



Province of Newfoundland and Labrador

FORTY-EIGHTH GENERAL ASSEMBLY
OF
NEWFOUNDLAND AND LABRADOR

Volume XLVIII

THIRD SESSION

Number 48

HANSARD

Speaker: Honourable Perry Trimper, MHA

Tuesday

December 4, 2018

The House met at 1:30 p.m.

Statements by Members

MR. SPEAKER (Trimper): Order, please!

Admit strangers, please.

I have some special guests today that I'd like to recognize for the Members. First of all, over in the Speaker's gallery I'm very pleased to welcome Ms. Lynelle Cantwell. Ms. Cantwell has received a special award and will be recognized in a Member's statement this afternoon. She is joined by her sister-in-law, Courtney Cantwell.

A great welcome to you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: I've just been out in the lobby and am very pleased to welcome a group of rugby players. They are members of the Roncalli Central High School rugby team from Avondale and their coach, Noel Strapp. They will be mentioned in a Member's statement this afternoon.

Welcome to you all.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Also in the public gallery today we have Mayor Tony Ryan and Councillor Mack Lavers of the Town of Port Saunders.

Welcome to you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: I see Mr. Jerry Earle up in the audience. Thank you for coming, Sir.

I also see Mr. Waylon Williams, the communications officer with Happy Valley-Goose Bay, and finally I'd also like to identify Mr. John Duggan who is a member of the legal community and he will be recognized in a Ministerial Statement today.

Welcome to you all.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: For Members' statements today we will hear for the Members from the Districts of St. John's East - Quidi Vidi, Harbour Grace - Port de Grave, Fortune Bay - Cape La Hune, Harbour Main and Cape St. Francis.

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

MS. MICHAEL: Thank you, Mr. Speaker.

I am more than pleased to recognize a major achievement of author, former journalist and Labradorian Anne Budgell – the publication of *We All Expected to Die*, her documentary of the Spanish influenza in Labrador in 1918-1919.

On the 100th anniversary of this disaster, Anne Budgell puts the spotlight on the almost total wipeout of the Inuit villages of Okak and Hebron, where the mortality rate was 71 per cent.

Publisher ISER Books describes Budgell's book as "powerful and uncompromising" in its depiction of the deadly havoc of the pandemic in these isolated settlements.

She uses diaries, journals, newspaper reports, official documents and the recollections of survivors to tell the story of the flu's horrific impact in Labrador and how authorities at the time did not provide assistance.

The importance of Anne Budgell's work is being recognized by her presence at the Canadian Immunization Conference where she is today signing books.

I ask the hon. Members of this House to join with me in thanking Anne Budgell for her amazing piece of work.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Thank you.

The hon. the Member for Harbour Grace - Port de Grave.

SOME HON. MEMBERS: Hear, hear!

MS. P. PARSONS: Thank you, Mr. Speaker.

Today I rise to pay tribute to a very special, former school teacher, principal and former mayor of Bay Roberts, Mr. Wilbur Sparkes, who passed away on November 25 at age 90.

Mr. Sparkes was the longest serving mayor in the town's history, elected in 1981 and remaining in the position for 24 years. He was born in Massachusetts in 1928 and moved to Bay Roberts with his family when he was four.

He studied education at Memorial University and taught for almost 40 years; 33 of which he spent teaching at Amalgamated Academy in the community where he was also principal.

Mr. Sparkes was also known and admired for his ability to play sports such as hockey and baseball. He was especially known for his times as a pitcher with the Guards in St. John's Senior Baseball in the '50s. He kept in shape, Mr. Speaker, by playing rec hockey well into his seventies.

Wilbur Sparkes was inducted into the St. John's Baseball Hall of Fame and was also inducted to the Bay Roberts Sports Hall of Fame. His legacy lives on through the Wilbur Sparkes Recreation Complex in the town, which was named in his honour when he retired from municipal politics.

Mr. Speaker, I ask that all hon. Members send sincere condolences to the Sparkes family.

Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for the District of Fortune Bay - Cape La Hune.

MS. PERRY: Thank you, Mr. Speaker.

I rise in this hon. House to extend congratulations to Ms. Lauren Carter of Harbour Breton for her recent accomplishment as winner of the Anaconda Mining Volunteer Activity Award, and the Wing'n It George Street Community Pride Award presented at the Miss

Achievement Newfoundland and Labrador Scholarship Awards Gala in November.

This industrious young lady, through her elementary and high school years, was a peer tutor, canteen worker, Sunday school teacher, fun skate coach, play-for-fun coach, Community Youth Network board member, and the list goes on. She also had time to play volleyball, softball, ball hockey, minor hockey and more. She served as vice-president of the student council at both St. Joseph's Elementary and King Academy high school. She has always shone in local speak-out events and was the first-place senior division winner at the Lions Annual Speak Out in 2018, as well as a guest speaker at the Aquaculture Summit in 2017.

From winner of the Mayor's Award for highest academic achievement to Memorial University's HORIZONS Scholarship and MedQUEST participant, Lauren demonstrates an incredible work ethic and we are confident that this very well-rounded, young woman will continue to be a strong leader of today's youth. Lauren, now in her first year at MUN, is also currently on the Premier's Youth Council, which provides advice to government from a youth perspective.

I ask all Members to join me in congratulating and thanking Lauren for her tremendous community spirit and being an outstanding role model to young women all across our province.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

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

MS. PARSLEY: Mr. Speaker, I rise in this hon. House today to recognize the girls' rugby team from Roncalli Central High in Avondale. The team was formed in 2011 by Harbour Main resident and teacher Noel Strapp. From the beginning, this team had to overcome being inexperienced and playing against larger schools with established programs.

However, the team had a lot of energy and their enthusiasm made learning how to play and compete so much easier. Within two years, Roncalli has made it to their first provincial

championship, but fell just short of a first title. Since then, Roncalli has won four of the last five provincial championships, and made female rugby a mainstay in the school's program. Roncalli recently played in its sixth straight provincial championship game, with a team largely composed of inexperienced players, and defeated Prince of Wales Collegiate by a score of 34 to 5.

SOME HON. MEMBERS: Hear, hear!

MS. PARSLEY: Nationally and globally, women's rugby is one of the fastest growing sports in the world. With the skills, talent and enthusiasm created from these girls, the sport will continue to grow and there will be success for years to come.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

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

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

I rise today to congratulate Lynelle Cantwell from Torbay for receiving the Canadian Red Cross 2018 Young Humanitarian Award.

Mr. Speaker, Lynelle is 20 years old and she is already a powerful, anti-bullying advocate and motivational speaker. Lynelle made international headlines several years ago after she was a target of cyber-bullying and chose to respond to her bullies with compassion.

Since then, Lynelle has spoken to tens of thousands of youth across the country about bullying and body-shaming, and was recently featured in the documentary "*Rising Above: Stories of Courage and Hope*." Lynelle has also been a youth advocate for the Canadian Red Cross's annual Pink Day, and she is a youth ambassador for TELUS in partnership with WE Day.

Mr. Speaker, Lynelle has taken a stand against bullying that has inspired people across the

country and around the world. She has set an example to us all.

I congratulate Lynelle on being chosen as the 2018 Red Cross Young Humanitarian, and I ask all hon. Members to join with me in wishing Lynelle success as she continues to combat bullying with a positive voice for others who encounter the same challenges.

Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: And speaking of strong women, I'd also like to draw your attention to the fact that Mary Shortall is joining us in the audience. Nice to have you here today, Mary.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Statements by Ministers.

Statements by Ministers

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

MR. DAVIS: Mr. Speaker, I recently had the honour of welcoming a visiting delegation from the Vietnam Skills for Employment Project to our province.

Newfoundland and Labrador was the final stop on their latest cross-country tour of Canada's public college systems. For the past four years, the Vietnam Skills for Employment Project has been working in partnership with the College of the North Atlantic to develop a world-class public college system in Vietnam.

During the visit, they were able to tour the College of the North Atlantic's facilities and to get a first-hand look at how it supports economic growth and prosperity. I am proud to inform my hon. colleagues that at the conclusion of this cross-country tour, a member of the delegation told my officials that their collaborative relationship with the College of the North Atlantic is the best of all their relationships with the Canadian public colleges.

Vietnam shares our belief that a world-class education is the key to economic growth and prosperity. The College of the North Atlantic's partnership with the Vietnam Skills for Employment Project helps ensure the success of our students, schools and the economy on a global stage.

I ask all hon. colleagues to join me in extending our gratitude to the delegation for the honour of their visit and in commending the College of the North Atlantic for raising the province's profile internationally.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Thank you.

The hon. the Member for the District of Conception Bay South.

MR. PETTEN: Thank you, Mr. Speaker.

I thank the minister for an advance copy of his statement. I wish to thank the Vietnam Skills for Employment Project for taking time out of their schedule to visit Newfoundland and Labrador and tour the facilities in our province. I'm delighted to hear that the delegates consider their collaborative relationship with the college as the best of all the relationships in Canada. This is further evidence of a successful partnership that the College of the North Atlantic is forging internationally. The College of the North Atlantic is a world-class institution and its continued success internationally is a testament to the hard work, dedication and ingenuity of our people.

Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Thank you.

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

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

I, too, thank the minister for the advance copy. I applaud the College of the North Atlantic as it continues to play a role internationally in post-secondary education. But while this government worries about the global success of our schools, I hope there will be equal concern with the affordability and quality of post-secondary education in this province.

Thank you very much, Mr. Speaker.

MR. SPEAKER: Thank you.

Further statements by ministers?

The hon. the Minister of Municipal Affairs and Environment.

MR. LETTO: Thank you, Mr. Speaker.

Mr. Speaker, I rise today to highlight the launch of Text 911 or T911. The system assists 911 call takers to communicate quickly and clearly with persons who are deaf, late deafened, hard of hearing and others who may benefit by using wireless text messaging.

I was pleased to be joined for the announcement by my colleague the Minister of Advanced Education and Skills, as well as Kerry Power, Executive Director of NL911; and members of the community who will benefit from this new service.

As the minister responsible for emergency services, I am pleased to say that this increased access to services will ensure the safety and security of residents during an emergency situation. T911 will enable users to access 911 services more quickly and more easily, and provide peace of mind that emergency services are now accessible by text.

I would like to extend special thanks to the staff of NL911 Inc. for leading this initiative. I would also like to recognize those organizations that contributed their support and involvement, including: the Department of Children, Seniors and Social Development and the Disability Policy Office; the Provincial Advisory Council for the Inclusion of Persons with Disabilities; the Canadian Hard of Hearing Association-Newfoundland and Labrador; the Newfoundland and Labrador Association of the Deaf; and the

Coalition of the Persons with Disabilities
Newfoundland and Labrador.

Through improved, quality emergency services that meet the needs of Newfoundlanders and Labradorians, our government continues to act on our commitment to ensure the safety and well-being of residents, families and communities.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Thank you.

The hon. the Member for the District of Cape St. Francis.

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

I want to thank the minister for the advance copy of his statement. Mr. Speaker, obviously, this is great news. We welcome any measures that result in improved access to services in an emergency situation. It's very important to have steps that individuals can feel safe and make sure that potential life-saving help and assistance is available.

We would also like to thank all the individuals and organizations involved in making this important initiative possible. I'm certain there was a lot of hard work required to do it. I would like to thank all the residents and anybody who participated in this. This is a vital service to the residents of our province.

Thank you very much.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Thank you.

The hon. the Member for the District of St. John's East - Quidi Vidi.

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

I thank the minister for the advance copy of his statement. I'm delighted that we finally have the Text 911 system in this province and I'm sure

that many residents will be breathing a sigh of relief. We have to do everything we can to ensure that all Members of our society are safe in an emergency.

I look forward to the minister reporting on ongoing work with the organizations he's already working with in getting the information out so that everyone who needs it can access the service.

Thank you very much, Mr. Speaker.

MR. SPEAKER: Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Further statements by ministers?

The hon. the Minister of Justice and Public Safety.

MR. A. PARSONS: Mr. Speaker, following a tremendous amount of work by our government, working group and advisory committee, the new Drug Treatment Court pilot project in St. John's has been established.

SOME HON. MEMBERS: Hear, hear!

MR. A. PARSONS: This court is intended for offenders with serious drug addictions, who commit on non-violent, drug-motivated offences. It brings together judicial supervision and treatment services for substance abuse and establishes long-term supports outside the criminal justice system. This problem-solving approach offers an alternative to traditional criminal justice responses by addressing the underlying issues that contribute to crime by offering court-monitored treatment, random and frequent drug testing, incentives and sanctions, intensive case management and social services support.

Mr. Speaker, I have thanked them before but it bears repeating. I would like to take this opportunity to acknowledge the hard work of the working group, particularly Mr. John Duggan, as well as the provincial court judiciary, whose commitment and dedication to this project was essential in establishing this court. I would also like to recognize the advisory committee, which

consisted of various government agencies and the private bar. A critical component to the court's success will be the continued collaboration among community partners.

Mr. Speaker, our government recognizes the important role of restorative justice and continues to explore innovative approaches to the administration of justice.

Thank you.

MR. SPEAKER: Thank you.

SOME HON. MEMBERS: Hear, hear!

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

MR. CROSBIE: Mr. Speaker, I would thank the minister for his advance copy of this statement. We also welcome the start of the Drug Treatment Court which was announced a year-and-a-half ago in May.

The Drug Treatment Court model has proven to be effective in other jurisdictions in diverting certain offenders with serious drug addictions, if their offences are non-violent, into supervision and treatment that targets the addiction, the root cause of many of the problems.

It is in their best interest, and society's collectively, to treat the addiction. We also commend Mr. Duggan, the working group, the advisory team of public agencies and the private bar, and the many others whose work over the years has brought us to this point.

Collaboration and team work will be required as this rolls out in order to ensure its success. We trust that the court will prove to be successful and lives will be saved.

SOME HON. MEMBERS: Hear, hear!

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

MS. ROGERS: Thank you, Mr. Speaker.

I thank the minister. The province is seeing an escalation in drug related crimes with numerous repeat offenders. A drug court is long overdue.

I applaud this government for finally taking the steps to establish this specialized court, and congratulations to John Duggan, the working group and advisory committee and judiciary and private bar. But the success of a drug court rests with comprehensive, intensive and specialized treatment programs for court-mandated treatment.

I am concerned that the robust programs that make this court work are not in place, and to plead guilty with the expectation of real help and to not get that help is a violation of human rights.

Thank you, Mr. Speaker.

MR. SPEAKER: Thank you.

Further statements by ministers?

Oral Questions.

Oral Questions

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

SOME HON. MEMBERS: Hear, hear!

MR. CROSBIE: Mr. Speaker, the Member for Humber - Bay of Islands made allegations during debate last night of a most serious nature, reflecting on the integrity of the Office of the Premier and the integrity of this House of Assembly.

Did the Premier have numerous telephone conversations during a four- to five-month period during which the investigation of Code of Conduct violations was being conducted by an independent officer of the Legislature? Yes or no?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

The Leader of the Opposition asked a question about a process that we started in this House in April of this year that ended in October, just a few weeks ago.

I said publicly, Mr. Speaker, outside of this House in recent interviews that I've done, that I have had conversations with all our MHAs, including the MHA for the District of Humber - Bay of Islands. I've never ever denied having those conversations, Mr. Speaker. It was the proper thing for me to do to make sure that everyone that was engaged would do so in a very fulsome way, that information that would have been required to make sure that the appropriate process – the best use of the process that was established.

So, yes, we had those conversations, Mr. Speaker; but, I've also said in this House of Assembly that the reports were one thing, what came out of those reports, but also about how responses were done in this House of Assembly. Mr. Speaker, I spoke at length here, as the Leader of the Opposition did as well. We must do better, and I've made a commitment that we would never go through this same process again.

The Committee on Privileges and Elections are doing their work and will come back with a number of suggestions on how we can improve it.

SOME HON. MEMBERS: Hear, hear!

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

MR. CROSBIE: I thank you, Premier, for that confirmation.

Did the Premier tell the Member for Humber - Bay of Islands at the beginning of the complaints process, or at any stage of the process, that the allegations made by the Minister of Service NL were ill founded? Yes or no?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Thank you, Mr. Speaker.

Well, I would assume that the Leader of the Opposition would have spoken to his own Members as well.

Mr. Speaker, as I said, I spoke to all Members of this House of Assembly when they would have reached out to me or in some cases I reached out

to them proactively as well, as they were dealing with the process that they were involved in. As a matter of fact, Mr. Speaker, I encouraged people – if you remember – publicly to come forward if there were any allegations that would have been made by MHAs that exist in this House. I also said that people that were involved in responding should come forward with the information that was required so that we can get the result of the outcome that was required.

Mr. Speaker, the allegations – when you look at Rubin Thomlinson, we spent days on the floor of this House of Assembly. The MHA that the Leader of the Opposition has talked about that Rubin Thomlinson themselves said the allegations were not unfounded; but, indeed, the Commissioner came back and said there was a breach of the Code of conduct.

SOME HON. MEMBERS: Hear, hear!

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

MR. CROSBIE: Did the Premier tell the Member for Humber - Bay of Islands at the beginning of the complaints process, or at any other stage, that the allegations made by the Minister of Service NL were ill founded? Yes or no?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Mr. Speaker, we went through a lengthy debate. There has been respondents and there has been people that have responded to the allegations, those that put allegations forward. Coming out of the process, the Leader of the Opposition himself said that this should not be carried out in the public sphere. And here we go again, no lessons have been learned by the Leader of the Opposition, Mr. Speaker, about what should happen with Members that exist in this here.

Rubin Thomlinson made a decision that the allegations did not see any violations, did not see that the member had done anything in terms of harassment and bullying. There was no consequence of that. Mr. Speaker, the Commissioner themselves said there was a breach in the Code of Conduct. Those were the types of conversations we had.

I encourage people to bring forward with their respondents with the information they would have had, as I did with people that have had allegations, to bring them forward on behalf of any Member of this House of Assembly.

SOME HON. MEMBERS: Hear, hear!

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

MR. CROSBIE: Again, Mr. Speaker, I can only repeat the question, which in my submission was not answered.

Did the Premier tell that Member for Humber - Bay of Islands that the allegations were ill founded, or words to a similar effect? Yes or no?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Mr. Speaker, the conversations I would have had with any MHAs were based on the information that they would've had, the allegations that were put forward in this particular case about MHAs. Mr. Speaker, the conversations I had about allegations and what the respondent would look like, I had never seen what the responses would have been like.

Mr. Speaker, the allegations even changed when they first came to me, because if you remember, they were going to come to the Premier in the beginning. The reports never did come to me.

I received the reports – well, I can't say for you, the Leader of the Opposition, I don't know when you had them, but I had the reports when they became public. The allegations that were put forward by the Members in this House of Assembly and all the reports that came out were shared and debated in this House of Assembly, Mr. Speaker.

Any information around the allegations, if they were unfounded or not, I've always said that what people should come forward with is the information to support their responses based on the –

MR. SPEAKER: Order, please!

PREMIER BALL: – allegations, and they should do so in a very comprehensive way.

MR. SPEAKER: Order, please!

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Thank you.

The hon. the Leader of the Official Opposition.

MR. CROSBIE: Mr. Speaker, I would submit to any member of public watching that the question was not answered.

Did the Premier discuss with the Member for Humber - Bay of Islands removing the Minister of Service NL from Cabinet? Yes or no?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Mr. Speaker, who sits in Cabinet would be a decision that was made by the Premier. And I made those decisive decisions just a few days ago. The information that would have come forward to me based on phone calls or chats that would have been had never came out in the responses. That never came out. That was discussed on the floor of this House of Assembly. You participated in those debates. The information that I had when I made the decisions who should go in Cabinet, who should not go in Cabinet, were made once the debates were over.

Mr. Speaker, early on in this discussion, I said the reports would be one thing, the reaction and the responses would be another thing. I make my decision based on zero tolerance, respectfulness and professionalism, just like the people of Newfoundland and Labrador, respect from all Members in this House of Assembly.

SOME HON. MEMBERS: Hear, hear!

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

MR. CROSBIE: Again, Mr. Speaker, the court of public opinion will have to decide if the question was answered.

Did the Premier agree with the Member for Humber - Bay of Islands to be a witness on behalf of that Member, yes or no?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Mr. Speaker, if the Commissioner or anyone wanted me to participate in those areas, I absolutely would have been there – absolutely would have been there. I was not called; I was not asked to participate in the reports. But if I had received a call from the Commissioner, I definitely would have been there. It's my responsibility to do just that. Just like it's my responsibility to make decisions based on Cabinet. That is what I did.

Mr. Speaker, unlike the Leader of the Opposition, I gather, I do believe in a restorative process. I do believe when all Members of this House of Assembly, those that have been impacted, can demonstrate to me, as the Premier here, that they're willing to work together to advance the agenda of Newfoundlanders and Labradorians, I do believe in a restorative process. But only when all Members are willing to participate.

SOME HON. MEMBERS: Hear, hear!

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

MR. CROSBIE: I'm sure, Mr. Speaker, we all believe in restoration, when possible.

Did the Premier go over the Member's written response to the allegations against him, and coach the Member on what he should put in his response, yes or no?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Mr. Speaker, the written responses were supplied; they were made public here. That's when I would have seen the information that would have come out from the Commissioner.

Mr. Speaker, that is the process that I participated in. And it was the one I participated in the debate very early when I outlined what I would expect from all Members in this House of Assembly: zero tolerance, respectful,

professionalism and a restorative process. I still believe in a restorative process.

Mr. Speaker, I don't give up on people. Once they demonstrate their ability to work together on behalf of people in our province, that is how the restorative process would work. It's been successful with other associations. It's been successful in other jurisdictions. But what has not been successful is for us to engage in a debate, in a public sphere, in this House of Assembly. We have learned a lesson from that, Mr. Speaker. I challenge why the Leader of the Opposition who, himself, and his own party said that this should change, why that he is not (inaudible).

MR. SPEAKER: Order, please!

Thank you.

SOME HON. MEMBERS: Hear, hear!

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

MR. CROSBIE: Did the Premier coach the Member as to what he should put in his response, yes or no?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Mr. Speaker, what I said to all Members if there's an allegation against any MHA or any of their colleagues in this House of Assembly, I've always encourage them to come forward. I also encourage those that are going to respond to the allegations, on the conversations that I could've had with them, was to make sure they do a good job.

As a lawyer, Mr. Speaker, the Leader of the Opposition, I would guess that that's the same advice that he would give to anyone: Make sure you do so in a very detailed, comprehensive way. I would expect those that are responding to do that. I would expect those that are coming forward with allegations to do the same thing.

As a matter of fact, I also encourage those to get legal advice if need be, if they feel they should actually do that, Mr. Speaker. That is the very non-biased advice that I would give to everyone.

SOME HON. MEMBERS: Hear, hear!

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

MR. CROSBIE: So are we in this House hearing that the Premier did assist the Member with what should go in his written response?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Mr. Speaker.

Let's be very clear: The responses and the allegations and the back and forth that would've occurred between the Commissioner, I first found about them when those reports were tabled.

What I always said to those that are responding, and those that have come forward, to do so with the best information that you would have available to actually participate in those allegations or in the responses.

Mr. Speaker, that is a fair thing to do. I think everyone in this House, when this process was started – I see Members opposite shaking their head. Maybe they don't believe in that. But what I've said to anyone that was participating to make sure you do so in a very comprehensive way. The information that was required, we knew this was going to be made public, and I wanted to make sure that everyone that was involved did so in a very comprehensive way that is a fair and unbiased thing to do.

MR. SPEAKER: Thank you.

SOME HON. MEMBERS: Hear, hear!

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

MR. CROSBIE: If the allegations the Member for Humber - Bay of Islands made in this House last night were to be true – not saying they were – if they were to be true, would this be consistent with what the Premier said on May 2, 2018, and I quote: "This is an independent process. It must maintain the integrity and the confidence of those who are dealing with it."

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Of course it was an independent process, Mr. Speaker. But just like any Member of this House of Assembly, if they were asked to participate by the Commissioner, which I wasn't, they would do that.

But just like every MHA that I spoke to, if it was someone that was putting forward an allegation, I encourage them to do so if they felt there was an allegation that they wanted to actually proceed to the Commissioner. The Commissioner then, when you think about it, took those allegations, did their own assessment, if indeed that this is something that needed to be explored further, which they did on several occasions, Mr. Speaker.

Then, those that would respond, I think it's very fair for me, as Premier, the leader of this party to, even if it was someone in the Opposition, like maybe someone in your own office, to do so in a very comprehensive way to make sure that the information is out there so the Commissioner, and then later on the MHAs that sit in those chairs, could made the best decisions that were possible.

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

MR. CROSBIE: If the allegations the Member for Humber - Bay of Islands made in this House last night were to be true, would they constitute conduct bringing the integrity of the Office of the Premier into disrepute, contrary to Principle 1 of the Code of Conduct, yes or no?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Mr. Speaker, in this particular case here, where MHAs or individuals would reach out to me, I was not involved in this. The reports were not coming back to me. I think that's a point that we need to understand. These reports were not coming back to me. There was a different process there coming back to the House Management Commission.

So, I'm not denying that there conversations that would have occurred, appropriately so, nevertheless I wasn't a coach. What I was saying, that people should put their responses in at a very comprehensive way, with the level of details.

Mr. Speaker, I think anyone would suggest that if you're actually responding to an allegation, you'd want to make sure that the information that could actually respond to those allegations was done very detailed, and I would expect those that were putting forward those allegations would actually do the same thing.

I think as a lawyer, the Leader of the Opposition would expect and explain that to anyone that he would've been speaking about as well.

SOME HON. MEMBERS: Hear, hear!

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

MR. CROSBIE: For clarity, Mr. Speaker, is the Premier informing the House that he did offer assistance of the nature he described to the hon. Member for Humber - Bay of Islands in how to conduct himself in making his response?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: No, Mr. Speaker, I wouldn't say that. What I'm saying is that any conversations that I would've had would've been for people who put in the responses with the information that I would've had.

I don't know if the Leader of the Opposition got involved with the Member that is in his caucus right now, if he had helped her or not. I would not know that. Maybe that's a question that he could ask. He's a lawyer, maybe she reached out. I don't know what would have happened there, Mr. Speaker.

But, for me, anytime I was asked those questions it was just simply to make sure that the reports and the respondents and those that put forward allegations have all the necessary information so that they would put that to the Commissioner; hence, that would come back to the floor with this information, Mr. Speaker, so that we can make the decisions.

Mr. Speaker, with that said, there is a restorative process for all Members of this House of Assembly. I believe that when everyone agrees that they can work together, Mr. Speaker, I still believe that restorative process can work.

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

SOME HON. MEMBERS: Hear, hear!

MR. CROSBIE: Did the Premier reach out to the Member by telephone on one or more occasions to assist him in the way he describes?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Mr. Speaker, I think it's been – I've shared this publicly many times right now. The Member that the Leader of the Opposition is talking about was someone that I considered a friend for a long time – still do – and that friendship evolved over time.

Mr. Speaker, when people are dealing with situations, like all other Members in this House of Assembly, I would have actually chatted with them. That is, I think, the responsible thing for me to do as a human being. I would do that as a human being, Mr. Speaker.

It wasn't about providing the advice and the direction, but it was simply about making sure that the information that they put out there, Mr. Speaker, did so in a very responsible and a fulsome manner to get – and no different than with those that put forward allegations, said to them, Mr. Speaker, on many occasions, yes, get the legal advice. Make sure that the allegations as they go forward would have as much information that the Commissioner could actually make a decision; therefore, come back to this House of Assembly that would (inaudible) all of us.

MR. SPEAKER: Thank you.

SOME HON. MEMBERS: Hear, hear!

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

MR. CROSBIE: I'm sure the Premier will appreciate that the content of the allegations made by the hon. Member last night are at variance with what he has informed the House today.

If the allegations made by that Member were to be found untrue, would that represent a violation of the Code of Conduct?

MR. SPEAKER: The hon. the Premier.

PREMIER BALL: Mr. Speaker, I'm not going to deal with questions from the Leader of the Opposition that puts forward hypothetical situations. We deal with the reports that come in.

If the Leader of the Opposition would remember, those reports were accepted within this House of Assembly. There was some concurrence and there was – the Leader of the Opposition, as an example, voted against the measures that were put in place, if you remember that correctly – around the individual harassment that would have been, that the Members were asked to do.

These are the Members opposite, the Leader of the Opposition being one, that voted against this. So the reports were delivered to the House of Assembly. They were debated here for a significant number of hours, Mr. Speaker. Then the so-called consequences, or what was expected from the MHAs involved, then they would have been dealt with. And I have no idea yet if those things have been followed up on.

Mr. Speaker, like I said, I believe in a restorative process, and at some point all of us, as MHAs (inaudible) Newfoundlanders and Labradorians in a process that (inaudible).

MR. SPEAKER: Order, please!

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Thank you.

The hon. the Leader of the Official Opposition.

MR. CROSBIE: We, on the Opposition side, moved an amendment for more stringent penalties which was voted down by government Members.

On November 1, the Minister of Finance said he would endeavour to find out who owns the numbered company which is benefiting from Canopy's \$40 million subsidy from government.

Have the minister's endeavours yielded fruit?

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

MR. OSBORNE: Thank you, Mr. Speaker.

I've answered that question. I've answered it out in the media area. I believe one of your staff were out there and heard the answers. It was widely reported in the media. There was a director put in place under the laws – I believe you're a lawyer, you should know this.

MR. SPEAKER: I remind the Member to direct your answers to the Speaker.

Thank you.

MR. OSBORNE: Thank you, Mr. Speaker.

I believe the hon. Member of the Opposition is a lawyer. He knows that a numbered company has a director, and we are not able to find out who's behind that. I did endeavour, that's my answer. It's my final answer.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Thank you.

The hon. the Leader of the Official Opposition.

MR. CROSBIE: We have on prior occasions, several of them, pointed to the contract and the question of arm's length, and I leave it at that.

Media is reporting that through an access to information request, the numbered company has connections to suite 301 at 7 Plank Road.

I would ask the Minister of Finance again: Do you know who the shareholders of this numbered company are? Does that bit of information assist?

MR. SPEAKER: The hon. the Minister of Tourism, Culture, Industry and Innovation.

MR. MITCHELMORE: Thank you, Mr. Speaker.

As I said in the House of Assembly multiple times, that when it comes to the Registry of

Companies, which companies have to register in Newfoundland and Labrador, there's documentation that is required, but when it comes to finding out the share structure of a company that is information that is not available. It is not something that government has, and this particular numbered company that he is referring to, government does not have a contract or a relationship with. The contract that we have, performance-based contracts to grow our cannabis industry here in Newfoundland and Labrador, would be with Biome and Canopy Growth.

Thank you.

MR. SPEAKER: Thank you.

SOME HON. MEMBERS: Hear, hear!

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

MR. CROSBIE: As the minister may or may not be aware, according to media, the permitting application for the numbered company originated in the same suite as three companies owned by an individual by the name of Dean MacDonald, generally assumed to be an individual with Liberal Party connections, in a building where Canopy Growth also has an office.

I would ask the Premier: How do we refute the suspicion in the public mind that this numbered company is benefiting because of ties to the Liberal Party?

MR. SPEAKER: The hon. the Minister of Tourism, Culture, Industry and Innovation.

MR. MITCHELMORE: Thank you, Mr. Speaker.

What I can say is that the Department of TCII or government, we do not do permitting for the City of St. John's when they issue building permits because they're in the business of getting business happening in their city. That's why we would not have any information on that.

What we are doing, and what we have done, Mr. Speaker, is that we've entered into a contract with Canopy Growth and with Biome to be able

to grow an industry here in our province. We have a good business deal. We do not have any relationship with the private business matters that Canopy Growth or Biome or any other company is doing. We have a performance-based contract. I've answered the details.

The Member opposite is bringing in hypotheticals and what ifs that is irrelevant and is not part of the conversation of the contract with government.

SOME HON. MEMBERS: Hear, hear!

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

MR. CROSBIE: Does the Minister of Justice know who stands behind the numbered company?

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

MR. A. PARSONS: No.

SOME HON. MEMBERS: Hear, hear!

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

MR. CROSBIE: Does the Minister of Health know who the shareholder is of the numbered company, maybe?

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

MR. HAGGIE: I'm delighted to take the opportunity to rise and answer his question, Mr. Speaker: Ditto.

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

MR. CROSBIE: Does the Minister of Transportation know?

MR. SPEAKER: The hon. the Minister of Transportation and Works.

MR. CROCKER: Mr. Speaker, no, I do not know who owns the numbered company.

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

MR. CROSBIE: I can predict the further answers if I were to work my way down the rest of the bench.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MR. CROSBIE: We received, Mr. Speaker, amendments to the Canopy Growth contract yesterday in the House.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: I will not tolerate any further interruptions. That is a big warning.

Please proceed, Sir.

MR. CROSBIE: As I was saying, we received amendments to the Canopy Growth contract in the House. The 90-day time frame to purchase land has not changed; however, we know that Canopy is leasing land and did not purchase land.

I ask the minister: Is Canopy following the contract or not following the contract?

MR. SPEAKER: The hon. the Minister of Tourism, Culture, Industry and Innovation.

MR. MITCHELMORE: I would say to the Member opposite that people need to judge us on the deal that we have. He's making this about politics; that's simply not about what's actually happening with our contract with Canopy Growth or with Biome.

We are creating an industry here. What they have done is that we have clear details in the contract that I've explained time and time again that if the company is leasing land, then that is not an eligible expense. If they're leasing a building, that is not an eligible expense. We have the mechanism with the contract with Canopy Growth and that's the only company

that we are dealing with there that if they do not have eligible expenses, they will not receive any benefit.

At the end of the day, the provincial government and the Treasury will receive significant benefit from the 200-plus jobs that are being created and all the investment that's happening here in our economy. They are taking the risk, not us.

MR. SPEAKER: Thank you.

Order, please!

SOME HON. MEMBERS: Hear, hear!

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

MS. ROGERS: Yes, Mr. Speaker, yesterday the federal Natural Resources minister said there are serious communication problems between Husky and the C-NLOPB and problems with protocols and procedures during storms. Now the Premier and the federal minister are both waiting for the C-NLOPB's review of Husky's report on their oil spill. So a review of a review by a self-regulated company and an offshore board with weak protocols.

I asked the Premier: These are serious issues. How can he guarantee this province that we are going to get the full picture on this oil spill?

MR. SPEAKER: The hon. the Minister of Natural Resources.

MS. COADY: Thank you, Mr. Speaker.

We do agree on one thing; these are serious issues. As I've said time and time again, safety and environmental protection are paramount to our offshore and we are going to and continue to ensure that is the case. C-NLOPB is in midst of an investigation as to what occurred when the weak link in the flow line did have a collapse, Mr. Speaker.

We are very concerned about this and we're going to do absolutely everything to ensure that this type of accident does not occur again, but we have to wait for the investigation to know exactly what occurred so that we can take the

mitigation measures to ensure it doesn't happen again.

Thank you.

MR. SPEAKER: Thank you.

The hon. the Leader of the Third Party.

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

I was asking about the confidence and guarantee that the picture that we're going to get is a full picture. The recent Husky oil spill shows the plans in place for dealing with oil spills are clearly inadequate. Research also shows that oil companies do not have the ability to clean up oil spills in storm conditions.

So I ask the Premier: What is this government going to do to address the fact that we don't have adequate information for drilling safely in deep water where spills could be catastrophic?

MR. SPEAKER: The hon. the Minister of Natural Resources.

MS. COADY: Thank you, Mr. Speaker.

For 30 years, offshore Newfoundland and Labrador, we've had a fairly good record, I would say, and I believe Members in this House would agree, a very good record offshore Newfoundland and Labrador.

There have been issues around environmental protection and things have evolved. We have made sure that there are regulatory processes. If there is something that needs to be further taken to ensure that the environmental protection is the absolute best it can be, absolute best in the world, we are prepared to take that policy direction.

We are awaiting now the investigation by the C-NLOPB and by Husky to understand, Mr. Speaker, what has occurred so we can make sure it never happens again.

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

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

With \$1.3 billion in exploration bids made for deep water oil and gas exploration in our province, we learned that some of these bids are in a marine refuge area where another important offshore industry, the fishery, has been restricted from operating for conservation purposes.

I ask the Premier: What is the point of a marine refuge if you permit oil companies to conduct seismic testing and drilling while fish harvesters respect the rules of marine refuges?

MR. SPEAKER: The hon. the Minister of Natural Resources.

MS. COADY: Thank you, Mr. Speaker.

I believe the Member opposite would understand that there are Marine Protected Areas in which no activity can occur, and there are marine refuge areas which really is under the *Fisheries Act* to ensure a rebuilding of the fisheries.

So yes, some of the bids that took place earlier this year or this month for the \$1.3 billion in exploration were in marine refuge areas. They are protected areas in fishing, not Marine Protected Areas that are devoid of any activity in the offshore.

So I say to the Member opposite that the difference is, one is a refuge area that protects the fishery; the other's a Marine Protected Area that makes sure that no activity can occur. And we know, from the federal jurisdiction, that activities in the oil and gas can occur in that area.

MR. SPEAKER: Thank you.

The hon. the Member for St. John's East - Quidi Vidi for a quick question, please.

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

I say to the minister that seismic testing can affect fisheries. She better check that one out.

MR. SPEAKER: Quick question please.

MS. MICHAEL: So I ask her: Would she agree that if a marine refuge is created to protect the environment, it would make sense not to allow offshore exploration in that area until such time as government can prove that these activities will not harm that environment for harvesters?

MR. SPEAKER: The hon. the Minister of Natural Resources for a quick response, please.

MS. COADY: Thank you, Mr. Speaker.

Marine refuge areas are different than Marine Protected Areas. The federal government has been doing a review of those. I can say to the Member opposite that the federal government has made determination to allow and permit oil and gas in these areas. They are protecting the fisheries, not the oceans, in those areas. They understand the offshore oil and gas areas have a responsibility for environmental protection and will continue to do so.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Thank you.

The time for Oral Questions has ended.

Presenting Reports by Standing and Select Committees.

Tabling of Documents.

Notices of Motion.

Answers to Questions for which Notice has been Given.

Petitions.

Petitions

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

MR. LANE: Thank you, Mr. Speaker.

At a time when the people of Newfoundland and Labrador are dealing with high levels of taxation, increased unemployment rates, increased food bank usage, increased bankruptcies and many are being forced to choose between food, heat and medications,

Newfoundland Power and Newfoundland and Labrador Hydro are continuing to seek numerous power rate increases through the Public Utilities Board. Once the Muskrat Falls Project comes online, these rates are predicted to further increase significantly to unmanageable levels for the average citizen of our province. While government has indicated they are working with Nalcor to mitigate rates, they've provided no detailed plan as how they intend to do so.

Therefore, we petition the hon. House of Assembly as follows: To urge the Government of Newfoundland and Labrador to publicly provide all the potential options for rate mitigation and develop a comprehensive, detailed plan to deal with current and impending power rate increases. This plan is to be provided to the public as soon as possible to allow for scrutiny, feedback and potential suggestions for improvement.

Mr. Speaker, I continue to present this petition on behalf of the people of our province. Today, we got about 140 signatures or so and, actually, they're pretty much all from one community, the community of Lawn on the Burin Peninsula. I'm not sure what the population of Lawn is, but an awful lot of the people there have signed this petition for sure. It's because they're concerned, Mr. Speaker. It's not just the people of Lawn. The people all throughout Newfoundland and Labrador are concerned about power rates.

As I've continued to say, we continue to see what's unfolding in the Muskrat Falls Inquiry. It's very disturbing indeed but, at the end of the day, regardless of what has happened and how we got there, we are here now and people are concerned about where power rates are going.

The government has indicated that they are working on a plan and everyone is glad to hear that. I'm glad to hear it; I know everybody in Newfoundland and Labrador is glad to hear that. The problem is that at this point in time it's kind of we're working on it, trust us, we'll do something between now and 2021, and I think people would like a little more information than that so they can have some comfort that something actually is being done. They would like to see what are those plans, what exactly is it that you're planning on doing, let us know, let

us have some feedback into that process so that we can go to bed at night and keep our heads on the pillow and not be worrying about how we're going to stay afloat in the next couple of years.

Thank you, Mr. Speaker.

MR. SPEAKER: Thank you.

The hon. the Minister of Natural Resources for a response, please.

MS. COADY: Thank you, Mr. Speaker.

I think I've spoken to this petition on many occasions. I will say two things: Number one, you are correct I would say to the Member opposite that we are all concerned of what's coming out of the Muskrat Falls Inquiry. The level of due diligence that was required for such a project certainly is paramount to ensuring that project was on track. We now know that it wasn't until this government came into play, into being, that a plan was put in place to make sure that that project was at least moving in the right direction.

I will say this to the Member opposite as well, his petition does say that a plan as soon as possible. Mr. Speaker, we are working diligently. The very first thing we had to do was get that project on a better course, a better direction. We had to, as the expression goes, put it between the ditches, we had to make sure that everything that could be done was being done to ensure that project finishes in a better place than when it started.

So we have now turned our attentions to a plan to make sure that we can pay for Muskrat Falls and lessen the impact or lower the impact to as little as possible to the people of this province.

Thank you, Mr. Speaker.

MR. SPEAKER: Thank you.

Further petitions?

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

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

Here are the reasons for this petition: Our licensed child care system is a patchwork of private for-profit centres, non-profit community-based centres and family daycare, plus a small number of education and workplace-based centres. It is nowhere near meeting the child care needs in our province.

Child care programs have both social and financial benefits for society. Studies show that high quality child care and early childhood education programs result in better cognitive, language and numeracy skills. They help economically disadvantaged children transition to school on the same level as other children. For every \$1 spent on early childhood education, the benefits range from \$1.50 to \$2.78 – many studies, including TD Economics.

Investing in child care creates jobs; \$1 million invested in child care would create 40 jobs, more than in any other sector. A gender-based analysis of the provincial budget would have indicated the need for a public child care program as a key way to close the wage gap between women and men in this province.

Therefore, we, the undersigned, petition the House of Assembly as follows: We call upon the House of Assembly to urge the Government of Newfoundland and Labrador to take immediate steps to put in place a plan for a gradual transition to a universal, regulated and publicly funded and fully accessible child care and after-school care program.

Mr. Speaker, I'm always happy to stand and speak to petitions with regard to child care because it's such an important issue. The lack of adequate child care is such an important issue in this province. The government keeps taking tiny steps with regard to subsidies for families and subsidies for child care centres, et cetera, but it is nothing to putting in place a full child care program.

I would love to see, in the upcoming plan from this government, a step-by-step plan for working towards a full, publicly funded and regulated program, one that will help all children in this province and all families in this province, not just those who can afford it.

The subsidies that got put in place last year with the government's graduated scale does nothing for low income and low, middle-income families, nothing at all. We know that children who go through child care when they go into grade one or into kindergarten are a step ahead of children who have not been able to access child care.

If we really believe in justice in this province, if we really want to see all of our children being treated fairly and justly, then this government would start taking steps for putting in place a plan for a fully, publicly funded and regulated child care program.

Thank you.

MR. SPEAKER: Thank you.

The hon. the Member for St. John's Centre.

MS. ROGERS: Thank you, Mr. Speaker.

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

WHEREAS Newfoundland and Labrador has one of the lowest minimum wages in Canada and minimum wage workers earn poverty incomes; and

WHEREAS proposals to index the minimum wage to inflation will not address poverty if the wage is too low to start with; and

WHEREAS women and youth and service sector employees are particularly hurt by the low minimum wage; and

WHEREAS the minimum wage only rose only 5 per cent between 2010 and 2016, while many food items rose more than 20 per cent; and

WHEREAS other Canadian jurisdictions are implementing or considering a \$15 an hour minimum wage as a step towards a living wage;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to urge government to legislate a gradual increase in the minimum

wage to \$15 by 2021, with an annual adjustment thereafter to reflect provincial inflation.

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

Mr. Speaker, I've stood and spoken to this petition a number of times in the House. Again, an MQO poll that was done in November showed that 87 per cent of the public in Newfoundland and Labrador support government raising minimum wage to \$15 an hour.

Again, I'd like to say it's happening in several places across Canada. I don't know how this government can justify saying that the people of Newfoundland and Labrador, the working people of Newfoundland and Labrador, do not deserve to be paid properly to their counterparts across Canada.

Government says well, we're going to be indexing, but our minimum wage is so low to begin with that we will never catch up to that \$15 an hour minimum wage. We have made, Mr. Speaker, proposals to the government. In 2014, the NDP here, we tabled a motion in the House of Assembly to raise the minimum wage to make up for lost buying power between 2010 and 2014, during which time the minimum wage had remained \$10 an hour for over four years. It didn't move at all.

So, what we have is working people, if not already in poverty, getting closer and closer and closer to the poverty line. I can't imagine that this is what this government wants for the working people of Newfoundland and Labrador. We certainly don't want that. The people of Newfoundland and Labrador, 87 per cent of them, they don't want our working people to be living in poverty or living near the poverty line.

A study just came out, Mr. Speaker, that shows that the price of food is going through the roof, so we're seeing our workers working full-time and slipping more and more into poverty.

Thank you, Mr. Speaker.

MR. SPEAKER: Thank you.

The hon. the Minister of Tourism, Culture, Industry and Innovation for a response, please.

SOME HON. MEMBERS: Hear, hear!

MR. MITCHELMORE: Thank you, Mr. Speaker.

I thank the Member for presenting the petition. Our government has been working very closely with stakeholders. The Minister of Advanced Education, Skills and Labour, they had consultations. There were lots of engagement and there was dialogue about indexing. But one of the very important things that we need to do in Newfoundland and Labrador – and as the Industry Minister, I listen to small business owners time and time again and they talk about the cost of doing business, they talk about the importance of ensuring that if they're a small business owner the impact of raising the minimum wage and what it actually has, not just on the cost of their business bottom line, but on how that needs to be passed on to all of their consumers, everybody else in the economy. So then, the prices of products, goods and services also would increase.

When we look at where we are in Atlantic Canada, it's very important that we be competitive in our Atlantic provinces. When it comes to Newfoundland and Labrador with the minimum wage of \$11.15; Nova Scotia, \$11; New Brunswick at \$11.25; and PEI at \$11.55, we review on an annual basis this amount.

What I will say, Mr. Speaker, is we've been creating jobs here in our economy that are far above minimum wage, like S&P Data, 500 jobs in the City of St. John's that are going to be paying \$15 or more an hour with benefits – Canopy, Biome – looking at competitiveness and productivity. These are very important, and we'll continue to create high value jobs in our economy because that is important.

Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Further petitions?

The hon. the Member for Mount Pearl North.

MR. LESTER: Mr. Speaker, a rent-to-own agreement is a contract to buy or sell a home or property over time. As part of the contract, there is an agreement that payments will be made over a period of time and that the title to the property will not transfer until the end of the payment schedule. Because of the way this contract is set up, landlord sellers may try to evict tenants/buyers at any point during the agreement. As a result, many tenant/buyers may not end up actually owning the home despite many years of investment into the home or property.

Therefore, we petition the hon. House of Assembly as follows: We the undersigned call upon the House of Assembly to urge the Government of Newfoundland and Labrador to implement a legislative requirement for rent-to-own agreements to be registered with the provincial government at the Registry of Deeds.

Mr. Speaker, since my tenure as MHA, I started a year ago, I've had four cases of families that have actually been evicted from their rent-to-own agreements on the basis of the original landlord could get a higher sale price because of market change. A couple of them had been a family break up resulted in the sale of the property. Another one was bankruptcy. And because of the economic duress which our province now finds itself in, these types of situations are occurring more and more. We now have one of the highest rates of bankruptcy, family breakup and insolvency in the country, and these rent-to-own individuals are at peril.

So, as the petition states, we feel that if these agreements were to be registered with the Registry of Deeds that would provide a means of safeguarding the rent-to-own tenants' investment in their properties.

Thank you.

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

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

I'm happy to stand up and respond to petitions. And as someone who has sat on that side, I certainly value petitions because it's a great

opportunity to put forward concerns that are being expressed to you.

As someone that actually used to draft rent-to-own agreements in my previous life, I certainly know their importance. What I would also suggest is that a lot of the points that the Member puts out there are concerns to the Minister responsible for Newfoundland and Labrador Housing, and the Minister Responsible for, I think it might be Service NL or AESL when it comes to the landlord and tenancy board.

What I would suggest is I think we're willing to work to see if there is something that can be done there, to do a legislative review on that. I never heard all the first part of the petition talking about a possible solution, but what I would suggest is if we could get a copy of the petition after, I'm certainly happy to have legislative counsel, lawyers look at this and say what are the issues with that and see if there's something that can be done to help people.

Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Thank you.

Further petitions?

The hon. the Government House Leader.

MR. A. PARSONS: Thank you.

I call Orders of the Day, Mr. Speaker.

MR. SPEAKER: Orders of the Day, Sir.

Orders of the Day

MR. A. PARSONS: Mr. Speaker, I call from the Order Paper, Order 2, third reading of Bill 41.

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

MR. A. PARSONS: Mr. Speaker, I move, seconded by the Minister of Natural Resources, that Bill 41, An Act To Amend the Canada-Newfoundland and Labrador Atlantic Accord

Implementation Newfoundland and Labrador Act, be now read a third time.

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

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

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

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

The motion is carried.

CLERK (Barnes): A bill, An Act To Amend The Canada-Newfoundland and Labrador Atlantic Accord Implementation Newfoundland and Labrador Act. (Bill 41)

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

On motion, a bill, "An Act To Amend The Canada-Newfoundland and Labrador Atlantic Accord Implementation Newfoundland and Labrador Act," read a third time, ordered passed and its title be as on the Order Paper. (Bill 41)

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

MR. A. PARSONS: Mr. Speaker, I move, seconded by the Minister of Service NL, for leave to introduce a bill entitled, An Act To Amend The Marriage Act, Bill 46, and I further move that the said bill be now a first time.

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

MR. A. PARSONS: No.

MR. SPEAKER: I'm sorry.

It is moved and seconded that the hon. the Government House Leader shall have leave to introduce a bill entitled, An Act To Amend The Marriage Act, Bill 46, and that the said bill be now read a first 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.'

The motion is carried.

Motion, the hon. the Minister of Service NL to introduce a bill, "An Act To Amend The Marriage Act," carried. (Bill 46).

CLERK: A bill, An Act To Amend The Marriage Act. (Bill 46)

MR. SPEAKER: This bill has now been read a first time.

When shall the bill be read a second time?

MR. A. PARSONS: Tomorrow.

MR. SPEAKER: Tomorrow.

On motion, Bill 46 read a first time, ordered read a second time on tomorrow.

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

MR. A. PARSONS: Mr. Speaker, I move, seconded by the Minister of Natural Resources, for leave to introduce a bill entitled, An Act Respecting The Supreme Court In the Province, Bill 47, and I further move that the bill be now read a first time.

MR. SPEAKER: It is moved and seconded that the hon. the Government House Leader shall have leave to introduce a bill entitled, An Act Respecting The Supreme Court In The Province, Bill 47, and that the said bill be now read a first 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.'

The motion is carried.

Motion, the hon. the Minister of Justice and Public Safety to introduce a bill, "An Act Respecting The Supreme Court In The Province," carried. (Bill 47)

CLERK: A bill, An Act Respecting The Supreme Court In The Province. (Bill 47)

MR. SPEAKER: This bill has now been read a first time.

When shall the said bill be read a second time?

MR. A. PARSONS: Tomorrow.

MR. SPEAKER: Tomorrow.

On motion, Bill 47 read a first time, ordered read a second time on tomorrow.

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

MR. A. PARSONS: Mr. Speaker, I move Motion 5 from the Order Paper. I move, pursuant to Standing Order 11(1), that the House not adjourn at 5:30 p.m. today, Tuesday, December 4.

MR. SPEAKER: All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

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

The motion is carried.

The hon. the Government House Leader.

MR. A. PARSONS: Mr. Speaker, I call from the Order Paper, Order 4, second reading of Bill 35.

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

MS. GAMBIN-WALSH: Mr. Speaker, I move, seconded by the Minister of Advanced Education, Skills and Labour, that Bill 35, An Act To Amend The Workplace Health, Safety

And Compensation Act, be now read a second time.

Motion, second reading of a bill, "An Act To Amend The Workplace Health, Safety And Compensation Act." (Bill 35)

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

MS. GAMBIN-WALSH: I am pleased to rise in this hon. House to once again introduce amendments to the legislation that governs our workers' compensation system.

A couple of weeks ago, I had the pleasure of introducing amendments to the act regarding retirement benefits for injured workers in our province. The changes meant that as of January 1, 2019, injured workers will now receive a one-time, lump-sum benefit when they reach 65 years of age.

Mr. Speaker, since 2015, our government has had a dedicated focus on improvements in all programs and services for the people of the province. In our government's vision document, *The Way Forward*, we committed to maintaining a sustainable workplace injury system for both workers and employers. To that end, we have made a number of enhancements that balance both the needs of workers and employers while also recognizing the significant impact workplace injuries have had on residents of our province.

In December of 2016, we announced the implementation of the presumptive cancer coverage for career and volunteer firefighters. This coverage represented a benefit that firefighters have been seeking for more than a decade, and was already provided in most other provinces. Qualified firefighters can now receive wage loss and health benefits, including medical aids, through WorkplaceNL, while health care costs associated with firefighters' cancer treatment are paid through the Medical Care Plan.

Last spring, we introduced legislation to increase the income replacement rate for injured workers in the province from 80 to 85 per cent. The income replacement rate is the percentage of a worker's pre-injury net income, which is

covered by the workers' compensation system. As a result of the amendment, the rate is now calculated at 85 per cent of an individual's net after tax earnings. These initiatives help reduce the financial, emotional and physical impacts workplace incidents may have on injured workers, their families and their communities.

In November of last year, we also lowered the average assessment rate for workers' compensation coverage from \$2.06 to \$1.90 per \$100 of payroll for employers in Newfoundland and Labrador. This represented a 7.8 per cent decrease. From a prevention perspective earlier this year, we launched our five-year workplace injury prevention strategy: Advancing a Strong Safety Culture.

For the first time, mental health in the workplace has been included in a provincial workplace injury prevention plan. It is a joint initiative of WorkplaceNL and the Occupational Health and Safety Division of Service NL. The strategy focuses on helping employers and workers create supportive environments to mitigate the risk of mental health injuries in the workplace. We know that work-related mental stress conditions, such as post-traumatic stress disorder, or PTSD, are impacting workplaces across Canada.

Late last fall, I met with stakeholders to seek input on the prevention of and compensation for work-related mental stress. At the time, we initiated a review of WorkplaceNL's mental stress policy to explore options to modernize the approach to work-related mental health issues, including post-traumatic stress disorder.

Changes were made recently to the policy to recognize that work-related mental health issues may be caused by cumulative reaction to multiple traumatic events. The policy now also includes events that are an inherent part of an occupation, such as first responders witnessing fatalities. The revisions allow the policy to be applied more fairly across all occupations, including first responders.

With this policy change, WorkplaceNL evolved its approach to meet the realities of today's workplaces and awareness of mental health issues. The policy is now aligned with that of 10

other Canadian jurisdictions, recognizing a cumulative reaction to traumatic events.

These revisions were informed by consultation with WorkplaceNL's primary stakeholders, the Newfoundland and Labrador Federation of Labour, the Newfoundland and Labrador Employers' Council and submissions from interested parties. At the time, we also committed to a review of PTSD coverage in legislation.

To help inform this review, WorkplaceNL looked at coverage in other Canadian jurisdictions and partnered with Memorial University on a literature and jurisdictional research initiative. The review of PTSD coverage was also informed by input from interested parties, and WorkplaceNL accepted these submissions.

I want to thank all stakeholders and interested parties who participated in the review on this very important topic. So today, Mr. Speaker, I am very happy to introduce amendments to the *Workplace Health, Safety and Compensation Act* to provide presumptive coverage for work-related PTSD for all workers in Newfoundland and Labrador covered by the workplace injury system.

SOME HON. MEMBERS: Hear, hear!

MS. GAMBIN-WALSH: This progressive legislation simplifies the claim process and allows the workers' compensation system to help injured workers receive the assistance they need dearly and earlier, Mr. Speaker.

This will lead to better outcomes in improving the workers' overall health and well-being, as well as options for returning to work when appropriate. The amendment brings Newfoundland and Labrador in line with the important movement taking place across the country to update workers' compensation legislation to recognize work-related mental health injuries.

The presumption applies to all workers covered under the *Workplace Health, Safety and Compensation Act*. This presumptive clause in the legislation will come into effect on July 1, 2019. Presumptive legislation has a defined

scope in an effort to help ensure that benefits are distributed appropriately. As an example, the legislation we introduced for firefighters in 2016 covers 11 defined types of cancer.

Mr. Speaker, a worker who experiences a traumatic event or multiple events at work will be presumed to have developed their diagnosed PTSD as a result of their work. Regardless of a worker's occupation, the presumption will apply when a worker experiences a traumatic event or multiple events at work over a period of time, and being diagnosed with PTSD. The diagnosis must be made by a psychiatrist or registered psychologist using the most recent addition of the *Diagnostic and Statistical Manual of Mental Disorders*.

This presumptive legislation is inclusive and recognizes that the risk of traumatic events can exist in all workplaces. WorkplaceNL took the cost of this change into consideration when determining the assessment rates to be paid by employers in 2019. Given the injury fund is currently fully funded, average assessment rates will actually be lowered in 2019. WorkplaceNL will be applying a 21-cent discount to the average assessment rate in 2019 to reduce the rate from \$1.90 to \$1.69 per \$100 dollars of payroll for employers in Newfoundland and Labrador.

SOME HON. MEMBERS: Hear, hear!

MS. GAMBIN-WALSH: Mr. Speaker, claims for work-related psychological injury not included in this presumptive legislation today will continue to be adjudicated on a case-by-case basis under WorkplaceNL's recently revised mental stress policy. The policy includes acute stress disorder, adjustment disorder or an anxiety of depressive disorder caused by exposure to one or more related dramatic events.

It is imperative that we, as a government, ensure our decisions are fiscally responsible and meet the needs of injured workers. I am committing here today that our government will revisit this presumptive coverage after July 2020 to consider expanding coverage to include claims for work-related psychological injury.

Under our new workplace prevention strategy, WorkplaceNL and Service NL will continue to

work with employers to help develop supportive OHS programs to help prevent mental health injuries, especially for higher risk workplaces. Awareness and prevention continue to be crucial in our efforts to help prevent traumatic workplace events.

All of us in this hon. House know of the devastating impacts that workplace injuries have on workers, families and employers in our province. Some of these injuries such as PTSD are not often visible, but their impacts are no less. I feel a great sense of pride in the legislation we are debating on the floor of the House today. It truly signals another tremendous step in helping improve the lives of injured workers throughout Newfoundland and Labrador.

Our government made a commitment to better outcomes for the people of the province. The bill we have introduced today is in response to a very important matter that was brought to our attention and will help improve the lives of injured workers.

I want to thank everyone, once again, for their efforts in helping us reach this goal. It is important that we, as a government, remain progressive and responsive to today's workplaces. Addressing the realities and effects of PTSD in the work environment help us achieve these aims.

Thank you very much, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

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

MS. PERRY: Thank you, Mr. Speaker.

It's certainly a privilege to speak on Bill 35. This is a fairly comprehensive package, Mr. Speaker, of amendments that will extend presumptive workers' compensation coverage to workers diagnosed with PTSD. In a nutshell, I guess, this bill would amend the *Workplace Health, Safety and Compensation Act* to include, as the minister just stated, presumptive post-traumatic stress disorder, or PTSD, coverage for workers.

We would become the ninth province to include presumptive PTSD coverage for workers, after Nova Scotia, New Brunswick, PEI, Ontario, Manitoba, Saskatchewan, Alberta and BC. In our research, Mr. Speaker, it was evident that each province's approach is unique, but these eight provinces do offer presumptive PTSD coverage to at least some of their workers in specific circumstances. At present, currently before this bill is passed, Newfoundland and Labrador currently does not offer presumptive PTSD coverage at all; though, non-presumptive coverage is an option in our current legislation.

Mr. Speaker, last year – or earlier, I should say, this year, the PC caucus called for presumptive PTSD coverage in a brief to WorkplaceNL on February 1, 2018. We argued at the time for presumptive coverage for first responders, saying their jobs were inherently stressful. So when a first responder is diagnosed with PTSD, WorkplaceNL should presume the PTSD is work related so they can more easily and quickly receive treatment without being re-traumatized by the process.

Bill 35, Mr. Speaker, extends this presumption beyond first responders to include potentially all workers, as some of the other provinces have done, and particularly our bill seems to mirror that of Manitoba.

On principle, a move towards presumptive PTSD coverage is in line with the 2018 PC caucus policy initiatives. So we're certainly pleased to be in support, Mr. Speaker, but it's still very important to dig into the specifics of this bill. Of course, as we go through the various phases of debate, there are a few questions we will be posing, Mr. Speaker, and I will share some of them in this first reading.

People who suffer PTSD, as well as other illnesses such as anxiety and depression, can already apply for workers' compensation if they believe their illnesses are work related. But the challenge with the laws as currently written is there is no presumption that the diagnosed illness is work related.

Mr. Speaker, the burden of proof can be onerous, lengthy and stressful, particularly for people who have to describe and relive their trauma in order to make their case. Mr. Speaker,

I'm sure we can all appreciate just how challenging and difficult this can be for injured workers.

This change that we see here before us today is a very important change. And the question, how did this come about? Well, we can go back as far as November of last year in 2017 when WorkplaceNL issued a release calling for public input on their mental health policy.

Just for purposes of information to the public who may be listening, here's what they wrote, WorkplaceNL, at the time. "WorkplaceNL has initiated a review of its mental stress policy (Policy EN-18). The goal of the review is to modernize the approach to work-related mental health issues, including post-traumatic stress disorder. WorkplaceNL is also partnering with workplace parties to develop occupational health and safety programs that support mental health in the workplace, including workshops and webinars.

"WorkplaceNL and the ... Minister Responsible for WorkplaceNL met with interested parties on November 15, 2017 to seek input on the prevention of, and compensation for, work-related mental stress.

"Potential changes will come from a two-stage process.

"The first is the immediate policy review, where changes will be informed by a review of mental-health related policies of other Canadian workers' compensation boards and consultation with WorkplaceNL's primary stakeholders, the Newfoundland and Labrador Federation of Labour and the Newfoundland and Labrador Employers' Council."

This is all, again, Mr. Speaker, from the release of WorkplaceNL on November 23.

"In the longer-term, a review of mental stress coverage in the workers' compensation legislation will be informed by formal research and input from interested parties. WorkplaceNL will accept written submissions pertaining to this review until February 1, 2018.

"WorkplaceNL will engage a research partner to conduct research and review literature relating to

work-related mental health issues, particularly as it relates to workplaces in Newfoundland and Labrador."

So, Mr. Speaker, as you can see from what I've just read out, this was a very comprehensive initiative of WorkplaceNL. They were genuinely recognizing the concerns expressed by workers and set out to see what could be done to improve the situation. And what we have before us today is a result of some of that work.

When our caucus learned of this review we did two things. First, we announced our intention to make a written submission by February 1, and at the same time we called for a policy change in how PTSD is treated by WorkplaceNL. We pointed out that other provinces recognize that PTSD is often the result of an accumulation of repeated exposures and experiences that workers have in the course of their careers.

The WorkplaceNL policy at the time required the PTSD to be the result of a single, triggering, traumatic event that the worker would need to pinpoint. We called for that definition to be changed to include accumulated experiences as well, in recognition of the fact that over time the frequency and number of incidences that workers are exposed to, that has an impact as well on the workers, Mr. Speaker. So we felt it was important that accumulated experiences be a part of the policy.

We were also clearly not in favour of denying workers' compensation for PTSD to workers and professions that are deemed to be inherently stressful. If their job caused them to develop PTSD, then there was a sentiment that they ought to be covered because the PTSD occurred as a result of the workplace.

Following that, Mr. Speaker, we developed a written brief, which was submitted on February 1 of this year. In that submission, we called for presumptive coverage of PTSD for first responders. Our leader at the time, Mr. Paul Davis, made the presentation, and he also raised it on several other occasions here in the House as well. Our rationale in calling for presumptive coverage was that these front-line professions often expose workers to traumatizing events that cumulatively can lead to PTSD in some people.

In March of this year, WorkplaceNL amended its mental stress policy and they did add exposure to multiple traumatic events. And we were certainly pleased, having advocated for that to see that change take place, Mr. Speaker. They also eliminated the exclusion for inherent risk of an occupation. Further, it clarified the types of conditions covered, specifically acute stress disorder, PTSD, adjustment disorder and anxiety or depressive disorder. So that all happened, Mr. Speaker, in March of this year.

At the same time, WorkplaceNL started considering its next steps, or the phase two, including the request to offer presumptive PTSD coverage as recommended by our caucus and others, such as NAPE and the province's Nurses' Union. So there was certainly a strong advocacy by different entities and organizations in this province to recognize that PTSD is a very serious challenge in the workplace.

The public is becoming more and more aware that such professions leave some workers unable to continue doing their jobs because of the impact of what they've experienced on their mental health. Imagine dealing with horrific roadside accidents, or a long career of such accidents if you're an ambulance operator, a police officer, a firefighter or a nurse, for example. Imagine the other traumatic events such workers experience on the job day in and day out. PTSD is a term we've all become familiar with in recent years because of the wealth of news coverage that it has received, and it is very much appreciated, the increased awareness, because it really does make a difference in trying to make things better.

Mental illness has been very poorly understood, not only throughout history but even more recently, Mr. Speaker. This is the way the American Psychiatric Association has defined PTSD, and I quote this organization because they are the developers of the *Diagnostic and Statistical Manual of Mental Disorders*, or DSM, that will be used under this legislation and others across Canada to diagnose PTSD.

I feel it's important to read this into the record as well because, again, all related to the awareness and increasing awareness amongst everyone. So, what is Post Traumatic Stress Disorder? They define it as "a psychiatric disorder that can occur

in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault.

"PTSD has been known by many names in the past, such as 'shell shock' during the years of World War I and 'combat fatigue' after World War II. But PTSD does not just happen to combat veterans. PTSD can occur in all people, in people of any ethnicity, nationality or culture, and any age. PTSD affects approximately 3.5 percent of U.S. adults, and an estimated one in 11 people will be diagnosed PTSD in their lifetime. Women are twice as likely as men to have PTSD.

"People with PTSD have intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sadness, fear or anger; and they may feel detached or estranged from other people. People with PTSD may avoid situations or people that remind them of the traumatic event, and they may have strong negative reactions to something as ordinary as a loud noise or an accidental touch.

"A diagnosis of PTSD requires exposure to an upsetting traumatic event. However, exposure could be indirect rather than first hand. For example, PTSD could occur in an individual learning about the violent death of a close family. It can also occur as a result of repeated exposure to horrible details of trauma such as police officers exposed to details of child abuse cases.

Symptoms of PTSD fall into four categories and they can vary in severity: "1. Intrusive thoughts such as repeated, involuntary memories, distressing dreams; or flashbacks of the traumatic event. Flashbacks may be so vivid that people feel they are re-living the traumatic experience or seeing it before their eyes. 2. Avoiding reminders of the traumatic event may include avoiding people, places, activities, objects and situations that bring on distressing memories. People may try to avoid remembering or thinking about the traumatic event. They may resist talking about what happened or how they feel about it. 3. Negative thoughts and feelings may include ongoing and distorted beliefs about

oneself or others (e.g., ‘I am bad,’ ‘No one can be trusted’); ongoing fear, horror, anger, guilt or shame; much less interest in activities previously enjoyed; or feeling detached or estranged from others. 4. Arousal and reactive systems may include being irritable and having angry outbursts; behaving recklessly or in a self-destructive way; being easily startled; or having problems concentrating or sleeping.

“Many people who are exposed to a traumatic event experience symptoms like those described above in the days following the event. For a person to be diagnosed with PTSD, however, symptoms last for more than a month and often persist for months and sometimes years. Many individuals develop symptoms within three months of the trauma, but symptoms may appear later. For people with PTSD the symptoms cause significant distress or problems functioning. PTSD often occurs with other related conditions, such as depression, substance use, memory problems and other physical and mental health problems.”

It is important to note, Mr. Speaker, when it comes to treatment that not everyone who experiences trauma develops PTSD and not everyone who develops either requires psychiatric treatment. For some people, symptoms of PTSD subside or disappear over time. Others get better with the help of family, friends or clergy. But many people with PTSD need professional treatment to recover from psychological distress that can be intense and disabling. It is important to remember that trauma may lead to severe distress. That distress is not the individual’s fault, and PTSD is treatable. The earlier a person gets treatment, the better the likely outcome.

Psychiatrists and other mental health professionals use various effective research-proven methods to help people recover from PTSD. Both talk therapy or psychotherapy and medication provide effective evidence-based treatments for PTSD. One category of psychotherapy, cognitive behaviour therapies, is, in particular, very effective. Cognitive processing therapy, prolonged exposure therapy and stress inoculation therapy are among the types of CBT used to treat PTSD, and, Mr. Speaker, these types of treatments have been proven to be effective.

Therapists help the person confront such distressing memories and emotions. In prolonged exposure therapy, the psychologist uses repeated, detailed imaging of the trauma or progressive exposures to symptom triggers in a safe, controlled way to help a person face and gain control of fear and distress and learn to cope. For example, virtual reality programs have been used to help war veterans with PTSD re-experience the battlefield in a controlled, therapeutic way.

Group therapy encourages survivors of similar traumatic events to share their experiences and reactions in a comfortable and non-judgmental setting. Group members help one another realize that many people would have responded the same way and felt the same emotions.

So, Mr. Speaker, I won’t elaborate on all the treatments, but it’s fair to say that these treatments are very important, and it’s crucial that those suffering from PTSD have access to such treatments so that they can re-gain control of their lives. It’s important for them, it’s important for their families, it’s important for their friends and it’s important for all of society that people suffering from PTSD can access the help that they require.

This information that I just talked about from the American Psychiatric Association is really very eye-opening. PTSD is real, and it can be debilitating. People in Newfoundland and Labrador are currently suffering from PTSD. People working right now in our province are going to develop it because of something they have experienced on the job. The question is whether we, as a society, are prepared to ensure they can access the care they need without having roadblocks thrown in their paths.

Think about the first responder who witnesses a traumatic accident and doesn’t have the luxury of turning away. Imagine some of the accident stories you’ve heard about in the news and think about what it must be like for the workers who have to respond. Think about what they witness and how it must affect them.

Now, imagine having to relive those memories in order to describe them to the satisfaction of authorities assessing or adjudicating your claim. We rely on these workers to do the things that

most of us simply could not do. These first responders are true heroes but they are not super human.

After years of dealing with such things or perhaps even after a single, unforgettable event, it may become impossible for a person to move forward without some type of treatment. We need to empathize with those who find themselves in situations like this. We need to raise the priority of their mental well-being and ensure that they can qualify for the care they need. We certainly don't need to be putting them through processes that leave them even more traumatized. That is just heartless and cruel.

In recent years, Mr. Speaker, we've all been taking mental health much more seriously and becoming more aware of mental illness through a medical lens. We've rejected the notion that it's all in someone's head, like it's not real – thank goodness. We've rejected the notion that it's the person's own fault – thank goodness. We've also rejected the notion that a person with mental illness is beyond help and needs to be locked away – thank goodness. We're determined to put an end to the stigma surrounding mental illness, a stigma that we would never dream of associating with illnesses like cancer, cardiovascular disease, osteoporosis or diabetes.

We're becoming increasingly aware of the challenges many people face when they're dealing with mental illness, and mental illness is real. There's something about mental illness, in particular, that makes it extra difficult for people to talk about. Diabetes is something you have, heart disease is something you have, but mental illness is often seen as something you are. It can affect how you see yourself, how you deal with other people, how you cope, how you think and how you fit in the world.

You can see a broken bone on an X-ray, you can see a tumour on a scan, but what device do you use to see a mental illness? Scientists are getting better at measuring things in our brains. They've helped us to understand more and more about the biochemical and biological nature of mental illnesses. Their work has also developed better treatments. Things have come a long way but there's still a long way to go. The one thing that all of us need to do is to inform ourselves so that

we are more understanding of the nature of mental illness and the things we can do to help those who are suffering.

The All-Party Committee on Mental Health and Addictions educated us about the importance of improving the supports for those who are facing such challenges. The report of the All-Party Committee echoes the statement from the American Psychiatric Association when it said: "The high prevalence of sexual violence that women are exposed to renders them the largest single group of people affected by PTSD." It is not a minor annoyance like a headache or a bad mood. It's a major illness that devastates people and leaves them needing medical care.

In recent years, eight other provinces have brought forward presumptive PTSD coverage. Each province's approach is unique and evolving. Alberta acted first, and others have acted just recently. Our province currently offers presumptive cancer coverage for firefighters but there is no presumptive coverage of PTSD until now with this bill.

Our caucus suggested following the lead that most provinces took by extending presumptive coverage to firefighters and other first responders. Limiting the presumptive clause to certain first responders was the initial approach of Nova Scotia, New Brunswick, PEI, Ontario, Alberta and BC. Saskatchewan went even further by extending the presumption to other occupations, and Manitoba extended the presumptive coverage to all workers across the broad spectrum of professions. Theirs is the broadest presumptive coverage in the country, and we understand the Manitoba example is the one that Bill 35 is modelled on, Mr. Speaker.

So on principle, having called for it, we certainly do believe that the move towards presumptive coverage of PTSD is the right one. Again, there are still many questions we will be asking throughout the course of the debate and more information we'll be asking for, but certainly having presumptive coverage of PTSD, we believe is moving in the right direction.

Becoming the ninth province to offer this coverage, we are extending a protection to workers in this province that workers in most other Canadian provinces will also have. Mr.

Speaker, at the very least, we should be on par I think with other Canadian provinces and I'm often a proponent as I stand in this House of us being leaders with our legislation. Certainly, that is what we all aim to do, I'm sure in this hon. House, to put the best legislation in place possible and to treat legislation where necessary.

Just because everyone else is doing it, it's not a good rationale for any decision of course, but we have an obligation to evaluate the policy on its merits and weigh the alternatives. As the Official Opposition, we have an obligation to ask the questions that people outside the House are asking, or questions that need to be asked so people can understand how this policy was adopted and what it will mean.

I would like to take this opportunity to thank the officials of the minister's department, WorkplaceNL, and others for briefing the Opposition on this bill and answering some of our questions. We have been given some of the answers in the briefing but it's important here today as we go through the various stages of the bill that we dig deeper into these issues for the sake of viewers and persons affected by PTSD to try and get the information on public record because, of course, that's what our job is here in the Official Opposition, Mr. Speaker, and it's a very enjoyable job.

Every worker watching this broadcast ought to be informed about what this bill will mean to them as employees and as employers. Every employer has an interest in knowing the implications as well. Health care providers have an interest; people who suffer from mental illness have an interest. In fact, everyone ought to have an interest because everyone may be impacted in one way or another by what we are doing with Bill 35.

This bill is about drawing a new line that will change how some people qualify for workers' compensation in certain circumstances. WorkplaceNL has a website full of useful information about what it offers and how it applies to people in various circumstances. The link is WorkplaceNL.ca. It's an enormous amount of information. It will take a bit of time to sift through it but it's certainly a valuable website and resource.

I'm hoping government is going to follow up on this legislation, though, given that there is so much information out there and people do like to be able to have a snapshot and a quick understanding of things that are happening. We're also hoping that in addition to the debate of what's happening here and various websites, that government will follow up with a public education campaign to inform people about what the changes to this bill means.

It's particularly important, given the broad implications of this legislation and the questions that many people still have about how you diagnose and treat PTSD. I encourage the government to provide this information without a political lens or a *Way Forward* lens because that kind of spin always leaves people suspicious that the information might have been sanitized to remove facts. So, this is really about an awareness session for all people on a piece of legislation that may affect many persons, many communities, many regions, many entities.

We feel it's important that people know what the new rules will be, what they can expect, what will and won't be covered, what challenges they might encounter and how they find the help they need. We'll address some of that, Mr. Speaker, throughout the course of the debate but, of course, a lot of it will need to be forthcoming after the debate is concluded in terms of finalizing what actually gets passed.

I'd also like to talk about the consultation process that was used for this bill a bit, Mr. Speaker. We certainly applaud WorkplaceNL for undertaking a policy review and seeking submissions. It started out with a great deal of interest and that was indicated by the submissions from groups representing tens of thousands of people in this province.

I don't know how much of an advanced viewing these groups would have gotten of this bill before it came to the House; I'm thinking not a lot. We, ourselves as MHAs, don't get much of an advanced viewing. But in this particular case, with this bill, we did get our briefing last week. But, the rules being, we are not permitted to distribute the bill until it has been officially distributed in the House and it goes up online on the House's webpage and everyone can access it. That's normal protocol because, until a bill is

distributed, there's still room for changes to be made.

All of these groups were probably expecting that this legislation was coming, but how many of them have actually been consulted with what the specific changes are and were told exactly what the changes would be is still a question that we have. I'll speak to that a little bit more because we certainly would like to see that consultation continue with existing groups over the next six months, given that this legislation is not coming into effect until June, and we want to really make sure it is the best possible piece of legislation that it can be for all parties.

This government came into office in 2015 on a red book that promised the resurrection of legislation review committees. For those who don't know, such committees used to operate in this hon. House and they would examine a bill before it came up for debate. They would give people and groups an opportunity to see it, evaluate it, comment on it and perhaps even change it before it came to the floor for debate.

That's important, Mr. Speaker, for two reasons. Firstly, it treats people with respect, by giving them an opportunity to take a hands-on role in the development of legislation that impacts their lives; and, secondly, democratic reform is about making our work more open, engaging and accountable.

MR. SPEAKER (Warr): Order, please!

MS. PERRY: It's long overdue –

MR. SPEAKER: Order, please!

I ask the Member to stay relevant to the bill that we're discussing.

MS. PERRY: Okay.

MR. SPEAKER: Thank you.

MS. PERRY: Thank you, Mr. Speaker.

All I'll say, I'll close out by saying I trust the all-party committee on democratic reform will make this a priority issue for consideration.

Mr. Speaker, as well in terms of legislation like we have before us here today, the rules of debate as currently structured make it difficult to amend the legislation directly here on the floor of the House. So, I'll just close that little discussion by saying, the more input we have in a bill in its formulating stage I think can result in a better product at the end of the day.

Lots of times, Mr. Speaker, the people we consult with see things that we may not and they can identify problems that may have been overlooked, so certainly a lot of merit to it. We're not saying this flippantly. I just want to repeat again that with this bill having an implementation date of July 1, 2019, there's still plenty of opportunity for tweaking to occur, if necessary.

We say this very seriously, because this bill is very important to a lot of entities and organizations out there, many of who are here or observing the debate today. These people are the ones we really need to hear from, Mr. Speaker.

What is presumptive coverage and what does it mean, and why does it matter I guess? The minister outlined the definition. It's a legal concept which means that when one fact is proven, another fact is presumed. If the fact of PTSD is proven, then the fact that it is work related can be presumed. Why does that matter? It has to do with the way workers' compensation works. Let's say you're on a worksite and you're injured, you go to a doctor; you're not going to be able to go back to work and you're going to be laid up. The system of workers' compensation is in place to give that worker an income while the worker is unable to work due to the injury.

Some injuries or disabilities don't go away. The worker will not be able to return to that job. It's that severe. There are all sorts of rules at WorkplaceNL to determine what happens, step by step, what forms are needed, who has to sign them, what has to be proven, can anyone challenge the request, can you appeal your claim if it's rejected, is WorkplaceNL serving as an advocate for the injured worker or as an adversary. As you can imagine, it's a long, complicated and stressful process for many injured workers.

The system is set up to prevent abuse. It's also set up to control costs. The fund that covers injured workers is limited in size. Rules are put in place to restrict access. The system does have an adversarial feel. People can expect their claim to be challenged. The burden of proof is on the claimant. Even if an injury is established, there is no presumption, in most instances, that the injury is work related. Could it be related to something else? Should workers' compensation cover the worker or not?

When medical researchers determined that many firefighters go on to suffer certain kinds of cancers, and many fires tend to expose firefighters to certain carcinogens, the call went out to change the policy. When a firefighter develops these certain types of cancers, don't suspect it might have come from some other cause, like a family history, or exposure to woodstoves at home, or campfires growing up, or air pollution, or the person's diet or any other factor. See the pattern; understand the balance of probabilities; show compassion for the firefighter who invested in saving lives in our community; get them compensation more easily and quickly, without forcing them to jump through hoops while their cancer is treated.

Let WorkplaceNL presume that one of these cancers, once diagnosed in a firefighter, was caused by the work the firefighter did as a firefighter. Don't force the firefighter to prove the connection; presume it. The same argument would surely work with industrial diseases. If an asbestos miner gets asbestosis, why would it be unreasonable to presume a work-related connection?

So what about PTSD? We know from psychiatrists that PTSD is a severe reaction to trauma. We know that first responders can be severely traumatized by what they experience on the job. Workers in other professions can also be traumatized on the job. I think of retail workers whose shops are burglarized, or bank tellers whose banks are robbed. I think of taxi drivers who are robbed or threatened.

Under Bill 35, if the worker obtains a medical diagnosis of PTSD by one of the diagnosticians defined in the bill, and if the worker can establish they were exposed to a traumatic event or the cumulative impact of multiple traumatic

events of work, then it will be presumed that their PTSD was a result of those traumatic events at work. That, Mr. Speaker, is what presumption means.

All of these workers can already apply for coverage right now without a presumption and try to make the case that they have work related PTSD. They can get the diagnosis and identify the traumatic event or events and then try to make the case that it was those work related events and not something else that caused their PTSD.

The difference that this bill will make is to eliminate the need for the worker to prove that the PTSD, once it is diagnosed, is work related. That step is eliminated with this bill. This speeds up the adjudication process and it simplifies the claims process. It allows for earlier health care intervention for the worker by allowing the worker to leave the workplace without losing their entire income.

In terms of proof from PTSD, why is the elimination of that step in the adjudication process important for someone suffering from PTSD? I've talked about that a lot already, Mr. Speaker, in my 20 minutes or so. We can all think about what PTSD is. It's the experience of intense, disturbing thoughts and feelings related to a traumatic experience that lasts long after the traumatic event has ended.

It may include flashbacks or nightmares, anger, sadness, detachment and estrangement. It may involve reliving the traumatic experience over and over again. People with PTSD may avoid situations that remind them, but, Mr. Speaker, forcing that person to deliberately relive these events we believe is unnecessary, and we're pleased that this bill is going to eliminate that particular element of trauma for those suffering from PTSD because it is continuing to traumatize the victim.

In Bill 35, in looking at the jurisdictional scan across provinces, all the provinces do not agree on where to draw the line. Manitoba applies it to all workers. Saskatchewan's potentially does as well, by leaving it to the act's regulations to define any exclusions. PEI is taking the same approach. Alberta began by restricting the presumption to first responders but it has now

moved to include others, as has Ontario. BC has a very narrow restriction that workers are pressing to broaden. In Nova Scotia and New Brunswick, it is limited to first responders.

So why did the government draw the line where it did, instead of restricting it to specific occupations, as many other provinces have done? We know the job of first responders, by their very nature, exposes them to traumatic events. We know many first responders have experienced PTSD because of this, and it's this evidence that has led some of the other provinces, in a jurisdictional scan, to impose a restriction on the occupations that are covered.

The workers who suffer, for example, something traumatizing – though, don't necessarily have to be first responders. It is not unreasonable to expect workers in other professions to have PTSD that is related to their work. The workers who suffer criminal violence on the job would be able to make the case in order to qualify, no doubt, because the event would provide the proof required.

Someone working here in the House of Assembly, for example, may suffer trauma, but this environment does not systematically expose everyone here to the kind of trauma that police officers, paramedics, nurses and firefighters tend to experience on the job. But some can, Mr. Speaker, and certainly those in ministerial positions dealing with these types of issues would certainly have first-hand experience of these types of issues.

The argument would go for just first responders, in that it's harder to prove, but there's a counter argument to that, Mr. Speaker. The counter argument in this bill is that the PTSD has already been diagnosed and something has caused it. The worker is suffering and in need of care. The worker is probably not healthy enough to endure the adversarial, adjudicative process needed to provide the connection to work.

The last thing the worker needs to have is to relieve every potential traumatic experience in the person's life to determine which trigger or triggers are primarily responsible for the PTSD that is debilitating the worker. That seems to be a very reasonable argument to make, Mr.

Speaker, unless a case can be made that it's not the right approach.

Mr. Speaker, there has been a lot of discussion gone into this and we've landed where we have on Bill 35. Again, I'll say I do think over the course of the next six months, as the awareness with this bill increases, any tweaks that may be required by organizations or persons out there, that they will certainly bring them forward to WorkplaceNL and to the department, and, if necessary, to the House for consideration, because this is a very important piece of legislation and one that has been called for, for quite some time.

I'm going to now start talking a bit about cost versus access to care, because this is where some of our questions are going to come into play in terms of the next phase of this bill, because cost is a factor that every government considers when establishing a system of care. The workers' compensation system is financed through contributions in a way that ultimately has an economic cost. If you let your mind go back to an era when there was no such thing as workers' compensation, it was not a good time to be an injured worker. An injury could leave a worker and their family in poverty, or worse. So it is better to have a system of compensation for workplace injuries than not to have one.

We all recognize, though, that such systems and processes and programs have to be viable and feasible, and the economy has to generate enough money to sustain the system or it will collapse. It's the same with pensions, we have to have them provide for people who have retired from the workforce but the liabilities have to be covered.

If a firefighter breathing carcinogens develops cancer, who would argue against providing that worker with an income to compensate for that injury? If a firefighter receiving the bodies of burn victims develops PTSD as a result of that trauma and can't return to the job, who would argue against providing that worker with an income to compensate for the injury and allow the firefighter the opportunity to get therapy and heal?

That's what workers' compensation is all about. It is reasonable to believe there is going to be a

financial cost associated with presumptive coverage. That's because at the briefing officials revealed an actuarial estimate based on the experience of other jurisdictions.

One of the questions that we will be asking in Committee is we'd like the minister to go into greater detail about how this analysis was done. During our briefing we were told that the estimate is imprecise, partly because the jurisdictions, circumstances and rules across the country are different. But the estimate of the impact to the injury fund is expected to be \$7.6 million to \$15.1 million per year. The impact on the assessment rate is estimated to be nine cents to 18 cents per \$100. The costs will be reflected in the employer assessment rates over time but with the implementation date of July 1.

No financial impact is expected on the injury fund for the fiscal year of 2019. What we don't know, Mr. Speaker, is what happens after 2019 and what the impact estimate is for 2020 and onward. Will the fund be sustainable?

Officials also estimated the financial impact on the province. The government is a self-insured employer. And so we were told this was done by estimating the number of claims per year; the average cost of a PTSD claim is expected to be or estimated to be around \$125,000. So if you do the math on that, with nine claims that would be a cost of \$1,125,000 a year. These estimates come from simply multiplying the estimated number of claims by the estimated cost per claim.

Some of the questions we'll be asking when we get to Committee: Who will bear the responsibility of costs for this? How will the injury fund be impacted? Is there a potential for the fund to be jeopardized? What will be the costs for municipalities? What will be the cost for health care authorities? Given the number of first responders working with our health care authorities and municipalities, will they disproportionately incur costs of this policy change and was there any consideration given to that? What would be the cost for individual employers throughout the province? What are the implications for WorkplaceNL? Is it adequately staffed to cover the expected increase in claims? Will WorkplaceNL be enhancing resources as a consequence of this legislation?

What are the implications for the Review Division? Do you expect an increase in the wait-list for appeals?

These are all unknowns, Mr. Speaker, at this point in time, and that's why I'm highlighting them in our second reading of the bill. Because while we agree, certainly, in principle with this bill – we've advocated for this bill, as I've said – we also have a responsibility to ensure that all the unknowns we try to get answers for, Mr. Speaker. And those items that I've just listed are, for all intents and purposes, unknowns at this point in time.

No one really knows how many claims will be made and no one knows what impacts the new policy will have. We can look to other jurisdictions, as I just said, but things are different from one province to the next, and that leads to a great deal of guessing, which makes things very challenging, Mr. Speaker.

The American Psychiatric Association estimated that PTSD affects approximately 3.5 per cent of US adults, and the question then becomes: Might we expect a similar proportion of our workforce to be impacted? Are there things we can do to bring costs down – perhaps by doing something on the side of prevention? Will governments be tempted to tighten the restrictions if claims and costs escalate?

So, Mr. Speaker, these are all important issues. We've heard through discussions over the last year and various media reports and whatnot that the Employers' Council is sensitive to the mental needs of workers. But they've also pointed out the importance of taking cost into consideration. And that's certainly something I'm sure everybody understands and appreciates.

NAPE and the Nurses' Union are sensitive to cost concerns, but have also pointed out the need to care properly and compassionately for workers who are diagnosed with PTSD because of traumas they suffer. And we all have to weigh, Mr. Speaker, the costs of doing it, versus the cost of not doing it, which, for all intents and purposes, may be far greater.

Which is the best path for Newfoundland and Labrador to take? That's a judgment that we are being called on to make here in this hon. House

as we vote on this legislation. Again, I'll say the input of all stakeholders is highly valued and most welcome. It is for us, this week, as legislators to put this bill in place, and then it's going to fall on the shoulders of government to implement the legislation that gets passed by the hon. House.

As we were told in our briefing with officials, other jurisdictions have seen an increase in claims as a result of the introduction of a presumptive clause – and that's understandable, Mr. Speaker. It might even, in fact, be the whole point and the rationale behind the calls for presumptive coverage, because encouraging people to seek the medical help they require is what this is all about. And it's crucial that we shorten their path to care so that their lives are improved, their workplaces are improved, their family's lives are improved and communities, everyone benefits.

Increasing access to mental health care is an issue that all parties in this hon. House agree is a priority and this bill, Bill 35, is certainly one of the ways that we can give effect to that priority. I know I've talked a fairly lengthy time about this bill, but it is a very important bill. One that, as I said in my introduction, we have advocated, as Progressive Conservatives, for quite some time in terms of coverage for first responders.

This bill goes even further than that, Mr. Speaker, and I am sure that for those suffering with PTSD it's a very welcome piece of legislation, and I do think it will make a difference in improving the lives of Newfoundlanders and Labradorians who suffer from this very debilitating illness. We're all about making people's lives better here, Mr. Speaker. We're also all about accountability; hence, our responsibility to ask important questions.

So, as the debate continues, we hope to glean more information and we do look forward to the positive impacts that this bill will have on the lives of Newfoundlanders and Labradorians.

Thank you for the opportunity to speak to Bill 35.

MR. SPEAKER: Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: I recognize the hon. the Member for Harbour Main.

MS. PARSLEY: Good day, Mr. Speaker.

Just listening to the words of the Member across the way from Fortune Bay - Cape La Hune about some of the concerns, I can tell you I have attended the briefings and I'm sure what's in this piece of legislation today has gone through the hoops and loops to make sure that everything is going to be put in the right place. The bill needed to be done. It's going to be done. And I'm fully assured with our minister here that it's going to be done right.

Mr. Speaker, I'm very pleased to rise in this hon. House today to speak to Bill 35, An Act to Amend the Workplace Health, Safety and Compensation Act. I doubt any one of us in this hon. House isn't personally familiar with someone whose life has been impacted by a workplace injury. Too often relatives, friends or neighbours have been affected by events in the workplace that have far-reaching impacts on their physical, emotional and social health. In many incidents we may not be able to look at the individual and be automatically aware of the mental health injuries they have experienced in the workplace.

Mr. Speaker, awareness and continued dialogue around mental health challenges are extremely important. Our government committed to enhancing this awareness and also put in place a plan to increase spending on mental health and addictions care.

One year into the implementation of *Towards Recovery*, the Mental Health and Addictions Action Plan for Newfoundland and Labrador, there has been a 35 per cent reduction in the number of people waiting for mental health and addictions counselling services across this province.

This is significant, Mr. Speaker. Workplaces need to be ready to provide environments supportive of mental health wellness among their workers. In fact, with our 2018-22 Workplace Injury Prevention Strategy, we are helping employers build supportive

environments in order to reduce the risk of mental health issues in the workplace.

We know that more people than ever are now willing to come forward to discuss and address mental health issues, including those in work environments. As the Minister Responsible for WorkplaceNL indicated, the mental health stress policy was recently updated to modernize the approach to work-related mental health issues, including post-traumatic stress disorder. A review of the mental health-related policies of our Canadian workers, compensation boards as well as consultation with WorkplaceNL's primary stakeholders – the Newfoundland and Labrador Federation of Labour, the Newfoundland and Labrador Employers' Council also took part to help enforce policy.

Mr. Speaker, according to the Canadian Mental Health Association, 8 per cent of Canadians will experience post-traumatic stress disorder, and it can affect people from all walks of life. However, we know that some groups of people are at higher risk for developing PTSD. Emergency personnel such as paramedics, firefighters, police, doctors, nurses have double the risk of the average population. Also, women are twice as likely to be diagnosed with PTSD than men.

People suffering from PTSD may believe they have adequately dealt with the event they are coping with. A sense of helplessness, flashbacks, panic attacks, depression are just some of the symptoms of this devastating illness. It is hard enough to deal with at home, but at the workplace it can be even more difficult. Often the employee isn't aware that they're exhibiting symptoms and do not connect the dots between the changes in their behaviour and the trauma because time has passed.

I read an article recently about John, a 44-year-old father of two, and a lending officer at a branch of a national bank. Early in his career, John's bank was held up in a robbery attempt. While no one was hurt, the event certainly shook up the staff, many of whom took advantage of the on-site counselling provided by the bank. Over the years, John started to get angry at little things, appeared distracted and had difficulty making decisions at work. His colleagues

became concerned. Eventually, John received a PTSD diagnosis.

Crisis and trauma experts also emphasize that employees need to be aware that by the time an employee shows symptoms of PTSD, the impact of the trauma has been brewing for a long time. It is important that employees ensure their management teams are trained in identifying potential mental health issues and know how to respond in a supportive and non-judgmental way.

Mr. Speaker, while the update on WorkplaceNL's mental health policy was a great accomplishment for an injured worker in this province, our government also committed to bringing forward legislation in this House regarding PTSD. I know I am joined by my hon. colleagues when I say how proud I am of this progressive legislation for presumptive coverage for work-related PTSD for all workers covered under the act.

This matter is very important to workers in every region of our province, and many advocates have been asking for such legislation for quite some time. I've been the parliamentary assistant for Service NL for a couple of weeks and already this is my second time standing on the floor to speak to improvements for our injured workers.

SOME HON. MEMBERS: Hear, hear!

MS. PARSLEY: Again, Mr. Speaker, I want to say how delighted I am to rise to speak to these amendments which will make it easier for workers diagnosed with PTSD to avail of workers' compensation.

Mr. Speaker, we will continue to work toward improving the workers' compensation system in our province for both injured workers and employees. The amendments we have brought forward today are a shining light on the very important topic of PTSD, but also the need to address any mental health challenge in our workplace. No one should have to suffer in silence when it comes to mental health.

I'd like to thank the Minister Responsible for WorkplaceNL on all that has gone into this piece of legislation, and there's no doubt in my mind

today that this bill will go through with everything that it needs and it will be an asset to the people of Newfoundland and Labrador who suffer from mental illness.

SOME HON. MEMBERS: Hear, hear!

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

MR. BRAZIL: Thank you, Mr. Speaker.

It's indeed an honour to stand in this House, as it always is, to speak to legislation, particularly around those that are going to be a benefit to not only the workers of Newfoundland and Labrador, but to all citizens of Newfoundland and Labrador. Bill 35 is another step toward ensuring we have good health, good social inclusion but, in particular here, good mental health services and interventions.

Mr. Speaker, I'm going to start, as I normally do on a piece of legislation that I support, and noting that the same way I'm going to end, by saying I wholeheartedly support this piece of legislation, and I'm looking forward to having a discussion here and hearing what my colleagues feel are the best ways of moving this forward.

As we know, let's be realistic in what this is about. This is about three major approaches here. One, it's about catching up with the rest of the country. It's about showing that we have an understanding of how we address particular ailments. Sometimes they are physical ailments; sometimes they are social ailments. In this case, they are mental health ailments that affect our well-being in our social life, in our family life but particularly, in this case here, in our work life.

To do due diligence we need to have support mechanisms, we need to have an avenue where assessments can be done, and people need to know that the supports are there to ensure that the quality of their life and their ability to address that particular ailment are supported, and that there is an entry-level process here and there's an exit-level process here, Mr. Speaker.

Before I get into talking about the process, the intent and the structure of the bill – and my colleague from Fortune Bay - Cape La Hune

outlined a number of the key nuances that are here – I do want to acknowledge the government for bringing this forward. I want to acknowledge them for their openness with our union brothers and sisters, with the business community, with the other health professionals, with the particular special interest groups here to ensure that we have the right piece of legislation.

Is it a living entity? Of course, it is. Are there going to be modifications? I suspect there will be modifications after we pass this is the next day or so, over the next weeks, and then over the next months and over the next year, there'll be modifications as we move forward and get a better understanding of how we address this.

As we move forward on this, I want to acknowledge the point that we have an ability now to not only catch up with the rest of the country, but excel and move beyond that in supporting workers, in supporting their access to proper counselling and diagnosis; but, more importantly, after all of that, getting the proper support so they can get back into the workforce and be productive citizens then and still be able to do the things that the workers of Newfoundland and Labrador always do.

Some, unfortunately, due to circumstance or due to severity of the illness and the ailment here may not be able to return, but they have a right and we have a responsibility to be able to provide the best services, the best peace of mind, and to ensure at least a comparable quality of life that they can continue with what they had as productive workers in our society.

I know there's been a lot of discussion about how we get to here, who would fit under the diagnosis and the supports that are part and parcel of it. I know there are a multitude of steps that will move forward, but the steps that have taken place over the last number of years were first around first responders.

Mr. Speaker, as somebody who was a first responder, I can appreciate what people went through. Fortunate in my situation, some of the severe things I saw, my coping mechanisms or the impact they've had, or maybe there hasn't been something that triggered how I may need to avail of certain services or how PTSD may affect me, but I do know colleagues that I

worked with and individuals and how that's impacted them.

It didn't immediately, and in some cases it did immediately. Right after the traumatic event you could see a change in that person. Their personality changed. Their ability to be active changed. Their ability to be sociable had changed and their ability to even understand what their role was and the meaning of what they felt, what their role was at that point.

Then I saw long-term effects, where it was 10, 15, 20 years later after a traumatic event, or a number of situations in the workplace that had a traumatic effect. As their personalities changed and their inability to deal with simple stressors in life that they had been able to cope with a multitude of times before without any issues, now became harder and harder to deal with. They couldn't explain to their general practitioner or their doctors what it was. They couldn't explain to their family what it was. They couldn't explain to their friends. People just assumed it was a change in their attitude, it was a change in their understanding.

Some, unfortunately, then had to use another coping mechanism. Sometimes it was alcohol, sometimes it was drugs. Whatever it was, it had a negative effect. That in itself has a negative effect on our society. It has a financial burden, it has a major social burden, but it also has a community burden. We all have to take responsibility for addressing how we do that.

What this does, this piece of legislation, it gives another mechanism. It's not the be-all and end-all, but it is another mechanism to ensure three key components are taken care of: understanding, intervention and supports. These are the key things here.

When we talk about the financial part – and I know I've had some people come to me and I've gotten some emails from particular groups saying this is going to be a financial cost, and we understand that. We understand that this whole House here will debate the process and using our best due diligence process here to ensure that we get the best return on the monies we're going to invest, but everything we do in society has a cost to it if you're going to want positive outcomes.

The financial cost in the front end never, never, never is as costly as what we lose if we don't invest. The back-end savings are, a multitude of times, better return on those investments. If we ensure that our workers who are facing challenges, particularly now when we look at a new diagnosis of a new ailment, PTSD, we know it exists. It's a reality. Anybody who dismisses it as not something that exists are living in a fantasy world. It exists.

As my colleague had mentioned, it doesn't just exist in our preconceived notion that it was somebody who went through a traumatic event who normally would be in the military, as we had heard. That was the traditional concept, but we now know people who were facing what was diagnosed in other areas as a mental ailment, can be specifically broken down to PTSD, which in most cases gives you a better ability to address, diagnose, support and ensure that that person still stays productive and still contributes to society.

So what we're doing here is amending the *Workplace Health, Safety and Compensation Act* to ensure that there's a process there for those who feel or have been diagnosed, or at least at the end of the day now, know there's a process to go through, assessing whether or not they have PTSD, by getting the supports that are necessary. Then, once diagnosed, getting the intervention supports and the continuum supports to be able to enable them to get back into the workforce.

We as a society now have an opportunity to do something that's groundbreaking. It's about another move forward in dealing with mental health, and the best way we can do that is engage those, every part of our society who has a stake in this. In a generic sense, every Newfoundlander and Labradorian has a stake in that, but particularly our union brothers and sisters and our employers out there, and us as the administrators of policy and legislation in our province have to set out in legislation the proper mechanism.

It can't be too intrusive, but at the same time it's got to be legally sound. It's got to fit in the realm of how people can understand the processes that are going to be followed, and that it fits the neat approach that, at the end of the

day, those who are entitled to it, those who can benefit from what the process is offering, have access to that without delay, without too much interference and intrusion; yet, on a clean, continuous system that assesses from stage one and gets them to the end stage of being productive again, or the end stage of having some comfortability within their life for the remainder.

We have to ensure, and we have to find the mechanism to do this. I'm pleased after reading through and going through some of the research that we've done, that we're moving forward on this. I had many conversations with the former premier and the former leader of our party who was a big advocate for this for the last eight, 10 years. As a first responder, he understood that. He had seen the impacts it had. He had seen the immediate ones, he's seen the intermediate ones, he's seen the long-term impacts and he had continued to lobby for that.

I had the privilege of being minister of Service NL for, unfortunately, only nine weeks. I remember having a conversation with a group of first responders about how important it was to start looking at this piece of legislation and understanding it, being fortunate enough to understand and have seen people who have gone through it and to try to move it. Obviously, it was a bit complicated at the beginning because you had to have everybody in tune with what was happening. There had to be a societal understanding of where we were going with it, and that process began and we've continued it. Six years later, I'm happy to say we're at a point where something positive is moving forward.

Is there much more to do? Of course there is. Is there much more dialogue that needs to take place? Of course there is. Is there much more of a strategy around mental health that this has to be included towards? Sure it is. Is it about education in our society? Is it about education within our employers' process? Is there education now, particularly, in with our health care providers? Because if we're going to be offering this, we have to be cognizant of the two major intervention professionals that are going to be necessary here in the immediate, and they are psychologists and psychiatrists. You need to be able to do this where – this is relatively new, particularly in our society, assessment of an

ailment and the diagnosis and the treatments that are very important as part of the whole process.

As we move forward, obviously, the medical professionals have to be engaged here. The protector associations have to be engaged. We will have to, and no doubt, be proactive in recruiting those who have the skill set to be able to do the assessments. Ideally, we'd be able to find Newfoundlanders and Labradorians who would have a better understanding, from my perspective, of the traumas that people face here, of the day-to-day scenarios in a workplace or the particular one-time events or the continuous events that may have an impact on somebody's mental health and would contribute to the diagnosis of PTSD.

So we can't work in isolation of all the key players here. I see the leads while – obviously, Service NL are a key component because this piece of legislation falls underneath that, but this will be destined to fail if the other key components here are not in play also.

The Minister of Health and the department, and all the other health agencies that filter into that, have to take a stake in how they design their new approaches, be it around education in the medical school, be it around recruitment, be it around working with the nurses' unions in training for those to be able to diagnose at the immediate stages, working with the general practitioners and the medical association at that level, but then also particularly noting that you've got to have the skillset available, and in some cases almost an immediate bases when the first acknowledgement that this individual may be facing, or may be dealing with PTSD.

So, there's an opportunity to do this. There's an opportunity here not to alienate any one group, and it's not a comparison and it's not a competition between the employers; the employees; those who represent the employees; governments, any levels of governments; and society in general. It's about all of us coming together to achieve a common goal, and a common goal, particularly here, is ensuring access to a diagnosis and then interventions for those services, and supports while people find themselves not able to be able to provide for themselves financially.

That's what the workers' compensation act is particularly about also, that it has that mechanism there where it's a safety net for a period of time when assessments are being done, interventions, to be able to reintroduce people into the workforce. It may be around the training components that are part of it because of a particular field that people work in, that they can no longer stay in that field and still be able to deal with the PTSD situation.

There's the whole continuum here. We have a workplace health and safety act and the board itself has a very inclusive process. Sometimes it may take a bit of time to get a worker from an injury point to an intervention, to an exit point, to being back in the workforce, but we need to find a way to move that forward. As we move that forward in the normal sense, there are some challenges. In this particular sense, where we've got a short period of time, a short window, to ensure as we start looking at this particular alignment and the interventions that we're going to put in play to address the needs of our workers, we can now have an opportunity to put the supports that we need, there are particular individuals or particular speciality areas that we need to now farm out. We can't wait three months down the road, we can't wait six months down the road; this has to be done immediately.

I would suggest to the ministers involved and the key stakeholders that an immediate opportunity to get together and say: Now that this legislation is going to be passed, now that it's enacted, now that we know the start date, we need to be able to ensure that we have the supports, we have a continuous flow of dialogue, a continuous flow of outline process that guarantees when we're ready to implement this, all the supports that will be there then will be there six months later, six years later, at the end of the day.

Sometimes we're too easy to accept we're going to start here, here's where we want to get. And during that four- or five-year period, unfortunately, people fall between the cracks, people don't get the services they need. There's no reason in our society now with our skill set in this province, with our communications networks here, that we can't start off where we wanted to get. We have a bit of time to do that now.

So we need to be able to find the process to make that work, and we have that expertise here. We have it from a civil service point of view, we have it from the private sector point of view. If we're going to make this work – and I'm confident we can make it work and not be a financial burden in any way, shape or form, and to ensure that, at the end of the day, our society is better off. Financially, we're better off because now our workers are more productive because they've had an opportunity to deal with their ailments and they've found a way to cope with certain situations, or it's been now identified that those workers should not be in those situations. We find another avenue where they can be productive citizens in another field or in another part of the particular field that they've chosen to be productive citizens in. We need to continue that open dialogue.

There's an awful lot of definitions, there's an awful lot of regulatory things that are going to play out over the next number of months. And I understand that as the former minister and the debate we've had here in this House for the last nine years that the old cliché, the devil is in the detail, and we understand that. The difference here, from my perspective, is we're all bought into improving people's lives. No different than when we invest money in an education program or in another health program. We're investing money here. It may be just different because there are other partners involved that normally may not be directly involved in how we offer a particular program.

I see that as a positive, I see that as an opportunity, not as a hindrance. An opportunity for us to say, from every perspective: How do we improve the whole continuum? How do we ensure that everybody benefits from what we're offering here? Our first perspective would be people's health, and in this case, people's mental health. How does better mental health help our society? How does our society in turn with better mental health help our productivity in our economy? They're all continuums and they all play in one to the other. You can't work in isolation with one without being cognizant of the other.

So as we talk about this legislation, and it was being proposed, and no doubt there'll be other speakers here, and in Committee we'll have a

number of questions on the logistics of how we move it to the next level and the time frames around that. I know there's a July 1 time frame, but the time frames between now and July 1 to ensuring that the 20 or 30 or 40, or whatever the number of steps and things that are needed to be done are done so we're ready to go and a worker who now may feel, or a medical professional who said to their client or their patient, I think this is the situation that you're facing, the problem is I don't have a mechanism to be able to get you the support you need. Some of those supports will be financial, some will be immediate interventions for an assessment, some of them will be, then, looking at other alternatives to move you away from whatever the stressors are that have contributed to the PTSD or the traumatic events.

So we have, again, an opportunity; a short window to do something that's significant and has a major impact in our society and would benefit those who may avail of this service.

I have no elusion; there's not going to be people beating on the door everyday looking for this. This is a safeguard to ensure those who have a particular ailment, a particular medical condition, will get it diagnosed in a timely fashion, get the supports that are necessary and be able to, again, be part and parcel of our society and be productive there.

I will end on a note of saying, as I said at the beginning, I wholeheartedly support where this piece of legislation is going. I do encourage that we don't stop after we pass this today or tomorrow, that what the next steps are, bringing all the key players together to ensure everybody who has a stake in this does their part to –

MR. SPEAKER (Trimper): Order, please!

MR. BRAZIL: – move this forward.

Thank you, Mr. Speaker.

MR. SPEAKER: Thank you very much.

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

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

I'm very pleased to stand this afternoon and speak to this bill, Bill 35, a bill which will amend the *Workplace Health, Safety and Compensation Act*.

I'm especially pleased because it's not often I get to stand here and say I'm speaking to a bill that I'm totally in agreement with, number one.

SOME HON. MEMBERS: Hear, hear!

MS. MICHAEL: I'm also extremely pleased with what seems to have been a really good process by the minister. Very often, I'll stand here and I have either a minister or others saying that: Oh, there's been consultation. We've spoken to this one or that one or whatever. But my sense really is, in the case of Bill 35, that this really does reflect what is wanted by the people that the minister consulted with, by the unions, those who represent workers, those who represent employers. I really think a good job has been done in putting this bill together.

The bill itself, just for those who may be watching us, is very, very short because, basically, the bottom line of the bill is at the very end, and everything leading up to it are the definitions that make that end of the bill so important.

So what the bill says, and this is nuts and bolts of the bill: "Where a worker (a) is exposed to a traumatic event or events in the course of the worker's employment; and (b) is diagnosed with post-traumatic stress disorder by a psychiatrist or a registered psychologist, the post-traumatic stress disorder shall be presumed, unless the contrary is shown, to be an injury that arose out of and in the course of the worker's employment."

That's fantastic, and it's wonderful because it is not trying to determine ahead of time, number one, whether or not a post-traumatic stress disorder has happened or trying to determine what workers may suffer PTSD, what workers may not is the recognition that PTSD can be caused by such a variety of trauma, that it's not for legislation or WorkplaceNL to determine that. It's for professional people, psychologist or psychiatrists to determine it. Then, once that's determined, any worker who has PTSD will be covered by WorkplaceNL. That's wonderful.

As has been said by a couple of my colleagues, in the beginning when we first started talking about presumptive PTSD, we were talking about first responders. We were talking about people who are in situations where we could easily see the trauma they've gone through, both here and elsewhere.

My colleagues had made reference to some of the other provinces. Alberta has been left out, I think, in some of what they said. Alberta actually has done a great job. In 2012, they first had presumptive PTSD for listed occupations. That's where they sort of said, okay, some workers should have this and others don't, but recently, this year, they amended their legislation to include all workers. So we're getting onboard with that recognition, that there are just so many things that can cause PTSD.

So it's great that we're standing here today with this piece of legislation in our hands recognizing the need to do this. As I said, I'm so pleased that the minister did sit with those who were most impacted, who had most to say with regard to this bill, and I think did what she realized was the best possible thing to do.

As far as I can see, there is no dancing around. There is no trying to say, oh, I agree with this little bit you said or that little bit, it's straightforward. The section I read out from the bill, which is the heart of the bill, is absolutely straightforward.

Now one of the concerns, it's not a concern about the bill, but it's one of the concerns that I'm sure everybody who's involved in the consultation must have, is actually about our health care system. Because in order to get compensation because of PTSD, the workers will have and should have – I'm saying they should have, this is correct. They should be diagnosed by a psychiatrist or a registered psychologist, and unfortunately a lot of us know that in this province, trying to get to see a psychologist or a psychiatrist is very, very difficult. It's easier here on the Avalon Peninsula than it is in some rural communities, but even here there's a long wait-list for psychiatrists and psychologists.

So I do hope, I don't know how to speak to this in terms of – it's not the responsibility of Service

NL or the Minister of Service NL to ensure that workers can get quick diagnoses. Having the legislation is excellent, but we also need to look at where does our health care system come in and what is happening in our health care system to make sure that there aren't massive wait times. Because in and of itself, having this coverage will mean that workers are going to be dealt with more quickly. There's no doubt that the fact that the PTSD is going to be presumed that it is work related, will allow for earlier treatment and better return-to-work outcomes, but they've got to get the diagnosis first.

That's not a concern about the legislation. We have to have it. I'm so happy we have this legislation. That we will be voting for it, as I know we will, for the sake of the workers in the province, but it will benefit employers as well. That's why I know employers have agreed with this also, but at the same time we have to make sure they get that diagnosis early on, because without the diagnosis early on, then they won't get the treatment early on.

So I put that out to government, that in putting legislation together, legislation can't be done in silos. Decisions in one department connect with another department. In this case, this decision connects very much with our health care system. I would hope that the Minister of Service NL will have conversations with the Minister of Health and Community Services to look at the fact of the long wait times we have in this province for psychiatric and psychological treatment.

I'm not going to go into the details of the bill because there's no need to, Mr. Speaker. What I read out from the bill, the nuts and bolts of the bill, every word in that almost has a definition in the bill, and that's what the bill is about. So a definition of what a psychiatrist is, a definition of what a registered psychologist is, a definition of trauma, all of that is in the bill and is absolutely necessary.

Yes, there are going to have to be processes worked out, but I'm glad to see that government is allowing the time until July 1, 2019, to get in place the various processes that need to be put in place. So while we'd all like to see it happen sooner, we don't want it to come into effect until everything's in place to make it work. And, of

course, the action that was taken by WorkplaceNL in March of this year, where they modernized the policy regarding mental distress, is going to be there now, which wasn't there before March, and will fill the void in terms of recognition of mental stress, will fill that void while we wait for this legislation to be put in place, and I think it's important that we recognize that that is there.

The modernized policy, mental distress injuries adds exposure to multiple traumatic events, eliminates the exclusion for the inherent risk of an occupation. The thing – oh, it is part of your job, suffer because it's part of your job. Getting rid of that is recognized by WorkplaceNL as very important, and the new policy clarifies the conditions that are covered by WorkplaceNL: acute stress disorder, post-traumatic stress disorder, adjustment disorder, anxiety and depressive disorder. So that policy is in place and will fill the void until this legislation comes into place on July 1, 2019.

So at least there's an interim situation going on so that we know the issue is being dealt with. We've been too long getting to where we are, but let's take the time necessary to make sure that by the time we get to July we have everything we need. But I do have that concern, and I name it very seriously. I'm sure we all know of people, either family or friends or co-workers, who have had to wait long periods of time to be diagnosed. And when we're talking about any disease, whether we're talking about mental or physical, it doesn't matter, any disease, time is of the essence. It's not just with PTSD that that's true, time is of the essence and so we have to ensure that people are going to get diagnosed in a timely fashion so that then they can go to WorkplaceNL to get the support that they need.

That's all I need to say, Mr. Speaker. I'm really pleased with the legislation. I'm glad we're bringing it in. Of course, we'll be voting for it.

Thank you.

MR. SPEAKER: Thank you.

SOME HON. MEMBERS: Hear, hear!

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

MR. LANE: Thank you, Mr. Speaker.

It's a pleasure to stand and speak to Bill 35 on the workers' compensation act. Mr. Speaker, I don't want to belabour the points, there have been so many points made. I would say my colleague from Fortune Bay - Cape La Hune certainly gave us quite the rundown, I would say, on everything you ever wanted to know about PTSD.

SOME HON. MEMBERS: Hear, hear!

MR. LANE: She did a good job.

But, Mr. Speaker, really what this bill is about, for clarity, and clarity in my own mind and well as anyone who's listening, while I do share in what my colleague from St. John's East - Quidi Vidi is saying, and I'll speak to that in a second about our health care system and so on, really what this bill is about – the nuts and bolts of this bill is not necessarily about early diagnosis and treatment and so on. We all know it's all tied in, but really what this is saying, this is about compensation coverage.

Workers' compensation is like insurance, basically, for workers. It was founded on three principles. It's 100 per cent employer paid, it's no-fault insurance and if you accept workers' compensation you give up your right to sue. Really what this is, is compensation for that injured worker.

All we're basically saying here that if someone is diagnosed with PTSD, related to a traumatic event at the workplace or a series of events at the workplace, then this person is going to receive payment. They're going to receive their temporary earnings loss, what it's called, in the beginning at least and then, at some point in time, you could graduate into extended earnings loss and labour market re-entry and all those other parts of the system of course. But, initially, what we're saying is that it's about the worker receiving pay from WorkplaceNL in lieu of the pay they would be receiving from their employer while they're off on their injury. In this case, the injury being a mental health injury related to PTSD.

So, just to put that in context and in clarity of what exactly this bill is about, that's what it's about.

Now, the fact that our health care system may be challenged and so on and the ability to receive the help you need, to receive the diagnosis to get the help, all those points that my colleague just pointed out, those are very relevant points, but regardless if someone was covered by workers' comp, or they weren't covered by workers' comp, or whether they were challenging a workers' comp claim, or whether it happened off the job and they still had PTSD, because PTSD doesn't necessarily have to occur on the job.

You could be off on your own time, in theory, involved in some kind of a recreational activity and something serious, something traumatic happens. You could be in a car accident on your own time off and witness something traumatic or be involved in something traumatic, perhaps. A loved one was seriously injured or killed or you saw somebody get run over on the road or something, whatever it was. Things can happen that can cause someone to have PTSD. It does not necessarily have to happen in the workplace.

Regardless of if it happened in the workplace or didn't happen in the workplace, you still have to rely on our health care system and we still need timely care, we still need access to physicians and psychiatrists involved with mental health and so on. You still need that diagnosis, you still need that treatment.

So whether or not it's a workplace injury or a workplace event or a non-workplace event, the same is going to apply in terms of the issue with our health care system. And that is a very, very valid point for everybody who experiences any kind of injury or an illness, whether it be physical or whether it be mental. So those points are important, and they're very valid. But, again, this bill is simply about coverage for workers to, while they're off work, getting taken care of, hopefully, that they're going to receive income so that's one less stress that they've got to worry about.

Now, under the legislation – it was always covered in the legislation – there was a provision there for a traumatic event, but the onus was always on the employee to prove that the

traumatic event is what caused the mental illness. What's changing here is that basically we're saying if a traumatic event occurred at the workplace that that employee was involved in, then the assumption is going to be made, the assumption is going to be made that it was that traumatic event that caused the PTSD, the mental illness. And I guess it would be up to the employer to prove otherwise.

If the employer didn't agree with it, the onus would then be on the employer to say: Oh, no, oh, no, we've got proof to say that this person was involved in some traumatic event outside the workplace. A couple of months ago, he was involved in a hunting accident and somebody got seriously injured and that's what caused it, there was nothing that happened at the workplace. It would have to be the onus on the employer to prove it versus the other way around.

That's very important because, at the end of the day, while we are having to deal with diagnosis and treatment and all that's very important, people still have to eat. People still have to eat. Injured workers still have bills to pay. They got mortgages to pay. They got car payments to deal with. They have children to feed, to cloth, to put in school and how often have I had the frustrating conversation with people whether it be people with EI, whether it be people with workers' compensation, in terms of employees I've represented. And I've represented a good many as an MHA of my constituents, and some whom weren't even my constituents, but anyway that's another story, but I've had many, many dealings with workers' comp and that and it's fine to say: Oh, well, eventually when they get through, they'll get their back pay. They'll get their back pay.

Guess what, the bank is not interested in back pay. Right? The bank is not interested in back pay. The children are hungry, they need to be fed. It's no good to say: B'y, I'll feed you twice as much next week. It doesn't work that way. So having your income taken care of, replaced, to the level it is, which is 85 per cent now, which is again a positive and I think it went from 80 to 85, that was passed recently, I thank the minister for that one. That was another good move, I would say, Mr. Speaker. But it's about the compensation.

Now, the problem is, and where it really does tie into the medical system and the health care system, is that in order to receive compensation, even under what we're doing today, under this new piece of legislation, a psychiatrist or a psychologist has to say this person has PTSD. So, it is still a dilemma in the sense that if it takes two months or three months or four months for someone to see a psychologist or to see a psychiatrist, I'm not sure how that's going to work.

Does that mean that that person is off work now with no income from workers' comp, no ability to pay their bills because they haven't gotten the diagnosis yet? It's fine to say – I'll go back to it – it's fine to say when they finally get the diagnosis they'll be covered but what about the time in between? What are they supposed to do? So, that is a concern. It's a legitimate concern in terms of getting that diagnosis because you can't go to the family doctor – at least what's written here – and I can understand why not as well, by the way, because we have to guard against abuse and everything else that could potentially happen. You just can't go to your family doctor and get a note saying John is going to be off on workers' comp; he has PTSD. You can't do that on the form 810. A family doctor can't write that, I don't think: John has PTSD. It's says a psychiatrist or psychologist.

It is going to be a key part to this. This is wonderful. This is great. But, as has been said my colleague from St. John's East - Quidi Vidi, if you can't get access to a psychiatrist or a psychologist to get that person to fill out that form 810 to say that person has PTSD, then the claim is still going to be left wide open and that person is still going to have no money coming in the door. So, I think that is a legitimate concern.

There are people out there I'm sure – I've heard from a couple already – who are a little concerned about this, perhaps employers or just some people in general because everyone looks at these things differently, of course. The concern is okay, everybody now is going to be off on stress. Everyone is going off on workers' comp. There will be nobody working. Joe is going to say I'm stressed out b'y, I can't come to work and I'm going off on workers' comp. That's not the case. I say to anyone listening who thinks that's the case, it is not the case.

There has to be a traumatic event, or events, that occurred in the workplace.

If the company has a safety policy, which it's supposed to have, they're all supposed to have it by law, then all that would be documented in an accident or an incident form or so on that there was a traumatic event. There was some event that could now be pointed to to say I've been feeling really ill, I went and saw a psychologist, he says I have PTSD and here was the incident form that I filled out of this traumatic event that happened to me, and now he don't have to prove it. It's automatically going to be assumed that's the traumatic event that caused this, unless the employer, of course, can prove otherwise.

Employers should want to do this. Because, at the end of the day, if you don't do this and you're forcing people to go to work when their not feeling well mentally, then you're opening yourself up for more accidents and more incidents that are going to relate to even greater costs. You're going to open yourself up to issues around lack of productivity, poor customer service, sick leave. Perhaps sick leave will go through the roof because I can't get workers' comp, so I'm going to have to go sick because I'm just not well enough to come to work today.

So, there's no doubt that while some people might look at this and say it's a bad thing – no, this is not something that can easily, a psychologist – it's not like Joe going to the doctor tomorrow and saying: Doc, give me a note on a little prescription pad saying I got PTSD, would you? That's not how it's going to work.

I'm very comfortable and very satisfied with what we're doing here. I think workers, when they go to work in the morning – and I worked as a safety practitioner for most of my career, prior to getting into politics; it's what I did. We always said someone goes to work in the morning and the expectation is they come home to their family the same way as when they went to work. That's supposed to be the goal. That's what safety is all about. That can relate to physical injuries and it can relate to mental health injuries, which are very real, and that's what this addresses.

I'm also very glad to see that we've moved away from – because I think, to my recollection, originally, government were looking at first responders. There is no doubt that first responders, it absolutely applies to them. As a matter of fact, I've had constituents who would fall under that category that I know have suffered tremendously from PTSD, and had to fight and struggle with workers' comp. I could go off on a big tangent on workers' comp, I really could, in terms of – this is one issue. There are lots of issues with workers' comp, especially around the timing of claims and appeals and everything else. It's an absolute nightmare, and I've been through it with number of people. That also needs to be fixed.

I have gone through it with first responders, constituents of mine, who have been impacted by this, and this wasn't in place. This would've helped them. So, for the next person, this is going to help them, and that is a good thing. But I will say while first responders are the ones that come to your mind – a police officer who goes into a scene and sees someone who has just been shot, or somebody in a car accident that was killed; a police officer who hauls out someone who was burned in a fire; nurses who experience a lot of people would have died, sickness and stuff like that. But it could happen in any workplace.

I'm glad that government followed the lead of the other provinces – most of the other provinces – and are recognizing all workers. Because a traumatic event that could cause PTSD, while the likelihood of that happening may be much higher for a police officer or an ambulance attendant or a firefighter or what have you, or a warden at HMP and so on, but it could happen anywhere, and I have been involved in investigating situations where there were deaths and serious injuries in the workplaces that had nothing to do with any of those professions.

Imagine going to a workplace and seeing somebody crushed between two large containers, and having to witness that. Imagine being the person who was driving the truck or the top lift or whatever when that happened. Imagine being the person operating the crane when a crane swung in over the vessel and hit one of his best friends and nearly killed him; the impact that that could have. We had an incident

a number of years back with a runaway crane. Some people might remember; it was in the media. It went down over the harbour arterial and sort of ended up in front of the Delta Hotel after taking out numerous cars and killed a lady. Imagine being the person behind the wheel of that crane, and seeing that.

So, traumatic incidents can happen outside of law enforcement and firefighters, uniformed services, they absolutely can, and they have, and they will continue to happen, unfortunately. It's just the nature of it in a lot of these industrial workplaces. We've had incidents in Come By Chance, explosions in confined spaces. I have a family member, or in-law, I guess, who was involved in an incident there, who speaks at a lot of safety conferences and events about that experience. Imagine going through that.

PTSD is not limited to uniformed services and emergency response. They can happen in other workplaces, too, and that's why it's so important, and I was so pleased to see that we've moved away from simply emergency response, and recognize that it could happen to workers in other industries and other workplaces as well; bearing in mind, again, that there are protections here for employers in terms of identifying those traumatic events. So again, it's not like someone can say, b'y, I'm stressed out because the boss gave me too much work to do. Or I'm stressed out because I can't get along with Sally. She's always talking about me behind my back, or whatever. So I'm stressed out. I'm going off on stress leave; I have PTSD now. That's not how it's going to work. It can't work that way. That might seem extreme, but I've heard from a couple of people that that's what they're thinking in their mind that everyone is going off on workers' comp. That's not going to happen. That's not what this is about; it's important to point that out.

So I think it's a good thing. It's a great move, actually. I'll be supporting it 100 per cent. As I've said in the past, when legislation comes through that I have issues with or I think is wrong, I'll be the first to criticize. But when something good is done, I'll be the first to acknowledge it. I say to the Minister of Service NL: Good job.

SOME HON. MEMBERS: Hear, hear!

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

MR. HUTCHINGS: Thank you, Mr. Speaker.

I'm glad to rise to speak to Bill 35, An Act to Amend the Workplace Health, Safety and Compensation Act. I've listened to my colleagues throughout the afternoon and I certainly won't repeat much of the commentary that has been expressed in regard to the actual bill and the coverage related to PTSD. For myself personally, I've had approximately 12 or 14 years in the workers' compensation system, health and safety in general, and worked on all sides of, I guess, prevention, certainly on the employer side of things, rate setting and prevention services. A broad spectrum of activities related to health and safety.

What I want to speak to, just briefly – and the minister maybe can speak to this in Committee – is the issue of PTSD in terms of the workplace and how it's derived and the issue of entitlement under the act, and this piece of legislation lays out, I guess, the parameters of that. One of the things in any workplace industry is the proactive nature of health and safety programming, and occupational health and safety legislation is there and the regulatory framework is often there to support those activities in the workplace.

In looking at this, I guess this is a piece of legislation to the insurance system of workplace health and safety that will address the reactive nature when something happens in the workplace, which is fine and understandable. I guess my question as we move forward is: Recognizing what we're doing here, what are we doing before that in terms of the proactive nature of dealing with instances and activities in the workplace? And this could be cumulative as well, from a PTSD point of view. It may not be just one acute injury or one acute event or one acute traumatic event. It could be many.

So why are we doing this? From the occupational health and safety point of view, occupational health and safety committees, the frameworks within various workplaces and places, what are we doing to assess the indicators or the triggers or the various occurrences and instances that could happen and that could relate or evolve into PTSD? And

that's the preventative or the recognition piece that I think is very important when we talk about this.

I don't know whether there are any amendments coming to the *Occupational Health and Safety Act* or issues in that regard. But I think it's important, and I spent a number of years going through developing occupational health and safety programs, training, workplace management, indicators in the workplace that could lead to hazards and how those hazards evolved into possible significant injuries, all of that framework.

So with this here, I guess, the question would be: Are we taking on both sides of this, certainly the reactive side but also the preventative side of it, and being proactive in identifying patterns or indicators or triggers in the workplace that could lead to the need to file a claim with the Workplace Health, Safety and Compensation Commission for PTSD?

I think it's important that we recognize that, we look at it and we certainly take note of it as we move forward. I say maybe the minister can address that in Committee as we move forward and what actions they're taking on that side of it as we look at this piece of legislation and how we ensure that we do everything we can. And the responsibilities of employers and employees in the workplace and all those health and safety partners, collectively, how they can play a role in ensuring that if there are indications of issues related to activities in the workplace, that they can be identified and maybe dealt with at an earlier time. Hopefully, before we get to a particular case, wherein some cases someone through a cumulative nature may need to avail of this piece of legislation. So I just wanted to speak to that and put it out there, and maybe in Committee we can have some more discussion on that.

Thank you, Mr. Speaker.

MR. SPEAKER: Thank you.

If the hon. the Minister Responsible for WorkplaceNL speaks now, she will close debate.

The hon. the Minister Responsible for WorkplaceNL.

MS. GAMBIN-WALSH: Thank you, Mr. Speaker.

Before I close debate, I would just like to put forward a special mention of appreciation to Madonna Pitcher. Madonna worked with me on this very important bill in the Department of Service NL. Madonna was my secretary, but sadly she passed away suddenly on Sunday at the young age of 56. So I want to let her family and her friends and the staff at Service NL know that we are thinking about Donna as we conclude second reading and how dedicated Madonna was to her job.

Mr. Speaker, I'm pleased to stand today, once again, to speak to the amendments to Bill 35, An Act to Amend the Workplace Health, Safety and Compensation Act. As I said in my earlier remarks, I want to highlight, again, how significant these amendments are for all workers in Newfoundland and Labrador covered by the workplace injury system. We all know that work-related mental stress conditions such as post-traumatic stress disorder are, in fact, impacting workplaces across Canada. Many individuals and groups have personally relayed numerous accounts to me of workers who developed PTSD as a result of their work after being exposed to one or more traumatic events in the workplace.

Mr. Speaker, as I said, I have heard heart-wrenching stories of individuals with debilitating mental health injuries whose lives have been changed forever. It became clear to me that more and more people are willing to come forward to talk about their experiences. People are no longer hiding in the shadows trying to deal with mental health challenges alone. It also became clear to me that it can affect people from all walks of life. PTSD does not discriminate, and women are twice as likely to be diagnosed with PTSD as men.

As a government, we are extremely proud of this legislation we have introduced in this hon. House today. The progressive legislation simplifies the claim process; it allows the workers' compensation system to help injured workers receive the assistance they need earlier.

It will lead to better outcomes in improving the workers' overall health and well-being, as well as options for returning to work when appropriate. Mr. Speaker, the amendments to the act will bring Newfoundland and Labrador in line with the important movement that is taking place across Canada.

Bringing this amendment forward is part of our government's ongoing efforts to help improve the lives of injured workers in our province. Mr. Speaker, we committed to this and we are delivering on this. It is our belief that this bill will significantly change the lives of a number of people throughout the province. We also feel it will help raise awareness; it will help continue the very important dialogue around mental health injuries in the workplace.

Mr. Speaker, I want to highlight, once again, that WorkplaceNL took the cost of this change into consideration when determining the assessment rates to be paid by employers in 2019. Given that the injury fund is currently fully funded, average assessment rates will actually, again, be lowered.

Mr. Speaker, I want to say how proud I am to be a part of today, and to be a part of this government that has listened to the people it serves, and today is bringing forward a very important progressive piece of legislation.

I also want to thank my hon. colleagues for their support of the amendments debated here today.

Thank you, Mr. Speaker.

MR. SPEAKER: Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Is the House ready for the question?

The motion is that Bill 35 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?

The motion is carried.

CLERK (Murphy): A bill, An Act To Amend The Workplace Health, Safety And Compensation Act. (Bill 35)

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

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

MR. A. PARSONS: Now.

MR. SPEAKER: Now.

On motion, a bill, "An Act To Amend The Workplace Health, Safety and Compensation Act," read a second time, ordered referred to a Committee of the Whole House presently, by leave. (Bill 35)

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

MR. A. PARSONS: 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 35.

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 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?

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!

Just before we get into Bill 35, just a bit of housekeeping.

I have reviewed *Hansard* regarding a point of order raised by the Member for Conception Bay South regarding remarks made by the Member for Bonavista. I find the remarks made by the Member for Bonavista to be unparliamentary, and I ask the Member for Bonavista to withdraw those remarks.

MR. KING: I withdraw my remarks and apologize, Mr. Chair.

CHAIR: Thank you.

SOME HON. MEMBERS: Hear, hear!

CHAIR: Order, please!

We are now considering Bill 35, An Act To Amend The Workplace Health, Safety And Compensation Act.

A bill, "An Act To Amend The Workplace Health, Safety And Compensation Act." (Bill 35)

CLERK: Clause 1.

CHAIR: Shall clause 1 carry?

The Chair recognizes the hon. the Member for Fortune Bay - Cape La Hune.

MS. PERRY: Thank you, Mr. Chair.

I read out, in the second reading, a number of questions, and I'm going to keep those towards the end of the debate and start out with some general questions that we have overall related to the bill.

Nova Scotia imposes a duty to assist a worker in obtaining treatment. Will there be any obligation for that here and what changes will be made to enhance access to treatment?

CHAIR: The hon. the Minister Responsible for WorkplaceNL.

MS. GAMBIN-WALSH: Mr. Chair, that duty actually presently exists here and WorkplaceNL endeavours to assist the clients to receive the treatment. We, in fact, will be having a memorandum of understanding, a memorandum of agreement with the psychologists from the Newfoundland and Labrador Association of Psychologists and we presently have an MOA with the Newfoundland and Labrador Medical Association. Preliminary discussions have been had with psychologists and of course we've alluded to the mental health unit that we will be establishing.

So, yes, the answer to your question is, yes, that will exist here.

CHAIR: The hon. the Member for Fortune Bay - Cape La Hune.

MS. PERRY: Thank you, Minister.

We were also told that MOUs would be negotiated with psychiatrists and psychologists after the legislation is passed. Can you tell us how you're going to be ensuring that adequate resources will be available for that and what guarantees are there that workers will receive proper treatment and supports in a reasonable time frame?

CHAIR: The hon. the Minister Responsible for WorkplaceNL.

MS. GAMBIN-WALSH: Well, Mr. Chair, mental health injuries are similar to physical injuries so we provide the services for physical injuries. We'll do the exact same, there's an equity clause here for mental health.

In actual fact, Mr. Chair, as I just alluded to, we have already had preliminary discussions with the psychologists. We will enter into an MOA with them the same way we do with the chiropractors for physical injuries.

So, Mr. Chair, that has already been done, set up. We assessed that there would probably be a need to ensure that the access to care was there. By entering into an MOA it has worked with other services, so we anticipate it will work well with psychologists as well.

CHAIR: The hon. the Member for Fortune Bay - Cape La Hune.

MS. PERRY: Thank you, Minister.

Can you inform us if there will be priority clinics for PTSD as what there are in other similar type of circumstances and, as well, can you give us some information pertaining to what the strategy is on the part of government and WorkplaceNL to emphasize prevention?

CHAIR: The hon. the Minister Responsible for WorkplaceNL.

MS. GAMBIN-WALSH: Mr. Chair, as we've alluded to a couple of times, we'll be setting up a mental health unit. We will be hiring additional staff, so there will be a priority, because there will be a section, an area, at WorkplaceNL that will deal specifically with these type of claims.

As it comes to the prevention component, we presently have the Advancing a Strong Safety Culture preventive strategy in place, Mr. Chair. We have authority to set up the clinics and to move forward with the strategy. For the first time ever, mental health is actually addressed in the strategy.

CHAIR: The hon. the Member for Ferryland.

MR. HUTCHINGS: Thank you, Mr. Chair.

Just to follow up with my colleagues question with regard to prevention. In second reading, I just made some comments in regard to the preventive nature and any changes to the *Occupational Health and Safety Act*, or any changes to occupational health and safety committees in terms of putting a focus on PTSD and preventive nature of that, certainly of a cumulative nature.

Are there any changes you're considering on the front end in regard to the workplace and what could be done in terms of identifying when this could become an issue and dealing with it immediately in the workplace rather than, on a later date, when it gets to a very critical incidence where a file is claimed to the commission? Is there any focus on that preventive nature in the workplace?

CHAIR: The hon. the Minister Responsible for WorkplaceNL.

MS. GAMBIN-WALSH: Yes, you alluded to assessing the triggers to determine to prevent it from actually happening. Yes, so you're moving over into Occupational Health and Safety there within Service NL and we will be identifying with mental health. Again, OHS is putting a focus on mental health, the same way WorkplaceNL is now putting a focus on mental.

So, yes, in the preventive strategy there will be ways and mythologies in order to address so we can prevent, and also the educational component to the employer, providing the resources and providing access. On our website right now if you go onto a physical injury you will find numerous different pieces of information on the affirmed employers and we will do the same thing for mental health. Mental health will be equitable to a physical disability.

CHAIR: The hon. the Member for Ferryland.

MR. HUTCHINGS: I thank the minister for that, Mr. Chair.

Just specifically, I recognize we're talking about a different piece of legislation but it is connected. With the *Occupational Health and Safety Act*, is there any indication that there are changes or any regulatory changes or legislative changes that would be required reflective of what we're passing here today?

CHAIR: The hon. the Minister Responsible for WorkplaceNL.

MS. GAMBIN-WALSH: No, there's nothing required in the *Occupational Health and Safety Act* to be reflective of what we're doing here today. The OHS Act already deals with and addresses any type of workplace bullying, harassment, aggression, PTSD, mental health, physical. It's encompassed.

CHAIR: The hon. the Member for Ferryland.

MR. HUTCHINGS: Thank you, Mr. Chair.

Just another question in regard to the definition of injury. The definition of injury references "an injury as a result of a chance event occasioned

by physical or natural cause" and you go through the definition. Is there any concern that the term mental illness or mental affliction or anything to do with mental health is not included in the definition?

CHAIR: The hon. the Minister Responsible for WorkplaceNL.

MS. GAMBIN-WALSH: We're discussing PTSD here, presumptive coverage of PTSD, and as I've alluded to a number of times, that diagnosis will be based on the Diagnostics and Statistical Manual. So I'm certain that within the manual, and how the diagnosis is explained in the manual, I don't think there's going to be anything missed; however, there's a psychological component also, which I spoke to earlier, to say that we would be in 2020, doing a review to perhaps include, on a go-forward basis, presumptive coverage under psychological.

CHAIR: The hon. the Member for Fortune Bay - Cape La Hune.

MS. PERRY: Thank you, Minister.

We're wondering now about plans subsequent to the enacting of this legislation. Can you inform us about what your plan is to educate workers and employers once the bill is passed? What the plan is to monitor the results of this change to the legislation, as well as consultations ongoing with organizations in response to that, and, as well, what the plan is to track and analyze PTSD reporting?

CHAIR: The hon. the Minister Responsible for WorkplaceNL.

MS. GAMBIN-WALSH: So we will implement exactly as we implement with physical injuries, with mental health injuries. We'll treat it exactly the same under our advancing and strong safety culture, our preventative strategy. We will continue with our strategy, and we will educate the employer. The whole objective here is to decrease the injuries and to prevent it from happening before you actually have to provide the treatment.

So, yes, we will continue to educate, use the strategy implemented, work with the employers,

work with the Employers' Council and work with the employees, also.

CHAIR: The hon. the Member for Fortune Bay - Cape La Hune.

MS. PERRY: Thank you, Mr. Chair.

Injury has five subgroups in this bill. They are: "(i) an injury as a result of a chance event occasioned by a physical or natural cause, (ii) an injury as a result of a wilful and intentional act, not being the act of the worker, (iii) disablement, (iv) industrial disease, or (v) death as a result of an injury."

So which of these does PTSD fall into, or might that vary? Could PTSD ever be considered disablement, such that the worker can never work again in that occupation, if at all? As well, on definition of injury, could a worker remain on workers' compensation indefinitely, or will there be revisiting of the case at some point to assess the person's condition?

My last question with respect to the definition of injury is: How will it be determined if a worker with PTSD could work in another occupation, and could a worker be told that's a reason to deny or terminate their benefits?

CHAIR: The hon. the Minister Responsible for WorkplaceNL.

MS. GAMBIN-WALSH: PTSD is an injury under the act. PTSD is a mental health injury. If you had a physical injury, it would be comparison the same – there's no difference here in a mental health injury and a physical injury. We will treat both exactly the same and continue.

So you could possibly be on workers' compensation for life from a physical injury, so you could possibly be on workers' compensation for life from PTSD. Yes, it is possible, there's no doubt about that. It's also possible to go back to work. I have a number of friends who have diagnoses of PTSD that are working, working part-time, working full time, and it's an injury.

We are finally as a government, and as a House of Assembly here, addressing post-traumatic stress disorder, recognizing mental health

injuries. We're addressing it and we are dealing with it, and we are going to help treat and prevent and address clients' issues and concerns when they come forward.

CHAIR: The hon. the Member for Fortune Bay - Cape La Hune.

MS. PERRY: Thank you, Minister.

With respect to exclusion of other stress disorders, NAPE recommended the following, and I quote: "Recognize and cover all mental health injuries resulting from chronic stress, either tied to operational or organizational stressors in the course of employment."

As well: "Recognize that all psychological injuries, including chronic stress resulting from work-related activities, are occupational illnesses which can be caused by cumulative as well as single stressful events."

We know that the cumulative element has been included, but what about the other mental health injuries besides PTSD? Can you give us some explanation as to why these were excluded from the presumptive clause?

CHAIR (P. Parsons): The hon. the Minister Responsible for WorkplaceNL.

MS. GAMBIN-WALSH: Thank you, Madam Chair.

Well, there are a number of reasons, and I can't go without saying cost was one. Given the fact that the actuaries did an analysis, and if we included presumptive psychological right from the beginning, it was \$11.6 million to \$23.1 million. So that's the first thing.

The second thing was the jurisdictional data and evidence. We don't have a lot. Saskatchewan has been at it for two years. Alberta has worked its way up. It started with first responders and now it's – just since May, I believe, of 2018 – included presumptive for psychological; and hence why, when I stood today I committed to a review after July 2020 so that we could do an analysis. We'd have more information, more jurisdictional data, more indication of the cost on a go-forward basis, and more solid data from the actuaries.

So presumptive clauses are typically intended for conditions where a single factor is more likely than not the cause of the condition, hence why we went with coverage for PTSD presumptive.

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

MR. LANE: Thank you, Madam Chair.

Minister, I just want to follow up on the questioning around the health care provision of services.

Minister, I understand you said that it would be treated the same as a physical injury. I understand that, but the only thing I would point out, Minister, is that if somebody had – I don't know, let's say for argument's sake somebody had an incident at the workplace where they were lifting a heavy box and they injured their back. They could go to their family physician and the family physician could fill out a form 810 to accompany their claim, and someone could at least get their claim going and, theoretically, approved and start getting money coming in the door to feed their family while they're going through this situation.

At some point in time, as you said, physio would kick in and an occupational therapist. Maybe they would need to see a specialist. Maybe they would need to have surgery, whatever the case might be, and that at least in my experience in a lot of injured workers that I've dealt with over the years that could take a significant period of time to happen.

I've had workers who had back injuries and other soft tissue injuries who were off for months, several months, but at least in the meantime while they were waiting to see a specialist, if it took two months to see one, and waiting to have their physiotherapy treatment and so on, at least the family doctor's note got the system – it wasn't a note, sorry. The family doctor completing the form 810, that workers' comp put out, would get that claim rolling, and get their claim approved so they have some money coming in the door to pay the bills while all this is happening.

The difference I see with this one is that – and I understand why, and I'm not necessarily saying that I'm supporting that either, to be honest with you, because I don't know if we want to go down the road, as I said earlier when I spoke, that Joe goes to the family doctor and says: hey, doctor, look I'm stressed out or whatever, sign me a note saying I got PTSD. And all of a sudden workers' comp kicks in, I get that, but the legislation is saying PTSD has to be diagnosed by a psychologist or a psychiatrist.

I understand once they're diagnosed it could take some time to get treatment like it does for physical ailments but at least the money is coming in the door immediately, or almost immediately, once that incident happens. So barring some agreement – I know you said you have a memorandum of understanding with psychiatrists and psychologists and so on, the same as physiotherapists. But, barring some agreement that says if I go to work today and I experience a traumatic event, and everybody knows it, I report it and I fill out form seven, the employer fills out the form six, unless there's some agreement that says I can immediately, the very next day or two days, or three days, or within a week, go to a psychologist who is going to confirm I have PTSD so my claim can be approved, unless that happens, then theoretically while I may eventually end up getting covered for that traumatic event, I could be waiting two months with no money coming in the door, waiting to see the psychiatrist just to get the diagnosis, never mind the treatment, just the diagnosis so that my claim can be approved.

I'm wondering: Has that sort of been thought through and is the memorandum of understanding that you're talking about with psychologists and psychiatrists going to deal with the fact that there's going to be someone immediately, or pretty quickly after that traumatic event, to get me the diagnosis asap so I can get some money coming in in the meantime?

CHAIR: The Chair recognizes the hon. the Minister of Service NL.

MS. GAMBIN-WALSH: Thank you, Madam Chair.

Presumptive legislation makes the adjudication process faster and it simplifies the claim process. The answer to your question is yes, WorkplaceNL will have a memorandum of understanding, a memorandum of agreement, with the psychologist to enable the capacity to get to the psychologist and get the diagnosis. But, that's the presumptive component. So you can be diagnosed with PTSD by a family doctor, but it's not presumptive. The presumptive component needs a psychiatrist or the psychologist.

WorkplaceNL, we have thought that through. The main thinking things were access to help, access to care, so you could get treatment. That's the whole idea here. It's presumed that work caused the PTSD so you've stepped over that hurdle, it's already presumed, and now you have access to get the diagnosis so you can get the treatment.

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

MR. LANE: I thank the minister for the response. I know what your saying, but I just want to make this point for my clarification and for the record, the concern.

Minister, I understand what you're saying about getting the treatment and we all understand it's about getting the treatment so that the worker can get better and they come back to work, gainful employment and so on. I understand that.

I just have to say, once again, if it was a physical injury that required a specialist, for example, and required a physiotherapist and so on, that may take some time to get that treatment even now. That's the way it works. Under my experience that I've seen, I've yet to see an injured worker who went to work, said, oh, I hurt my back, I got soft tissue injury, and the next day they were into a specialist's office getting seen. I have never, ever seen that. They went to their family doctor. The family doctor said, yes, this was a workplace injury. This person cannot go to work. They fill out their form 8/10, unable to return to work at this time. They'll tick that box on the form 8/10.

But as long as it was a workplace injury and the form 8/10 was filled out and so on, the process

would start and the worker would get paid from workers' comp and they'd get their compensation. And if it took a month or two months to see a specialist or to get physiotherapy or whatever, if that's what it took, that's what it took. But at least the money – that's what this is about, the money. I know it's also about getting better and all that, but still the reality of what this bill is about is the money coming in the door. I would have that money to pay my bills. That's what I would have.

Unless there's going to be something here in this agreement that says I experienced a traumatic event, if it takes a month to see a psychologist to say you have PTSD, if that's what takes a month to be diagnosed as PTSD, then that's a month that I don't have any money coming in to pay my bills; or if it takes two months, that's two months I don't have money coming in to pay my bills.

Once you're diagnosed, yes, once you're diagnosed and access to services through the memorandum of understanding so that you can get the help you need to get better or whatever, however long it takes. But again, while it's all related, this bill is not about the health care system; it's not about treatment of employees with PTSD, per se. The bill is about making sure – that's what this change is doing, is saying that I'm going to be covered by workers' comp, presumed that it was because of the workplace injury, so that I can get my temporary earnings loss benefits to pay my bills while I'm getting better, and the PTSD is going to be presumed because there was a workplace incident.

But what you're saying here is let's say I had a serious accident tomorrow and I went to my family doctor, the family doctor cannot diagnose me with PTSD in terms of the presumption piece. He can see you have PTSD, but then I'm still in the same boat of having to prove if it was work related, am I not?

CHAIR: The Chair recognizes the hon. Minister of Service NL.

MS. GAMBIN-WALSH: So this is WorkplaceNL, so WorkplaceNL will cover work-related injuries.

This gives me an opportunity here to just read some stats into the record here around access to psychologists and psychiatrists. In July 2018 we had a 35 per cent reduction in the number of people waiting for mental health and addictions counselling services across the province.

On the Burin Peninsula, the local primary health care team has eliminated the wait-list for mental health and addictions counselling services on the Burin Peninsula. Labrador-Grenfell Health has eliminated the wait-lists for mental health and addictions counselling services at the Labrador Health Centre in Happy Valley-Goose Bay. Plus, we are going to enter into a memorandum of agreement with psychiatrists and psychologists to ensure we have the accessibility for injured workers to get the diagnosis so they can get the treatment and get covered under workplace compensation.

So, you're somewhat right, but you're somewhat wrong. Half right. You're right in the presumption of what this is and how we're moving forward, but we have already thought about the roadblocks that we could in fact face and we're addressing them before – this six-month wait period that we have to July, there's a reason why we put that in place, so we could ensure that we had everything ready to go. We build the capacity at WorkplaceNL. We put the mental health team in place, we ensured the psychiatrists and psychologists have an understanding of what we need and we address the mental health injury, the post-traumatic stress disorder, which is going to be presumptive.

Yes, we have thought about all the possible roadblocks. We've gone through the physical ailment component of it. This is equitable to that. It's just mental health being recognized.

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

MR. LANE: I thank the minister for the clarification. I guess what I'm hearing then – and that will be my last point on this – is that if I'm a worker and I experience a traumatic event tomorrow, and I fill out a form seven, my employer fills out a form six, I should expect to be able to get access to a psychiatrist or a psychologist within a few days to say yes, this

person has PTSD so I don't have to worry about the additional stress of money on top of my injury. That that's going to happen and there will be no wait times and so on.

If that's the case, perfect. Glad you got it all worked out, good job, but I think that's important. That's very important for people to know and to understand that, because it's one thing to receive timely treatment, like you would for any physical injury, but it's another thing, as I've said before, and I can not emphasize enough, that while you're waiting for treatment, now you got a lot of workers who would have – if this wasn't addressed, they would have the added stress of, how am I going to pay the bills and feed my family while I'm waiting to get diagnosed?

As long as that's addressed, fine with me. Time will tell. The proof will be in the pudding when it all rolls out, and I hope it is right.

Thank you.

CHAIR: The hon. the Minister of Service NL.

MS. GAMBIN-WALSH: So that's the half you're right about.

CHAIR: The hon. the Member for Cape St. Francis.

MR. K. PARSONS: Thank you very much, Madam Chair.

I just have one question for the minister. I know that most of my colleagues in the House of Assembly – we all deal with different workers' comp situations with injured workers, and sometimes we deal with cases where people are injured on the job. I have lots of examples in my own area where people are asked to retrain after a period of time on workers' comp.

Is this going to be part of the program? Somebody – and I'll give you an example – it could be a firefighter, it could be somebody that has a situation that they feel they can't go back to that type of job anymore. Is there going to be a retraining program in place for those people? Because right now, in some cases like I've dealt with, we had injured workers that, for example, got injured on a construction site, and I went to

one case where they were told they could retrain to be a parking lot attendant. I'm sure you've all had that situation many times.

I'm just wondering what the case is going to be for this here, because we're going to be dealing with a broad spectrum of people. What kind of retraining, or is it going to be the same thing as the injured workers have to face today and told that you can be retrained for this type of job or else you're going to lose your benefits?

CHAIR: The hon. the Minister of Service NL.

MS. GAMBIN-WALSH: What I can say to that is every case is on an individual basis. Every individual is assessed. So there is retraining available. I know, I've been through that system myself.

So there is, in fact, retraining available. As with a physical injury – again, this is a mental health injury – it will be treated the same way. Individuals will be assessed, and retraining will be available.

CHAIR: The hon. the Member for Fortune Bay - Cape La Hune.

MS. PERRY: Thank you, Madam Chair.

My next questions pertain to burden of proof. How will the scope of the stress, scope of trauma, scope of work-relatedness be evaluated? What supporting documentation will be required from the position?

As well, the legislation states that the PTSD shall be presumed to be an injury that arose out of and in the course of the worker's employment, unless the contrary is shown. Can you give us some insight as to how that would be determined?

CHAIR: The hon. the Minister of Service NL.

MS. GAMBIN-WALSH: The DSM-5 criteria for PTSD is available. This is the criteria that will determine the diagnosis. You will be diagnosed by a psychiatrist or a psychologist based on this criteria. It's quite lengthy, but there are a number of criteria within the DSM. So that will determine the diagnosis.

What was your second question? You had –

MS. PERRY: (Inaudible.)

MS. GAMBIN-WALSH: Well, I'll let you know, whatever the forms are, the specific sixes and sevens, the different forms that the psychiatrist or psychologist will complete.

A diagnosis of PTSD – the Member for Mount Pearl alluded to earlier – it's not an easy diagnosis to acquire. I can assure you that anyone who is diagnosed with PTSD, they know they're diagnosed with it. They know they have PTSD. The physician knows. It's not something you're just going to be able to go to your general practitioner and get a diagnosis of PTSD. The criteria is quite stringent over here, and so it's the DSM.

CHAIR: The hon. the Member for Fortune Bay - Cape La Hune.

MS. PERRY: Thank you, Madam Chair.

I'm jumping ahead. The other question I had pertaining to burden of proof was that clause in the legislation that says unless the contrary is shown that the PTSD has occurred outside the workplace. Do you have anything you can elaborate on with respect to that portion of the legislation?

CHAIR: The hon. the Minister of Service NL.

MS. GAMBIN-WALSH: Yes. Per section 63 of the *Workplace Health and Safety Compensation Act*, the person must prove written notice of their objection within 10 days. So the employer can rebut the PTSD if the employer can prove that this didn't happen.

If you're an individual and you are diagnosed with PTSD and you've been at an event – on the highway but you've been at an event at work, it will be presumed that work caused the PTSD, unless the employer can prove otherwise.

CHAIR: The hon. the Member for Fortune Bay - Cape La Hune.

MS. PERRY: So the burden of proof will fall on – or that will fall to the employer to have to prove if they –

MS. GAMBIN-WALSH: To rebut.

MS. PERRY: To rebut. Okay.

Actually, that leads to my next set of questions on rebuttal, appeals and reconsideration. I'll give you my five questions again and then if we need to repeat them I can.

How will these claims be adjudicated and managed? Under what circumstances will a claim be denied? Will previous claims be eligible for reconsideration? As well, Nova Scotia allows for refile after a claim is denied. Will that be permitted here, and will there be an appeal process?

CHAIR: The hon. the Minister of Service NL.

MS. GAMBIN-WALSH: It's going to be exactly the same as it is for physical disabilities. The system is the same. You go in with a mental health injury the same way you go in with a physical injury.

There is presently an internal appeal process now and an external appeal process that is available also. It's presumptive. So it's presumed that you have the PTSD diagnosis because of work, once you're diagnosed. So you're in and it's presumed you have PTSD. It's already presumed because of work, once you get the diagnosis.

If you're diagnosed with PTSD, as the psychiatrist or the psychologist says you have PTSD and it is work related, then you're accepted in and you get – this takes away the hurdle of having to prove that work caused the PTSD. But, in the event – presently under the workplace policy, mental health policy as it exists today, we have diagnosed some individuals with PTSD; but, again, there is a capacity for the employer to come in and rebut that you have the PTSD, that you've been diagnosed.

CHAIR: The hon. Member for Fortune Bay - Cape La Hune.

MS. PERRY: Thank you, Madam Chair.

Thank you, Minister. I understood from that that the appeals process will be exactly the same as it

is now for all ongoing WorkplaceNL issues. Okay.

With respect to the notwithstanding clause, what are the limits of this clause?

CHAIR: The hon. the Minister of Service NL.

MS. GAMBIN-WALSH: As I indicated earlier, the employer can rebut the diagnosis of PTSD.

CHAIR: The hon. Member for Fortune Bay - Cape La Hune.

MS. PERRY: Thank you.

In terms of financial impact, we are told that – the early indication from other jurisdictions is that this will result in increased claims and associated costs.

Can you outline for us in detail – I'm starting to get back in to some of the questions I alluded to earlier in second reading. Can you outline for us in detail what analysis was done?

CHAIR: The hon. Minister of Service NL.

MS. GAMBIN-WALSH: Yes, Madam Chair, actuaries. I mean, you can't get any better than that.

They've done an analysis of other provinces and the cost; hence, why we came up with the number that we did, which will be the cost to the system, and because the cost is very broad. Again, that is because this hasn't been happening in other provinces for a long period of time, and, again, that'll allude to the fact why we moved presumptive psychological injuries ahead to be analyzed, so we could have more jurisdictional data.

CHAIR: The Chair recognizes the hon. the Member for Fortune Bay - Cape La Hune.

MS. PERRY: Thank you, Madam Chair.

Who will bear the responsibility of costs for this legislative change? Can you inform us how the injury fund will be impacted and if there are any concerns that the injury fund could be jeopardized?

CHAIR: The Chair recognizes the hon. the Minister of Service NL.

MS. GAMBIN-WALSH: Actuaries estimate the cost will range from \$7.6 million to \$15.1 million, annually. The cost is expected to take a period of years to grow to the higher end of the range, as was the case in other jurisdictions, so that's the information that we've received.

Each claim is expected to cost approximately \$125,000 per year, and the cost was determined by the actuaries who projected a range of claims that might be expected and estimated the average cost of each claim. The projections were based on statistical studies of incidence of PTSD in particular occupations in the general population, as well as the limited experience of other jurisdictions.

CHAIR: The Chair recognizes the hon. the Member for Fortune Bay - Cape La Hune.

MS. PERRY: Thank you, Madam Chair.

In terms of the injury fund, are you expecting any impacts to the injury fund that we currently have in place?

CHAIR: The Chair recognizes the hon. the Minister of Service NL.

MS. GAMBIN-WALSH: The injury fund is fully funded at 131 per cent. I announced a decrease today.

Our objective and goal is to bring the injury fund down to 110 per cent. So there will be an impact, but we're over-funded right now. So, we anticipate that to level out over the number of years, but, of course, the number of claims for physical injuries has dramatically decreased also. That's with the prevention and the education component.

As the physical injury claims decrease, that's a positive impact on the injury fund, and we anticipate that the mental health injuries will also decrease with education and support and intervention and the presumptive component.

CHAIR: The hon. the Member for Fortune Bay - Cape La Hune.

MS. PERRY: Thank you, Madam Chair and Minister.

Government is a self-insured employer, so can you elaborate for us how government expects to be impacted by these changes, and what consideration was given to the fact that health care authorities and municipalities, in particular, may disproportionately incur costs as a result of this policy change?

CHAIR: The hon. the Minister of Service NL.

MS. GAMBIN-WALSH: As I indicated there just a minute ago, \$125,000 per individual, and this is a really good time for people to follow the *Occupation Health and Safety Act*, and put it in place to ensure we have a decreased number of injuries and incidents.

CHAIR: The hon. the Member for Fortune Bay - Cape La Hune.

MS. PERRY: Thank you, Madam Chair.

In terms of impacts to WorkplaceNL, are there going to be any implications there with respect to increased need for staffing to cover any expected increase in claims? So, will more staffing resources be hired? What are the implications for the review division? Do you expect an increase in the wait list time for appeals as a result?

CHAIR: The Chair recognizes the hon. the Minister of Service NL.

MS. GAMBIN-WALSH: Yes, as I've alluded to a number of times, we will be, in fact, I believe, it's two more individuals we'll be hiring. We'll also be addressing some vacancies that we have within, and using those vacancies to assist with this presumptive coverage. But you just gave me an opportunity to talk about external appeals.

So, I'm happy to report the fact that we have, in fact, hired two permanent individuals in external appeals, so that will definitely assist the – adjudicate the claims through external appeals. By January 8, we will have three full-time individuals – not part-time – three full-time individuals working in appeals, plus a part-time person, and we are going back to the IAC to hire

one more full-time person. We've actually changed the model in external appeals to address any claims.

CHAIR: Seeing no further speakers. Shall the motion carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, clause 1 carried.

CLERK: Clauses 2 and 3.

CHAIR: Shall clauses 2 and 3 carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, clauses 2 and 3 carried.

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

CHAIR: Shall the enacting clause carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, enacting clause carried.

CLERK: An Act To Amend The Workplace Health, Safety And Compensation Act.

CHAIR: Shall the title carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, title carried.

CHAIR: Shall I report the bill without amendment?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

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

CHAIR: The hon. the Government House Leader.

MR. A. PARSONS: I move, Madam Chair, that the Committee rise and report Bill 35.

CHAIR: The motion is that the Committee rise and report Bill 35.

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 Harbour Grace - Port de Grave and Deputy Chair of the Committee of the Whole.

MS. P. PARSONS: Thank you, Mr. Speaker.

Mr. Speaker, the Committee of the Whole have considered the matters to them referred, have directed me to report Bill 35 without amendment.

MR. SPEAKER: Thank you.

The Chair of the Committee of the Whole reports that the Committee have considered the matters to them referred and have directed her to report Bill 35 without amendment.

When shall the report be received?

MR. A. PARSONS: Now.

MR. SPEAKER: Now.

When shall the said bill be read a third time?

MR. A. PARSONS: Tomorrow.

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

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

MR. A. PARSONS: Mr. Speaker, what I'm going to suggest now, I believe I have moved Standing Order 11, so I'm going to suggest that we take a 30 minute recess to allow for a quick break and then we'll return here at 6:01 p.m.

MR. SPEAKER: Thank you.

MR. A. PARSONS: Sorry, Mr. Speaker, 6:02, I'll take the advice from the other side; 6:02 p.m.

MR. SPEAKER: This House stands in recess for 30 minutes.

Thank you.