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Speaker: Honourable Derek Bennett, MHA

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The House resumed at 6 p.m.

SPEAKER (Bennett): Order, please!

The hon. the Government House Leader.

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

I move, seconded by the Deputy Government House Leader, that the House resolve itself into a Committee of the Whole to consider Bill 20.

SPEAKER: It has been 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.

SPEAKER: All those against, 'nay.'

Motion carried.

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

Committee of the Whole

CHAIR (Warr): Order, please!

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

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

CHAIR: Shall clause 1 carry?

The Chair is recognizing the hon. the Leader of the Opposition.

D. BRAZIL: Mr. Chair, I just want to take a few minutes to talk to Bill 20 here in support of finding a better way to provide and deliver health care in Newfoundland and Labrador. Obviously, there's been a fair bit of debate over the last number of days regarding this bill here, and it's about finding the balance to ensuring that health care is offered and provided and implemented in the proper manner in Newfoundland and Labrador.

So when we look at clause 1, and it talks about the general concept of what's to be done in this bill, we have to look at ensuring that people are confident with what this act can ensure and provide when it comes to health care. There's a multifaceted approach to what has to be done here. It's a very encompassing piece of legislation, fairly longer than most because it takes in a lot of changes that need to be necessary to take four health authorities, roll them into one to ensure that quality health care is offered equally across this great province of ours from Nain, Labrador, to CBN in Conception Bay and all points in between.

To do that, there has to be a collaborative approach here of finding the balance on what works. I'm happy to say in discussions – and I give credit to the Opposition side here for bringing to the forefront certain concerns and challenges, and I give credit to the government for being open-minded enough to make amendments, to accept amendments, and to be open to say there are certain things here that immediately can be implemented to move this process forward, and there are certain things that need to be thought out so that people are confident in this province that the best approach is being used.

I'm happy to say, through dialogue and through the House of Assembly showing what it's here to do, it's here to best serve the people of the province in the best manner to provide the best services in the

most equitable and affordable way. I think the discussions here have balanced that out. No doubt it got heated at times, and there was issues around what people felt was the best policy to implement and what people felt was their interpretation, or what people felt wasn't open and transparent. But I'm hopeful, I'm happy and I believe that we've moved beyond that now. We've come to a balance in making this piece of legislation work for the best interest of the people of this province.

So I just wanted to take a few minutes to talk about it. It's my first opportunity back in this sitting of the House, and it may be my last depending on how the rest of the debate goes for the rest of the night here on this. But I do want to acknowledge if we are to serve the people of this province, we have to be more open, transparent and collaborative to make things work. We may have differing opinions on how to implement it, the time frames, what resources you have to put in play, but I think there's a happy medium.

If we listened to the people in this province, if we listen to the people who provide the services, we'll find the most adequate, equitable and beneficial way to implement any program and service. In Newfoundland and Labrador, health care by far is the primary one we need to address right now.

I'm happy to say and very pleased to see that the Opposition came together on this side and collectively came up with an approach to lobby the government – that's what it was, it was a lobby – to look at presenting this piece of legislation, which 95 per cent of it was great and was necessary and I give compliment to the department and the minister for putting this. But there were parts here that were felt by the Opposition from their dialogue with the general public and health professionals that would be a different approach or a more equitable approach and a more beneficial approach that could be in the best interest

of providing health care in Newfoundland and Labrador.

I'm happy to say, hopefully, as we debate this with some other potential amendments that may happen here, we'll get the piece of legislation that really represents how we change our approach to health care and how we collaboratively ensure that all parts of this province receive quality health care.

I just wanted to take a few minutes, I didn't want to prolong putting together a good piece of legislation because we need to get it passed, we need to get it implemented so that we can start providing better health care for the people of this province.

I thank everybody in the House for their indulgence but, more importantly, for their co-operation to make this happen.

Thank you, Chair.

SOME HON. MEMBERS: Hear, hear!

CHAIR: Further speakers to clause 1?

If not, 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 (Barnes): Clause 2.

CHAIR: Clause 2.

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

T. OSBORNE: Thank you, Mr. Chair.

I'd like to amend clause 2 of the bill by deleting the paragraph 2(j).

CHAIR: The hon. the Government House Leader.

S. CROCKER: Thank you, Mr. Chair.

Mr. Chair, I think from our side we will actually table – we have a number of amendments this evening, so we're going to table all of our amendments at this time. I'm not sure if the Opposition has any amendments, or maybe they've already tabled theirs.

AN HON. MEMBER: (Inaudible.)

S. CROCKER: They're already done? Yeah.

So I think you'll find that all amendments will be tabled and the Table can have a look at the tabled amendments at one time.

CHAIR: Thank you.

The Chair is recognizing the Minister of Health and Community Services to provide a list of the amendments.

T. OSBORNE: Yes, I am doing so right now, Mr. Chair.

CHAIR: This House stands in recess. We'll have a look at the amendments to see if they're in order.

Recess

CHAIR: Are the House Leaders ready?

Order, please!

The amendments are in order. One amendment in particular, I understand, is at the will of the House. The Clerk will call the clauses of the bill and if you have an amendment, please stand and move it at the appropriate clause. The House will vote on the amendment and then the clause, as amended, if the amendment passes.

So we'll take our time and go through this. I'll ask the Clerk to call the first set of clauses.

CLERK: Clause 2.

CHAIR: Shall clause 2 carry?

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

T. OSBORNE: So, Mr. Chair, I guess we'll do it clause by clause, each amendment in order.

I am looking to amend clause 2 of the bill by deleting proposed paragraph 2(j).

CHAIR: Shall the amendment carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, amendment carried.

CHAIR: The Chair recognizes the Member for Topsail - Paradise.

P. DINN: I want to talk to clause 2, and I briefly want to just say I'm pleased with how this has all come about. It took us a while, going back and forth on this. Maybe we could have been out of here a little sooner than we are, but when I came into government, I must say this is how I envisioned government working. Again, maybe not as long, but we have made the effort, all parties here have looked at this and are in agreement to the recommendations of the clauses that we're bringing forward.

We may be over here saying we won, but at the end of the day, it's the people of the province who are winning here. That we're going to have a piece of legislation that's

going to be the best we can bring forward, collectively. So I thank you for that.

So clause 2, I'm moving that the bill be amended at clause 2 by deleting the proposed paragraphs (o) and (p).

CHAIR: Any further speakers?

Shall the amendment carry as proposed?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, amendment carried.

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

T. OSBORNE: Thank you, Mr. Chair.

I am looking to amend clause 2 by deleting the proposed paragraph 2(s).

CHAIR: Shall the amendment carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, amendment carried.

CHAIR: Shall clause 2, as amended, carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, clause 2, as amended, carried.

CLERK: Clauses 3 to 18 inclusive.

CHAIR: Shall clauses 3 to 18 inclusive carry?

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

J. DINN: Yes, Chair, thank you.

I won't belabour it too much, but there are just a few questions and comments. With regard to the minister's authority, we had a talk about that, a debate – gee, I don't know if it was yesterday or earlier today anymore now. I'll go back to a comment that the minister made about how the fact is that there are people, probably, on this side who come to him looking for him to exercise his authority. I will have to say that was a good point and I will agree with him on that because there are times – and I guess my concern with the ministerial authority is when it comes to – I guess there are guidelines or guardrails that I am looking for. Because I think there's a place for when the minister needs to be involved, but I also think there's a time when those powers must be curtailed. Part of that is coming back.

But I will have to agree with the minister on that. It made me think about what I wanted. It's not even that I want no ministerial authority, but I want some limits on it to make sure that – let's say a Provincial Health Authority makes a decision on good grounds and they push this forward, then the minister wouldn't necessarily have that opportunity to override it because of some sort of political interference or influence. But I think there are times when, definitely, the minister needs to back off or any MHA really, and I'll give an example.

I don't think it would be within my right to say, you know, who should be lobbying a regional health authority as to who should get this surgery, a limited surgery first over

the other but I do believe if a health authority is making a decision because they don't have the funding, then I think that's where the minister could step in.

So I will say, not that I'm ambivalent towards it, but I think there are two sides, there's a need for it but also constraints. My concern always with this was if we're moving to this new system, as envisioned in the Health Accord, then I think we have to make sure that it has that decentralized control and that was basically a lot of my concerns around the RHCs as well. But, certainly, I do want to acknowledge that the minister did make a good point. I will acknowledge that publicly and it did make me rethink what I was after. It's not that to challenge him totally or to constrain him totally, but also recognize that there is a time and a place as well.

I still have that concern, but I think regardless of who's in that position that there has to be some grassroots approach up and there has to be some decision-making there.

I do have a couple of questions in terms of just with that section. I'll ask them in sequence if I can and the minister can respond. In terms of providing directions to the authority of the board, how would this work? Does the wording mean that the minister can override the board and give binding directions or orders to any employee of the Provincial Health Authority?

Then along those lines, establishing and adopting guidelines in section 5(1)(b), do the guidelines refer to bylaws? And in section 5(1)(d) provide directions to the authority or the board for any other purposes the minister considers necessary. The question is: This seems to be pretty strong sweeping powers, why was this considered necessary?

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

T. OSBORNE: Just asking the Member is that under – I'm just looking for the part of the act.

J. DINN: That's under section 5(1).

T. OSBORNE: Okay.

Sorry, I was looking at the wrong section of the act.

In terms of, I guess, that delegation, I don't think any Member of the Legislature or any public servant for that matter would try to have somebody put on a list over somebody else. Because while you may be making one person happy, everybody else on the list is not and I think if word of that got out, for example, it would be very troublesome to any individual.

I think the ability for that direction has to be there for a number of reasons. Like I said, every Member of the Legislature advocating on behalf of constituents living in their area that may feel that they didn't get the appropriate service, then a minister could have direction. I mean, there are times, for example, just this week, one example of somebody not getting what they would feel is appropriate coverage under MTAP.

So in that regard, a minister could go in and if there's black areas and white areas or grey areas, a minister can put a little bit of pressure on to look at the grey area. Obviously, if it's black and white, you can't. But if there are areas that there is some discretion on, that's where the minister can perhaps provide some level of persuasion to look at grey areas. That would be my role in representing not only my constituents, but I represent every Member of this Legislature who represents their constituents when I'm speaking to a health authority or to officials within the department. My role is to advocate on behalf of you, who is advocating on behalf of your constituent, if that makes sense.

CHAIR: Any further speakers?

The Chair recognizes the Member for Torngat Mountains.

L. EVANS: Thank you, Chair.

Just a couple of questions there. In section 3, it says: "The minister may establish objectives and priorities for the provision of health and community services and information systems in the province or in areas of the province."

So in establishing the priorities, is there a defiant process by which the minister currently does this and with the reorganization of the health care system, will there be any significant changes by which the minister sets out objectives and priorities? With the disbanding of the Newfoundland and Labrador CHI, what processes will the minister follow in determining the objectives and priorities for the information system?

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

T. OSBORNE: So this section is substantially the same as the Health Authorities Act. It's now becoming the *Provincial Health Authority Act*. So it is substantially the same. The minister would have the ability to provide objectives or establish objectives and priorities. One of those is one that you just mentioned, the health information system.

So government made a decision that we were going to put out an RFP for a health information system that would integrate the entire province. For example, Western Memorial is the example I used the other day, Western Memorial cannot communicate with the Health Sciences complex through their information system. So a file would have to be transferred.

We would determine priorities and objectives, for example, a provincial health information system where the minister directed the department to develop an RFP.

The RFP is put out. Proposals come in. The department will evaluate the proposals and then once a successful proponent is determined, that proponent will work with the Provincial Health Authority or currently the health authorities to develop a provincial information system.

So that's an example of an objective or priority. Again, I mean, it's the job of each Member in this Legislature to bring ideas or it would be the job of regional health council to bring recommendations and ideas. The minister would have the authority to say, I think a provincial health information system is a good idea where whether you're in Lab West or Marystown or Carbonear, all hospitals should be able to communicate and as one provincial health authority every individual in this province belongs to one authority. So whether you're in Goose Bay or whether you're in Gander, you should be able to go into a hospital and the health professional can log in to the health information system and see your records. Currently, that's not the case.

CHAIR: Thank you.

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

P. LANE: Thank you, Mr. Chair.

I just have a couple of questions.

Minister, as it relates to the new Health Authority and we'll be giving, I guess, approval to proceed, hopefully tonight with the new health care authority, are you able to provide the House, if it even exists at this point, like a flowchart of what the new health care authority would look like, like in terms of the structure, the number of VPs, what they are, or the regions or whatever else might exist? Some explanation as to the rationale for that, for coming up with that model, because I haven't seen it. I don't know if anyone else has seen that actual model, but if we're going to change the whole system, we're going to vote to

change the whole system, it would be nice to know what the structure is actually going to look like.

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

T. OSBORNE: So currently the interim CEO, Dave Diamond, is putting that structure together. We do know that there are going to be regional health councils, for example, representing each region of the province. I know that one of the things we're doing tonight is pulling the quality council out so that an all-party Committee can look at what that should look like and then we'll come back to the Legislature on the quality council, which is an extra layer of oversight which currently doesn't exist.

So the quality council is an extra layer of oversight to ensure that every hospital in every region of the province is providing the quality of care which they should be providing. They are operating efficiently – so the quality council will oversee the performance and functioning of the health care system province wide. Right now, there isn't a quality council, so that's an extra layer that is added in.

The regional health councils will have the responsibility of providing advice and recommendations to the board of trustees. Each regional health council will have a member on the board of trustees. So they will communicate with stakeholders in their own communities. They will communicate with Indigenous communities, with health stakeholders, with regional councils or community councils or city councils. For example, any stakeholder in the region, they are the conduit between stakeholders and the health system, the board of trustees and the Provincial Health Authority.

It is envisioned that the health regions will be very similar to what the health authorities are today; there may be some adjustments but the health regions would be similar to the boundaries of the health authorities

today, by and large, with the exception of eastern which will be eastern rural and eastern urban because it is so large. Other than that, the regions will be much the same as what the regions are today. Every region will have senior management, senior executive of the Provincial Health Authority.

So it is envisioned that regardless of where you live, you belong to one Health Authority. Once we get the Health Authority up and running, once we get the health information system up and running, an individual will have a greater ability to be involved in their own health care journey. I gave an example of that yesterday. For example, if you're living in St. John's and a wait time is six months for a particular procedure, once you're scheduled, an individual can log in and see their own health records and, based on being scheduled for a particular procedure, may determine that they're okay travelling to Gander, Carbonear or Marystown if they can get that procedure sooner. Currently, you can't do that.

So it is envisioned that every individual throughout the province belongs to one Health Authority, not segregated into separate health authorities.

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

P. LANE: Thank you, Minister.

That was a much more in-depth explanation, which I appreciate, than I had asked for. When I said about the structure, I was wondering about right now in Eastern Health, for example, you have – well, it's not Mr. Diamond. It's someone replacing him now; I forget his name. But there's a CEO of Eastern Health and then there's like a VP of surgery, a VP of medicine and a VP of something else, whatever. So I'm just wondering, under the provincial structure, what that would look like in terms of the VPs and what are they for. I guess there's one for every region and then there are probably others as well.

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

T. OSBORNE: So that flowchart is still being developed. Many of the same people that are in senior management positions today will be the same people in senior management positions. We don't anticipate saying to somebody, because they're a vice-president in Western, you have to pull up stakes and move to St. John's. There will be senior management throughout the province.

So in terms of the staffing that is in place today, we don't see huge changes in how that's laid out in Western, in Central or in Labrador, but they will be part of one Health Authority and will be part of the management team of one Health Authority.

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

P. LANE: Thank you, Mr. Chair.

Just wondering, from the perspective of the employees, and I'm not sure – it might have got brought up. I don't know if it was answered. I know, Minister, you said pretty much positions that exist today will exist tomorrow in terms of nurses and X-ray techs and doctors and wherever. They'll just all be under one board. But I'm just wondering has there been discussions with the unions about – I'm just wondering, for example, how seniority might work and how bumping would work and all that kind of stuff. Because right now you're in different – I'm assuming someone in Eastern Health can't go today and bump somebody in Central Health, but if they're all under the one board, I'm assuming that all that kicks in. So I'm just wondering, has all this stuff been fleshed out with the unions?

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

T. OSBORNE: Coming together as one, it is status quo in terms of union representation

or what bargaining unit you are a member of. In terms of an individual's ability – I gave an example of a doctor who was in Labrador who wanted to locum in Bonavista and couldn't because it was a different health authority, unless they filled out a plethora of paperwork. It made it complicated.

There will be a greater ability for staff to, say, if they're working in St. John's, if they're on vacation in Western or going to visit parents in the Western region and they want to pick up a couple of shifts, they'll have a greater ability to do that now than they did before. So the mobility of staff will be improved, but in terms of bargaining units and what bargaining units you belong to or what union you belong to, none of that is going to change.

CHAIR: The Member for St. John's Centre.

J. DINN: Just to pick up on that as well, I was going to bring up this when I talked about regional health councils, but to amalgamation and having been – and I'll compare this to even the educational school boards. When I first started teaching, my second year was with the RC school board for Ferryland District, 100 teachers up and down the shore.

I guess a concern, when you amalgamate and you become larger, is the lack of responsiveness sometimes to people and to the employees. That's certainly been my experience. That with a smaller board, you had fewer resources in some ways, but you were able to be more responsive. The people who work at the district level at the district office were first amongst equals. You could walk into the bungalow down in Mobile and they're all there. You can see who they are and they visited the school on a regular basis.

As the school districts merged into the Avalon East, then the Eastern School District, then the NLESD, it became more corporate and less responsive to the

teachers and it became a we versus they in many ways. So there is a concern with that and I don't know how we're going to address that, but that is, I think, a major pitfall. The large part, I guess the benefit, certainly there's a certain economy of scale, the availability of resources but there is a significant loss here.

The other part – and it picks up on the Member for Mount Pearl – Southlands – has to do with staffing. What we did know happened, and this is a valid point, I think, in terms of jobs. I think, for the most part, a lot of teachers I found in – and I'll use Ferryland as an example. I spent half of my career there and it was its own little board and without going into the details I ended up in St. John's, not necessarily by my own choice. But what starts to happen after a while is that people move out to the outlying areas because they get a chance to come in and it becomes an even more difficult challenge in trying to staff the areas. That's the concern here, once you move to that province-wide authority and especially with hiring, that is a concern. I guess it comes down to the incentive.

I can tell you that in small boards or small bargaining units, I can think of the Whitbourne youth centre. They were their own little separate bargaining unit. They had protection from people moving in, but if they lost their job that's it, there's nowhere for them to go.

I guess my concern with the amalgamation process is that we don't lose, I guess, the commitment of staff and the resources and the responsiveness of a smaller board that's more in tune with its needs and that we're aware that there could very well be staffing challenges as well.

That would be my only concern with this. I have seen it happen in the education system. No doubt benefits, but there are pitfalls that we need to be aware of and deal with, especially in a province, I would argue – and I would assume it's the same in

Health as it is in Education, the needs of St. John's and the Northeast Avalon are far different than those on the West Coast or in Labrador. I think it was the former minister of Health who would say that it's very much like a territory in many ways outside the Avalon and to a large extent if you go down to the Southern part of the Avalon you will probably find the same.

So that's my only concern with that and we need to be aware of that.

Thank you.

CHAIR: Thank you.

The hon. the Minister of Health and Community Services.

T. OSBORNE: No, I will agree with the Member. I mean, we had seen some of those challenges in Education. I think to some degree it was how the collective agreements were written. I'm not sure if we would have the same challenges as we did with teachers because there was that clause in the collective agreement with the NLTA that I think created some challenges in terms of somebody having to substitute or I guess gained their seniority in a rural area before they could get it in an urban area.

There are a large number of health employees in the province. There will be, undoubtedly, benefits. There will be some challenges with anything you do. No matter how good a policy or a change is, no matter how good an initiative is there will always be benefits and challenges. I think learning from what happened in the amalgamation of the school districts and the school boards and the initial amalgamation down to four health authorities, hopefully we've learned from that and can overcome some of those challenges.

But I do understand the point the Member is making and I recognize the validity of the point for sure.

CHAIR: The hon. the Member for Torngat Mountains.

L. EVANS: Thank you, Chair.

Just looking at clause 4, now, the Powers of the minister, 4(1)(c). Could you briefly summarize the process for setting up and re-evaluating the standards for the development, operation and management of the information system?

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

T. OSBORNE: That's what is currently under the RFP, a provincial health information system. That RFP is now being reviewed and I guess the submissions – and I don't know how many submissions there are to be quite honest with you, but I know that the submissions are currently under review and a recommendation will come from staff on who the proponent is.

The details of that health information system, what we're looking for were put out in an RFP. Once that RFP is awarded, we'll build on that from there. But what I outlined earlier in terms of the targets and what we hope to accomplish from the health information system would stand here.

CHAIR: The hon. the Member for Torngat Mountains.

L. EVANS: Thank you.

One last question, Chair.

Could this section also give the minister and the Provincial Health Authority the authority to determine standards and oversee the information systems in the offices of private health physicians or other private health professionals, especially given the broad nature of the definition of information systems?

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

T. OSBORNE: No, so that is not the intent. The intent is that in a private office, the provincial health information system would come under this act, but an accounting system or a software system or a computer system of a private physician, a fee-for-service physician, would not.

But it is anticipated that physicians, for example, will be able to write a prescription that goes electronically to a pharmacist of choice. There is less risk that there is a mistake because every physician writes differently so there is less risk that there would be a mistake in determining what was on the prescription pad and less risk of fraud on the prescription pad, somebody writing something else on the prescription pad and seeing a pharmacist.

So it is anticipated that pharmacists, physicians, specialists, hospitals will be part of the health information system. That is what is intended to be managed here, not the private operations or the private systems or accounting systems or software systems of the private fee-for-service physician, only the provincial health information system.

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

P. LANE: Thank you.

I just had a follow-up from my last question and I got one other one.

Again on the unions, Minister, I'm just looking for some clarification. I know you gave some examples about doctors being able to move around and a nurse finding it easier to get a shift in a different part of the province, which is all good stuff, but I am wondering more about bargaining units' workers. So I'll just give an example and maybe you can answer it and that will sort of satisfy the question.

So let's say for arguments sake that I am a temporary employee in Central and a

permanent job comes up in St. John's. I am willing to move to St. John's so I apply for the job. How will that work in terms of seniority if somebody in St. John's applies for the job but they have less seniority. Will I still get the job or would you say, well, you're out in Central so the person in St. John's gets the preference. How would that work under the new ...?

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

T. OSBORNE: I'll refer you to section 8(4): "Service of an employee referred to subsection (1)" So you go back to subsection (1) which says: "The employment of an employee of a regional health authority or the Newfoundland and Labrador Centre for Health Information continues with the authority." We go back: "Service of an employee referred to in subsection (1) with a regional health authority or the Newfoundland and Labrador Centre for Health Information is deemed to be service with the authority" – meaning the Provincial Health Authority – "for the purpose of determining probationary periods, benefits or any other employment-related entitlements under any Act, at common law or under any applicable contract of employment or collective agreement."

So every employee in the province, regardless of what health authority they are, or NLCHI, will be employees of the one Provincial Health Authority. That brings with them their seniority. It brings with them their benefits. It brings with them their contract benefits or contract obligations.

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

P. LANE: Okay, I thank the minister for that.

So what that basically means – and I'm not arguing against it; I'm just clarifying – is that we're all under one authority now. Everyone keeps their seniority, but at the end of the

day if there was someone living out in, say, Central or Western, whatever, and they wanted to apply for a job in St. John's, for argument's sake, that even though the person who might have been working in that office in St. John's might have been there however long, the person out in Central, they might have more seniority and that carries over in terms of that, and jobs in terms of bumping as well, I would assume, bumping rights. That is basically it?

T. OSBORNE: Everybody is part of one Health Authority.

P. LANE: Perfect, okay. I just wanted to clarify. Thank you, Minister.

So the final question I have, and you've mentioned it a couple of times there yesterday. You mentioned it again tonight. I think it's a good thing, but I brought this up earlier and I think you had stepped out so you missed it, so you didn't answer. If I needed to get a CAT scan done – I don't want to be too repetitive for people who already heard all this, but I've had people in the past, for example, in Eastern Health, and someone needed a CAT scan done. You say, okay, if I want to get a CAT scan done in St. John's, it's going to take two weeks; but if you're willing to drive out to the Burin Peninsula or Carbonear, you can get it done in a week, or you can get it done tomorrow for that matter. I had one person who they just drove out there on their own dime, got their CAT scan or X-ray, whatever it was, the very next day. They didn't have to wait. Perfect for that person.

So I had asked the Eastern Health at the time, why wouldn't you have all this on a computer so that if I went in, I'm given an option because right now, all that person was told is yeah, you want a CAT scan, Health Science, two weeks. No one gave him the option to go to Carbonear or to go to Marystown or Burin and get it done faster. I said, why wouldn't you give him the option? Why wouldn't you let him know? Only for the fact he came to me and I knew

to make a call and check it out, we took care of it. But the average person wouldn't know. Why wouldn't you tell them?

The answer I got at the time – and maybe it's changed, I don't know – was that we can't tell them because if we actually tell them and offer them an opportunity to get something done faster on their own dime, then we run into the issue of someone saying well, I'm on income support, I can't afford to drive to Burin, so it's an unequal playing field. I'm being discriminated against, so now the government's going to have to pay a taxi for me to go and get this CAT scan done and if you don't do it, then you're discriminating against me because I don't have the means to do it.

Now, that's what I was told at the time, Minister. We are going two or three years back now. Maybe things have changed, I don't know, but I'm wondering, are you aware of that scenario, if it ever was an issue, if it's still an issue and how that might work. Because now we're talking on a much larger scale. We're saying I can't see a specialist in St. John's for two years from now but if I want to get aboard my car and drive to Corner Brook and pay for the gas and pay for the hotel and everything else, which I would gladly do and would be able to do, then that option isn't available for someone who doesn't have a car and they can't afford to do it.

So does that run the risk then of human rights complaints or whatever? Has that been thought out? Can you comment?

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

T. OSBORNE: Thank you.

So again, I mean it's going to take some time before the health information system is up and running. This will start the process of allowing four health authorities to merge into one. Until that happens, until we are one Health Authority, it's status quo with

employees in Western. Until there's one Health Authority, there's status quo. But even with the health information system, for example, it will probably be a year or 18 months or two years, I'm not sure, until we get through the RFP process and we get somebody put in place to develop that. That gives individuals options. Right now, you have the option to go to Toronto, that doesn't mean that it's a two-tiered system because you can afford to go to Toronto and somebody else can't.

You could, if you wanted to go. The thing is MCP doesn't pay for Toronto, or you could go to New York, or as we know from a previous Member of this Legislature who went to the states for cardiac surgery. That is an individual's choice. But this will create options and if the wait-list is levelled out, so to speak, throughout the province, the person in an area with a higher wait-list automatically benefits, because people are choosing to go somewhere where there is a shorter wait-list. Does that make sense?

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

P. LANE: Minister, it makes 100 per cent sense to me. I'm not arguing against it. I think it's a good thing personally. All I'm communicating to you, and it's perhaps something you just might want to check, is that what I was told at the time is that –

T. OSBORNE: I'm not aware of that.

P. LANE: Yeah, that if somebody chooses. Like if I take the initiative myself and call down to Burin or whatever and say can I get a CAT scan done, they can say yes, b'y, come on down tomorrow. Not an issue. But the minute that the hospital or the Health Authority recommends it or gives that direction to do it, then you open up yourself for this whole two-tier thing. That's what I was told at the time, so I don't know. I'm only going by what I was told. I'm just throwing it out there to you. If you're not

aware of it, fine. Maybe you just might want to check, that's all.

But the concept to me, if I want to get aboard my car and drive to whatever to get something done faster, I'm all for it. And you're right, it frees up time at the other places. If I'm out here now, that's one less on the wait-list here. So I agree with all that. I'm just telling you that this is what I came across and it's something you may just want to ask your officials about.

Thank you.

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

J. DINN: A question and a comment – actually maybe two questions. What are government's plans for the employee representation and their rights as workers to choose their own representatives? This comes from CUPE who, I think, some of them are listening to the debate.

So that's a question: What are the government's plans for employee representation and their rights as workers to choose their own representatives?

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

T. OSBORNE: I don't think we would interfere in – I mean, if somebody chooses they want to be with a bargaining unit, that's up to an employee. I don't think that's government's place to interfere in that.

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

J. DINN: Thank you, Chair.

I have here the *Health Reform Observer* regarding Amalgamating Provincial Health Authorities: Assessing the Experience of Nova Scotia, September 25. I just want to read a comment from that, if I may, Chair, and then ask for a response.

“... the Nova Scotia government consolidated its nine Distinct Health Authorities into the single Nova Scotia Health Authority as of 1 April 2015.” This is what the abstract goes on to say, “Five years on, however, the expected cost savings have not materialized Problems with amalgamating health authorities include opportunity costs incurred by thoroughgoing reform, ambiguous and diminished accountability, administrative bottlenecks, decreased responsiveness, and poor working relationships with health care professionals leading to issues of access to health care services.”

There was the rhetoric to moving health dollars to the front line and that really didn't allow for that. So here is the question. We have Nova Scotia's experience to draw on. There are two parts to the question: Why are we proceeding knowing this? And I understand this is basically what's recommended in the Health Accord, but what measures are we going to put in place to avoid those pitfalls and maybe come out with the efficiencies and the money invested in the front-line workers and in the people? So that is where I am going with this one.

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

T. OSBORNE: Now, the Member raises a good point and I think that is not the only example of – we've seen in this province, for example, the school districts amalgamated into an English and French from many school districts. So he raises a good point, but I think it is incumbent upon the interim CEO of the Provincial Health Authority to learn from those examples. It is incumbent upon government to learn from those examples.

But the other aspect of this, I don't know if Nova Scotia went through a very extensive process of a Health Accord like we did. I know the amalgamation of school districts, we didn't have a very extensive process of an education accord. We do have an

extensive piece of work and a road map that was designed with a great deal of consultation, a great deal of input and effort that should be a guide for us in doing this better than we've seen it done in other areas with other amalgamations so to speak.

So the Health Accord was the start of this process. This stemmed from the Health Accord, but the Health Accord is a 10-year plan. Some of the initiatives will be done this year, some next year, some the year after, but it was the road map to helping to develop a Provincial Health Authority.

CHAIR: Shall clauses 3 to 18 inclusive carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, clauses 3 to 18 inclusive carried.

CLERK: Clause 19.

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

T. OSBORNE: Thank you, Mr. Chair.

Amending the clause 19(2) by deleting the proposed paragraph 19(2)(l).

CHAIR: Shall the motion carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: Those against?

Carried.

On motion, amendment carried.

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

T. OSBORNE: Thank you, Mr. Chair.

Amending clause 19 by deleting the proposed paragraph 19(2)(m).

CHAIR: Shall the motion carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: Those against?

Carried.

On motion, amendment carried.

CHAIR: Shall clause 19 carry as amended?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: Those against?

Carried.

On motion, clause 19, as amended, carried.

CLERK: Clauses 20 to 33 inclusive.

CHAIR: Shall clauses 20 through to 33 inclusive carry?

The Chair recognizes the Member for Topsail - Paradise.

P. DINN: Thank you, (inaudible).

I'm just looking at clause 20 and, in particular, subsection (a)(i), it's speaking to developing and managing and operating a comprehensive, aligned information system. I think the minister may have touched on some of this in answering earlier questions. So I have three questions related to that but I'm going to put them all together because I think the answer could take it all in.

So the three questions I have are: What is the status of the current information systems and their alignment across the health authorities? What is the cost to align these facilities? What are the timelines? So what's the current status, cost and timelines?

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

T. OSBORNE: Thank you.

I guess that goes back to a question the Member for Labrador West asked. I think it was Labrador West, or it might have been Torngat, I'm not sure. One of the Members of the Third Party. There's an RFP out right now that's under evaluation so I won't know the cost until a successful proponent is established. The objective is to have all health components in the province have access to the health information service, to answer that part of your question.

It reminds me of a question once – just to put a little bit of levity into the debate. The Member – not the current Member for Bonavista who I don't even see here right now, anyway I'm not allowed to say that. The Member for Bonavista, that was back in the 90s, had asked the Minister of Fisheries who was the Member for Port de Grave at the time. Minister, I have a question and he said the question is: question A, question B and question C. The Minister of Fisheries said: The answers are yes, no and yes but I can't remember the order of the questions so I can't verify the order of the answers.

In any event, so I think the third question was what's the current status of the health information system? Right now, there isn't a provincial health information system. We have four health authorities. The four health authorities have varying degrees of health information systems but one region of the province can't speak to another region of the province. A physician can't speak to a pharmacist. If you are transferred from one region in, they have got to print your file off

and fax it in or sent it in in the ambulance or whatever the case may be.

So we really need a comprehensive, coordinated provincial health information system where everybody is connected. Part of the philosophy of that is every person deserves the same level of health care regardless of where you live, everybody is part of the same health authority regardless of where you live and regardless of where you live, if you're in Labrador and your physician refers you to a specialist in Corner Brook or St. John's, they have access, through the health information system, to your files and the referring physician.

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

P. DINN: Thank you.

I thank the minister for his bit of levity. It reminds me of Question Period sometimes, ask A, B and C and get answers C, A, B.

Just looking at clause 21 and this is the last question I've got on this section. It talks to the authorities powers and clause 21, I think section 5, it talks about health, innovation and economic development. What are we envisioning there when we talk about, especially from health care, economic development?

T. OSBORNE: What clause?

P. DINN: Clause 21(5). I'll make sure I've got it right there. Yes, we're talking about engaging in health innovation and economic development. I'm just curious as to what's envisioned when we talk about health authorities dealing with economic development.

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

T. OSBORNE: That was in the previous bill, but not as clearly defined. It's more defined in this particular bill. I know Dave Diamond

– for example, there are other provinces that are much better engaged in health innovation. However, I do know from Eastern Health, for example, I think Eastern Health had the first hospital in all of Canada to have a mechanical heart. I would say that was health innovation. But I don't know if they were involved in the development of the mechanical heart, which is probably some of the areas they want to get involved in.

It wasn't as clearly defined. This is an attempt to more clearly define that.

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

J. DINN: Thank you, Chair.

Just to make sure, I can speak to 30 as well?

CHAIR: Yes.

J. DINN: Okay, just wanted to make sure before I launch into something and be hauled back.

With regard to the regional health councils, no doubt about it that it's in the Health Accord that regional health councils for each health region was to provide advice and recommendations to the Provincial Health Authority. That was asked for by the Health Accord to give voice and engagement to the people of the regions which are quite diverse. That seems to be done.

However, with regard to this section we're dealing with, 31 and 32 –

AN HON. MEMBER: (Inaudible.)

J. DINN: Oh, sorry. Part II, Regional Health Councils, page 20, clauses 30, 31 and 32 – my apologies.

The Health Accord asked for a greater authority for the regional health councils and

authority here in this bill, really, when you look at it, it barely goes a little past one page. It's pretty sparse compared to what's envisioned if you look at the legislation around the Provincial Health Authorities.

Their authority seems limited to providing advice and recommendations to the Provincial Health Authority, collaborate with Indigenous communities, other health and social networks. It's going to be interesting, I guess, to see how this works, given that they do not seem to have any responsibility for the direct delivery of health services in their region.

The Health Accord had hoped that they would be more directly involved in health care delivery in their regions and given greater voice and influence to the people of the region. If you look at the Health Accord – I hesitate to go on to the blueprints. If you look at the description of the regional health council, it's in fact quite robust. For example, the RHCs assume the responsibility for the direct provision of health services at the regional level. They develop policies, strategic plans. The PHA, Provincial Health Authority, gives final approval to that plan and the RHCs work jointly with the provincial CEO and to appoint regional administrators.

If you go through this, even in terms of developing a formal collaboration process with Indigenous partners, focus on inclusion and public engagement, it's quite robust. Whereas if you look at the legislation, it seems to have reduced them to more of an advisory role. I go back to the comments then – and this is a problem, I guess, that I would have with this section in terms of how you compare it to the legislation versus the Health Accord.

This is going to cost a significant amount of money. No problem with that, but if you look at the Nova Scotia experience, it didn't result in the cost savings. I take it at heart that, yes, they didn't have the investment in a Health Accord plan. But if we're going to

go this route, if we simply reduce the regional health councils to an advisory role, are we just making then a more bureaucratic and less effective system?

I understand that the quality control councils are going to have an influence there, but I'm trying to figure out then why in this legislation we didn't give the health councils the robust decision-making and the authority that was envisioned in the Health Accord itself. An awful lot of Health Accords and health authorities going on around here. I'm starting to get confused myself.

But basically, it seems this legislation has reduced the role of the regional health councils to an advisory role; whereas what they were envisioned in the Health Accord was a lot more robust and a lot more involved with – how does it go – the delivery of health in the region. I guess I'm trying to understand the rationale behind it, because this is, I think, a significant piece of the Health Accord and one of the major stumbling blocks I have with this part of the legislation.

Thank you.

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

T. OSBORNE: A couple of things that I could say to the Member there. In addition to advice, the regional health councils will provide recommendations to the authority on the delivery of health and community services within that region. They would engage with stakeholders, governments, Indigenous governments and groups to develop its annual plan. They will have an annual plan, they will provide advice and they will provide recommendations.

But more importantly than that, each regional health council will have a member on the board of trustees. We've gone a little bit further than what was even in the Health Accord, because we guaranteed that each regional health council has a vote at the

table. They will have a member on the board of trustees who make decisions and provide direction to the Health Authority itself.

CHAIR: The hon. the Member for Torngat Mountains.

L. EVANS: Just a quick question there that I missed the opportunity to ask in section 2; I was a bit too slow there. Are we into the 40s yet?

J. DINN: No.

L. EVANS: No, okay. I'm going to sit down, sorry.

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

J. DINN: Okay, so that's fair enough, the minister's response. But I'm just wondering then, one of the recommendations was that the RHCs would assume the responsibility for direct provision of health services at the region level. Is that the case with this, and if not, why not?

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

T. OSBORNE: I think the board would have direct responsibility for that. Each of the health councils will be part of the board of trustees. So in consultation with Dr. Parfrey and Mr. Diamond, in looking at the organization and how the organization would most efficiently function, we determined that having the regional health councils as a member of the board, as opposed to having two layers or three layers, we have a health council that provides advice, recommendations, does its annual plan for the hospitals and the region within the region that they're operating. They're also a member of the board of trustees, which will have that direct oversight over the Provincial Health Authority.

In addition to that, the piece that we're all working on as an all-party Committee, the quality council will oversee the performance and the efficiencies and the operation as well. There are three layers here now, where there was one layer before. So the strongest layer in terms of the direction to the Provincial Health Authority will be the board of trustees. Above that will be the oversight of the quality council.

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

J. DINN: Final comment on it – and I certainly understand where the minister is coming from. My concern, I guess, still is that if it's an advisory role, the council doesn't have the responsibility for the direct provision and that seems to me – I guess when I was looking at this, the Health Accord seems to envision, sort of, decentralized centralization, if you want. Again, small boards, when I first started teaching, had the ability to respond quickly to the needs without having to run it up the chain – very efficient. But, of course, a larger bureaucracy has the advantage, I guess. There are more resources behind it, but it also allows for more reflective considerations.

I am just concerned here that in some ways if it's an advisory role, the ability to respond to regional health needs is going to be that much slower. That's my concern with this. I'm not expecting a comment, but that's my concern here is that if they got there first, here's the advice, you've got to wait for the Provincial Health Authority trustees to meet – what are we going to do? It's those layers and I guess I was assuming that the regional health councils would have some ability to make decisions at the local level a little bit more efficiently, but still have that overall connection to the larger council. They would be setting the guidelines and they would operate in that.

I will say, I am hoping at some point – I understand other amendments are coming

– that maybe we can also look at this down the road and reconsider that or to look further at it as well. But my main concern is just the level of bureaucracy and the efficiency in trying to respond to local needs.

Thank you.

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

T. OSBORNE: I think the intent of Dr. Parfrey and Mr. Diamond in this was to lower the level of bureaucracy but have the regional health councils as part of the board of trustees. So while the Health Accord didn't call for the regional health councils to be members of the board of trustees, that's where they have the oversight. Instead of having three levels of bureaucracy, it is lowering the bureaucracy.

Still, the health councils can provide advice, make recommendations and provide an annual plan. The member of the health council that is on the board of trustees will have a greater ability to enforce that but the quality council would also see the recommendations that are provided by the regional health councils and the direction by the board of trustees.

So there is that oversight as well, but I think it was an attempt to lower the bureaucracy and achieve the same outcome.

CHAIR: Shall clauses 20 through 33 inclusive carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, clauses 20 through 33 carried.

CLERK: Clause 34.

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

P. DINN: Thank you, Chair.

I'm glad to speak on this clause – actually clauses 34 to 40 – because this was an area of contention when we were speaking throughout the last couple of days and it speaks to the quality council. We spoke back and forth and I guess it was a good debate; it was well debated on the Health Accord and its desire or recommendation to have such a council at arm's length and we went back and forth on that.

So, with that in mind, thinking that the quality council needs a little bit more time to look at, Chair, I move that Bill 20 be amended by deleting the heading "Part III, Quality Council" and by deleting clauses 34 through 40 inclusive.

CHAIR: Shall the amendment carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, amendment carried.

CLERK: Clause 41.

CHAIR: Shall clause 41 carry?

The Chair is recognizing the Member for Topsail - Paradise.

P. DINN: Thank you, Chair.

I guess this is in relation to the amendment we just passed. I propose this amendment, that the bill be amended at clause 41 by deleting the words "or a member the quality council."

CHAIR: Shall the amendment carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, amendment carried.

CHAIR: Shall clause 41, as amended, carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, clause 41, as amended, carried.

CLERK: Clause 42.

CHAIR: Shall clause 42 carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, clause 42 carried.

CLERK: Clause 43

CHAIR: Shall clause 43 carry?

The Chair recognizes the Member for Topsail - Paradise.

P. DINN: Thank you, Chair.

Again, this follows along with previous amendments. I move that clause 43 of the bill be amended by deleting the proposed paragraphs 43(m), (n), (o), (p) and (q).

CHAIR: Shall the amendment carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, amendment carried.

CHAIR: The Chair is recognizing the Member for Torngat Mountains.

L. EVANS: Thank you, Chair.

Just looking at section 43, Regulations. It says: "The Lieutenant-Governor in Council may make regulations ... (b) defining 'health service provider' for the purposes of paragraph 2(g)"

So just looking at that, I ask would this definition currently apply to health care providers who work outside the Provincial Health Authority, and could this definition be open to the ability of the government in a way to privatize health care?

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

T. OSBORNE: Thank you, Mr. Chair.

That's certainly not the intent, I would say to the Member. I think 2(g), which I will go back to: "'health service provider' means health service provider as defined in the regulations" So this, for example, we just announced that we were looking at the physician assistants, which are currently in place in other provinces.

Physician assistant, currently, is not a recognized profession in this province, while it is in other provinces. I think that most people would agree, a physician assistant in other provinces, and the intention in this province, would be that they would carry out and do much of the paperwork of the

physician who was carrying out surgeries or even in a family practice, allowing the physician more time to see more patients, or do more surgeries because the physician assistant is doing much of the work that bogs the physician down in time-consuming paperwork, for example. So this is intended to define service providers.

There was a time when we didn't have nurse practitioners in the province. That allows us to define a nurse practitioner. If there are other health professionals – we just, for example, in consultation with the College of Physicians and Surgeons, allowed two new classes of licensure under the College of Physicians and Surgeons.

There may be, looking globally or at other provinces, other classes of nurses that we could define. So that's the intent of this particular section.

CHAIR: The hon. the Member for Torngat Mountains.

L. EVANS: Thank you, Chair.

So just to clarify my two questions, it would only apply to health care service providers who work within the provincial authority and it would not be open up to the ability for government in any way to privatize health care. That's what I'm hearing in your answer, correct?

T. OSBORNE: Yeah, that's not the intent.

L. EVANS: Thank you.

CHAIR: Thank you.

Shall clause 43 carry, as amended?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, clause 43, as amended, carried.

CLERK: Clauses 44 to 86 inclusive.

CHAIR: Shall clauses 44 to 86 inclusive carry?

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

P. LANE: Thank you, Mr. Chair.

This will be my final thing I have to say tonight. I just want to take a second just to say that I think what we've seen here tonight is democracy in action. It's really what it's all supposed to be about. I think that's what Members on this side of the House, for sure, I know I have said many times. You come into this House to represent people who duly elected you and we want to work together. The people have told us they want us to work together. We believe, certainly, I believe, I want to work with all Members of this House to get things done and to get things done right.

Unfortunately, quite often what we see with bills coming in the House is they're just rammed through, no amendments are ever accepted; quite often it's sort of this whole attitude of: we're the government, we'll do what we want. In this particular case here, we have a significant piece of legislation here in this bill that's going to change how we deliver health care in many ways for years to come. The most significant bill that we've passed in this House in a long, long time and what we saw happen here is – it took us a while to get there, no doubt. It took us a while to get there, but I will give credit to the minister and the government. They took the concerns of the Privacy Commissioner seriously, once he had the opportunity to see it, and have hauled a few things out of here to go back to make the appropriate changes.

Certainly, when you listen to Members on this side of the House, as it pertains to concerns that we had and other sections of

the bill have been hauled out and we're going to get together as a Committee, as a group, and try to work through those issues so that when we come back to this House of Assembly, we will have some more changes. We will be able to reinsert some of these sections into the bill and make it a better bill for the people of Newfoundland and Labrador. That's really what it's all about.

So a big shout out to all my colleagues, my colleague here from Humber - Bay of Islands, along with the Third Party and the Official Opposition. When we all came in here I think we were all pretty unanimous that we had concerns and we weren't going to let it go. I want to acknowledge, certainly, the government and the minister, in particular, for taking our concerns very seriously and having the ability to step back, be flexible and say, do you know what? This is too important not to get done right. When this bill goes through, something that's going to affect people throughout this province for years to come, we want to be able to say that it was unanimously supported by this House of Assembly. A bill like this should be unanimously supported by the House of Assembly.

So thank you, Minister, for listening and doing the right thing. At the end of the day, I'm sure once this bill is finally completed that we will have a great piece of legislation and we can all get together on fixing our health care system.

Thank you.

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

E. JOYCE: Mr. Chair, I'm just going to spend a minute on this. I concur with what my colleague from Mount Pearl - Southlands said. Just to let you know, we all can get along in this House to help out, Opposition, Third Party, government and also the two independent Members.

I'm just going to have one last pitch. I brought it up and I'm very passionate and I just want to bring it to the minister because I won't have time to bring it up any more until March, is cataracts, those 800 seniors in Corner Brook. I'm asking the minister, please take a second look at that on behalf of the residents. Please take a second look. I'm dead serious on that. This is not politics. This is people who need their quality of life back. I know it can be done. I know the facts are there. I know sometimes I'm a bit hard on the issue; it's because I'm passionate about it.

So I'm asking the minister, while I'm looking at your now, please take a second look at that and give those 800 people back their quality of life so we can say that we can bring issues up here, we can have our disagreements, but we are going to make life better for people. I ask the minister to please do that and please God that will done in the very near future.

Thank you.

CHAIR: Thank you.

Shall clauses 44 to 86 inclusive carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, clauses 44 through 86 carried.

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

CHAIR: Shall the enacting clause carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, enacting clause carried.

CLERK: An Act Respecting the Delivery of Health and Community Services and the Establishment of a Provincial Health Authority.

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 with amendments?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

Motion, the Committee report having passed the bill with amendments, carried.

CHAIR: The hon. the Government House Leader.

S. CROCKER: I move, Mr. Chair, that the Committee rise and report Bill 20 as amended.

CHAIR: The motion is that the Committee rise and report Bill 20 as amended.

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

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

SPEAKER (Bennett): Order, please!

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

B. WARR: Mr. Speaker, after tremendous progress, the Committee of the Whole have considered the matters to them referred and have carried Bill 20 with amendments.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The Chair of the Committee of the Whole reports the Committee have considered the matters to the referred and have carried Bill 20 with amendments.

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

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

SPEAKER: All those against, 'nay.'

Carried.

Motion, that the Committee report having passed the bill with amendments, carried.

SPEAKER: When shall the report be received?

S. CROCKER: Now.

SPEAKER: Now.

When shall the bill be read a third time?

S. CROCKER: Now.

SPEAKER: Now.

On motion, report received and adopted. Bill ordered read a third time presently, by leave.

SPEAKER: The hon. the Government House Leader.

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

I call from the Order Paper, Order number 3, third reading of Bill 20.

SPEAKER: The hon. the Government House Leader.

S. CROCKER: Mr. Speaker, I move, seconded by the Minister of Health and Community Services that Bill 20, An Act Respecting the Delivery of Health and Community Services and the Establishment of a Provincial Health Authority, Bill 20, be now read a third time.

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

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

All those in favour?

SOME HON. MEMBERS: Aye.

SPEAKER: All those against, 'nay.'

Motion carried.

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

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

On motion, a bill, “An Act Respecting the Delivery of Health and Community Services and the Establishment of a Provincial Health Authority,” read a third time, ordered passed and its title be as on the Order Paper. (Bill 20)

SPEAKER: The hon. the Government House Leader.

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

I think, as tradition, we’ll just do some closing remarks.

SPEAKER: The hon. the Leader of the Opposition.

D. BRAZIL: Thank you, Mr. Speaker.

As we end this session of the House of Assembly – a very short one for me, but not so for my colleagues here – I do want to acknowledge all the people who made this happen and the valued work that was done over the last five weeks here. While it was only one day, I am very pleased to be back with my colleagues in the House of Assembly doing the will of the people of Newfoundland and Labrador.

SOME HON. MEMBERS: Hear, hear!

D. BRAZIL: I won’t take a lot of time because I know my colleagues in this House, on both sides, have been here for a number of days and late nights and I know the diligent work you did to serve the people of the province and making good progress here to ensure people have access to proper health care and to all of the other services that government provides.

But I want to acknowledge you, Mr. Speaker, our Table Officers, our Pages, our Sergeant-at-Arms, our Commissionaires, our security and every civil servant who does due diligence every day to ensure that the House of Assembly runs smoothly, and we ensure that programs and services are

delivered to the people all across this great province of ours.

SOME HON. MEMBERS: Hear, hear!

D. BRAZIL: I’d be remiss if I didn’t acknowledge my own staff in the Opposition office: our chief of staff and all the staff here, who, over the last number of months, prepared for the House to open, looked at legislation to make sure it was in line with what the people have said to us and gave the will.

But I want to particularly and personally acknowledge my Government House Leader here, all of our caucus on this side, for picking up where I wasn’t here to do my part. Not only did they take on their own roles, but they took on other roles here and did it very professionally and with the intent of serving the people of Newfoundland and Labrador. So a sincere thank you to my House Leader and all the other people here who took it on as part of our caucus. Thank you for that. And to our staff who ensured that caucus here was prepared.

SOME HON. MEMBERS: Hear, hear!

D. BRAZIL: I want to acknowledge all Members of the House of Assembly on the Opposition side and on the government side for being prepared to serve the people of Newfoundland and Labrador. I know we constantly have to sacrifice being away from our families, travel, situations. We know we are not always seen in the best light by the general public because people are frustrated with various things in their lives that are not going exactly the way they would hope, not realizing that we can’t always change things in a moment’s notice.

But I’m confident that everybody in this House has one intent, and that’s to improve the lives of Newfoundlanders and Labradorians. We may have different approaches, we may have different timelines, we may even have different priorities, but I know everybody here and

everybody who puts their name forward to be elected has that as their primary objective here.

I do want to also acknowledge our families who constantly sacrifice for us, but do acknowledge what we put our names forward to do and what we committed to and they support us in that. Everybody has a shelf life in politics. You figure out when you're ready to leave, when you've done what you thought was in the best interest of the people. So one day we'll all make those decisions. We came in with our heads held high; I know we'll all leave with our heads held high too. I look forward to that day when everybody here I will still consider a friend and a colleague in the House of Assembly.

I do also want to acknowledge the Premier. We may banter sometimes, but we do have collaborative discussions here around how we solve the problems of Newfoundland and Labrador. I want to acknowledge that here. This is about partisan, only when it doesn't serve the people of Newfoundland and Labrador, but we can show collaboration. It's been acknowledged here by all sides of the House of Assembly that there is common ground and sometimes we put politics aside to do what's right. I want to acknowledge that.

So I just want to end by, as we get closer to the Christmas season, wanting to wish everybody in Newfoundland and Labrador a very merry Christmas, a safe holiday season. I do also want to acknowledge people. There are some challenges in Newfoundland and Labrador but we have proven time and time again as we've seen what happened on the Southwest Coast how Newfoundlanders and Labradorians banded together to stand on guard. We're resilient people, we've been that for over 500 years and we'll continue to do that. As long as we stand together and support each other, Newfoundland and Labrador will flourish. We will be what we set out to be,

not only part of this Confederation but the key leaders in this Confederation.

On that note, I thank everybody, I wish everybody well, I hope to see everybody in the near future and hopefully we'll make a better approach to ensuring that people in Newfoundland and Labrador are better off in the future. So enjoy your holiday season. I know it is not a holiday where people would think in the general public here, but you get an opportunity to be part of your district. I want to acknowledge the people of my district who – and I'll say this with pure respect – have left me alone during my health crisis because they knew I could be better help to them if I'm healthy.

I am glad to say I am healthy and I am back, so I will be back more ready to go to do what needs to be done in my district in the near future. I look forward to, as the Leader of the Official Opposition, serving the people of this province.

Enjoy the season coming up and to everybody in Newfoundland and Labrador, be safe and be cognizant of your health.

Thank you everyone.

SOME HON. MEMBERS: Hear, hear!

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

J. DINN: Thank you, Speaker.

As my colleague was saying, are you one of those people who has to write things down and not look at it? Sort of. I guess from 32 years of teaching and that, you'd have to come up with a plan A, B and C.

First of all, I'll join the Leader of the Official Opposition to say thank you to everyone here. Thank you, certainly, to the Speaker because, at times, I'm looking at you up there and I'm starting to have flashbacks to being a teacher and trying to control an

unruly classroom. That includes me too, don't worry.

Thank you to the staff of the House of Assembly, to the Clerks, to the Table Officers, to the people who keep us safe, to the Sergeant-at-Arms with his particular style and flourish in bringing the mace up and down –

SOME HON. MEMBERS: Hear, hear!

J. DINN: – and for commanding us to stand. He is a good Holy Cross Crusader, so I can't be too hard on him.

Certainly to our staffs – the staff we have behind the scenes because in many ways, I guess, we are sort of like the front people. We get up and speak, but most of the times we're speaking on subjects that we may not be totally familiar with and we've had to learn our bit. Education I can speak to, salmon fishing maybe, but I tell you on complicated pieces of legislation like health, it's good to have multiple people behind here, behind the scenes who can do the research and walk you through it.

Also, I think within each party there's a multitude of diversity of experiences that we can bring that to it. It's important to the discussion. It's important to have people on the government side who assume multiple roles so even there you can learn something every now and again. But certainly thank you to the – especially tonight – Table Officers for walking us through the amendments and getting out of here alive.

But our staff, I'll tell you and I'll talk about my constituency assistant, I've got to say this, when the House is open it's a special time of your life as an MHA because you really come in in the morning, you have your briefing, you figure out what you're going to do, what questions you're going to ask. I'm assuming ministers are going through their briefing as to what questions might be asked, how are they going to respond, but

in all that time it's the constituency assistants who are left to carry the load, a heavier load than normal. They are the ones who, even when the House is not open, but when the House is open they are the ones who really have to take a lot more initiative.

SOME HON. MEMBERS: Hear, hear!

J. DINN: To our new chief of staff, as well, who took the reigns a few weeks ago and is whipping us in shape, but I'll say the chief of staff in any organization is probably the one that, like I said, is behind the scenes.

I will speak to family because I can tell you I know that behind everyone of us there's a family. We have our –

AN HON. MEMBER: (Inaudible.)

SOME HON. MEMBERS: Hear, hear!

J. DINN: Mom was always afraid, the fact that we were on both sides, are we going to get along. People will say dinners must be fun at the Dinn residence and family gatherings. I said I don't think we every talk about politics. Usually it's about, like I said, who gets to hold my grandchildren – me.

But anyway, I will speak to my wife Michelle. I can tell you I don't know if I'd be doing this, even as NLTA president, teacher and everything else, she carried the load. I can tell you that I would not be as colour coordinated without her. Being colour-blind myself, I can tell you that I don't usually get out the door without the final inspection.

AN HON. MEMBER: I'm glad you wore your yellow suit today.

J. DINN: I'm glad I wore a yellow suit, too.

To my children, of course, and all of our children who make our lives worthwhile. I know that for some people in this House, Speaker, they have younger families than I do. My children are grown up, I'm at the stage where I've got grandchildren, but I'll

tell you this is especially trying on anyone. I know Members on this side and the other side have young families, it's an especial challenge and I commend them and I sympathize then with those challenges.

I thank my constituents, whether they voted for me or not, and to all the people who come to me, I would say come to you with either words of praise or words of criticism. Because I think, if nothing else, at the very elemental root of democracy is that ability to speak directly to your Member and let them know what they think about your performance, about the comments you made and so on and so forth.

This will be the last time we're meeting, I guess, until March. Remember that as of December 21, the days do start getting longer. That's the day that I start looking forward to.

In the meantime, Merry Christmas in advance, happy holidays, a happy new year, the best to everyone and their families. I hope that we see everyone back here in the new year.

I look forward to continue the debate, I think, March 13, if I understand, we're going to be sitting late again. Thanks for that present, House Leader; I appreciate it very much.

Thank you.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Premier.

A. FUREY: Thank you, Mr. Speaker.

In the interest of time, I'll divorce myself from my notes, but I want to say thank you to you, Mr. Speaker, to the Table Officers, to the security, to the Sergeant-at-Arms and to echo the comments of the Members opposite and extend our sincere gratitude on behalf of the government for everything

that you've done to make this a productive session.

I think this is an historic session, one that started in the Colonial Building. I think if we take a moment to reflect on that and the significance of that and the responsibility that's been handed to us to sit in this Legislature and be able to tackle the problems that face Newfoundlanders and Labradorians today, it's truly an historic moment for all of us.

While we can be caught in debate, while we can be caught in rancour, we can be caught in, oftentimes perhaps, too raucous of a debate, I want to make sure that everyone understands that it's done with the best interest of Newfoundlanders and Labradorians.

We sit in these seats in a very temporary fashion, Mr. Speaker, as it should be. I think that everybody understands the weight of the responsibility of the seats that they sit in and understand what they bring to this Legislature in representing the people of the province and their constituency. That is democracy on full display, Mr. Speaker, and I couldn't be more proud to lead the government and to thank the Members behind me for their support during this session.

I do want to say a special welcome back to the Leader of the Opposition. I know that this job can be stressful on families; it can be stressful on individuals. As we sit here today discussing the future of health care in the province, I think it's incumbent upon all of us to take a moment to reflect on our own personal, physical and mental health because in order for us to serve the people of the province, we have to be healthy as well.

So welcome back, I wish you the best of recovery, Sir. To anyone else during this break session, please take that moment to check on yourself as well. You never know what silent medical issues are lurking.

SOME HON. MEMBERS: Hear, hear!

A. FUREY: Mr. Speaker, I do want to wish everyone a happy holidays, but before proceeding to the holidays, of course, I think we need to reflect on Remembrance Day. I want to take a moment to pay tribute to all of those who have served. Some of whom sit in this House today and will continue to serve the province (inaudible).

SOME HON. MEMBERS: Hear, hear!

A. FUREY: I've said this before and I don't mind sharing it with everybody in the House, I had the opportunity to visit Gallipoli this past September. We are about to sing the Ode and standing in Gallipoli as we cut the ribbon on the new caribou was a special moment for me as Premier. I think it was a special moment for every Newfoundlander and Labradorian. But to hear the Ode sang in Gallipoli was truly something remarkable.

To hear the words: where once they stood we stand in that moment has been something that has lasted with me. As I've reflected on those lyrics, it's something that I take into this House every day, that we are only fleeting in this House. It's incumbent upon all of us to bring the best of Newfoundland and Labrador to the floor of this House every time we stand and every time we debate, to do so in a respectful fashion, to do so in the best interest of Newfoundlanders and Labradorians so future generations can look back and say where once they stood we stand.

This is a hallowed place and we're all lucky to serve. I'm particularly grateful to the people of Humber - Gros Morne for electing me, as I'm sure all of you are for the constituency that you represent.

I think I'll end there, Mr. Speaker, in a thanks to all of our staff who support us along the way. Obviously, this is beyond a team effort, this is a provincial effort and that extends to the Big Land, to the southern tip and beyond.

Thank you to all of the staff and I wish everybody a safe and happy, happy Christmas.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: I'm just going to take a few minutes also and I will stick more to my notes, as I don't want to forget anybody in our very valuable team.

First of all, as we finish up the fall sitting, it's a great pleasure to acknowledge all the people that help to make this Legislature run so smoothly.

First, I'd like to say a big thank you to the House of Assembly staff behind the scenes: the Corporate and Members' Services group, the Legislative Library and our Information Management team, Hansard and, of course, our Broadcast team.

I'd like to acknowledge the great work of Transportation and Infrastructure that has also supported this Legislature, especially during our COVID years. These desks have been moved around I'd say in the last two years more than they have in the last 50 years before that. Any time we needed help or assistance moving things around, they've been more than happy to co-operate in that. Again, that was echoed when we did our legislative week down in the Colonial Building.

I'd like to say a big thank you to Sabrina Barnes, who is our newest staff member out in the Clerk's Office. She helps out with the day-to-day operations.

In our Chamber, I'd like to thank Robert, our Sergeant-at-Arms, who has often said best job he ever had. So, Robert, we thank you for all the great work you do each and every day.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: To our Pages, only one here tonight but there are five or six there that

have been helping us throughout this session. It's good to have them back by our sides. It's a great learning experience for each and every one of them. So thank you.

To our Commissionaires, who are sitting up in the gallery right now and some outside, thank you for your valuable service that you provide each and every day.

To my Deputy Speaker, Brian, the Member for Baie Verte - Green Bay, he really had to pick her up this year. Like I said, there have been lots of times that we've –

SOME HON. MEMBERS: Hear, hear!

SPEAKER: – spent a lot of hours in Committee. When Committee is in then I obviously step away. There has been some very heated debate and I thank him for his professionalism and how he handled everything.

Also to the Deputy Chair of Committees, who's not with us tonight, he's not feeling the best.

To my Executive Assistance, Kala Noel, I think everyone would agree that she has been fantastic to work with and make sure things run smoothly, especially with our Members' statements, Ministerial Statements and those things. Kala is there, I think she's outside watching, so thank you very much.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: And to my small but mighty team, my Table Officers, nobody here knows how much work that's done behind the scenes to keep this running smoothly. We have had some very challenging times over the last year and they stayed strong through it all, stayed very professional and kept me in line. So I thank them for their hard work, their commitment and dedication to the people of Newfoundland and Labrador.

Obviously, our Clerk is Sandra Barnes, who celebrated her birthday yesterday; our Law Clerk Kim Hawley George; as well as Bobbi Russell; Kim Hammond; Mark Jerrett, who is sitting with us tonight; and Evan Beasley, they've helped us greatly throughout the year.

Lastly, I would like to thank the Members, first of all the House Leaders for your co-operation throughout this session. As I said, things do get challenging at times and many times we're rolling with the punches, I guess, not sure what's happening, when it's going to happen, but it all comes together in the end and we all work together for the betterment of the people of Newfoundland and Labrador.

Again, before everybody starts to drive back to their districts over the next few days, I just want to wish everyone safe travels. I'm sure everybody will be out participating in the Remembrance Day ceremonies, so take time to spend some time in your districts now and get to meet the people that have elected you and the ones that you serve.

Also, I'd like to wish everyone – as we get into the holiday season – a very Merry Christmas and a Happy New Year. I look forward to seeing everyone back again in March.

As per tradition, which I started back when I first got elected Speaker, I said we would end our sessions with the "Ode to Newfoundland" but last week we did make a motion asking Memorial University to add the "Ode to Labrador" to their ceremonies. So I think it's only very fitting that we also set an example and do it ourselves.

I'm going to ask our hon. Member for Labrador West to lead us first in the "Ode to Labrador" and I ask all Members to rise.

J. BROWN: Dear land of mountains, woods and snow,
Labrador, our Labrador.
God's noble gift to us below,

Labrador, our Labrador.
Thy proud resources waiting still,
Their splendid task will soon fulfill,
Obedient to thy Maker's will,
Labrador, our Labrador.

We love to climb thy mountains steep,
Labrador, our Labrador.
And paddle on thy waters deep,
Labrador, our Labrador.
Our snowshoes scar thy trackless plains,
We seek no city streets nor lanes,
We are thy sons while life remains,
Labrador, our Labrador.

SPEAKER: I'm now going to ask the hon. the Member for Ferryland to have some of the last words of this session.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: I will ask him to lead us in the "Ode to Newfoundland," Sir.

L. O'DRISCOLL: Come on Joedy, start her up.

When sun rays crown thy pine clad hills,
And summer spreads her hand,
When silvern voices tune thy rills,
We love thee, smiling land.

We love thee, we love thee,
We love thee, smiling land.

As loved our fathers, so we love,
Where once they stood, we stand;
Their prayer we raise to Heaven above,
God guard thee, God guard thee,

God guard thee, God guard thee,
God guard thee, Newfoundland.

SOME HON. MEMBERS: Hear, hear

SPEAKER: The hon. the Government House Leader.

S. CROCKER: Thank you very much, Speaker.

I move, seconded by the Premier, that this House do now adjourn until the call of the Chair.

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

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

SPEAKER: All those against, 'nay.'

Motion carried.

This House do stand adjourned until the call of the Chair

On motion, the House adjourned to the call of the Chair.