfoundland and Labrador is a regulator when you compare them to the Newfoundland and Labrador Medical Association being a peer group as a professional association representing doctors in the province.

But Newfoundland and Labrador health information services has been an independent branch of the health care operation that collects and disseminates data and do very complex matters regarding health information and provides those services to anybody who picks up the phone and calls them, pretty much, they will try to ascertain the information that you're looking for.

What this bill is about, as we saw back in section 3, is monitoring, analyzing and reporting information related to the prescribing of drugs and dispensing of monitored drugs in order to educate, support and assist. So it brings on a little different flavour to what Newfoundland and Labrador Centre for Health Information –

some refer to NLCHI – have traditionally done. It's a little bit different than that.

If we go on to section 7, “(1) A prescriber who prescribes a monitored drug shall record the information prescribed in the regulations on the prescription. (2) Before issuing a prescription for a monitored drug a prescribers shall (a) review the patient medication file ...” – and this is when it comes down to technology, so prescriber has to review the medical profile of the electronic health record – “and (b) report in the manner prescribed in the regulations that the patient medication profile in the electronic health record was reviewed before the prescription was issued. I'm going to come back to this, Mr. Speaker.

“A dispenser who dispenses a monitored drug shall record the information prescribed in the regulations.” And also in section 8, Mr. Speaker, it goes on to say: “Before dispensing a monitored drug the dispenser shall (a) review the patient medication profile in the electronic health record” – or EHR, as it's sometimes referred – “relating to the individual for whom the monitored drug is being dispensed; and (b) ensure that any identity verification requirements prescribed in the regulations are satisfied.” So, Mr. Speaker, I raise that because there's going to be some discussion from me this afternoon.

“A dispenser shall ensure that each time a monitored drug is dispensed it is recorded in the pharmacy network in accordance with the regulations.” Again, we haven't seen that yet. There are duties here of the regulatory authority and then the collection and disclosure of information under clause 10.

Under clause 10, “Where it is reasonably necessary to achieve the objects of the program, the minister may collect, use and store information in accordance with this Act and the regulations.” A very important clause, Mr. Speaker, for people to understand, section 10, where it is reasonably necessary to achieve the objects of the program – remember the objects are to monitor, analyze and report information related to prescribing and dispensing.

So the minister is to collect this and use and store the information in accordance with the act. “Upon the request of the minister, a prescriber,

dispenser or other person shall disclose to the minister any information the minister reasonably requires to achieve the objects of the program.”

I'm going to stop at that one, Mr. Speaker. I'm going to stop here at 10(2): “Upon the request of the minister, a prescriber, dispenser or other person shall disclose to the minister any information the minister reasonably requires to achieve the objects of the program.” So I'm going to stop at that one. It's a fairly significant power that the minister has under this act. These are one of these sections that starts to broach on that in that area.

Mr. Speaker, the minister has great power and when he requests so a prescriber, dispenser or other person shall disclose to the minister any information the minister reasonably requires to achieve the objectives. When we talked to the Medical Association on this one, they talked about determining compliance with the act, or misuse of the act, or abuse or diversion of monitored drugs, not just the objectives of the programs.

The objectives of the program I've talked about, they're very broad, very high level – very broad and very high level. Normally when these types of oversights are added, it becomes about non-compliance with the act, not about a high level of achieving the objects of the program, which are inconsistent with what Ontario has. Ontario has already stated their objects of the program are people's health and well-being, but Newfoundland and Labrador's objects of the program are about monitoring and capturing information, and then sharing that information.

The Medical Association has raised a concern, and I don't disagree with them because with this particular section under 10(2), it should be about determining compliance with the act or the misuse, abuse or diversion of monitored drugs. So I'm sure in Committee we will talk about that one further. I notice the minister is feverously writing notes over there and I'm sure we'll have some discussion on it.

The good thing about this process, Mr. Speaker, as we raised some of these matters today the minister, I know, has the opportunity then to consider them, talk to his officials about it and

so on. So it's an opportunity for him to do that before we get to Committee stage.

Mr. Speaker, under 10(4): "Where the minister believes on reasonable grounds that a prescriber or dispenser is acting in a manner inconsistent with the objects of the program, he or she may disclose information to the appropriate regulatory authority regarding the manner in which the prescriber or dispenser is acting inconsistently with the objects of the program."

So very similar to my last comment is objects are very broad ranging, but it should be about compliance with the act. What this does not include here is: "Where the minister believes on reasonable grounds that a prescriber or dispenser is acting in a manner inconsistent with the objects of the program ...." That's pretty broad, Mr. Speaker, because the prescriber or the dispenser may be very much in compliance with the legislation, but if they are not consistent with the objects of the program or may be seen, then the minister has very powerful grounds.

So where he believes on reasonable grounds that the prescriber or dispenser has contravened the act, we believe would be more important, or has aided the abuse, misuse or diversion of the drugs, then the information must be disclosed. He or she may disclose information to the appropriate regulatory authority about the non-compliance or potential abuse, misuse of a monitored drug.

I think that's a little bit stronger because we don't want to see a circumstance where the minister or anyone acting on behalf of the minister will have access to personal records, personal health records, beyond what is beneficial and beyond what is important.

Mr. Speaker, under section 10(8), the act currently says: "Where there is a conflict between this section and the *Personal Health Information Act* or the *Access to Information and Protection of Privacy Act, 2015*, this section applies." So sections 1 to 7 in paragraph 10 which talks about everything from "a law enforcement authority may disclose information relating to the administration and enforcement of this Act to the minister." So law enforcement now by law can share this information.

"Where the minister believes on reasonable grounds that an individual is abusing or misusing monitored drugs, he or she may disclose information to a prescriber or dispenser." All of these about collection and disclosure of information, it says where there is a conflict with current legislation this section is the paramount consideration. Mr. Speaker, that gives it very important powers.

Mr. Speaker, the section goes on to 11 and 12; 11 talks about an inspector. Now, this is an important one because it says: "The minister may appoint a custodian or an employee of a custodian" – a custodian could be Newfoundland and Labrador health information services – "under the *Personal Health Information Act* to act as an inspector for the purpose of this Act and the regulations." The minister can appoint inspectors as well, an inspector under the act. "A person shall not knowingly make a false or misleading statement, either orally or in writing, to an inspector while he or she is exercising powers or carrying out duties or functions under this Act or the regulations."

When we get to section 12 where it says: "An inspector may, at all reasonable times, for a purpose related to the administration or enforcement of this Act or the regulations, inspect or examine the premises, processes, books and records of a person that the inspector may consider relevant for the purpose of determining compliance with this Act or the regulations, and the inspector may, without a warrant, (a) enter any premises (i) which is a place of practice of a prescriber or a dispenser, (ii) where any property, books or records are or may be kept, or (iii) where anything is done or is suspected by the inspector of being done in connection with a requirement of this Act or the regulations; (b) make copies, extracts, photographs or videos the inspector considers necessary; (c) require the owner, operator or person in charge of a premises to give the inspector all reasonable assistance, including the production of books and records as requested by the inspector, and to answer all questions relating to the administration or enforcement of this Act or the regulations and, for that purpose, require the owner, operator or person in charge to attend at the premises with the inspector; and (d) require the owner, operator or person in

charge to make available the means to generate and manipulate books and records that are in machine readable or electronic form and any other means ....”

Mr. Speaker, it is very broad-ranging authority under this section being given to the minister, very broad authority to an inspector to inspect.

The next section after this under section 12, which is section 13: “An inspector shall prepare a report which sets out the findings and results of the inspections.” So an inspector does an inspection. “The minister may share the findings and results of an inspection ....” What that means when I read that, there’s a little piece here I think that’s left out of it, but I think I can fill in the blanks. When it says: “An inspector shall prepare a report which sets out the findings and results of the inspection,” it doesn’t say what the inspector will actually do with that report, but in the very next part of it: “The minister may share the findings and results of the inspection with (a) regulatory authorities; (b) law enforcement authorities; (c) the prescriber whose premises were the subject of the inspection; (d) the dispenser whose premises were the subject of the inspection; and (e) other persons prescribed in the regulations.”

So it’s obvious that an inspector who carries out an inspection of a doctor’s office or a pharmacy and compiles a report, that report is reported back to the minister because it’s the minister who may share the findings of the results of the inspection. We essentially have an inspector who can be appointed by the minister and an inspector who can walk into a doctor’s office and want to review files, records, books and so on, and then report those findings back to the minister.

When I read that, Mr. Speaker, I have to say the hair on the back of neck kind of stood up because – and again, it’s not about the minister or government currently. It’s not about them. My comments are not personal to the current government, or any minister in the current government or the current Minister of Health. But my thoughts were, well, this could really lead to a problem at some point in time because we have a bill where the minister can essentially add any drug to the list of drugs being monitored, and then can send an inspector in to

review the records of any person who is being prescribed those drugs.

I’m sure we’ll have a discussion about it as the debate goes on. I look forward to having that opportunity to speak to minister about that. But one section that’s problematic here under 12(1) where it says: “An inspector may, at all reasonable times, for a purpose related to the administration or enforcement ....” That’s problematic for me. If the bill was to say an inspector may, at reasonable times, where the inspector believes on reasonable grounds – and they’ve already used the requirement of reasonable grounds. Reasonable grounds have been defined by courts and there have been lots of cases over the years to talk about what reasonable grounds are. I think I talked about this when I was up talking about the SIRT bill last week. Reasonable grounds had been tested, and circumstances where someone had reasonable grounds, and the high courts, the Supreme Court of Canada, have said, well, what are reasonable grounds?

Reasonable grounds are more than just mere suspicion. They have to be set on a base of facts, and I’m strongly paraphrasing now, Mr. Speaker, because I haven’t read the most recent rulings, but my recollection and understanding of reasonable grounds is more than just suspicion, more than I suspect there might be something going on there. Reasonable grounds would be much stronger than that.

The current legislation does not require reasonable grounds, but if it was to add at reasonable times where the inspector believes on reasonable grounds that a person is in contravention of the act, not just administration or enforcement but contravention of the act or the regulations. And where information requested under section 12 has not been provided, then they can inspect and examine.

So what we’re saying here is, instead of giving an inspector what could almost appear to be in certain circumstances carte blanche in many ways, to say: Well, look, if you want information, you ask for it. So if somebody is being prescribed a particular drug that is being monitored and you want to have a look at those records, well, you could pick up the phone and call the doctor and call the pharmacy and say:

I'm reviewing this drug, I want to see all your patient records for that drug or I want to see certain patients.

Maybe you go to the pharmacy first and ask: Who have you prescribed this particular drug to? Because when a doctor sits in their office, and according to what I read here in this act, when a doctor is going to write a script for a drug, it doesn't have to be an opioid, it's whatever drug the minister decides to add to the list of monitored drugs. So if a doctor writes a script, there are a number of things the doctor is required to do. She or he must look at the electronic health record.

We know when the health record is reviewed of the patient, there's a fingerprint left there that it's been reviewed. So the minister could easily look at that. Here's a patient, did the doctor review the health record? That's easy to find out. A prescription pad is required to have certain information, but the prescription is then taken by the patient to the pharmacy and once it's filled, the prescription is actually stored by the pharmacy.

I'm not sure what else the minister wants authority of to inspect at the doctor's office, because that's what required under the act. So maybe the minister can shed some light on that for us as we get through Committee.

What else could there be that the doctor didn't do? If he looked at the electronic health record, there's a fingerprint that can be remotely looked at; regulatory authorities can look at that remotely. If there's a prescription filled, it's gone to the pharmacy. So I'm wondering what else the minister has envisioned the inspector could go to the doctor's office for. What else is it he may look for?

What we're suggesting is maybe there's a different way of doing that. Just saying that "at all reasonable times, for a purpose related to the administration or enforcement of this Act ... inspect or examine the premises, processes, books and" so on can take place. I'm suggesting that to me seems very broad and can be tightened up to include reasonable grounds. Then the minister, during Committee, we can have a discussion likely on what else could they

potentially be looking for or what is it there to examine?

As the minister has pointed out, this is not about policing. It's about improving the proper use and delivery of drugs. Proper use by prescribers, proper process by dispensers and proper use by patients is the comments I heard him focus on. Again, I'm not trying to put words in his mouth. I'm certainly not intending to do that, but that was my understanding from what I read and what I've heard. Maybe the minister, if I'm gone wrong on that he can correct it.

Under section 13 it says: "An inspector shall prepare a report which sets out the findings and results of the inspection." I just said that. Also, it says: "The minister may share the findings and results of an inspection with (a) regulatory authorities;" and lists some others there as well. It lays out a list of them.

Mr. Speaker, any findings and results provided by the inspector to the minister or any other authority or person pursuant to this act shall be non-nominal. That's a recommendation from the Medical Association as well and of course the idea that we're talking about here is ensuring that is to be non-nominal and tighten it up and make sure that we protect it.

Under section 14: "The minister may, in accordance with the regulations, establish one or more committees to provide advice and recommendations on matters relating to the administration and enforcement of this Act that are referred to them by the minister." Again, if this was a little bit different and instead of saying "may" could have said "shall" because the minister shall – in some provinces there is a committee that has oversight, and this could have said: the minister shall establish one or more committees to help execute the monitoring program. Mr. Speaker, it doesn't say that.

Also, under (2): "The minister shall, by regulation, prescribe the terms of reference for the committees, the composition of the committees and the duties of the committees." Under (3), "Notwithstanding subsection (2)" – the one I just read – "there shall be at least one prescriber and one dispenser on each committee."

Under section 14(1): “The minister may, in accordance with the regulations, establish one or more committees to provide advice and recommendations on matters relating to the administration and enforcement of this Act that are referred to them by the minister.”

Mr. Speaker, in this section, whether or not any such matters are referred to them by the minister, what we’re talking about here is they may reference matters relating to the administration of the act, but can they do what’s not referred to them by the minister? Can they do not only just what’s referred to them by the minister, but can they also review other aspects if they so see fit to do so? Instead of just having it referred to them by the minister, then it’s related to administration and enforcement of the act.

Under 14(2): “The minister shall, by regulation, prescribe the terms of reference for the committees ...” and we’re going to have a little bit of a discussion about that, but there are some discussions within the associations about composition of the committee. We’d like to have some discussion about that in Committee.

It currently says at least one – excuse me, Mr. Speaker. It currently says, “The minister shall, by regulation, prescribe the terms of reference for the committees, the composition of the committees and the duties of the committees.” Under subsection (3) it says, “Notwithstanding subsection (2), there shall be at least one prescriber and one dispenser on each committee.” I think we can broaden that. Instead of just having one physician, one prescriber and one dispenser, I think there’s an opportunity to grow on that and maybe to have two prescribers and two dispensers on the committee, instead of just one.

So, Mr. Speaker, flip over to section 21. Under section 21, which refers to “Lieutenant-Governor in Council regulations” making authority – and I talked about this a little bit earlier. Under 21(g), it lists – under the LGIC may make regulations, Cabinet may make regulations, prescribing of drugs, classes of drugs and so on, excluding the monitoring of certain drugs within a class of drugs and so on. It talks about prescribing of duties – I’m skipping

over some of them – and then “generally, to give effect to the purpose of this Act.”

What’s been requested here is about public consultation before making any regulations. I referred earlier in my comments about concerns raised about public consultation or the lack of public consultation. There was, and I give credit to the minister, there was a consultation process, but the actual wording and the specifics of the bill were not known.

My understanding is there is at least one regulator who asked to have input before it came to the House and wasn’t given that opportunity. I stand to be corrected on that. I’d have to check my notes, but my understanding is there is one who asked can we raise some issues here with you and that opportunity was brought to the House. So that opportunity really never presented itself, but we do know that when we get to Committee, we can make suggestions for amendments, government can make amendments as well as the Opposition, and I fully expect on this particular bill there will be some of that.

Immediately after (g), which talks about: “generally, to give effect to the purpose of this Act.” We could add about public consultation before making regulations and that Cabinet shall not make any regulations unless the minister has published a notice to the proposed regulation on the website of the ministry and any other format that the minister considers advisable and notice complies with requirements of this section.

As well, that the time periods specified in the notice, during the time which members may publicly exercise their right to prescribe and so on. What we’re going to ask for in Committee here is that if you’re making changes to regulations that at least there be some consultation. Making changes to the act or regulations, before you do that, then let’s give stakeholder groups and professional bodies, associations, oversight bodies and so on time to have a look at it.

That’s essentially what we’re going to talk about in more detail in Committee. Make sure there’s notice and then allow for consultation. Mr. Speaker, that’s in the Ontario act. What we intend to propose would require a process of



consultation on certain parts of those regulations and using language that is under section 17 in the Ontario act, if the minister wants to have a look at it. It's very similar to what Ontario has. It basically says the minister and government, before they do this, they're going to consult. They're going to consult with professional groups and bodies who could be prescribers or dispensers. That's essentially what that's about, Mr. Speaker.

Under clause 22, which I referred to earlier, is the authority given to the minister to make regulations. Similarly, under clause 22, we're going to propose to the government that they consider some changes about public consultation before the minister enacts changes that he's permitted to do so under clause 22.

Then under 22(d), "... respecting the additional requirements that are required to be met before a prescriber may prescribe or a dispenser may dispense a monitored drug ...." What it says, so it's clear: The minister may make regulations respecting the additional requirements that are required to be met before a prescriber may prescribe or a dispenser may dispense a monitored drug.

Similar to the other ones, Mr. Speaker, again this is about public consultation before making those regulations, having discussion with stakeholder groups and a public consultation to ensure that if they're done, there's not going to be a significant, negative impact or effect to those, and that it meets the goals and objectives of what the bill should lay out.

Mr. Speaker, I spoke to a number of doctors since the bill became public last week. Some of these doctors who are fee-for-service are saying: I just got another layer of requirements that I have to do before I prescribe drugs that are being monitored. They have to know what drugs are being monitored. There are certain steps they'll have to take under the act to make sure they're doing their job correctly and, of course, that means, in likelihood, they're going to see fewer patients.

So there was some response that I heard from doctors on that, but I also understand the importance of monitoring those drugs that are

being problems for our society today. This bill is very broad on what drugs may be monitored.

Ontario, while it's called the *Narcotic Safety and Awareness Act*, in the legislation there is a similar allotment for the minister in Ontario to monitor essentially any drug; however, the act itself refers to narcotics. The intent of the act by the title of it refers to narcotics and Newfoundland and Labrador hasn't done that.

When the minister closes, maybe he can talk a little bit about why he's not limited the number of drugs that could be monitored under the act. Why is it so broad so that virtually any drug at all could be monitored? I'm sure there are drugs that you can't think of a scenario or circumstance that may require monitoring, and while it's not only the opioids and narcotics that people become reliant upon and find it a difficult drug to give up and change sometimes because people become dependent and reliant on drugs, but there are lots of drugs that I can't think of why such a drug should be included in this act or this bill.

Mr. Speaker, I've spent almost an hour now talking about some of the questions that we're going to raise in Committee. I did so intentionally today so that the minister, while he's listening very carefully over there – and I appreciate him paying such careful attention and listening over there. As I've said, I've looked over a number of times and he's over making his notes on it. So I look forward to his responses on these, either at the end of second reading or we'll get into it more so in Committee anyway.

I thank you for giving me the time this afternoon.

**MR. SPEAKER (Reid):** The hon. the Member for St. John's Centre.

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

I'm very happy to stand and speak to Bill 25, the *Prescription Monitoring Act*. This is a very critical, very crucial bill. The minister, when he presented the bill, I took copious amounts of notes because I know of his commitment to this issue and his expertise in this issue.

He has stated his plan is to have this bill proclaimed by January 1. If we look at the date that we have today, November 20, that gives us on the calendar six weeks; but, in fact, we may spend the rest of the week debating this bill. Perhaps we'll finish Committee by the end of this week, I'm not sure, so then that gives him five weeks. Then in between there is Christmas and New Years and, with that, it takes away at least a week, possibly two weeks.

So really, in effect, there are not that many weeks before the proclamation of this bill and I want to state and to stress, Mr. Speaker, that I understand the urgency of this bill. I'm pleased that this bill has been introduced to the House, but I do have some concerns. I'm also aware that one of the target prescription drugs that will be dealt with, one of the first ones in this bill, in this act, will be opioids. We all know, without doubt, that we are in an opioid crisis.

As part of the All-Party Committee on Mental Health and Addictions, as we travelled the province, we all heard stories in different communities about how opioid drugs and the problems that come along with opioid drugs are affecting our communities. Probably most of us in this House have had family members, friends or acquaintances who had family members who've been affected by opioid addictions.

As the minister so clearly stated, this is not a criminal issue that we are dealing with. This, in fact, is a health issue; it's a social issue. And he stressed a number of times this was about education, not so much about criminal activity. But we do have a huge problem that impacts our communities because of the misuse of opioids.

I believe that it's safe to say that the majority of the crime that we see – and I've spoken with a number of people within the justice system and within all of our incarceration systems – that the majority of people who end up incarcerated are because of drug addiction issues. So it is a serious problem and I understand and I get the urgency, and why the minister will want to get this proclaimed as soon as he possibly can.

When this bill was brought to the House, the Opposition parties were given a briefing, and I would like to thank the officials who gave us a very thorough briefing. We were given a

briefing, called to a briefing less than an hour before the briefing was happening. Then, less than 24 hours after that briefing, this bill was presented by the minister in the House for debate – less than 24 hours. I'm concerned about the haste of that.

Now, if we had legislative committees where we would review bills before them coming to the House, that wouldn't be as big a problem, but we do not. What we have then is, again, a piece of legislation that is ever so urgent, that is responding to a crisis. I believe many people in the medical profession, in the justice profession, in the helping professions, in mental health would use those words. We are in a crisis around the issue of drug addictions particularly that have begun from opioids. So we all have to bring whatever resources we have to the table to deal with this.

Once we did get the legislation, I contacted the Office of the Information and Privacy Commissioner. I also contacted the Newfoundland and Labrador Medical Association who really had some concerns.

Now, when I asked questions about that in the House, the minister said that I hadn't been listening to him. I can guarantee you, Mr. Speaker, I have notes. I have pages and pages of notes that I took on the minister's presentation, and I was happy to do that. I believe the minister's presentation in many ways was very thorough and very – again, he has a great commitment to this area. He talks about harm reduction. He talks about people who have difficulty with addictions. He speaks about it with respect as well. So I would like to acknowledge that.

The Office of the Information and Privacy Commissioner, that office was consulted because by law they must be consulted. However, true consultation is not just about hearing somebody say something and then not getting back to them about this is what we have done with what you recommended; this is what we have not done; this is what we heard you said; this is how we're going to implement it, or this is how we're not going to implement it. So there wasn't a full circle and a completion in that consultation process.

The Office of the Information and Privacy Commission did, in fact, feel they were not adequately consulted. There was no reporting back, and they still had concerns. They saw the bill again, the same time we did, less than 24 hours before debate started in the House. I would say, Mr. Speaker, there are some issues that have to be addressed with the Office of the Information and Privacy Commissioner.

Now, I also contacted the office of the Newfoundland and Labrador Medical Association, because this is affecting prescribers who are predominantly medical doctors in our province. This is a piece of very, very detailed legislation that will affect the practice of doctors. So I contacted them and they had the same problem. They actually issued a press release saying our concern is that the Medical Association was given less than 24 hours to review the draft legislation before the act was released. They felt that the House of Assembly can still improve the legislation by making amendments and we encourage them to do so and I also encourage them.

It's unfortunate, Mr. Speaker, because I do believe their interest is the same interest that the Minister of Health had; yet, they had to publicly issue a news release to say they felt that they were not adequately consulted. Again, there wasn't that complete circle of consultation where that was closed. So it's really unfortunate; it's really unfortunate of the haste of this because it's such important, really important legislation.

Again, because it affects issues of privacy, about who has jurisdiction over what, it affects patients as well, and this is an issue where people die. It's not an issue about whether somebody is taking too much aspirin. This is an issue where people actually died; it's a life and death issue. Again, I appreciate the haste that we have to come up with solutions. We have to come up with direct actions. We have to come up with legislation that addresses this issue.

It's a matter of life and death for people that we love and care for – for our young people, for our injured workers, for our seniors. There's no one who is not affected by this opioid crisis. So I would like to bring to the mind of every person in this House, we cannot proceed with undue

haste, without clearly knowing what we're doing, without clearly knowing what the ramifications of this legislation are.

We've heard clearly, in an unfortunate way, from the Newfoundland and Labrador Medical Association who has some concerns. I'm assuming the minister, since their press release, has been in touch with them to start that on-going dialogue and consultation about how the issues that they have addressed can be addressed in this legislation. I hope that has been done.

The same thing with the Office of the Information and Privacy Commissioner; the Commissioner also released a press release because they are not being heard. Even though the minister has said they were consulted, they have not been heard. Again, we are talking about life and death issues, and the minister knows that.

We have had, let me see – we have had how many? I have the stats here, of how many deaths we had due to drug addictions where people may have been using fentanyl, knowingly or unknowingly. It's not unusual for people who've had an opioid addiction, who no longer get prescriptions from their doctor, to then look for that drug on the streets. Because they are sick, not because they are immoral, not because they have no willpower, because they are addicted to a drug that has been irresponsibly put in the hands of the marketplace, irresponsibly put in the hands of doctors, some unknowingly, because the drug companies knew exactly what they were doing.

There are a number of legal cases right now in the United States against some of these big pharma companies because of their irresponsible introduction into the marketplace, into the health care system of opioids. For instance, the State of Ohio leads the nation in overdose deaths in the US. Opioid abuse is rampant in Ohio where paramedics are increasingly spending time responding to overdoses and where coroner's offices are running out of room to store bodies. What's happening all across the states is there are a number of state legislatures, a number of municipalities who are taking these drug companies to court because of their irresponsible introduction into the marketplace of the opioids, knowing the highly addictive nature of them.

What is the fallout? What is some of the fallout as well for our patients? I think this legislation has some benefits, some clear benefits, particularly when it's used in conjunction with the Choosing Wisely program, that the province is making it even stronger and educating our health care providers and our patients, people, about choosing wisely. So there will be some benefits, absolutely, but again we have to be cautious. We have to heed the expertise that is saying to us you're not hearing us; you have to listen.

I spoke with Dr. Bruce Hollett. Dr. Bruce Hollett is probably one of the foremost addictions specialists here in the province. I asked him was he consulted on this piece of legislation. He said, no, he wasn't. I said: Dr. Hollett, can I say that publicly? He said: Absolutely you can.

Now, some of the concerns that he has is that, really, what is the focus of this legislation? Is it for monitoring on patients or is it monitoring on physicians? If it's physicians, then it has to be regimental and it has to be implemental in its introduction. He said: There are a number of physicians who don't even have the equipment and the processes within their offices to be able to follow this legislation. Again, the minister is saying that he wants to proclaim it by January 1. That's really fast. If all the ducks were lined up in a row and if all of these concerns were addressed, then, hey, let's go for it, let's get this proclaimed.

Dr. Hollett has some other issues that he is very concerned about. He said: In some ways it will feel like, to patients, Big Brother is watching. Now, we do need oversight. We absolutely do need oversight. Sometimes oversight is because of a few, perhaps, prescribers or dispensers or patients who are abusing the system, but we have to be very careful that we protect privacy rights, that we protect authority rights, that we protect the rights of all players. That's why we have to really listen to them.

He is concerned and I also spoke with SWAP, which is the Safe Works committee that helps with the swapping and the safe-needle exchange. Oftentimes, people who become addicted to opioids do not do it willingly. Nobody sets out to have an addiction, but it happens.

I've had a number of people who have called my office whose doctors, who have been long-time prescribers of opioids to them, have either retired or passed away. Then, these people who have been so dependent on opioids for years, who have become, at times, drug seeking, because you cannot just stop taking opioids, you become drug sick. We all know that. We all know what a devastating addiction this is.

So they can't find any other doctors who will continue to prescribe the opioids to them. Well, some of us would say that's a good thing because they're abusing the opioids. But again, if we look at harm reduction and what the opioids do, then people have to be helped. If they want help to get off the opioids, they need medical intervention; they need a number of inventions.

So I have people in my district who have called me saying they can't find a doctor anywhere to prescribe the opioids or to help them get off their opioids. One of the concerns that Dr. Hollett has also expressed and the Newfoundland and Labrador Medical Association is a concern that opioids handled well, monitored well, supervised well, can help with intense pain and can be a good drug, but they're very delicate.

They're concerned that patients, in fact, who may need opioids for a short period of time that doctors will decide I'm having nothing to do with opioids; I'm not going to prescribe any at all. As a matter of fact, there are new doctors in my district who have said that. They said: No, I'm not taking anybody on. I'm not taking on any new patients who are using opioids and I will not be prescribing any opioids or narcotics.

I understand that, but where does that leave the patient who is living with a severe opioid addiction? We have to find the solutions to that and we also have to find solutions to better pain management. There were some really good pilot projects in pain management in the province that were delivered through Eastern Health. The funding for those programs were cut over the years and there are other ways of dealing with pain management.

Mr. Speaker, we have to have all of that in place. We have to have that in place; we cannot put people in danger. The danger that we may see is

that if people cannot get the prescriptions that they need, because they are dealing with an addiction to opioids, if the safe prescription of opioids dries up, then people will go to the streets. Again, because they are drug sick. They will go to the streets and they will be in danger of dirty drugs, of synthetic drugs, of drugs that are laced with fentanyl, of using anything to alleviate the pain that comes with withdrawal from addiction.

We all know that; the minister knows that. So it is my hope, Mr. Speaker, that in fact what the minister will do – because I believe that his intentions are right. I believe that we need this legislation as quickly as possible, but I believe it has to be done right.

I suspect he's going to speak to some of the points that I raised. I am hoping that he is re-engaged with the Office of the Information and Privacy Commissioner and with the Newfoundland and Labrador Medical Association. I'm hoping that he will engage with Dr. Bruce Hollett. I am hoping that he will engage with SWAP because these are the people who are on the front lines, who are on the ground working with people who have become addicted to opioids and who have even moved on to other drugs. It is absolutely essential that this happens.

It is my hope that he will continue to work in a professional and a responsible manner with all of these folks to help make this act, this legislation, the best that it possibly can. In the meantime, I would hope that he would withdraw this, do the work that has to be done and then introduce any amendments so that we have the best *Prescription Monitoring Act* and legislation in the whole country.

I believe that we can do it. I believe there is expertise that is willing to come to the table once again to do whatever needs to be done to ensure that, in fact, this legislation is the best in the country, in the best interests of our prescribers, our dispensers and our patients. It can be done.

Thank you very much, Mr. Speaker.

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

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

**MR. K. PARSONS:** Thank you very much, Mr. Speaker.

I just wanted to get up for a couple of minutes and speak on this bill because this is the type of bill I feel in this House is something that's brought forward that Newfoundlanders and Labradorians are looking for it. It's a bill that's brought forward – as the Member for St. John's Centre just said that time, it's a bill that we need to do right. It's a bill that needs to be done in a way that we can protect society.

With opioid abuse and use in our society today, it strikes everybody. It strikes all kinds of homes. You don't need to be down and out. You don't need to be a drug user on the streets. Addiction can happen to anybody. That's what I want to talk a little bit about today.

I know the minister mentioned in his speech about the 16 deaths that have happened in the last year in this province alone. That's 16 families that this has affected and maybe through proper legislation and proper monitoring, those deaths don't need to happen.

I had a friend recently who had an unfortunate death. I just want to say, times have changed so much since I grew up and still growing up probably every day, I'm still growing up – but times have changed when it comes to drug abuse and drug use in the country, in the world and everything else.

I had a friend of mine who had a son who – fentanyl, a drug that I've only heard tell of a very short while ago. I saw it on the news a scattered night and stuff like that. This young man, I think he went to a party, whatever happened, but he died because of it. That's scary when you think about it. A young man, he was in Alberta at the time. His family was home getting the regular phone calls: how are you doing? Everything was great, everything was good. Then all of a sudden they get a phone call, here is a drug that no one hardly heard tell of before, it's after killing their son.

The same time with the opioids; the 16 you mentioned earlier, those families, and I think

about it. I can tell you of a personal thing myself. A friend of mine had the same type of thing when it came to OxyContin. He had a very good job. He worked three weeks on, three weeks off, a real good job. He came to me one day and he wanted lend of \$100. I kind of couldn't believe it. I saw him and he was after losing a lot of weight. He was a guy who was as big as I am, 150 pounds. Anyway, he was a big guy. He lost a lot of weight. I didn't know what the idea was of why he lost the weight and everything else, but this was one of the side effects he had through OxyContin.

Anyway, the biggest thing he was looking for, and he said to me: Kevin, I need help; I definitely do need help. He was fortunate enough that his family got him the help. He went and got the treatment and today he's retired. He and his wife are doing very well. They're living together, they have a great family. They have a couple of grandchildren on the go. I speak to him on a regular basis, but he's doing okay.

The thing I wanted to say to the minister was that he was the fortunate one who got help. We have too many in our society that are not going to get help. It's important that we do this right.

Like the Member for St. John's Centre just finished, she wants to see this done right. So do I, if that means doing whatever consultation we got with anybody. We can hear from parents, we can hear from abusers, we can hear from anybody in society.

My thing today, Minister, while I applaud this bill, I think it's a great bill. I think that anytime we can save one life we should be working together here in the House of Assembly. It's that important and I believe that, but I believe we have to do it right.

I looked at the Medical Association. I read their reports also. I think their main thing is to make sure that we do the proper education and we do consult with everyone in society. No matter who it is, make sure that we do this right.

Also, there's another little part of the bill – and I have to say my leader, the Leader of the Opposition, did a fantastic job of going through every part of this bill. His part that he was trying to – I think, is going to be bringing in some

amendments, hopefully, to the personal information that's going to be given out through what we do with this bill.

Sometimes our personal information is important. I don't think it's important enough to save a life or whatever, so I want it done right. I hope that personal information is kept so that it's only necessary if it gets out there and that's a part of this bill that I look forward to.

I look forward to when we get in debate, but I just wanted to get up and say that I understand why this bill is coming in. I support anything that we can do to save not only lives, to save families. That's what we should be here doing.

So we should do it right. We should consult with whoever is out there that needs to be consulted with. We all should just make sure we're doing the proper thing when it comes to privacy, like the Privacy Commissioner brought in.

Thank you very much.

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

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

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

I'm glad to get the opportunity to speak to Bill 25. My colleague for St. John's Centre did an excellent job in raising concerns. I'd like to highlight some of the concerns that were raised by my colleague and by others here in the House.

There's absolutely no doubt that we need legislation. There's absolutely no doubt that we have to monitor opioids. It's interesting that the legislation, the bill is actually called the *Prescription Monitoring Act* and we find out as we read through that, in actual fact, while it initially is dealing with opioids, it does lead to the possibility of other medications being put into the regulatory list over time without discussion here in the House.

We'll get to discuss this bill for the first time, but there are a number of things in it that will allow decisions to be made down the road within

regulations that we won't get to discuss here in the House. I think we need to do that. We need to have discussions around that point, and I'll be speaking to that a little bit later.

Initially, I want to speak to the fact that it is a very serious bill. The issue is a very, very serious issue. I know the minister has said publicly that he looks forward to further debate and work on the bill in Committee, that when we get to Committee he is open to changes.

I'm saying to the minister, because that statement is out there publicly, I hope he means that, because I think there are definite changes that absolutely need to be made. They've been pointed out, some by my colleague from St. John's Centre and some by other Members of the Official Opposition. It would really disturb me to think we are going to have this bill go through without any changes. Not because I'm an expert in this issue, not because I have the answers, but because people out there who are the experts do have questions and answers. They've been referred to, but I want to refer a bit more specifically to them.

If the minister is not going to pay attention to what has been said by the Newfoundland and Labrador Medical Association and if he's not going to pay attention to the Information and Privacy Commissioner and if he's not going to pay attention to the medical people out there who are experts themselves in the actual delivery of opioids, then who is he going to listen to?

What I'm challenging is – not saying I'm an expert and know the answers to all of this. I'm challenging that the minister is not listening to the experts out there in the community. It's been outlined already by others, the process that was followed – the so-called process that was followed. While it is true that in an early stage the NLMA and the OIPC did have meetings and raise some initial concerns, the government and the minister didn't seem to understand that they had a responsibility to go back to those agencies and say: Here's what we've come up with, what do you think?

Well, they may say they did that. Yes, but they did that giving them less than 24 hours to respond. So if you're going to be talking about

consultation, we have to be talking about the duty to be accountable for how we are listening to what people say during so-called consultation. This seems to be a weakness with the government. In this process it definitely is a major weakness, and that really bothers me.

The Newfoundland and Labrador Medical Association and the Information and Privacy Commissioner, they were forced to go public. Once the bill was public, they then went public with regard to their concerns about the bill. In the press release that was put out by the Information and Privacy Commissioner, the Commissioner actually points out that while he, under the ATIPPA, has to be silent on legislation that he has seen when it's in draft, once a bill becomes public, he does have the responsibility and right to make comments on that bill. So, as he put it in his release, the Office of the Information and Privacy Commissioner is exercising the jurisdiction to communicate its concerns about the potential impacts of this bill on the privacy of personal health information.

I think the minister has a responsibility to this House and to the public and to these experts to explain why he is not taking seriously the points that they have made. I find it very, very disturbing. I don't have much hope when we come to the Committee stage that if we bring in amendments, they are going to be paid attention to.

Now, maybe when the minister gets up to speak – because he will close the second reading – when that happens, maybe when he gets up, he's going to tell us that in actual fact that he's taking steps to look at what's being said by the experts and that he is going to bring in amendments himself.

We had that happen here earlier on in the fall when we had the *Elections Act*. When we had the *Elections Act*, we were quite concerned about the fact that it came in without consultation, that we didn't have very much time to read it. In actual fact, both us and the Official Opposition spoke to the Minister of Justice about the concerns we had and amendments we wanted to make, and we actually sat down and worked together and the minister himself brought forward changes to that bill.

We actually had mutually agreed upon changes, amendments, made to the bill. Now, I'd like to think that in the light of who is speaking out – when we know that we're talking about the Privacy Commissioner, when we're talking about the Newfoundland and Labrador Medical Association, then in light of who's speaking out the minister is going to stand here today and say he's going to slow down this process and he's going to make amendments based on what is being said because some of the things that are being said are extremely important. I think all of them are extremely important.

One of the things that this bill allows for is search powers: search powers of doctors' offices, search powers of prescribers, search powers of dispensers. It allows for search powers, and both the Information and Privacy Commissioner and the Medical Association – both of them – have questioned these search powers.

The Medical Association actually points out that these powers are greater than powers that are allowed in any of the other provinces who have such legislations. Newfoundland and Labrador will be absolutely excessive in comparison to other places. As the NLMA has put it, this act, Bill 25, “will have the largest collection of disclosure and inspection powers in the country.” So my question is why – why is the government going so far when it comes to disclosure and inspection powers?

As the NLMA points out, the bill is not a bill that is about searching and punishing. It is said in section 1 of the bill, the object of the bill is to seek to improve the health – oh sorry, I'm reading the wrong one; I'm reading the Ontario one, which I will read in a minute. That the object of our bill is “to educate, support and assist (a) individuals in the safe and appropriate use of monitored drugs by identifying and reducing instances of abuse and misuse of monitored drugs; and (b) prescribers and dispensers in appropriately prescribing and dispensing monitored drugs.”

That sounds good, and that section reads very well. It is enabling and supportive, rather than an emphasis on control and compliance. Yet when you go into the bill, you find that it focuses substantially on the role of an inspector and the

intrusive power to enter premises for the collection of information. There's really no clear explanation as to why the government is going this route, why it's going down this path, why the minister is doing that.

I would like to put on the floor the object of the Ontario act, which I think is really something we can learn from. Why we don't learn from other places and learn from other legislation, I don't know. The Ontario act: “The purpose of this Act is to seek to improve the health and safety of Ontarians by permitting the monitoring, analyzing and reporting of information, including personal information, related to the prescribing and dispensing of monitored drugs in order to, (a) contribute to and promote appropriate prescribing and dispensing practices for monitored drugs in order to support access to monitored drugs for medically appropriate treatment, including treatment for pain and addiction; (b) identify and reduce the abuse, misuse and diversion of monitored drugs; and (c) reduce the risk of addiction and death resulting from the abuse or misuse of monitored drugs.”

This kind of clause explains very clearly what the act is doing and nowhere is it talking about searching, going into premises, being punitive. That's not what the act is about. This act is questionable in that regard.

Another point which disturbs me is that in sections 10 and 11 of the act we seem to be giving powers to the ministry which are over and above other powers. I would like the minister – and if he doesn't do it when he closes this section at second reading, I'll be asking for it when we're in Committee. I would like to know why you have the ministry collecting, using and storing information in accordance with the act and the regulations. We have a body which does collect our information, which collects the records of patients, which does the work that is outlined in section 10 and 11. I'm not saying that under this act the ministry shouldn't have any involvement, but shouldn't it be a connection of the two bodies together so that the health information centre would be working with the ministry?

Now, I know there is reference to the centre having responsibilities that will be conferred by



the minister that will be recognized by the ministry, but it seems to me that in sections 10 and 11 there should be much more of a sense of working together. I think there are powers being given to the minister and the ministry which are over and above what should be required.

The NLMA, for example, even questions are there places where the powers that are given to the ministry are powers that should be the powers of the regulatory bodies. Under Ministerial regulations, there are 15 areas in which the minister can make regulations without reference to the Cabinet. This is a pretty extensive regulatory power. The minister may make new rules – and I quote from the bill – “respecting the additional requirements that are required to be met before a prescriber may prescribe or a dispenser may dispense a monitored drug;” and “generally, to give effect to the purpose of this Act.”

The Ministerial regulations should be narrowly focused such as the setting of fees, the specification of boundaries or prescribing the time periods for the filling of documents. Instead, the list that is here, really, absolutely is stepping into other areas. So, for example, the requirements for prescribing in this province and other provinces would be set by the College of Physicians and Surgeons. Unlimited power in this regard should not be within the power of the minister.

I don't know why the minister is persisting – and maybe he's not, maybe we're going to hear that he isn't – in ignoring these concerns that are being put out by the NLMA, being put out by the Information and Privacy Commissioner. Why is the ministry taking on powers that seem to be not only beyond what the act says its object is, but also beyond what we would expect of a ministry.

Is it really about what they say the act is about, or is it more about punishing people? It seems to have a real punitive tone to it, even though – I wasn't in the briefing, but I'm told in the briefing we were told that it's not meant to be punitive. I think the NLMA points out the contradiction between what the object says and then what the bill does.

I'm not going to make any more points at this time, Mr. Speaker. I think during the Committee stage, in particular, I'll have some particulars that I'll want to bring forward and really directly ask the minister: Are you going to change this? We don't have a good, clear explanation of what really the purpose of this bill is, because it's much more than what the object of the bill that is stated in section 1 says – it is much more than that.

What I want more than anything is for the minister to stand here and tell us he's going to take seriously the objections of the experts in the field. He's going to listen to them both with regard from the medical perspective and also with regard to the privacy perspective. He is going to pause this process while he works at making the amendments that will make it and could make it the best possible piece of legislation in the country, as my colleague from St. John's Centre pointed out.

It can be done. Right now it is not. Unless he believes that giving these untold powers around search, in particular, and the punitive nature of sections of the bill, unless he believes that makes it a better bill, I will have to object. That will not make it a better bill.

He's going to have to give us a better explanation to help us understand. At the same time, I want to understand why he's ignoring the experts in our community.

Thank you very much, Mr. Speaker.

**MR. SPEAKER:** If the Minister of Health and Community Services speaks now he closes the debate.

The hon. the Minister of Health and Community Services.

**MR. HAGGIE:** Thank you very much indeed. I apologize for my slow getting up out of the seat.

It's interesting to pick up on some of the threads that have been brought up by my colleagues opposite, but I would suggest that in actual fact the idea of a supervised, monitored program that is well supervised and well monitored is exactly what this is about.

The pressure for this is that within the last 10 days, 50 OxyContin tablets were retrieved by law enforcement on the Burin Peninsula. These are not illicit drugs. These are not home-grown chemicals. These are pharmaceutical products that must have come from a dispensary somewhere and probably on the authority of a prescription pad from somewhere.

The reason we have a problem with prescription opioids in this province is that the prescriptions are not always as they should be in terms of the way they're done. We have, in Canada, simply the biggest rate of opioid prescription of any G7 country. Unfortunately, again in this area, Newfoundland and Labrador leads the pack. We have the highest per capita number of opioid prescriptions in the country.

The aim of this act is to educate. To do that, you need to have some data to demonstrate the nature and locations of variations in practice. The vast majority of the physicians, the nurse practitioners, the dentists and the pharmacists in this province are responsible and thoughtful professionals out to provide the best service they can. The information we will provide them with will enable them to make that better.

The problem comes with those individuals who, for one reason or another, do not choose to comply with best practice. This legislation did not just condense out of a five minute exercise on the back of an envelope somewhere. This has been in genesis since July of 2015. To put down a piece of legislation before this House, this bill is well thought through and has dealt with concerns that have been brought to the table by a whole variety of people. I think, for various reasons, that has become less than clear in the dialogue you've heard recently.

It is surprising, quite frankly, that none of the people opposite have mentioned any of the regulatory bodies or referenced the consultation, the extensive consultation that we have done with the College of Physicians and Surgeons. They have a role in the maintenance of standards and protecting the public. The intent of this bill is not to usurp that role.

The Association of Registered Nurses of Newfoundland and Labrador have a similar role in respect to nurse practitioners. The reason the

language is phrased around prescribers, for example, in reference to opioids, there are nurse practitioners, there are dentists, there are physicians, there are also vets, which are not covered in this and that is a whole other issue which we can talk about on another occasion. There are equally, well, by and large, a single group of people who dispense.

On the north coast that is not the case. That is delegated to staff within the RHA because of simple geographical reasons. So rather than label and risk our midwives and nurse practitioners and physicians and maybe physician's assistants, when we ever get to that day, this wording was chosen for a reason. These words are not random on a page. We haven't reinvented the wheel. We are the fourth province to bring in stand-alone legislation.

We could have snuck this in the back of some other act somewhere else, but the stated aim of this is to educate prescribers and dispensers on monitored drugs. To address the point earlier on, why is this not about narcotics? Well, (a) narcotics is a label that has long since fallen out of use; (b) opioids are the lethal bit at the moment.

I wrote down on the back of a piece of paper at least three other categories of drugs. Well, two categories and one specific drug in a third group. They are also of concern because they are substances of misuse. They, however, are not as immediately fatal nor in the same league of a public health crisis as the opioids that we have. For example, barbiturates, benzodiazepines, Ativan, valium and gabapentin pain-modifying drugs are to mention a few drugs that, at some time, the process may look at.

I'm not going to go in the way the others have done into the depth of each clause now because I only have 14 minutes and 13 seconds left, and I think that, to be honest, is best done in Committee. But I think really to highlight some of the points that seem to have been hammered today, the Privacy Commissioner himself was talking to staff in my department less than 12 hours before he went public. Well, after he had seen the draft, both as a confidential exercise and as a public exercise, yet he chose to announce then concerns he had not chosen to express when he saw it in the first place as part

of in-house consultation. That is an issue he will have to deal with and the Members opposite will have to deal with also.

The NLMA represent their doctors' interest. Quite frankly, change is uncomfortable. The regulators spoke very clearly – very clearly – in favour of this and wanted more, but we decided there had to be a balance somewhere between a totally restrictive environment, which actually impinged on professional autonomy, even though it was set by the physician regulators and the views of the NLMA.

In terms of the nuts and bolts of the implementation, I would be happy to discuss those. They actually are covered in the legislation; it is comprehensive. The term “inspector” was a matter of great debate within the staff and outside. Should we call them auditors? Well, it wasn't really financial. Should we call them agents? Well, if you think inspector is a bad term, just think what government agents sound like when you go out there. You know, Austin Powers, watch out.

The whole issue of nomenclature, we went to Ontario. Ontario calls them inspectors and, funnily enough, Ontario has given their inspectors very similar powers. What you've got and the reason this bill seems so skewed is essentially a significant problem with a very few individuals. To give you an example, Ontario has had exactly this kind of mechanism in place since 2010. They have yet to perform an inspection. That's in a province which has one-third of all of Canada's physicians. We, by comparison, aren't even a small community in their scale of things. This is not something that's going to happen every five minutes.

Private information – and that's the concern of the Privacy Commissioner, and that's his job – will remain private. There's no way that's changing. The people who would be delegated as having inspector powers under this will be custodians of the *Personal Health Information Act*. The reason there is an issue about primacy in one of the clauses is the third piece of the puzzle.

We've mentioned prescribers and we've mentioned dispensers. There is an onus here specifically stated on patients. Just as there are,

if you like, rogue physicians, rogue pharmacists and rogue nurse practitioners, there are rogue patients. Without that clear primacy of this act over personal health information, they could be shrouded in a way that would advantage them and disadvantage the rest of the system.

The first pharmacy connected in this province to the Pharmacy Network was in the Carbonear area. The second one down the road was in Bay Roberts. That day, when the second one was connected, the pharmacist in the second pharmacy rang up and said: I've just got a patient in here and according to this you've just given her 200 OxyContin tablets and she's in for some more. That's what this system does.

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

**MR. HAGGIE:** The reason it's taken so long to get here is quite simply until the Pharmacy Network was up and everyone was on it in July, we couldn't bring this in. We've not been sitting on our hands waiting for this to drop out of the woodwork; this is introduced on the first sitting week of the next sitting of this House following the implementation of the Pharmacy Network.

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

**MR. HAGGIE:** We are not sitting on our hands about the regulations, either. They will be ready to go to Lieutenant Governor in Council in time for gazetting on the 1st of January. The piece about the hardware is deferred. Section 7 is not proclaimed until the 30th of June.

We have a quick and easy way to get the electronics to physicians. The comment from the Member opposite for Topsail – Paradise about five physicians not being connected to the Internet means that the other 1,310 are. We can get them that software, for those who don't have it, very rapidly. All they need is a CD or a DVD or a thumb drive, a username and a password. We know who goes on; we know what they look at. So there is no breach of privacy, Mr. Speaker.

Physicians are responsible for being custodians of their own care patients, but they're also bound by the same rules when it comes to looking at somebody else's patients. They can't go rambling off into the woods. On the other hand, if an individual comes from a different practice

and says you were kind enough to see me, my family doctor can't get to me, that physician has access to the medication profile. It's done in a way that leaves a fingerprint on the computer and an audit trail.

It's no different than what happens to a salaried physician in a regional health authority who accesses information. Personal health information that's private will stay within that circle of responsible care. The only change is that where there are reasonable grounds for concern, there will be ability for a custodian of PHIA, bound by that act, to go and ask the questions that the person would not answer. This isn't we're just going to go in because we feel there's a nice doctor's office here, going to get in out of the rain and while we're here we'll search through your charts.

This is people who have been asked because of their practice profile to explain a prescription for 200 five-milligram hydromorphone tablets. Nobody in the world needs one of those, unless you're going to go down to Glenwood station and sell it.

So the answer is to that individual: Explain your prescription, justify on clinical grounds. We'll be nice and polite; we'll send you a letter. This is for those people who say: To hell with you, it's nothing to do with you. This is clinical autonomy.

These are the people, the rogues, who will hide behind the patient's chart to hide their own behaviour. Fortunately, they are very few and far between, but when they do occur, these are legends. We all know names and one of them didn't like the fact I used his name, but the facts of the case were this was proven beyond reasonable doubt in a court of law. The truth is protection.

The facts of the case are we have, still, a challenge with prescribing way more opioids than would appear to be justified on our population. The thrust of this is to educate people. The idea of a portal is so that a physician or a nurse practitioner can go and look at their own prescribing and then can compare that with another nurse practitioner in the same community or a rural nurse practitioner or a

nurse practitioner in Newfoundland and Labrador. Where do I lie? Am I an outlier?

I'll tell you what, Mr. Speaker, for the vast majority of physicians and prescribers that information is something they want. That information is something they're looking forward to getting.

What's happening here is that because we've had to craft legislation to deal with the extremes of behaviours, which are fortunately few and far between, everyone looks as though they're being tarred with the same brush. Quite frankly, whilst I appreciate the due diligence of the Opposition parties in bringing these items to the floor in discussion and debate, it does serve a rather malicious purpose of mudslinging and fear mongering.

Really and honestly, at a time – I take the Member for the beautiful District of Cape St. Francis, his comments were well intended and he hit the nail on the head. We've had 16 deaths in this province. We've had 57 people hospitalized for opioid related admissions. There were 2,600 deaths in Canada over the last year. BC is on target for over 1,000 already this year, and the year is not finished.

This is part of a bigger piece. This didn't drop out of the atmosphere spontaneously. This built on the work of two years of consultation, which the Members opposite were involved in in the All-party Committee on Mental Health. We heard very clearly from people with lived experience, from experts, this was something that was needed. We can't legislate our way out of an opioid crisis.

The Member opposite referenced Ohio. An interesting little fact there is they don't have a harm reduction program. They have by and large faith-based, zero tolerance, abstinence.

There's a small town there called Portsmouth, which is the same size as Corner Brook. In 2015-16, they had 2,000 people die from opioid-related deaths – 2,000 in a community the size of Corner Brook. We do not need that.

This is part of the piece. It's not the whole piece of the jigsaw, but delaying it, obfuscating the intent of it by going down into detail and

selectively quoting chunks which are framed in a bigger context with all the caveats that the Member opposite there wanted, but to choose to read section 22, whatever it was, when in actual fact section 4, paragraph 2 actually sets the context.

By going to the end and picking the bits out, leaves out the fact there's this whole framework there of the duty of the minister to provide consultation, stakeholder input and regulatory consultation. It's a "shall" not a "may"; yet, everyone over there forgets about it. They forget about it because it feeds into the narrative of a knee-jerk reaction by somebody who's not prepared, who just wants to rush something through before Christmas. That is not – nothing could be further from it.

There has been a colossal amount of work here done. What we've done is we've refined other jurisdictions. We've learned from their mistakes. Nova Scotia didn't put this in, and now they want it. PEI and Ontario did. The others buried their regulations in other acts, so nobody noticed. We've picked this up and taken it head on.

I believe this is a good piece of legislation. I think it will be made better over time. I would challenge anyone of those Members opposite over any of their pieces of consultation. We have 12 groups, 24 meetings going back then less than two years. I have spoken with Dr. Hollett about this program and got a completely different take than you guys did, and that was in the summer. So the facts of the case are not always as presented.

There is absolutely nothing wrong with this legislation. I challenge them over there, if they can come up with something that will make this better or perfect, that's great. But I'll tell you what, waiting for something perfect when we've got something very good is just simply going to put the body count up, and that will be on them, not me.

So I'm not going to take any more time. I've made my point. Bring on the questions and let's have Committee.

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

**MR. SPEAKER (Trimper):** Order, please!

Is the House ready for the question?

The motion is that Bill 25 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.'

This motion is carried.

**AN HON. MEMBER:** Division.

**MR. SPEAKER:** Division has been called.

Call in the Members.

### Division

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

All those in favour of the motion, please rise.

**CLERK (Barnes):** Mr. Andrew Parsons, Ms. Coady, Mr. Haggie, Mr. Hawkins, Mr. Crocker, Mr. Kirby, Mr. Mitchelmore, Mr. Warr, Mr. Bernard Davis, Ms. Gambin-Walsh, Ms. Dempster, Mr. Letto, Mr. Browne, Mr. Bragg, Ms. Haley, Mr. Derek Bennett, Ms. Cathy Bennett, Mr. Finn, Mr. Reid, Ms. Parsley, Mr. King, Mr. Dean, Ms. Pam Parsons, Mr. Holloway, Mr. Paul Davis, Mr. Hutchings, Mr. Brazil, Ms. Perry, Mr. Kevin Parsons, Mr. Petten, Mr. Lane.

**MR. SPEAKER:** Those against the motion, please rise.

**CLERK:** Ms. Michael, Ms. Rogers.

Mr. Speaker, the ayes, 31, the nays, 2.

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

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

I move, seconded by the Minister of Service NL, that the House resolve itself into a Committee of the Whole to consider Bill 25.

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

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

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

The motion is carried.

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

#### Committee of the Whole

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

We are now considering Bill 25, the Prescription Monitoring Act.

A bill, "Prescription Monitoring Act." (Bill 25)

**CLERK:** Clause 1.

**CHAIR:** Shall clause 1 carry?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Carried.

On motion, clause 1 carried.

**CLERK:** Clause 2.

**CHAIR:** Shall clause 2 carry?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Carried.

On motion, clause 2 carried.

**CLERK:** Clause 3.

**CHAIR:** The Chair recognizes the hon. the Member for Conception Bay East – Bell Island.

**MR. BRAZIL:** Thank you, Mr. Chair.

We'd like to present the following amendment:

Subclause 3(2) of the bill is deleted and the following substituted: (2) The purpose of this act is to seek to improve the health and safety of Newfoundlanders and Labradorians by permitting the monitoring, analyzing and reporting of information, including personal information, related to the prescribing and dispensing of monitored drugs, in order to (a) contribute to and promote appropriate prescribing and dispensing practices for monitored drugs in order to support access to monitored drugs for medically appropriate treatment, including treatment for pain and addiction; (b) identify and reduce the abuse, misuse and diversion of monitored drugs; and (c) reduce the risk of addiction and death resulting from the abuse or misuse of monitored drugs.

Mr. Chair, we feel that this is an appropriate amendment to the prescribed bill here, as it will then better clarify exactly what the role is of this bill and how it can actually meet the needs. It's in line with Ontario's Narcotics Safety and Awareness Act and a prescribed approach to exactly what this bill is intended to do, and would cover all those components.

So we'd like to present that as an amendment, Mr. Chair.

**CHAIR:** The Committee will recess to consider the said amendment.

Recess

**CHAIR:** Are the House leaders ready?

Order, please!

The amendment is deemed not in order.

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

**CHAIR:** It's beyond the scope of the original clause in Bill 25.

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

**CHAIR:** Order, please!

Shall clause 3 carry?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Carried.

On motion, clause 3 carried.

**CLERK:** Clause 4.

**CHAIR:** Shall clause 4 carry?

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

**MR. BRAZIL:** Thank you, Mr. Speaker.

We propose an amendment to clause 4. Paragraph (f) of the bill is deleted and the following substituted:

(f) develop educational tools, information and services regarding the appropriate prescribing and dispensing of monitored drugs;

The amendment would delete and substitute paragraph 4(f) of the bill to clarify the role of the minister. It's outlined here in the bill. It's a very explicit change, but it's more for clarification purposes of what the role would be.

So we would like to propose that as an amendment under clause 4.

**CHAIR:** Okay. The Committee will recess to look at the clause.

Recess

**CHAIR:** Are the House Leaders ready?

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

**CHAIR:** Order, please!

On clause 4 the amendment is considered to be in order.

The Chair recognizes the hon. the Member for Conception Bay East – Bell Island.

**MR. BRAZIL:** Thank you, Mr. Chair.

It's an honour to be able to speak to this amendment that has been proposed here. It doesn't take away – what we're saying here is we support the legislation. We support the intent of it; we support the necessity for it. What we're proposing here is framing it in certain ways and adding in certain things that there may be a little nuance that needs to be added to improve it. This is all about improving it.

What we're talking about here – I mean the initial piece of legislation did outline exactly what was being proposed here when they talk about “educate prescribers and dispensers regarding the appropriate prescribing and dispensing of monitored drugs ....” We had no problem with that. But the discussion that we've had – and I heard the minister say it and other Members of this House who have spoken to it – this is a bigger issue here.

It's a bigger issue about education and education tools that are necessary and being able to guarantee, to a certain degree, that people understand the intent of what's being done here and they have the resources to be able to do, particularly, that part of it. It's a holistic approach to it. It's not only the prescribers doing it and the dispensers; it's the general public here, the bigger picture, all the stakeholders who have a role. It's all of us here in society, particularly around when you talk about opioids and the epidemic that's here.

What we proposed here was that this wording would make it a little bit more explicit and would make it in a more entrenched manner that would broaden exactly what we're trying to achieve here. It's felt here by adding those – and, obviously, it's in order and we would hope that it would be looked at – that this is enhancing.

A good piece of legislation – don't get me wrong, a good piece of legislation. We've said that at the onset. When I first spoke for an hour last week I talked about this is a good piece of legislation; it's a necessary piece of legislation. It will go to the next step of being able to address the particular area that we need addressed here about opioid misuse and addictions around that particular area.

What we wanted to do was put in another mechanism, support, enhance the legislation here to ensure that the education tools and the information services regarding appropriate prescribing and dispensing of monitored drugs are enhanced somewhat.

Mr. Chair, I'm going to sit on that and see if there are any other Members here who would like to have a few words on that.

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

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

**MR. HAGGIE:** Thank you very much, Mr. Chair.

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

**CHAIR:** Order, please!

**MR. HAGGIE:** Thank you very much, Mr. Chair.

I appreciate the sentiment behind the Member opposite's suggestion; however, I think this is a question of where more is just more in terms of words. It doesn't actually add or really substantively alter the intent of the original wording. Whilst I don't wish to appear unnecessarily argumentative, I really can't see any merit in putting it in there.

The aim of the program is very clearly stated. The issue about developing services and tools and these kind of things would be subsumed simply under the phrase: educate, prescribes and dispenses; and the phrase at the end regarding the appropriate prescribing and dispensing of monitored drugs indicates quite clearly how they should do it and about what. I really don't see any particular merit in just wordsmithing this particular piece.

I look forward to further commentary on other bits of the bill.

Thank you very much.

**CHAIR:** The Chair recognizes the hon. the Member for St. John's East – Quidi Vidi.

**MS. MICHAEL:** Thank you very much, Mr. Chair.

I actually like the amendment because it is very specific. It's not just a general statement about educating those prescribing, those who dispense, but that you actually do need educational tools, you do need services to make sure that that's happening. To me, it goes further, not in intent, but further in the meaning of educating those who prescribe and those who dispense.

For that reason, I would think the minister would like it to go in there because it does add more meaning to his intent with a specificity that I think would be helpful. I would like to see this amendment and I am going to vote for it.

Thank you.

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

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

I'll be supporting the amendment as well.

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

**MR. LANE:** As has been said, really what we're doing is we're getting a little bit more specific, I think. To simply say we're going to educate, what does that mean exactly? It doesn't say how we're going to educate.



You could argue that if I just sent a letter to somebody saying here's what you have to do, then I've educated them because I told them how the program works, what you're expected to do. There is a big difference in that and actually developing tools and programs and so on to, I would say, educate someone much further and to have a template in place that regardless who was there that they could take that template to educate people and educate prescribers and all the people involved in the system.

I think it's more specific. I understand the intent is probably the same, but one of the issues that we have and we continue to have, and it's not new to this administration, but a lot of the stuff and the intent that we hear about is probably going to be covered off in the regulations. We don't know what the regulations are, and that's part of the issue we have with this bill and other bills. We don't know what it's going to be.

It's fine to say what the intent is, but unless it's actually spelled out in black and white in the legislation, that's the only guarantee that everybody has that it's going to be done a certain way. From that perspective, I would support this amendment.

Thank you, Mr. Chair.

**CHAIR:** Shall the amendment carry?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

**SOME HON. MEMBERS:** Nay.

**CHAIR:** The amendment has been defeated.

On motion, amendment defeated.

**CHAIR:** Shall clause 4 carry?

All those in favour, 'aye.'

Sorry, the Chair recognizes the hon. the Member for Conception Bay East – Bell Island.

**MR. BRAZIL:** Mr. Chair, I will make an amendment.

Clause 4 of the bill is amended by adding immediately after paragraph (f) the following: (f.1) develop a prescriber portal that permits prescribers to compare their prescribing activity to peer groups, and provides access to education and professional development materials or services.

Mr. Chair, what we're talking about here is just an amendment that does the legislative obligation to develop a prescriber's portal, that would enhance it, would have it there forever and a day to include that that information is usable and accessible by all involved.

Mr. Chair, I want to present this as an amendment.

**CHAIR:** Order, please!

The Committee will recess to consider the amendment.

### Recess

**CHAIR:** Order, please!

The amendment is said to be in order.

The Chair recognizes the hon. the Member for Conception Bay East – Bell Island.

**MR. BRAZIL:** Thank you, Mr. Chair.

Again, as we presented in our amendment, this was about agreeing with the intent and the whole process of ensuring that information is shared in a proper manner, and that the key players here and the key components are well in line with being able to disseminate that information and use it for the benefit of addressing the opioid crisis here; particularly, ensuring that those who are complying with the intent of the regulations and the intent of their authority organization fall in line.

It's about the whole process we talked about on the earlier amendment, about education and disseminating of the information so it benefits how we approach moving this forward. What it does – as my colleague for Mount Pearl –

Southlands had outlined, this is about ensuring the details are understandable and clear for everybody included. This would be legislated and obligated to develop a prescriber portal, a simple process. We use it in a number of other categories, particularly in the medical field.

We're saying this should be in there because it's an important piece of information, an important component and another one of the ways that we can ensure those who are following the process have an ability to share the proper information, and in some cases, no doubt, maybe identify those who are not following the proper procedures.

So we want to present this forward. We look forward to any further discussion and then the vote on this amendment.

Thank you.

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

**MR. HAGGIE:** Thank you very much, Mr. Chair.

The short answer, really, is that I think 4(f) covers this, as does 4(g). The intent I would see is under regulations there would be a whole array of tools that could be developed to deal with educating prescribers and the general public. To put something that prescriptive in the act, which is really far more operational than legislative, I think may actually not benefit people.

I think with time you might find the idea of a portal fades. There are certainly, in other jurisdictions, far different ways of doing that. You have individualized email PDF rather than access to a central portal.

Again, I think we're getting into the weeds and things that would be better covered by regulation. I support the intent of it, but I really think its place is not in section 4.

**CHAIR:** The Chair recognizes the hon. the Member for Conception Bay East – Bell Island.

**MR. BRAZIL:** Thank you, Mr. Chair.

I have to disagree with the minister here, because the consultation we've done and the research we've done shows that all this does here is exactly – and the minister admitted to it – it does enhance it. He doesn't feel it's necessary, but we feel it's necessary because it legitimizes it through legislation and puts the portal there that's usable and a benefit. It becomes an education tool. It becomes an information tool. It becomes a monitoring tool. That was the intent of it here.

We still see enhancing. We see nothing wrong when taking pieces of legislation, particularly a certain clause, and adding some enhancements to it. These enhancements are not just made up out of thin air. These are by research and by people in the field who want this to work. Professionals in the field who have a stake in this and a positive stake because they want to ensure that they can address the issue here in the most appropriate manner.

This here, the sharing of information, the dissemination of information, the gathering of information and having it in a central location that is a portal that can be accessible in the proper manner by the ones that are necessarily needed to be able to move it to the next level, which in turn comes back into advising the minister, who then can outline exactly how they move some of the other parts of the legislation or the process forward. It's a positive.

To me, it's reinforcement. It's another avenue that the minister would have to ensure the legislation he's bringing forward is successful. We, again, are asking that people would support this because it's another part of improving a good piece of legislation and taking it to the next level.

Thank you, Mr. Chair.

**CHAIR:** The Chair recognizes the hon. the Member for St. John's East – Quidi Vidi.

**MS. MICHAEL:** Thank you very much, Mr. Chair.

Yes, I do support this amendment knowing what it's like when you have to go out into the web world and have to search for information and become involved in going around looking for

information that you may want, tools that you may want to find, et cetera. You can spend an awful lot of time searching for information out there on the Internet. There's absolutely no doubt about it.

By having a prescriber portal, then you are actually going to bring into one place, a place where those who prescribe can go and get the information that they need. That's what the amendment says: The purpose of the portal would, one, allow prescribers to compare their prescribing activity to peer groups. It would also provide access to education and professional development materials or services.

It would save an awful lot of time for people who are very busy people in their profession, in doing the work that they do that if they want to improve who they are, improve their work, the time that it takes to search online for the kinds of information that's being referred to here is time they don't have.

I think this would really be a tremendous service to those who prescribe, to the prescribers, a tremendous service to have this kind of portal and I don't know why the minister wouldn't see it that way.

It's more than just a tool – tremendously more than just a tool. The portal would become a part of the system whereby they can access the information that they would need and the education that they need to help them develop more as the prescribers that they are.

Thank you very much, Mr. Chair.

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

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

I, too, will be supporting this amendment as well. Mr. Chair, if this was something totally out of the blue, something totally different or whatever, I could understand an objection, but listening to the minister – and I listened intently to everything he had to say since the beginning of this particular debate, not just today but when we started it, and what's being proposed here is exactly, unless I'm missing something, what the minister said they're planning on doing anyway.

Through the Centre for Health Information, they would have such a portal. That's what they're going to be doing.

If they're going to be doing it anyway, all that's being asked here again, as I understand it, is to simply say if we're going to do it put it in the act, put it in the legislation, so then everybody knows that's what we're going to do as opposed to simply leaving it to the regulations and it may happen or it may not happen.

This minister may want to do it and the next minister might not want to do it. That's the problem. That's the problem with all of these things. That's the problem I'm hearing from the NLMA and other groups and so on. We'll get to other clauses, but it comes down to the fact that there are sort of things there in the act without explanation. While the minister may have the best of intentions with it and perhaps it will be covered off in the regulations, the fact of the matter is that these stakeholders don't know what's going to be in the regulations. And what this minister might want to put in the regulations may not end up in the regulations. It may be something totally different if a new minister comes in and nobody would be any the wiser until it happens.

So once again, all that's being asked for is something that's already been proposed.

**CHAIR:** Order, please!

Given the hour of the day, I wish to rise the Committee.

The hon. the Government House Leader.

**MR. A. PARSONS:** Yes, Mr. Chair, I would move that we rise the Committee and report progress.

**CHAIR:** The motion is that the Committee rise and report progress.

Shall the motion carry?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Carried.

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

**MR. SPEAKER (Trimper):** The hon. the Member for Baie Verte – Green Bay, the Chair of the Committee of the Whole.

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

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

When shall the report be received?

**MR. A. PARSONS:** Now.

**MR. SPEAKER:** Now.

When shall the Committee have leave to sit again?

**MR. A. PARSONS:** Tomorrow.

**MR. SPEAKER:** Tomorrow.

On motion, report received and adopted.  
Committee ordered to sit again on tomorrow.

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

**MR. A. PARSONS:** Yes, Mr. Speaker, given the hour of the day, I would move, seconded by the Member for Harbour Grace – Port de Grave, that the House do now adjourn.

**MR. SPEAKER:** It is moved and seconded that this House do now adjourn until tomorrow at 1:30 o'clock – and happy birthday to the Member for Lewisporte – Twillingate.

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