



Yukon Legislative Assembly

Number 194

1st Session

33rd Legislature

HANSARD

Monday, April 13, 2015 — 1:00 p.m.

Speaker: The Honourable David Laxton

YUKON LEGISLATIVE ASSEMBLY

SPEAKER — Hon. David Laxton, MLA, Porter Creek Centre

DEPUTY SPEAKER — Patti McLeod, MLA, Watson Lake

CABINET MINISTERS

NAME CONSTITUENCY PORTFOLIO

Hon. Darrell Pasloski	Mountainview	Premier Minister responsible for Finance; Executive Council Office
Hon. Elaine Taylor	Whitehorse West	Deputy Premier Minister responsible for Tourism and Culture; Women's Directorate; French Language Services Directorate
Hon. Brad Cathers	Lake Laberge	Minister responsible for Justice; Yukon Development Corporation/ Yukon Energy Corporation
Hon. Doug Graham	Porter Creek North	Minister responsible for Education
Hon. Scott Kent	Riverdale North	Minister responsible for Energy, Mines and Resources; Highways and Public Works
Hon. Currie Dixon	Copperbelt North	Minister responsible for Community Services; Public Service Commission
Hon. Wade Istchenko	Kluane	Minister responsible for Environment
Hon. Mike Nixon	Porter Creek South	Minister responsible for Health and Social Services; Workers' Compensation Health and Safety Board
Hon. Stacey Hassard	Pelly-Nisutlin	Minister responsible for Economic Development; Yukon Housing Corporation; Yukon Liquor Corporation

GOVERNMENT PRIVATE MEMBERS

Yukon Party

Darius Elias	Government House Leader Vuntut Gwitchin
Hon. David Laxton	Porter Creek Centre
Patti McLeod	Watson Lake

OPPOSITION MEMBERS

New Democratic Party

Elizabeth Hanson	Leader of the Official Opposition Whitehorse Centre
Jan Stick	Official Opposition House Leader Riverdale South
Kevin Barr	Mount Lorne-Southern Lakes
Lois Moorcroft	Copperbelt South
Jim Tredger	Mayo-Tatchun
Kate White	Takhini-Kopper King

Liberal Party

Sandy Silver	Leader of the Third Party Klondike
---------------------	---------------------------------------

LEGISLATIVE STAFF

Clerk of the Assembly	Floyd McCormick
Deputy Clerk	Linda Kolody
Clerk of Committees	Allison Lloyd
Sergeant-at-Arms	Rudy Couture
Deputy Sergeant-at-Arms	Doris McLean
Hansard Administrator	Deana Lemke

**Yukon Legislative Assembly
Whitehorse, Yukon
Monday, April 13, 2015 — 1:00 p.m.**

Speaker: I will now call the House to order. We will proceed at this time with prayers.

Prayers

DAILY ROUTINE

Speaker: We will proceed at this time with the Order Paper.

TRIBUTES

In recognition of National Volunteer Week

Hon. Mr. Nixon: One of the great things about living in the Yukon is how engaged Yukoners are in volunteering to make our territory the best place to live, work, play and raise a family. Across Canada, April 12 to 18 is this year's National Volunteer Week, which is a time to recognize, celebrate and thank Canada's volunteers — as their website says, "Volunteers Rock".

This year's theme is "Volunteers are part of the ripple effect." The rationale behind this is that when someone volunteers, their action is like a stone thrown in a lake. They have a direct impact; however, at the same time, just like ripples on a lake, volunteers' efforts reach out far and wide to improve communities.

On behalf of this Assembly, I would like to thank all volunteers who give their time and talents to improve the territory. I am constantly reminded of just how engaged Yukoners are when I look at the listing of volunteer groups in each of our communities. It is a long and a very impressive list.

On the Volunteer Yukon website, <http://volunteeryukon.ca>, they are advertising for their spring job and volunteer fair, which will be held on April 23, 2015 at the Yukon Convention Centre. I will note that last year, they had over 1,000 people turn out to this fair.

In my own area of responsibility, I am grateful we have so many groups who partner with the department to provide services or advice. For example, on Thursday we paid tribute to April as Daffodil Month to raise awareness about cancer. I could name many more groups as examples, but it is because of the many volunteers who work tirelessly that the annual Run for Mom on Mother's Day is such a huge success, and that is just one example of the many, many volunteer organizations and the special events they put on that make Yukon such a great place to live.

Within Health and Social Services, we have more than 130 volunteers who work with residents in our long-term care facilities, whether they take residents on outings, teach computer skills, or share their music talent, their contributions help improve the lives of residents by providing friendship, cognitive and social stimulation and personal attention to many individuals whose family or social supports are few.

Many of the non-government organizations that we fund to provide services on our behalf are led by a volunteer board of directors. For many, this can be almost a full-time job and I sincerely applaud their generosity.

Volunteers with community clubs — youth groups like the cadets and junior Rangers, sports organizations or service clubs — help others. Many do it just for the satisfaction that comes from being a positive, constructive, contributing member of society and the sense of accomplishment that comes from helping others, with literally no expectation of recognition, but on behalf of my colleagues I would like to say thank you.

In closing, I would like to acknowledge and thank those who volunteer to serve on the many boards and committees that assist the Government of Yukon. From the Agriculture Industry Advisory Committee to the Water Board, volunteers help make Yukon a better place.

On behalf of my government caucus colleagues, to each and every volunteer in Yukon, please know how much we sincerely appreciate all that you do. Also, Mr. Speaker, if I could ask the indulgence of this House to help me recognize the Executive Director from Volunteer Yukon who has joined us in the gallery, Bruno Bourdache. Welcome, Bruno.

Applause

Mr. Barr: I rise on behalf of the Yukon NDP Official Opposition and the Third Party to pay tribute to National Volunteer Week, which has been recognized now for 74 years.

This year's theme is, "Volunteers are part of the ripple effect"; the notion being that a volunteer action is like a stone thrown in a lake, as the minister just previously stated.

I realize that, in our riding in Tagish — or in one of the communities in my riding as in other communities — you'll see that ripple effect in the Yukon and that it's intergenerational. Now generations of families are volunteering at the same time. I recognize Shyloh van Delft and parents on the volunteer fire department, so it is an amazing expression of how people feel about what it is like to volunteer in the Yukon.

At the same time, we see volunteers coming forward in my riding. We know that it is the lifeblood of our communities. Volunteer groups do this for free and for fun.

One of the great things about the Yukon is the high level of volunteer engagement. Yukoners volunteer for recreation, fundraise for charitable efforts, garage sale for Little Footprints. LACs and community centres — picking up trash along our roadways. Volunteerism is so important in my riding of Mount Lorne-Southern Lakes that I want to mention some of their efforts.

Volunteers make our communities safer. They are first responders — fire, ambulance, search and rescue. Volunteers sit on boards of our local advisory councils, community centres, solid waste advisory committees and other boards. Volunteers organize pancake breakfasts, dog races, fundraise for worthy causes.

Parents volunteer for school outings. Carcross school volunteers take children on bison hunts. Golden Horn school volunteers took kids to climb the Chilkoot Trail last year. The parents and kids were laughing when I was at some of the celebrations there — how great it is, and how people, the teachers and the parents, get to laugh and really connect. They made up a lot of songs that we sang at that one celebration.

Volunteers organize the fall fairs in Tagish. Volunteers flood the rinks and clear the snow and prepare cross-country ski trails at Mount Lorne and Marsh Lake. Volunteers organize student school breakfasts throughout the territory.

Without volunteers, we couldn't have hosted the Canada Winter Games; we couldn't be hosting the upcoming X Games. All the great music festivals we enjoy wouldn't happen.

Volunteers advance important causes. Volunteers have been instrumental in the Walking With Our Sisters campaign. If you haven't been down to that — anyone who is listening — please go down and see. It's an emotional walk down there when you're looking at the vamps. I know the minister opposite, the Minister of Tourism and Culture, was there. Our leader was out there volunteering this weekend. It will be running for the next couple of weeks. It's amazing. I'll just leave it at that.

There is also Yukoners Concerned, with many countless volunteer hours, volunteering for what they believe in in the territory. People in the Yukon come together in those ways.

Also volunteers provide services for our seniors and elders like Meals on Wheels and make music at Thompson Centre and Macaulay Lodge. There are a lot of volunteers in this Legislative Assembly. I know that MLAs put a lot of effort into volunteering in their neighbourhoods and throughout the territory. Volunteering makes you feel good inside.

I would like to conclude by saying on behalf of the Yukon NDP Official Opposition and the Third Party — I thank all volunteers for your efforts.

In recognition of International Adult Learners' Week

Hon. Mr. Graham: Mr. Speaker, I rise today on behalf of all members of the Legislature in honour of International Adult Learners' Week.

International Adult Learners' Week has been observed in Canada since 2002. This week is dedicated to recognizing the value of adult literacy and lifelong learning and promoting access to education.

As a long-time employee of Yukon College, it was my pleasure to note the change in adult learners as they completed a two-year diploma, a four-year bachelor's degree, or even something as small as a two-week skills training program. I saw the change in their lives. I saw it was always a positive change. It was a success in their life and it improved their employment opportunities as well as their self-esteem.

Adult education promotes more inclusive societies by assisting Yukon learners to reach their full potential and full participation in Yukon's work force and in Yukon's communities.

The Department of Education's goal is "success for each learner". Our focus is on supporting the full spectrum of learners in our region, from the youngest Yukoners playing with their caregivers at Learning Together program, to the young people finished secondary school and pursuing post-secondary studies, to the mature students interested in upgrading or acquiring new skills. The Advanced Education branch continues to coordinate adult education programs and services. Initiatives like the apprenticeship program, the student training and employment program, or STEP program, the targeted initiative for older workers and community training funds help Yukoners to bridge to new fields of employment.

We are also continuing to develop a Yukon literacy strategy with our partners like First Nations. Advanced Education also works closely with many wonderful partners and community organizations that work with adult learners throughout the territory.

Yukon College, as I have already mentioned, offers a wealth of unique post-secondary and training programs and received a record amount of more than \$26.3 million in funding from this government last year. This included also about \$3.3 million for literacy programming.

The Yukon Learn Society is another partner, which is funded by Advanced Education, to assist Yukoners to achieve their grade 12 equivalency and offer literacy and computer skills, training programs and tutoring, such as digital skills for the workplace.

The Yukon Literacy Coalition promotes and develops adult literacy and other essential skills and the Challenge - Disability Resource Group facilitates the participation of persons with disabilities in the workforce and throughout our communities. They offer programs such as the excellent Bridges Café here in the Legislative building.

The Learning Disabilities Association of Yukon provides education and employment opportunities to support people with learning disabilities or difficulties. The Multicultural Centre of the Yukon offers language and other skills training to Yukon's newcomers. L'Association franco-yukonnaise is a one-stop shop for Yukon's francophones for literacy, language and career training. The Tourism Education Council coordinates the ready-to-work program. Frontier College was funded to run a workplace communication and essential skills pilot. Last, but definitely not least, the Kwanlin Dun House of Learning works with KDFN citizens toward their education and workplace goals. They recently opened a new classroom, which was developed through the Yukon asset construction agreement, worth approximately \$250,000.

We are very proud of the many adult education opportunities offered here in the territory, and I encourage my colleagues and all Yukoners to continue to seek new opportunities and learning experiences in their life-long journey of learning.

Speaker: Introduction of visitors.

Are there any returns or documents for tabling?

TABLING RETURNS AND DOCUMENTS

Hon. Mr. Kent: I have for tabling the *Government of Yukon Response to the Select Committee Final Report Regarding the Risks and Benefits of Hydraulic Fracturing*. This document is dated April 9, 2015.

Speaker: Are there any other returns or documents for tabling?

- Are there any reports of committees?
- Are there any petitions to be presented?
- Are there any bills to be introduced?
- Are there any notices of motions?

NOTICES OF MOTIONS

Ms. Hanson: I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to acknowledge that:

- (1) the Government of Yukon does not have the social licence to proceed with hydraulic fracturing in the Liard Basin or anywhere in Yukon;
- (2) the Yukon public has repeatedly rejected hydraulic fracturing in Yukon;
- (3) the scientific community has raised serious concerns about the safety of hydraulic fracturing; and
- (4) there is no evidence that hydraulic fracturing will bring any long- or short-term economic benefits to Yukon.

Ms. Moorcroft: I rise to give notice of the following motion:

THAT this House condemns the Government of Yukon's decision to proceed with hydraulic fracturing against the will of Yukoners, the recommendations of the Select Committee Regarding the Risks and Benefits of Hydraulic Fracturing and the concerns of the scientific community.

Mr. Tredger: I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to redirect the public funds that it is using to sell hydraulic fracturing and the fossil fuel industry to Yukoners toward the development of a comprehensive strategy and action plan to promote a renewable energy industry in the Yukon to reduce our reliance on fossil fuels.

Speaker: Is there a statement by a minister?
This then brings us to Question Period.

QUESTION PERIOD

Question re: Hydraulic fracturing

Ms. Hanson: Last Thursday, this government announced its plans to open up Yukon to fracking, against the wishes of Yukoners and against the cautions of the scientific community. They say they accepted the recommendations of the select committee, but when you do a thorough reading of the response, it is clear they are spinning the recommendations in pursuit of their agenda to frack Yukon.

The government conveniently forgets that the committee recommendations were to be implemented before even considering fracking, yet they have already given fracking the green light. Changing the recommendations on the fly is not the same as accepting them.

In a recent speech to the Whitehorse Chamber of Commerce, Mayor Naheed Nenshi warned against taking citizens for granted. He was blunt. He said people are not stupid.

Why is the government ignoring the voices of Yukoners and giving fracking the green light?

Hon. Mr. Kent: Last Thursday, this government made two announcements. The first is that we're accepting all 21 recommendations of the select committee report and moving forward with actions on each of them. We're also open to applications for potential hydraulic fracturing in only one area of the Yukon, which is the Liard Basin. That would occur only with the support of the affected First Nations.

Those affected First Nations include the five Kaska nations — three in British Columbia and two in the Yukon, the RRDC and Liard First Nation — as well as the Acho Dene Koe, which is based out of the Fort Liard area.

So when the member opposite, in her preamble, mentions that we're opening the entire Yukon to fracking, I think we need to put a little bit of context around that. Only 15 percent of the Yukon has geology favourable for oil and gas development, and the Liard Basin is less than two percent of the Yukon's land mass. I believe it's 1.3 percent, to be exact. So that's an incorrect assertion the member opposite is making in her opening statement.

Ms. Hanson: Days after opening up Yukon to fracking, the Premier will be in Quebec, meeting with the premiers about climate change. The irony is not lost on Yukoners that, days after our Premier announced opening up Yukon to fracking, he will be travelling to a climate change conference.

This government says that fracking is safe, but apparently it's only safe in the Liard Basin. They say that regulations will protect Yukoners but, as we saw at Wolverine mine, they can't even regulate an industry that has been going on in Yukon over 100 years. This government is asking Yukon to trust them after they approved fracking behind closed doors.

Why does the minister think that Yukoners would believe him when it comes to fracking, after his government has shown, time after time, that they will follow their own agenda at all costs?

Hon. Mr. Kent: The Yukon government supports the development of a strong and robust oil and gas industry in the Yukon and recognizes that the development of these resources could contribute to significant economic growth and diversification of Yukon's economy.

Mr. Speaker, again, we want to ensure that there are jobs and there are business opportunities, as well other opportunities for Yukoners to take advantage of the oil and gas industry. We have a long history with the mining industry, as the member opposite mentioned. We also have a long history of oil and gas exploration and development here in the territory.

The Liard Basin itself was the home to two producing wells in the Kotaneelee field — wells that contributed almost \$45 million in royalties to the Yukon government, \$10 million of which was shared with Yukon First Nations.

Again, Mr. Speaker, when it comes to hydraulic fracturing, we are proceeding in the Liard Basin only with the support of affected First Nations, and again, a reminder to Yukoners, only 15 percent of the Yukon land mass contains oil and gas potential and 1.3 percent of that is the area of the Liard Basin where the shale gas development will take place with the support of affected First Nations.

Ms. Hanson: This government's response to the select committee is just another example of their outright disrespect for the opinion of Yukoners. It is a repeat of the public consultation process on the Peel that was thrown out. It is a repeat of their undermining of the final agreements by their push for unilateral changes to YESAA.

Yukoners have been clear. They don't want fracking. Sadly, it appears that the select committee process was just another box the Yukon Party needed to check before they spun their way out of listening to Yukoners. This government's agenda since day one has been to bring fracking to Yukon. This Yukon Party government has ignored the views of Yukon First Nation governments and Yukon citizens on vital issues. Fracking is just the latest.

Will this government agree to delay any further activities on fracking until Yukoners have had a chance to have their say at the polls?

Hon. Mr. Kent: As I mentioned in media on Friday morning, I think it is important that all of the political parties have put forward their position with respect to this practice. We have known the NDP position for an awfully long time. We have seen the Member for Takhini-Kopper King and the Member for Mount Lorne-Southern Lakes at anti-fracking rallies, leading parades, playing music at these events as well.

Again, we feel that it is important that we support, of course, responsibly regulated resource industries and are committed to creating the conditions that bring jobs and opportunities for Yukoners right here at home. All those Yukoners who are working in this industry in British Columbia, Alberta and Saskatchewan — we want to give them the opportunity to come home to the Yukon close to their friends and families and work in an industry that is regulated and safe, and protects human health and the environment.

So, Mr. Speaker, we have made our position clear. We support applications for potential shale-gas development in only one area of the Yukon, an area that comprises 1.3 percent of the Yukon land mass. Clearly, that is not enough for the NDP or the Liberals, but we are going to proceed. We want jobs and opportunities for Yukoners and we want business opportunities for those local contractors as well.

Question re: Yukon nominee program

Ms. White: Last week, more troubling claims of mistreatment of Yukon nominee program workers were published in the local media. One worker said — and I quote:

“For two months I had no days off and always did the overtime shift. I couldn't complain because I was under the nominee program and I was getting support from them”.

We know that the nominee program puts employers in a position of power by handing them control over a foreign worker's ability to apply for permanent residency. This isn't the first time we have heard of workers' rights being abused, and until this government takes action to reform the program, it likely won't be the last.

Mr. Speaker, what is the government doing to make sure that the Yukon nominee program workers are not subject to mistreatment by their employers?

Hon. Mr. Graham: The department has investigated and addressed this matter in accordance with program procedures. As the member opposite surely must know, I'm not able to discuss the details of the matter publicly because it involved personal information. However, Mr. Speaker, I can assure all members and the public that when a nominee identifies issues within the workplace, depending on the situation, they are referred to the appropriate organization, such as the Yukon Human Rights Commission, Employment Standards Board, workers' health and safety, or possibly even the Canada Border Services Agency. These various organizations have the mandate to address particular issues that may arise from time to time in this program.

Ms. White: Raising concerns with your employer as a nominee has great risks. All workers, no matter their citizenship status, have certain basic rights that we as government have a responsibility to uphold.

We know from the last Sitting that the Yukon Party government has little to no idea of how many nominee program workers there are or where they work in the territory. The problem is clear, and we hear about it every few months. The only thing preventing a fix is a government that's prepared to act. A Yukon NDP government would reform the Yukon nominee program to protect both the rights of workers and their employers.

When is this government going to stop waffling and protect the rights of Yukon nominee program workers?

Hon. Mr. Graham: The rights of Yukon nominee workers are the same as the rights of any other worker in this territory. They are protected by organizations set up by government — have already gone through the Yukon Human Rights Commission, the Employment Standards Board, Workers' Compensation Health and Safety Board. None of these organizations are controlled or directed by government. All of them are available to address issues that are brought forward by Yukon nominees. But also the Advanced Education department, takes these issues very seriously, and they investigate and address the matters that are brought forward to their attention by nominees in the program in the territory.

Also, if an employer is found in violation of the issue — whatever issue is brought forward — the Advanced Education department can impose a penalty, including being banned from applying to the program for up to three years, so there

are remedies available. The nominees are encouraged in all cases to bring forward these issues as they arise.

Ms. White: I appreciate the sentiment, but nominee employees, unlike their stable counterparts, can't make complaints without fearing expulsion from Canada.

To be clear, the majority of nominee employers follow the rules, but the ones who don't need to be stopped. We have no right to be enabling a system through which abusive employers can hold a foreign worker's application for permanent residency over their heads and say things like, "You know what, if you don't do what I say, then you're fired." If you are fired, then you're out of the country.

Basic labour rights belong to all workers — Yukoners, Canadians and foreign workers. When will this government table amendments to the Yukon nominee program that ensure nominee workers are better protected from abusive employers?

Hon. Mr. Graham: I think the first thing that has to be understood is that the member opposite is not telling all of the facts, or is not informing the Legislature about all of the facts, surrounding the nominee program. She just stated that if a nominee is fired by their employer, they are booted out of the country. That's entirely untrue. That doesn't happen.

The nominees, together with the Advanced Education department, have the ability to look for new employers throughout the territory so we make sure that that doesn't happen. For the member opposite to make that kind of misstatement in the Legislature and pass it off as fact is simply not correct. If an employer, as I said before, is found in violation, we have ways of dealing with it. We also have penalties that we can apply to employers under the tripartite agreement signed by the employer, the nominee and the Department of Education. The process is laid out whereby a nominee may address these issues.

Mr. Speaker, I think before the member opposite continues in this line of questioning, she should learn the facts about the program.

Question re: Yukon Hospital Corporation funding

Ms. Stick: Mr. Speaker, the collective agreement between the 250 employees of the Yukon Hospital Corporation and their union expired over seven months ago. The Yukon Employees Union represents lab technicians, custodial staff, administrators, pharmacy technicians and many more who perform critical functions at the Whitehorse General Hospital and the hospitals in Watson Lake and Dawson City. Eighty-seven percent of these workers have voted for strike action and, with the agreement expiring seven months ago, they are in a legal position to strike. This is serious, Mr. Speaker.

The minister isn't personally seated at the bargaining table, but he is responsible for the provision of health care in the Yukon. Will the minister assure Yukoners his government is making every effort to encourage that a fair deal is reached between the corporation and its employees?

Hon. Mr. Nixon: I would like to thank the member opposite for her question. Certainly collective bargaining for

the hospital employees is between the union and the Hospital Corporation itself. The government is not involved nor will get involved in these negotiations. We understand that there is an essential services agreement in place so that there will be minimal disruption in those essential services to hospital patients and we look forward to the outcomes of these negotiations and deliberations.

Ms. Stick: I am aware that the department — the minister — is not involved in the negotiations, but the minister is responsible for the Yukon Hospital Corporation. He is responsible for a sizable grant given to the corporation for its activities. This Yukon government gives millions of dollars for hospital development and backstops the corporation's debts. The Yukon government has put significant resources into the Yukon Hospital Corporation, but without this hard-working staff, there is no health care. The minister can't shy away that he does have a responsibility.

Will the minister ensure that the Hospital Corporation returns to the bargaining table until a fair deal is reached with its employees?

Hon. Mr. Nixon: Mr. Speaker, what the member opposite is asking me to do is get involved in these negotiations. That's not something that this government will do. The collective bargaining for the hospital employees is between the union and the Hospital Corporation and we have confidence that those two bodies can work together for an outcome.

As I indicated in my first response, there is an essential services agreement in place so that there will be minimal disruption to those essential services to hospital patients, and we have confidence that these deliberations and negotiations will carry on between the affected parties.

Question re: Residential school curriculum in Yukon schools

Mr. Tredger: The Premier's budget speech contained four pages of vague promises of massive changes to Yukon's K to 12 education curriculum. I laud the Premier for his ambition, but creating a new curriculum is no small matter. When it comes to British Columbia's curriculum, their government spends, on average, three years making changes to one aspect of one grade level of one subject.

In Yukon, it has been five years since we began work on the promised residential school curriculum, and it's still just a pilot project at one grade level in three classrooms.

How does this government intend to follow through on its lofty promise to revamp Yukon's entire K to 12 curriculum? How much is it going to cost? What is the intended time frame?

Hon. Mr. Graham: I've been looking forward to this question for some time. The program the Premier announced is a long-term program — there's no doubt about it. We understand; we completely realize this is not something that's going to be undertaken and completed in a year or two years. In fact, Mr. Speaker, in further fleshing it out, I've already stated publicly that our first priority will not be the kindergarten to grade 7 program, because it would simply be

too much to bite off at one time. We will be continuing to work toward changes in the high school program.

On one matter the member opposite was incorrect, and that is the residential school program. In fact, there are a couple of projects underway at the present time, and some of those programs have been implemented as sections in various schools as units in the social studies program. So it's more than just as simple as the member opposite stated; it's actually proceeding and we're continuing to work together with CYFN and our First Nation partners in that regard.

Mr. Tredger: Revamping curriculum is all well and good, but we need to ask why Yukoners feel that the education system isn't living up to expectations. Perhaps it isn't a change in curriculum we need, but a change in attitude. Perhaps it's because provisions in the *Education Act*, like a student in need's right to an individualized education plan, have been tossed aside by this government. Perhaps it's because of a lack of respect for school-based and community-based decision-making; or perhaps it's because our teachers live in a climate of fear because they have been gagged by this government from speaking out on issues at their schools —

Some Hon. Member: (Inaudible)

Point of order

Speaker: Government House Leader, on a point of order.

Mr. Elias: It's obvious the Official Opposition has no interest in improving decorum in the Assembly. That was — to suggest that this government or a minister of this government is gagging employees, public servants, is just totally out of order. I'm going to use, "imputes false or unavowed motives to another member ..."

Speaker: Opposition House Leader, please.

Ms. Stick: We have spoken to this issue before in this House, in this Legislature, both in budget and in Question Period, and I would suggest that what my colleague is speaking to is an opinion that he has heard publicly from others and one that he is repeating.

Speaker's ruling

Speaker: The inference of putting a gag order on a group or individual is certainly not a favourable comment by any stretch of the imagination. Whether it is true or not is a matter of dispute between the members and not for me to rule. But having said that, in the past, the type of language you use can be inflammatory and cause discord within this House. I have cautioned members on both sides on the use of their language and their inferences. Now we are only a short way into this Sitting and this is about the third time I have had to speak to you about the type of the language you are using.

While the government may not appreciate the inference of putting a gag order on someone and the opposition is inferring that this a statement of fact, I cannot judge the facts. I would caution you all, once again, if you continue to use inflammatory language, it is going to come back and get you. If you want to be upset on one side, do not expect me to protect you when you use it back.

Please finish your question, Member for Mayo-Tatchun.

Mr. Tredger: Thank you, Mr. Speaker.

It is because they have prevented by this government from speaking out about issues at their schools.

Why is the government ignoring the real problems that they created in the Department of Education?

Hon. Mr. Graham: In listening to the reply to the point of order, it would be really interesting — and I would like their permission to give the comments that I have heard about the opposition here in the Legislature with impunity too.

With regard to the question itself, our goal with this project is to improve outcomes for all Yukon learners. After all, that is what education is all about — it is about the children; it is about the kids. We will be working together with all stakeholders. We will be working together with the YTA. We will be working with the administrators of the schools. We will be working with the school councils. We will work with individual First Nations as well as the CYFN.

We hope that by initiating this project, even though it is a longer-term project, to be able to really improve the outcomes for Yukoners is what this is all about — improving the education system for Yukoners.

Mr. Tredger: Don't get me wrong. Our students deserve our very best. We have a multitude of research projects and reports and studies that stress the relevance of community engagement and participation. Our First Nations, our school communities, teachers, support staff and parents deserve a climate of engagement and success and that is where this government has fallen short. Some things just don't add up. This government's constant push to centralize decision-making silences the voices of school administrators and teachers. A curriculum overhaul won't solve the challenges facing Yukon's education system.

When will this government show real leadership and address the real and pressing problems confronting front-line educators, their communities in contrast to this government's policies?

Hon. Mr. Graham: What really doesn't add up are the comments made by the member opposite. All we have to do is take a look at some of the things accomplished by the two Education ministers previous to me — everything from the Old Crow experiential project to the rural equity action plan, to the rural experiential model, to the supports that were added by these ministers to rural instructors.

We also have to take a look at what was done in the partnership project with the Tr'ondëk Hwëch'in. There are a number of projects that we have worked on with not only with First Nations but all Yukon rural schools. I just spent a day in Ross River and met with not only the school council, the member from that riding in Nisutlin — and I met with not only the school council. We met with the school administrators — First Nation council members were there, as well as all of the teachers — and I think the Member for Pelly-Nisutlin will tell you that none of those teachers held back on comments to me. Any idea that we're trying or that I'm trying to gag those instructors is entirely false. That's

what I have to get — honest opinions from those people — and we did.

Question re: Alaska Highway corridor functional plan

Ms. Moorcroft: Opposition is building in the business community about the Yukon Party's \$202-million plan to twin the Alaska Highway corridor. Businesses don't understand the logic of spending that amount of money. The volume of traffic and safety needs could be managed more efficiently at less cost. The minister said last Wednesday that no decision would be made before the end of the consultation period, but some business owners have said that they've been told by government to expect a one-year notice to move their business. They've been told to expect this despite an ongoing consultation. There is a contradiction between what the minister says and what the business owners are saying. It can't be both. So what is it?

Is it this government's intention to force businesses to relocate regardless of the outcome of the ongoing consultation process on the government's \$202-million plan for the Alaska Highway corridor?

Hon. Mr. Kent: As I stated last week on the floor of this House, I have reached out to the business owners. One of the business owners who was in local media last week — I mentioned that I would like to meet not only with him but with other business owners in this corridor. Last Friday, I attended a lunch with the Whitehorse mayor and a number of council members as well as officials from HPW and CH2M Hill, which is the engineering company that is working on this. We had a very good discussion about what the plans are. I think it's important for Yukoners to recognize the time frame that we're talking about. The opposition would have you believe that this is going to be one \$200-million spend all done within a couple of years. Of course there are population milestones that need to be reached and the time frame for this project could be as far as 35 years out.

So again, this isn't something that we're going to be doing overnight. The consultation period is open until May 15. I would encourage members opposite to attend one of the open houses that is coming up at the end of the month, where they can have their say or fill out the questionnaires — the ones that arrived in the mail or going on-line.

Ms. Moorcroft: Maybe the minister should have sat down with business owners before they were told to expect an order to move or bulldoze their operations.

The price tag for the corridor project is \$202 million, and there is nothing in the documents about how much it will cost to compensate the dozens of businesses that may be forced to move or disappear behind frontage roads and cul-de-sacs.

There are studies on geotechnical issues; there are environmental studies; there are four-year-old traffic studies, which, curiously, do not paint the corridor as a critical problem in need of a \$202-million solution. There is, however, nothing on the financial cost to compensate business owners who find themselves on the right-of-way and are forced to move.

Mr. Speaker, how much does the minister expect the cost of compensating businesses along the Alaska Highway to be, and is that sum included in the budget?

Hon. Mr. Kent: As I have mentioned previously, we are currently in the public consultation phase for this project. I have reached out. As I mentioned last Friday, I met with the mayor and a number of councillors and their officials to brief them on what this project means. Again, it is important for Yukoners to recognize that this is very much a long-term plan. It could be as long as 35 years — \$200 million spent over that amount of time. We are in the public consultation phase. I'm not going to prejudice what the outcome of that phase is.

I can say, though, that the response has been tremendous, both on-line — we are receiving a number of the mail-in applications. Consultants and officials are going door to door with the businesses and talking to them. Of course, any business owner or individual who is concerned is welcome to reach out to me, just as I did to the one who was in the local media, and request a meeting. I am always happy to hear the concerns of Yukoners, especially when it comes to such a critical piece of infrastructure.

There are a number of uncontrolled accesses that are in the Whitehorse corridor, and we want to make sure that that corridor is safe and are able to ensure that we have economic opportunities going forward as well.

Ms. Moorcroft: Forcing business owners to move or bulldoze to make way for the Yukon Party's \$202-million road will drive up the cost of this project even higher, but it appears expropriation costs haven't been studied.

Mr. Speaker, I am asking about businesses that will be affected in the first phase of this project. Some business owners have said publicly that they may just shut down, cease operations and lay off workers. The effect on the local economy could be huge. Of the studies on the corridor, there are some numbers on the economic benefits of shaving a few minutes off the commuter's drive, but there is nothing on economic impacts to local businesses, to jobs at these businesses and to tourism.

The Alaska Highway is our main tourism access road, and we want travellers to stop in Whitehorse and spend their dollars here at local businesses. Does the Minister of Highways and Public Works believe the impact on tourism should be considered before such a major overhaul of our main tourism access road?

Hon. Mr. Kent: I think it is important to note that this is a draft functional plan that is out for public consultation right now. That consultation closes on May 15. Each and every Yukoner received in their mailbox a questionnaire and background information with respect to this project as well as the timelines. As I have mentioned, this project is slated to take place over the next up to 35 years and also requires population milestones to be met during that time frame.

Again, Mr. Speaker, we haven't decided what the first phase will look like, contrary to the member opposite's assertions. We want to ensure that the travelling public — whether they are visitors or whether it is industrial traffic, or Yukoners who commute from the Whitehorse periphery back

and forth to work every day, or those Yukoners from our outlying communities — is safe and they have a stretch of road that will ensure they are safe and that is a modern piece of infrastructure that meets the needs of Yukoners now and those 35 years and beyond.

Question re: Palliative care program

Ms. Stick: Mr. Speaker, the story of missing palliative care beds in the Yukon has been 10 years in the making, riddled with abandoned election promises and government commitments that could never be pinned down. In 2006, the Yukon Party government promised voters they would reopen 44 beds in the Thomson Centre, including palliative care beds. In 2012, there was revived talk of opening a palliative care unit with designated beds at the centre. Two elections have come and gone, yet promises were broken and these missing palliative beds remain a serious gap in care planning in the Yukon.

Mr. Speaker, why has the Yukon government sat for 10 years and failed to proactively address what the Yukon Medical Association's past president, Dr. Tadepalli, has called an urgent need for palliative care beds?

Hon. Mr. Nixon: I thank the member opposite for her question. I know we spoke at great length already this session on the continuing care facility that this government has committed to providing in the Whistle Bend region. Those facilities, like the 150-bed continuing care facility, the Oblate Centre and Thomson Centre, certainly take some of the pressures off the hospital on a move-forward basis. We certainly have a good relationship with the Hospital Corporation and we have a great relationship with a number of facilities that we have throughout the territory, including the number in Whitehorse, as well as McDonald Lodge in Dawson City. We continue down that path with those relationships and working with the Hospital Corporation at alleviating some of the pressures there.

Ms. Stick: The palliative care unit resource team — those services exist and they were established using federal funding. Well over 200 million pan-territorial dollars were meant to make our health care system more responsive to northerners' needs and were supposed to improve community-level access to services. This federal funding has changed and Yukoners are still waiting for northern focused, community-level access to palliative care beds. The only option we see on the horizon is a 12-bed palliative care pod housed in the proposed 300-bed long-term facility for seniors.

Does the minister believe a palliative pod is the strategic community-level option that Yukoners have waited 10 years to see?

Hon. Mr. Nixon: I think this Yukon Party government has been very clear in its commitment to Yukoners to providing different levels of care to seniors across the territory. In fact we've seen the members opposite continue to vote against investments in the 150-bed continuing care facility. They vote against investments in the Oblate Centre, which will take pressures off of the Hospital Corporation. We've seen the members opposite vote against expanding the

Thomson Centre beds, which will alleviate the pressures from the Hospital Corporation. We've seen the members vote against investments in the Hospital Corporation, which provides these types of services. This government will continue to put its money where its mouth is in working with the Hospital Corporation and the continuing care facilities that we have around the territory. We have a great track record and I commend the previous Minister of Health and Social Services for getting this ball rolling.

Ms. Stick: It's the lack of planning we're concerned about. The 2014 clinical services plan states — and I quote: "Options for a palliative care framework are anticipated in the spring of 2014, built on a foundation of principles and recognizing, "the many services and organizations that are involved in the delivery of quality hospice, palliative, and end-of-life care."

The palliative care framework sounds like it will call for much more than a pod for palliative care patients and families to spend their final days. Of course, there's no way to be sure, since the framework is still missing.

Where is the palliative care framework? When will it be released? Were Yukoners and health care professionals involved in its development?

Hon. Mr. Nixon: I would argue that Yukon probably has the best low-charge home care and senior care programs in the country, if not in North America. We continue to make investments in independent living; the members opposite continue to vote against them. We continue to make investments in home care. In fact, over the last 12 years, we've increased home care by over 350 percent; the members opposite continue to vote against that. Supportive living — we continue to make investments in supportive living, but the members continue to vote against them. Assisted living in complex care and extended care, through the continuing care facility — the 150-bed facility in Whistle Bend — the members opposite have already indicated that they don't support that.

The member opposite just indicated that there are palliative beds in the new 150-bed continuing care facility. I hear the Member for Takhini-Kopper King laughing at this. That's a true testament to the NDP's vision on senior care. The Yukon Party will continue to stand behind these investments and we'll continue to work with our seniors, because we believe that seniors want to live and die in dignity, and that's something that the members opposite are laughing at — they should be ashamed of themselves.

Speaker: The time for Question Period has now elapsed. We will now proceed to Orders of the Day.

ORDERS OF THE DAY

GOVERNMENT BILLS

Bill No. 88: *Pharmacy and Drug Act* — Second Reading

Clerk: Second reading, Bill No. 88, standing in the name of the Hon. Mr. Dixon.

Hon. Mr. Dixon: I move that Bill No. 88, entitled *Pharmacy and Drug Act*, be now read a second time.

Speaker: It has been moved by the Minister of Community Services that Bill No. 88, entitled *Pharmacy and Drug Act*, be now read a second time.

Hon. Mr. Dixon: It's a pleasure to rise at second reading to introduce Bill No. 88, entitled *Pharmacy and Drug Act*. This bill supports the government's priority to enhance public safety by creating industry standards and a framework for the operation of pharmacy facilities in Yukon.

Pharmacies are regulated in all Canadian provinces, and this new legislation will provide a strong regulatory framework consistent with other jurisdictions. The new legislation will improve recruitment and retention of pharmacists in Yukon by creating a welcoming environment for entry-level pharmacists and providing standards that attract pharmacists currently registered in other jurisdictions.

We believe that, by modernizing pharmacy legislation, we are improving the quality of life for Yukoners. Work on this new bill began last April when an advisory community was appointed to help us modernize this legislation.

I want to take a moment to acknowledge the outstanding support we have received from this group and the work that they have done closely with the department in developing the new *Pharmacy and Drug Act*. The external advisory committee included two members from the Yukon Pharmacists Association, one pharmacy owner, a member of the Yukon Registered Nurses Association, a member from Health and Social Services Community Nursing, one member from the Yukon Hospital Corporation and two members of the Yukon Medical Association — one of whom was a community physician with a rural permit and the other was a physician from Whitehorse. The group also included a member of the public from a community that has a rural dispensary. That rural input was very much appreciated and very important in this work.

These people have met several times over the past number of months with our internal working group, which included officials from Community Services and Health and Social Services. They have reviewed and provided their input on policy issues associated with this new legislation as well as continuing work on modernizing the regulation of pharmacy professions.

I am pleased to note that the collaborative approach used to draft this complex legislation reflects what will be part of a new model of collaborative, patient-centred health care for Yukon.

The proposed *Pharmacy and Drug Act* will regulate the operations of community pharmacies and rural dispensaries. It may enable the regulation of other categories of pharmacies, should the need arise in the future.

To summarize, the legislation proposed today will address the following areas. It will require a licence to provide pharmacy services in Yukon and provision of those services only by qualified individuals. It will also establish a registrar of pharmacies — a staff member of the Yukon government —

and a pharmacy advisory committee to ensure oversight and compliance with the standards, codes of ethics and other requirements outlined in this act.

The pharmacy advisory committee will be established to advise the Government of Yukon on specific operational standards for licensed pharmacies and licensing rural dispensaries and criteria for licensing.

If requested by the registrar of pharmacies, the committee may review a licence application or advise on limits and conditions to be imposed on a licence, as well as outline what to do about complaints of misconduct. This new legislation will ensure a patient or someone acting on their behalf must be able to, with reasonable ease, contact the manager or a pharmacist for assistance.

This new legislation sets out roles and responsibilities for pharmacy and rural dispensary owners, referred to as "proprietors", as well as for managers of pharmacies, who are known as "licensees" in the bill, and who must be licenced pharmacists or physicians who are permitted to prescribe and dispense medications. It also outlines clear obligations that prohibit the proprietor from directing or influencing the management or operation of a pharmacy or rural dispensary that would cause the licensee to contravene their obligations under the bill and compels the licensee to report such an influence to the registrar.

The bill establishes a duty for the proprietor to report to the registrar any licensee who the proprietor believes is contravening any provisions of the proposed act. It obligates the licensee to manage the facility and ensure due diligence is exercised in dispensing drugs in a pharmacy or rural dispensary in accordance with the standards of operation of licensed pharmacies or the standards for operating licensed rural dispensaries as well as comply with professional standards of practice and a code of ethics.

Like pharmacists, all proprietors, regardless of whether they are pharmacists or not, will also be held accountable for any misconduct defined under the bill.

The bill also allows the government to temporarily manage or wind down the operations of a pharmacy should a disciplinary or other matter arise. The registrar may apply to the Supreme Court to appoint a qualified administrator or oversee the required process.

Of note — any person providing pharmacy services at the pharmacy or rural dispensary will now do so under the management of the licensee, who is responsible for the following: compliance with all applicable legislation; standards for the operation of the facility; standards of practice and due diligence with respect to dispensing of drugs; and counselling and maintaining accurate and current records. Under the bill, a licensee who plans to be absent for more than eight weeks from the territory must notify the registrar and arrange for management and supervision of the pharmacy or rural dispensary during their absence by an interim manager approved by the registrar.

Unless otherwise specified, a manager of a licensed pharmacy must ensure that a pharmacist is always present on-site and supervising pharmacy services when open to the

public. This holds true also for managers of licensed rural dispensaries. Codes of ethics will be established and must be followed for the operation of both licensed pharmacies and licensed rural dispensaries.

Inspectors will be appointed by the registrar of pharmacies. They will have the authority to investigate, inquire into, inspect, observe or examine the operation and records of a pharmacy or rural dispensary during regular office hours without a court order. A complaint and discipline mechanism is in place and this conduct is defined in this bill.

Records are kept and information sharing maintained in accordance with Yukon regulations for patients' safety and are supportive of collaborative care.

Amendments to the *Medical Profession Act* and the *Registered Nurses Profession Act* ensure that doctors and nurses who prescribe pharmaceuticals can continue to practice their professions.

Protecting Yukoners is top of mind with the *Pharmacy and Drug Act*. A complaint and discipline model in the legislation will provide that a discipline committee may caution a licensee or proprietor, suspend or cancel their licence, impose limits or conditions on a licence or order that limits or conditions be imposed on the operation of a licensed pharmacy or a licensed rural dispensary.

Pharmacists and rural permit holders will need to be familiar with the standards established in the workplace as well as any professional standards. For example, there are requirements to maintain confidentiality and cooperate with inspectors. Non-pharmacists and rural dispensary staff will need to be supervised to ensure public safety. These staff may alert the registrar if they believe standards in their workplace are not being met by the pharmacy owner or licensee.

The proposed act references the national drug schedules, which have been endorsed by the National Association of Pharmacy Regulatory Authorities, also known as NAPRA, and which are used in most provinces, Yukon and the Northwest Territories.

The national drug schedule consists of three separate schedules within which there are four categories of drugs. They identify where and how a particular drug can be sold. For instance, in non-pharmacy retail outlets, only drugs that are not on these schedules may be sold.

The new legislation will support expanded scope of practice activities for pharmacists, which will be identified in the pharmacist regulation that is currently under development and which I'll say more about in a few moments. It will also clarify the roles and responsibilities of the owner and managing pharmacist or rural permit holder and bring the pharmacy standards in Yukon up-to-date with other jurisdictions across Canada.

The *Pharmacy and Drug Act* and its regulations will be consistent with the pharmacist regulation under the *Health Professions Act* and *Access to Information and Protection of Privacy Act*, as well as the *Health Information Privacy and Management Act* when it comes into effect.

Mr. Speaker, the *Pharmacy and Drug Act* is the first step toward a greater initiative to modernize the pharmacy

regulations in Yukon. Work has also begun to draft regulations to implement the proposed *Pharmacy and Drug Act*. Pharmacist regulations that will govern pharmacists and rural permit holders under the *Health Professions Act* are also being drafted.

As with the bill before us today, we will be seeking the input of the external advisory committee in the development of these regulations. When they are ready, we will again be seeking public feedback. The *Pharmacy and Drug Act*, together with these two sets of regulations, will come into effect at the same time. Combined, they will provide Yukoners and those working in pharmacy professions with a robust and modern regulatory framework that supports increased public safety and this government's vision of a more collaborative health care model.

Developing legislation is an arduous process, so I would like to mention how important the collaboration with members of the advisory group and other stakeholders has been to the creation of Yukon's modernized pharmacy and pharmacist legislation. I would personally like to thank all the members of the advisory group and especially those who have and continue to provide substantial amounts of time and effort into developing these pieces of legislation and regulation. Their hard work, skills, commitment and ability to collaborate as a team is exceptional.

Mr. Speaker, I should go further in my commendation of the work done by the advisory committee and say that I think that they have done a fabulous job in communicating to government the needs of not only the pharmacy community, but of all Yukoners, both rural and urban, whether they are in Whitehorse or the communities. I am confident that the input received from those members from outside of Whitehorse was tremendously valuable in ensuring that this legislation reflects the needs of all Yukoners throughout the territory.

I would also like to thank other jurisdictions who have provided their valuable experiences and insights in supporting the Yukon team throughout the development of this act. I will speak a little bit more and later on — perhaps in Committee — about the work and reliance we have had with Alberta as a model for this legislation.

The *Pharmacy and Drug Act* is the result of significant collaboration with the Yukon health community and public consultation and I thank Yukoners for their input into this most important bill. I would also like to thank the various departmental officials from Community Services, as well as Health and Social Services, for their work in preparing this new legislation, which will help to meet Community Services' vision of vibrant, healthy and sustainable Yukon communities.

I am sure that my colleague, the Minister of Health and Social Services, will have a chance to discuss further how this new legislation fits with Yukon government's vision of a more collaborative health care system. I also wanted to make a few comments about some of the specifics in this act.

I noted that we relied significantly on Alberta as a legislative model for the development of this bill, and I wanted to say a few words about that. Yukon government decided to pursue the Alberta pharmacist model, as it leads the

country in terms of pharmacy legislation, particularly in expanded scope of pharmacist practice. After reviewing other Canadian interjurisdictional legislation, it was decided that the new *Pharmacy and Drug Act* would also follow Alberta as a legislative model. Reasons for this decision are that the Alberta legislation is a comprehensive model that addresses a broad range of legislative elements common to Canadian pharmacy legislation. It also has the operational standards in place to support expanded scope of practice — for example, counselling rooms. It is designed to work with the pharmacist regulation under the *Health Professions Act* by linking the discipline and complaint systems that exist between the professions and the pharmacy operations. It has integrated linkages between the pharmacist regulation and *Pharmacy and Drug Act*, providing continuity between the two pieces of legislation and ensuring that they work together, for example, with specialty pharmacies.

There are also linkages between the standards — for example, pharmacy operation standards require the implementation of quality assurance programs, and the pharmacist standards require that pharmacists must participate in them. There is also a sharing of a common code of ethics. Yukon's legislation will still consider the Yukon context and other considerations in the new act and ensure they are adapted to be consistent with the existing *Health Professions Act* and Yukon laws.

As you can see, Mr. Speaker, we've done a great amount of work in terms of determining which model is appropriate for Yukon, and we determined that Alberta was one we were going to lean on, in terms of the guidance for the creation of the legislation, and will likely be the jurisdiction we lean on in terms of ongoing support for some of the work that needs to be done in the future.

As I noted in my earlier remarks, this is simply one component of a broader pharmacy initiative that we've undertaken and it includes, obviously, the tabling of this legislation, but will also entail a significant amount of regulatory work that will be developed in the coming months and years. The tabling of the bill, the *Pharmacy and Drug Act*, is the first step in the regulatory development of a full legislative framework for the practice of pharmacies and the regulation of pharmacy operations in Yukon. This pharmacy initiative is comprised of the proposed *Pharmacy and Drug Act*, modernizing the regulation of pharmacists to reflect expanded scope and current practices across the country, and move regulation of this profession to fall under the *Health Professions Act*, as well as regulations for the *Pharmacy and Drug Act*.

Collectively, these three pieces of legislation are required to properly regulate the delivery of pharmacist services, including standards and codes of ethics.

So, Mr. Speaker, as you can see, there's a great deal of work yet to be done on the creation of these regulations, these standards of operations, these standards of practice, and the codes of ethics. I should note a little bit about some of this work.

Regulations address the administrative details of the act, such as establishing licensing categories, committee appointments, licensing and terminations, physical facilities, information management systems and record-keeping. Standards of operations address details such as suitable physical facilities and equipment, quality assurance programs, records, adequate staffing and so forth. It is expected that Alberta's standards will be used as a framework for Yukon but with some minor revisions.

Standards of practice are a list of statements and rules that further define how the pharmacist and rural permit-holder perform key professional activities. For example, some standards refer to: use of appropriate information; identifying and addressing drug therapy problems; following proper procedures when dispensing; release of drugs and providing counselling; establishing and maintaining professional client interactions; prohibiting return of a drug or health care product for redistribution or reuse; providing assistance with schedule III drugs and other health care products and devices; providing direction and supervision of other personnel; and creating and maintaining proper patient records.

The codes of ethics, by comparison, serve as the foundation and benchmark for professional behaviour, actions and attitudes to support the high level of trust that patients place in pharmacists and rural permit-holders. The principles that make up the code of ethics address issues related to serving patients, contributing to society and acting as stewards in their profession. These principles also provide direction to pharmacists and rural permit-holders faced with ethical dilemmas.

Types of principles include: holding the well-being of patients to be the primary consideration; respecting patient independence and dignity; respecting patient confidentiality and the right to health care; advancement of public health in prevention of disease; responsible use of health resources; ensuring competency and continued education; acting with honesty and integrity; nurturing the profession through mentorship; maintaining professional relationships; taking appropriate action in the event of an adverse situation; et cetera.

The *Pharmacy and Drug Act* also allows for codes of ethics for pharmacies and rural dispensaries to be developed in regulations in combination with the relevant legislation, the standard of operation, standards of practice and codes of ethics with the provision of safe and effective pharmacy services for Yukoners. The purpose of establishing the *Pharmacy and Drug Act* and its related regulations, standards and codes of ethics is to create and maintain an environment, both administratively and physically, for the safe and effective delivery of pharmacy services. All Canadian provinces have pharmacy legislation in place, which provides the framework for the safe operation of pharmacy facilities, but Yukon will be the first territory to do so. The act will set out the obligations of owners and managers, the standards around services, facilities and equipment, along with establishing an accountability framework and codes of ethics for licensed pharmacies and rural dispensaries.

The second legislative project is the development of a pharmacist regulation for the health profession. These are being developed under the *Health Professions Act* and are intended to replace the dated *Pharmacists Act*. This will modernize the regulation of this health profession, provide and expand its scope of activities that support collaborative care, and will continue to issue rural permits for dispensing positions.

In January 2014, Community Services and Health and Social Services consulted with an external advisory committee, as I noted earlier. That group consulted on a monthly basis for advice during the summer and fall of 2014 around the issues of expanded scope, rural permits and the regulation of institutional pharmacies.

The group's recommendations included support of expanded scope, retaining the rural permit with conditions and reviewing whether or not to regulate institutional pharmacies at this time. In addition, the group was provided updates about the policy work being done with the pharmacists working group.

During this same time period, the pharmacists working group was formed to do a weekly review of the policy issues surrounding the legislative development of the pharmacist regulation and the *Pharmacy and Drug Act*. This group consists of members of the Yukon Pharmacists Association and pharmacy owners.

In the winter of 2014-15, further discussions were held with the Yukon Medical Association and Yukon Medical Council to discuss issues around physicians' rural permit and concerns around pharmacists' expanded scope.

Finally, an implementation working group consisting of Yukon Pharmacists Association, Yukon Medical Association and employees of Health and Social Services and Community Services was formed to review conditions for rural permit holders, expanded scope, activities for pharmacists and other required regulatory pieces to implement the pharmacy initiative legislation.

As the regulation and standards for the *Pharmacy and Drug Act* will still require development, it is anticipated the key stakeholder will continue to be engaged in this future work. While the *Pharmacy and Drug Act* goes through the Legislature for approval, work will be done to prepare and release the pharmacist regulations for consultation.

As you see, there is a significant amount of work yet to be done, but I cannot overstate the amount of work that has been done to date on this particular bill, both by officials in the government and those folks from the health community, as well as the community at large, who provided significant input in the development of this bill. I would like to again thank them sincerely for their work. It was a tremendous amount of work, and we certainly appreciate it here in the Legislature.

I look forward to hearing comments from my colleagues about this bill, and I look forward to getting into Committee of the Whole debate later this afternoon, where I will be joined by government officials who will assist me in providing answers to the members of this House with regard to some of the detail as we get into the individual clauses of the bill.

With that, I will conclude my second reading comments and commend Bill No. 88, the *Pharmacy and Drug Act*, to the House.

Ms. Stick: I am pleased to stand here on behalf of the Yukon NDP Official Opposition and speak to this important piece of legislation that has been needed in this territory for a long time. We will be supporting this piece of legislation. It is important for everyone — all of us. Up until this time, it should be noted that there was no legislation governing pharmacies or rural dispensaries, only the pharmacists themselves. So to see the two brought together under one piece is good.

Pharmacists are an integral part of supporting a collaborative care approach to health care in the Yukon, just as pharmacies and rural dispensaries are.

I want to thank the officials and the staff from Community Services and from the Department of Health and Social Services for their work on this legislation and for the briefing that they provided us last week. I think thanks also has to be given to the advisory committee that helped drive this planning with their input, with their follow-up, with their professional skills, with their knowledge and with their advice.

I will save further comments and questions for Committee of the Whole — and I have many — but at this point, I am pleased to see this brought forward, but recognize that there will have to be a lot of work completed to be able to actually see this legislation come into effect with regulations, with standards and with changes to other acts.

Hon. Mr. Nixon: I'm pleased to have the opportunity today to speak to Bill No. 88, the *Pharmacy and Drug Act*.

The Departments of Community Services and Health and Social Services are undertaking a joint pharmacy initiative to modernize pharmacist regulation and establish legislation around pharmacy operations. Consultations with key stakeholders and the public was a key part of the development of these laws. Modernized legislation will ensure standards keep pace with professional practice and support public safety, as well as access to health care. This government is committed to increasing collaboration among health care professionals to ensure improved health care for all Yukoners.

Just an important note: there are six pharmacies in the territory and there are two rural dispensaries. The new pharmacist regulations will replace the 1995 *Pharmacists Act* and respond to pharmacists' lobbying since the 1990s for modernized legislation and expanded scope. Changes will keep pace with expected standards of professional practice, as well as support of public safety.

Yukon now joins all Canadian provincial jurisdictions in regulating pharmacy operations. This new legislation addresses accountability and obligations of proprietors and managers, and it enables standards of operations — so for example, facility and equipment requirements — but it will also regulate rural dispensaries and place conditions around physician dispensing, as many other jurisdictions do.

In our previous platform, we committed to caring for Yukoners. We committed to a number of initiatives, including increasing support for multidisciplinary collaboration. The bill before us today is part of our delivery on that commitment. I've spoken previously in this Assembly about our government's desire to make Yukon the best place to live, work, play and raise a family. The Government of Yukon and the ministry for which I am responsible, the Department of Health and Social Services, has a vested interest in this legislation as it supports the delivery of collaborative, patient-centred health care for our territory.

Like our colleagues in Community Services, my staff and I would like to acknowledge the hard work and professional commitment of the people who provided input on the development of this bill. This list includes the Yukon Pharmacists Association — including pharmacists and pharmacy owners — the Yukon Medical Association, the Yukon Registered Nurses Association, the Yukon Hospital Corporation, our public representative, and the many other stakeholders, as well as the public.

I would also like to acknowledge that, by moving forward with the team from Community Services on this legislative initiative, I believe we have a solid bill before us. I believe this bill reflects on our platform commitments. This bill helps achieve many objectives. The primary purpose of establishing this legislation is to create and maintain an environment, both administratively and physically, that provides for safe and effective delivery of pharmacy services in Yukon.

All Canadian provinces have this type of pharmacy legislation in place, and now so will we. This legislation sets a framework for governing the safe operation of pharmacies. It creates a level playing field by ensuring that common standards are in place and adhered to by all businesses. Suitable facilities and equipment, organizational structures and enforcement are all essential underpinnings to the delivery of effective pharmacy services designed to protect the public.

Last year, the government commissioned a study with Health Intelligence Inc. and associates. This study was undertaken with the key health system stakeholders to produce an evidence-based clinical services plan for Yukon. This report was designed to be used in health and social services planning for the territory.

One of the findings and recommendations of the report was to utilize collaborative and team-based care. This is seen as key to addressing the health and social service needs of Yukon residents. Collaborative practice is a model that offers the engagement of multiple health professionals to work together to deliver a comprehensive range of the highest quality effective health care services for Yukon people.

Their findings coincide with our platform, which also recognizes the importance of a collaborative approach. Collaborative care is central to workforce and clinical service planning with a substantial and sustained impact on primary care and outcomes. It is seen as a centrepiece of a model of care delivery that would address many challenges faced in Yukon. This bill provides a foundation upon which collaborative care can be built further.

Another objective of the clinical services plan was to have our health care workers working to the top-of-licence, also known as expanded scope. Some Yukoners may wonder what expanded scope means for them. To answer that question, I'm going to talk in general about the improved health outcomes, and then I'm going to mention some of the specific practical examples from other jurisdictions.

This approach encourages health professionals to provide services to their maximum skill level. This role supports the provision of a continuum of service centred on patient care. It is proven to support patient satisfaction levels.

Expanded scope of health care professionals provides increased access to health care. It improves service-delivery outcomes, supports collaborative practice and offers cost-effective health care delivery systems.

We see this bill as providing the foundation for such health care delivery in Yukon, a foundation from which standards can be built — standards that support pharmacists and more progressive health care delivery models through the practice of expanded scope. We know that many Canadian provinces now enable their pharmacists to practise expanded scope. This scope has been gradually implemented to include the provision of emergency refills, renewal of prescriptions, changes to drug doses or formulation, therapeutic substitutions, prescriptions for minor ailments, the ability to order and interpret lab tests, and to administer some injections.

Yukon too will progressively work at phasing in pharmacists' expanded scope as other jurisdictions have done. We have been working with our stakeholders on this issue for the past year, and we will continue to do that work.

We support this bill because it establishes the structural support and standards necessary to enable pharmacists to work toward expanded-scope health care delivery. By ensuring pharmacies have facilities such as counselling rooms in place, we will be able to carry out more enhanced functions.

In 2012, we brought in new regulations that introduced nurse practitioners into the health care system to support collaborative practice. Now, with the pharmacist regulations, that starts to build the framework of expanded-scope practice for pharmacists in Yukon. Progress is well underway.

Mr. Speaker, we are pleased with the development of this work. All of this work contributes to the broader picture of strengthening our health care delivery system in Yukon and improving service opportunities to Yukon people. Our department is committed to continuously working to improve our health care delivery in our wonderful territory. This bill also supports the framework for electronic health care delivery in Yukon's health care system. As our technology systems are developed, this bill recognizes support — the application of information and management systems in the delivery of pharmacy services in Yukon.

Our government, through the Department of Health and Social Services, is actively working on an e-health system with funding support from the federal government through Canada Health Infoway. This system will allow for sharing of

drug and lab information between the public sector and the private sector health care providers.

E-health is complex and requires expertise in technologies, medical and clinical care, privacy stakeholder engagement, governance, and information management. This proposal will improve patient care as well as patient safety, and it will create efficiencies for patients, health care providers and the health care system. It helps achieve this by reducing duplication of tests, medical errors, management of drug therapies and so forth. It provides more timely access to information, particularly helpful in emergency room situations. E-health will support Yukon's move to a collaborative care model and patient-centred seamless services.

Finally, this bill supports Health and Social Services and managing the health system. It does this by providing for the disclosure of information to the department and enabling drug monitoring programs — all which support the proper planning and management of the health system.

This bill requires the registrar to give notice to the Health and Social Services ministry where there may be a disruption to the health system as a consequence of an order.

My department officials have shared with me their gratitude to our stakeholders for their commitment to this project and the joint efforts of Community Services. As my colleague, the Minister of Community Services, has already mentioned, we would like to thank the many Yukoners who provided their advice and their assistance in the development of this bill. We will continue to work toward improved outcomes for the delivery of health care in Yukon and toward our commitment to improve the quality of life for Yukoners. Mr. Speaker, I would like to thank the Minister of Community Services and his department officials for the hard work that they've done in order to bring this bill forward today. This bill will help us achieve our goal of making Yukon the best place to live, work, play and raise a family.

Hon. Ms. Taylor: Mr. Speaker, I too want to add my support to the bill before us. I want to start by also thanking those many individuals who have contributed to this process over the past year and some. In particular, I want to start off by thanking the Department of Community Services, working in collaboration with the Department of Health and Social Services as well. It is a large project underway as we speak, and this is really the first of a number of pieces of legislation and regulations associated with this very initiative.

What we've seen over the course of the last number of years under Community Services — they have been very busy indeed, from work on the oil-fired appliances regulations and the associated legislation that went through the House. There is also the *Landlord and Tenant Act* — another large project underway and now the associated regulations that go alongside with that — also the crafting in collaboration with stakeholders on the business corporation regulations and so forth. It is a very busy department indeed — and large pieces of legislation and very wide-reaching pieces of associated regulations as well go with each of these.

When it comes to the pharmacy initiative — and in particular the *Pharmacy and Drug Act* — it's yet another example of how our government has been working in support of collaborative care. As the Minister of Health and Social Services just outlined, it was a major platform commitment of ours. We've taken a number of steps over the past recent years in support of collaborative patient-centred care, which is so very critical. I think, as we proceed — not just into the year coming, but years in the future, looking to those various models of care and being creative in being able to deliberate on behalf of Yukoners so that we can continue to provide that quality of life that Yukoners have come to expect and will continue to enjoy over the years.

This initiative, of course, is comprised of the act itself that is underway here at second reading today. It also includes modernizing the regulation of pharmacists across the territory to reflect the expanded scope. A very important critical component of this initiative refers to expanding the scope of pharmacists — being one — but I know my colleague just spoke of expanding the scope of practice for other health care practitioners, nurse practitioners being one of them.

I recall being at the doorstep a number of years ago and talking to individuals at the doorstep about being able to expand and articulate on that expanded scope of practice for nurse practitioners as a case in point. I did not really realize the significance of that need until I heard it first-hand from individuals who work over at the hospital. It was effectively at that time individuals were coming in from Alberta for a short period of time to be able to fill a critical need and it was becoming increasingly a deterrent in coming to the Yukon as a destination to do business and to be able to exercise that scope, because they didn't actually have the backing of the regulations — so to speak — to be able to exercise that full scope of authority. Being able to amend the regulations and being able to deliberate in collaboration with our nurse practitioners or nursing community across the territory — and other health care professions — we were able to make those changes necessary. Now it is not so much of a deterrent, but really an attractive point of being able to exercise that full scope and being able to gain the experience, whether or not you are looking to expand your experiences, whether it is here in the Yukon or in Alberta, but being on a level playing field is so very critical in being a very attractive destination and being able not just to attract but to retain those health care professionals to our communities as well.

Keeping with current practices across the country and working to later on this year move the regulation of the profession to fall under the *Health Professions Act* and the associated regulations on the regulations for the *Pharmacy and Drug Act*, collectively, all these three very big pieces are required to properly regulate the delivery of pharmacy services across the territory. As we have already heard, that includes standards and codes of ethics.

Indeed, I am very pleased that, although perhaps we are one of the last jurisdictions in the country, we are, however, the first territory to be able to do just that — to have this modernized pharmacy legislation in place, which ultimately

provides a very safe operating framework for pharmaceutical facilities. It sets out the obligations of owners and managers, standards around services, facilities and equipment, along with establishing an accountability framework — a code of ethics for licensed pharmacies and rural dispensaries.

As I mentioned earlier, there has been a tremendous amount of work that has been done by not only our officials within the Government of Yukon, but working with the external advisory committee, including representatives from the Yukon Pharmacists Association, the Yukon Registered Nurses Association, the Yukon Medical Association — which includes not only Whitehorse, but rural physicians — the Yukon Hospital Corporation, the public at large, pharmacy owners and, as I mentioned before, our own department officials in Health and Social Services, as well as Community Services. So a tremendous amount of work has been done over the past year on all those areas, from expanded scope of practice to issuing permits — rural permits, in particular — and giving credence to the unique needs of rural Yukon and, of course, the regulation of institutional pharmacies.

I'm really glad to see the recommendations coming forward from that group and their support for all of these pieces that are housed within the legislation before us. That work is far from over. As I mentioned, while the *Pharmacy and Drug Act* goes through the Legislature for discussion, consideration and approval this Sitting, work likewise will be done to prepare and release the pharmacist regulations for consultation. It's really the next order.

Again, I would like to thank the Minister of Community Services and the Minister of Health and Social Services and their respective departments for the really hard work that has gone into this overdue legislation. I'm very pleased to provide my support to the bill and commend it to all members, and look forward to the ensuing debate in the days to come.

Ms. Hanson: I'm pleased to also rise to speak with initial thoughts on Bill No. 88, entitled *Pharmacy and Drug Act*. As my colleague, the Member for Riverdale South, has already said, we do thank the public servants. I would be remiss to not also talk about the legal drafters who were involved in this. It's certainly the policy people in Health and Social Services and Community Services, both from a policy point of view and an administrative point of view — but the legal drafters in Department of Justice have obviously done a significant amount of work on this bill to bring it to the state that we now have before us.

I am particularly pleased, because the whole issue of the antiquated framework under which pharmacists were asked to operate — and still are asked to operate — in this territory has been a real concern to the Official Opposition. Members opposite will know that we have, on a number of occasions, brought forward concerns in Question Period and in budget debate with respect to issues of safety and conflict of interest that have been manifest or have occurred within this territory — situations where we have doctors both prescribing and selling medication, whole issues around accountability and some difficult situations.

So we are very happy to finally have this piece of legislation brought forward, because it is something that we've been advocating in this House for many years. It's only because of an unfortunate blip, one would say, on the legislative history that a previous attempt by a previous NDP government to move this forward was delayed for 15 years, so we're 15 years after it was attempted and we're there because pharmacists are an integral piece of supporting.

I'm pleased to hear the members opposite using the language of collaborative care. It's a major, major move from the members opposite from three and a half years ago. It's a language — it's a shift — and I'm hoping that the use of the language actually reflects taking to heart what that means when we talk about collaborative care, because as we've talked about in the past, pharmacists are indeed that integral piece.

As we speak though, Mr. Speaker — and if we were to look at the Canadian Pharmacists Association's environmental scan of pharmacy practice legislation across this country, pharmacists practicing in the Yukon as of today — unlike pharmacists in most provinces — including the Province of Alberta, which we are emulating in terms of best practices, as it's one of the provinces where, unlike the Yukon, pharmacists can provide emergency prescription refills, pharmacists can renew or extend prescriptions, pharmacists can change drug dosage and formulations, pharmacists can in those jurisdictions make therapeutic substitutions, they can prescribe for minor ailments and conditions and they can initiate prescription drug therapy, they can order and interpret lab tests, they can administer a drug by injection and the legislation provides for regulated pharmacy technicians. When we speak about the scope of practice and expanding the scope of practice of these highly trained, educated professionals, this is what is meant. It is meant that we are actually recognizing their ability and their capacity to do that whole suite of functions that they're currently prohibited from doing in the Yukon.

The challenge — there is a challenge that we faced with other pieces of legislation that have been brought forward by this government — is that the legislation is brought forward with great fanfare, but then we have to wait for the regulations. We are still waiting on regulations, for example, with respect to the *Landlord and Tenant Act*.

I understand that the regulations for this legislation are not expected for at least another year. In the meantime, the health professions regulations for the pharmacists and the long-awaited expanded scope of practice for these — really, as I've just said outlined in terms of the kind of capabilities that they have — capable professionals are also in the process of being drafted and are going out for consultation.

It is a challenge, given the overlapping concerns that have been brought forward with respect to the governance, regulation and oversight of pharmacies, the pharmaceutical drug provision and pharmacists over the past number of years.

We've had many concerns and we've had many practical examples of what could have been different — and different outcomes — if these kinds of regulations and provisions were

in place. We heard them very clearly through the coroner's inquest into the deaths of the two women in Watson Lake and we've heard them from pharmacists, nurses and physicians themselves.

So, Mr. Speaker, until all the pieces of the pharmacy initiative are completed, including the regulations as well as for pharmacists under the *Health Professions Act*, there is still concern about the extent to which outstanding issues of concern have been addressed, and how we make sure to safeguard against any repeat of some of the unfortunate situations that have occurred as well as address the real challenges of retention of highly skilled pharmacists who are not prepared to work under the antiquated system that we have in place.

We believe that this legislation is one step toward promoting and ensuring the health and well-being of all Yukoners, and we do look forward to seeing a real plan to bring so many diverse and talented health care professionals together in a real team-based, collaborative care approach that will work toward improving all Yukoners' access to care, Yukoners' health outcomes and, most importantly, the future quality and sustainability of our health care systems.

There are many strengths in this legislation, because it goes without saying with the fact that we have something that's modern, that's more reflective of 2015 and going forward. As I said, it is a great step to see the legislation. The reality is that nearly all the major items and functions of this legislation will be structured and implemented through the regulations, which we have not as yet seen as they are being developed and still have consultation, which is necessary. But the fact is, it's regulations that breathe life into legislation. So we're left in the position of evaluating and voting on the skeleton of the legislation rather than its full and complete form.

An example of this is the accountability framework for pharmacy proprietors and managers. That's a positive step. However, the curtailed absence of attendant regulations means that this legislation remains silent on a wide array of steps for implementation such as the membership and tasks of the pharmacy advisory committee. We can go into more detail on these, Mr. Speaker, when we go through the legislation, but I just want to give the minister opposite a heads-up in terms of some of the issues. I'm sure that, in his review of the legislation, he will have answers to these and provide assurances to the members on this side about how these are to be dealt with.

The membership of review committees and discipline committees — partly it's how they are structured, who they are, the categorization, scope and issue of licence. The content of a code of ethics — are we simply adopting the code of ethics from elsewhere or is there a professional code of ethics for pharmacists in the Yukon? It's a question, Mr. Speaker. I don't know the answer and I don't see reflected in this legislation how that's done.

The rules for personal health information and record management — and I'm sure that as the minister goes through that, he will show us how this links through the privacy

provisions that were passed through the health information privacy — or something last week here — and the how's and the requirements for prescriptions in e-prescribing.

The power to make regulations, as we know, is important and they are critical to the governance and implementation of this legislation.

I will ask the minister in Question Period if it is common practice to appoint every single individual who is designated in the legislation to oversee the governance of this legislation and its regulations. In this legislation, the minister, or Cabinet, will hold the authority to appoint the registrar, the pharmacy advisory committee, the review committee and the discipline committees. Are any of these independent or arm's length from government? I don't know.

The minister touched on the provisions with respect to the eight-week absences. There is a general concern that we might have about how that applies in particular for those in rural practices. It is one thing when we have drug stores in Whitehorse but it is quite a different thing in rural situations, so we will probably want to probe into that a bit more.

Mr. Speaker, as my colleague from Riverdale South said, the Official Opposition is pleased to see this legislation come forward. We —

Some Hon. Member: (Inaudible)

Ms. Hanson: Not only is it extremely important, we know that the pharmacists have been very patiently waiting for this legislation and have worked very diligently over the last number of years. I only hope that we haven't lost too many good and skilled pharmacists due to their frustration with the antique system that they are asked to operate under.

That being said, we look forward to the detailed discussion, when we get to it, on Bill No. 88.

Hon. Mr. Cathers: First of all, in rising I would like to begin by sincerely thanking staff of Community Services as well as staff at Health and Social Services and legal drafters in Justice for their work on this. I would like to acknowledge the external advisory committee as well for their participation and their work in representing the various stakeholders who would be affected by this legislation and whose views were an important part of developing this new structure.

I am not going to spend a lot of time talking about the Leader of the NDP's comments, but I did find it somewhat notable that it is interesting to hear someone be supportive of legislation, and I don't think I have ever heard someone sounding so negative in their comments toward a bill they were supporting.

I also have to point out that the member's assertion that the NDP were on the verge of bringing in legislation of this type that would have acknowledged the current scope of practice in pharmacists is, quite frankly, ill-informed because the change in scope of practice allowed within jurisdictions in Canada has evolved in recent years, and that is one of the reasons that this legislation is being brought forward now. The details governing pharmacists will be dealt with in the pharmacist regulations, but I should note that changes in Alberta particularly have been at the forefront of increasing

what pharmacists can do within their scope of practice. Other Canadian jurisdictions are at various stages in terms of what additional elements they allow pharmacists to do and that they are trained to do, but in some cases not all areas that are within their scope of training are within their licensed scope of practice.

That type of situation is far from unique to Yukon. It is common that, as training for health professions expands and enables greater proficiencies for people trained in that discipline, it does take time for provinces and territories to bring their regulations in line. In fact, part of that is quite deliberate in nature, in that if there has been a province that has been an early adopter of new legislative provisions, there is often a very deliberate effort, not just by government but also by other health professions within other jurisdictions, to assess how well that is working to determine if there are lessons that can and should be learned from that, prior to those jurisdictions making changes to their regulatory and legislative structure.

It should not be underrated how many hours of effort by how many policy people and by stakeholders have gone into the development of this legislation. Contained within the 38 pages of the legislation are important provisions that do modernize the Yukon's legislation for governing pharmacies, ensuring that we have an effective, modern structure that is based on an understanding of what has worked well in other jurisdictions and where there are lessons learned that we do not want to repeat ourselves. We also have to be cognizant of the Yukon context. The solutions that work in a larger jurisdiction with more established pharmacies are different in the Yukon when, in particular, in two communities outside of Whitehorse — Dawson City and Watson Lake — there have been rural pharmacies for years operated by a physician under a rural permit. While this legislation is intended to provide further regulatory structure and oversight to operations of the rural dispensaries, it is also important to consider — as the external advisory committee considered — the fact that if the services are removed from those communities, it has an effect on people's access to pharmacy services and to drugs and ends up falling back to them likely relying on those medications being sent through the mail instead of dispensed to them from a physician's clinic.

Under the new legislation, the roles and responsibilities of owners and managers are spelled out. Managers or licensees and the owners — proprietors — are assigned accountability and distinct obligations and roles under the *Pharmacy and Drug Act*. One of the most fundamental principles of this legislation is to have a managing pharmacist or rural permit holder responsible for overseeing supervision, control and management of the pharmacy or rural dispensary. It's clearly spelled out in this legislation that the owners must not attempt to direct or influence the management or operation of a licensed pharmacy.

That is acknowledging the fact that, whether through the pharmacies in Whitehorse or the rural dispensaries, the owner and the manager are often different people, making it clear that there must be very clear responsibilities, so that the

primary motivation in decision-making around medication is based on patient needs and appropriateness, rather than financial in nature.

In the area of licensee obligations, the obligations for a licensee are spelled out under this legislation, under Bill No. 88. They include: manage, control and supervise the operation of the pharmacy or rural dispensary; and ensure that the pharmacy or rural dispensary is operated in accordance with the *Pharmacy and Drug Act* and regulations under it, with the *Health Professions Act* and any applicable regulations, and with the pharmacist regulation. The licensee is also obligated to comply with any order made under these acts and any limits or conditions imposed on a licence.

I should also note, particularly with regard to another of the comments from the Leader of the NDP, that I was quite surprised to hear her make — was a lack of knowledge when it comes to the area of a registrar being recognized under legislation. In fact, it is typical across health professions for there to be a registrar. In the area of physicians, for example, under the *Medical Profession Act*, the Yukon Medical Council, which is an independent board, appointments to that board are made through order-in-council by Cabinet. The registrar is a government position, which has distinct legal responsibilities under legislation that they are obligated to fulfill. The appointment with the pharmacy advisory committee — though their roles and responsibilities would certainly not be identical to that of the Yukon Medical Council, it would be comparable, in that a body composed of people, including, in the case of the medical council, a certain number must be physicians and a certain number are lay people. Those people are appointed and given very clear powers and obligations to the public.

I should also note, going back to the specific obligations of licensees under this act, a licensee also has a legal obligation to comply with all privacy legislation in place within the Yukon and to comply with any act or regulation in the Yukon or Canada that is applicable, relating to the compounding, prescribing, dispensing, manufacturing, sale, supply or distribution of drugs, devices or natural health products.

The licensee also has a legal obligation to ensure that due diligence is exercised in the dispensing of drugs in accordance with the standards of pharmacy operations and practice of pharmacists as well the drug schedules. The licensee is also obligated to ensure that counselling is conducted in accordance with all standards, as well as ensure that a licensed pharmacist or rural permit holder can be readily contacted for assistance.

The licensee also has a legal obligation to create and maintain records that are under the care and control of the licensee. They have an obligation to notify the registrar if they are absent for more than eight weeks and arrange for an interim licensee to fulfill their responsibilities and take on that role. Unless the regulations authorize otherwise, a licensee has a legal obligation to ensure a pharmacist or rural permit holder is always present and supervising the provision of pharmacy services at the pharmacy overall dispensary.

As well, they have an obligation to cooperate with an inspection, to comply with the code of ethics, standards of practice and standards of operation and they have an obligation to report a proprietor who directs, who influences or attempts to direct or influence in a way that contravenes or could result in a contravention of the obligations of the licensee or the management in operation of the pharmacy or rural dispensary, as the case may be.

Mr. Speaker, the proprietor has their own legal obligations under this act which include keeping the registrar apprised of the address of the pharmacy or rural dispensary and ensuring records are created and maintained and kept under the control of the licensee. The proprietor is also legally obliged not to direct or influence or attempt to direct or influence in a way that contravenes or could result in the contravention of the obligations of the licensee, the management or operation of a licensed pharmacy or of a licensed rural dispensary.

The proprietor is also legally obliged to report to the registrar when there is reason to believe that a licensee is contravening an obligation of the licence under this act and they also have their own distinct legal responsibility to cooperate with an inspection.

It should be noted when the members will see specific references under here to other legislation, including references to the *Health Professions Act* and to regulations — that is to ensure that, as changes are made to those other legislative or regulatory instruments, these remain in harmony and do not conflict with each other.

There are also provisions contained within this legislation to provide for the inspection of complaints and for discipline of licensees and proprietors to establish the obligations of licensees and proprietors — pardon me, I'm repeating myself — and again, in the course of inspections of pharmacies and rural dispensaries to clearly provide for the powers of the inspectors to take records and to take copies of records that are relevant to inspection and provides them with the ability to take appropriate action in follow-up.

There is also provision, as referenced by the Minister of Community Services, for the appointment of an administrator in the absence of, or in the windup of, the operations of a pharmacy or rural permit-holder.

I should also note that there are provisions for the Supreme Court, on application, to replace an administrator or terminate the appointment of an administrator and provisions for a discipline committee to be appointed to exercise the duties and powers of a discipline committee under this legislation.

There are also specific provisions related to allowing any person to make a complaint against a licensee by delivering the complaint in writing to the registrar. The registrar has the ability, of their own volition, to investigate a licensee regarding conduct that may constitute misconduct. They provide for the ability that the registrar has a requirement also to forward to the registrar for pharmacists, under section 8 of the *Health Professions Act*, any information related to their investigation and that the registrar must forward to the Yukon

Medical Council any information obtained by the registrar respecting conduct of a licensee that may constitute grounds for an investigation under section 23 of that act or an inquiry under section 24 of that act.

In reference to the powers of a discipline committee — they provide the ability that a discipline committee may caution a licensee, suspend or cancel a licence or impose limits or conditions upon a licence. They also have the ability to order that limits or conditions be imposed on the operation of a licensed pharmacy or a licensed rural dispensary and the powers to direct that periodic inspections of a licensed pharmacy or a licensed rural dispensary be conducted by an inspector at the cost of the licensee.

The discipline committee also has the ability to direct that periodic audits of drugs at a licensed pharmacy or licensed rural dispensary be conducted by an inspector at cost of the licensee. A discipline committee has the ability to order that no person may provide pharmacy services in a licensed pharmacy or licensed rural dispensary for the period of time set by the order.

Additionally, they may order the licensee is required to pay the costs or part of the costs of the investigation initiated into their conduct and to order the licensee to pay all the costs or part of the costs of the registrar associated with enforcement of an order made under any of the paragraphs in (b) to (h) under section 31 of the legislation.

Moving on — they provide a similar ability for a person to make a complaint against a proprietor by filing that complaint with the registrar, and provide the ability for the registrar to investigate a proprietor regarding any conduct that may constitute misconduct under this legislation or any applicable regulations.

In that case, the powers of a discipline committee include the ability to dismiss the matter, caution the proprietor, reprimand the proprietor and impose limits or conditions on the operation of a licensed pharmacy or of a licensed rural dispensary.

The discipline committee also has the ability to direct periodic inspections of a licensed pharmacy or licensed rural dispensary conducted by an inspector at the cost to the proprietor and to direct that periodic audits of drugs held at a licensed pharmacy or licensed rural dispensary be conducted by an inspector at cost to the proprietor. As well, the discipline committee has the ability to order that no person may provide pharmacy services at a licensed pharmacy or licensed rural dispensary for a period of time set by the order and the ability to fine the proprietor in an amount not exceeding the prescribed maximum under this legislation and applicable regulations. They also have the ability to order that a proprietor pay all the costs or part of the costs of investigation into the conduct.

Those are a few of the highlights from this legislation. I hope that members will recognize and agree that this is an important piece of legislation and, in my belief, it is also legislation that has struck an appropriate and careful balance and structure to responsibly regulate pharmacies and drugs within the Yukon and recognize the importance of not only

modernizing our legislation to reflect the best practices in other jurisdictions but also understanding the Yukon context and ensuring that we have reflected what we have heard from Yukon stakeholders and Yukon communities in developing this legislation.

With that, I will close my comments and commend Bill No. 88 to this House and thank the Minister of Community Services for tabling it. I thank all officials involved in this for their good work in developing this legislation.

Speaker: If the member now speaks, he will close debate. Does any other member wish to be heard?

Hon. Mr. Dixon: Thank you to my colleagues for their comments at second reading so far. I have heard it indicated from the Official Opposition that they would be supporting the bill so I look forward to seeing their support come time to vote.

I should note there were a number of questions raised by a number of different members in their second reading comments that I will certainly have a chance to address later in Committee of the Whole, but I wanted to respond to a few particular issues. In a very general sense, I note that this bill supports the government's priority to enhance public safety by creating industry standards in a framework for the safe operation of pharmacy facilities in Yukon. Pharmacies are regulated, as I have noted before, in all Canadian provinces and this new legislation will provide a strong regulatory framework consistent with other jurisdictions. By modernizing pharmacy legislation, we indeed improve the quality of life for Yukoners, we believe. We have consulted extensively with pharmacists and other key stakeholders, including members of the external advisory committee. They have worked over the past months with our internal working group, which included officials from both my department and the Department of Health and Social Services.

I know it has been said already, but I did want to again thank those members of the advisory committee who participated in the development of this bill. As I indicated previously, there were two members from the Yukon Pharmacists Association, one pharmacy owner, a member of the Yukon Registered Nurses Association, a member from Health and Social Services Community Nursing, one member from the Yukon Hospital Corporation, and two members of the Yukon Medical Association, of whom one was a community physician with a rural permit and the other was a physician from Whitehorse. Finally, the group also included a member of the public from a community that has a rural dispensary.

I think that each of these individuals and each of these representatives represented a different segment of the population interested in this legislative development, and I think each of them brought forward a perspective that was very much valuable to the initiative.

Obviously the pharmacists themselves provided sage advice in the development of this legislation and, of course, noted that it was long overdue. I do understand as well that

some of the pharmacists who participated found the initiative to be quite interesting because of the fact that they got to see, in a real sense, the development of legislation from nothing into a bill before the House. I think that it was a rewarding experience for those pharmacists who participated, as well as the pharmacy owner who did participate.

The member of the YRNA, as well, provided some very important input in terms of bringing forward the perspective of the nurses of the territory. The result of that input from the YRNA did result in some significant — not significant, but some important changes that were made throughout the development of the legislation. Of course, as I have noted previously, there is a subsequent amendment to another piece of legislation that deals with nurses, so that input was greatly appreciated.

The member from the Yukon Hospital Corporation provided some important input in terms of the decision that was ultimately made by government with regard to institutional pharmacies and the role of the accreditation process that hospitals go through with regard to the decision that was made regarding institutional pharmacies in this legislation.

The two members of the Yukon Medical Association — as I noted, one was a community physician with a rural permit, so a rural permit holder, and the other was a physician from Whitehorse, who was not. Obviously the doctors who participated brought forward the perspectives of themselves as individuals but also from the YMA at large. I know that there is always an interest, whenever we talk about expanding scope or expanding scope of practice — that doctors are always interested to see how that is done and want to make sure that they are involved in the legislative and regulatory aspects of that expansion.

Finally, Mr. Speaker, the individual from the public, from a community that has a rural dispensary, was integral because of the fact that that perspective is very, very valuable. It is important to Yukon communities that their voices are heard and that their perspectives, as citizens of the territory who don't live in Whitehorse and who live in the more rural areas of the territory, are heard, and I know that the individual who did participate provided that perspective very well. We want to ensure that the services that are available to rural Yukoners continue to be adequate, and I think that that input was very much appreciated.

I also want to note that the collaborative approach used to draft this complex legislation reflects a very important part of the collaborative patient-centred health care model for Yukon. I know the Leader of the Official Opposition noted some surprise at the fact that we were pursuing a collaborative care model when, to look back, one needs only review the Yukon Party's platform to see collaborative care noted therein. I believe page 9 is the page, if folks want to look.

This is an important initiative, not only for pharmacists and those who use pharmacies and pharmacist services, but for the entire health care system. We are, through the changes that we made previously to the expansion of scope for nurses to this initiative, making our health care system more

collaborative and more responsive to the health care needs of Yukon citizens.

There are a number of specific questions that were asked and raised by members throughout the course of their second reading speeches. I won't address them all, so I'll have to leave some of those to Committee of the Whole when we can have a more informal back-and-forth with regard to the activities and contemplation of the legislation.

I did want to note, though, that a considerable number of individuals throughout the Yukon participated. I mentioned the advisory committee, but a number of individuals from the public provided comments as well, and I would like to thank those folks for their input. The Pharmacists Association, pharmacy owners, Medical Association, Yukon Hospital Corporation, the Registered Nurses Association, the office of the registrar in Community Services and the Community Nursing branch of the Department of Health and Social Services all provided considerable input and we are appreciative of that.

As I've noted before, Mr. Speaker, this is only the beginning. There's a significant amount of work that has yet to be done. Obviously, this legislation contemplates significant regulatory development, including the development of codes of ethics, standards of practice and associated regulations. That work will take time. I know that sometimes members express frustration with the speed at which this occurs, but I assure all members that officials in the departments are working as diligently as they can to bring forward the regulations that are pursuant to the various pieces of legislation we pass in this House. It's not an easy task, it's a very complex one, especially in a case like this, where there's significant consultation that needs to be done prior to the tabling of those regulations.

As members will note, this bill will come into force, along with those regulations, once they're developed, so we will have a complete package that will come forward for Yukoners to see and understand. Once that occurs, and once there has been the passage of those regulations and this legislation, there will be a transition period that will allow pharmacies and pharmacists to take the time to understand what the legislation means and make necessary changes to their operations to allow for the new provisions to come into force.

As I've noted previously, this legislation contributes significantly to the public safety of Yukoners by establishing controls on the operation of a pharmacy or a rural dispensary by providing the requirements for licensing, obligations of licensees and proprietors, compliance with the legislation's standards of operation, standards of practice and the code of ethics and a system for inspections, complaints and enforcement that can result in immediate extraordinary actions, orders or fines.

It's important to note that this framework doesn't exist currently and it's important to see that framework brought in. It's never easy to institute a brand new system where there has been none previously, but we're confident we'll be able to

accomplish that with this legislation and the subsequent regulations.

I won't go into the details that we will get into in Committee and I look forward to doing so, so I will look forward to hearing the support from all members of the House as they vote here to pass this bill at second reading. I would conclude by commending of the bill to the House. Thank you.

Speaker: Are you prepared for the question?

Some Hon. Members: Division.

Division

Speaker: Division has been called.

Bells

Speaker: Mr. Clerk, please poll the House.

Mr. Elias: Agree.

Hon. Ms. Taylor: Agree.

Hon. Mr. Graham: Agree.

Hon. Mr. Kent: Agree.

Hon. Mr. Istchenko: Agree.

Hon. Mr. Dixon: Agree.

Hon. Mr. Hassard: Agree.

Hon. Mr. Cathers: Agree.

Hon. Mr. Nixon: Agree.

Ms. McLeod: Agree.

Ms. Hanson: Agree.

Ms. Stick: Agree.

Ms. Moorcroft: Agree.

Ms. White: Agree.

Mr. Tredger: Agree.

Mr. Barr: Agree.

Clerk: Mr. Speaker, the results are 16 yea, nil nay.

Speaker: The yeas have it. I declare the motion carried.

Motion for second reading of Bill No. 88 agreed to

Mr. Elias: I move that the Speaker do now leave the Chair and that the House resolve into Committee of the Whole.

Speaker: It has been moved by the Government House Leader that the Speaker do now leave the Chair and that the House resolve into Committee of the Whole.

Motion agreed to

Speaker leaves the Chair

COMMITTEE OF THE WHOLE

Chair (Ms. McLeod): Order. Committee of the Whole will now come to order. The matter before the Committee is Bill No. 88, entitled *Pharmacy and Drug Act*.

Do members wish to take a brief recess?

All Hon. Members: Agreed.

Chair: Committee of the Whole will recess for 15 minutes.

Recess

Chair: Committee of the Whole will now come to order.

Bill No. 88: *Pharmacy and Drug Act*

Chair: The matter before the Committee is Bill No. 88, entitled *Pharmacy and Drug Act*.

Hon. Mr. Dixon: Madam Chair, I am joined by Charlene Beauchemin, the Assistant Deputy Minister of Corporate Policy in Community Services, and Brian Kitchen, the director of Policy and Program Development.

INTRODUCTION OF VISITORS

Hon. Mr. Dixon: Before we get going, I did want to ask members to join me in welcoming a visitor to the gallery. Josianne Gauthier is the president of the Yukon Pharmacists Association. She was also on the external advisory committee and is also on our implementation committee. She has been very involved in this initiative, and she has joined us here for the debate in Committee. I would ask members to join me in welcoming her.

Applause

Hon. Mr. Dixon: I am pleased to rise again today to speak to Bill No. 88, *Pharmacy and Drug Act*, here in Committee of the Whole. The bill supports this government's priority to enhance public safety by creating industry standards and a framework for the safe operation of pharmacy facilities in Yukon.

Pharmacies are regulated in all Canadian provinces, and this new legislation will provide a strong regulatory framework consistent with other jurisdictions. We believe that by modernizing pharmacy legislation, we are indeed improving quality of life for Yukoners. We have consulted with pharmacists and other key stakeholders, including members of the external advisory committee. They have worked over the past months and with our internal working group, which included officials from Community Services and Health and Social Services. I am pleased to note that the collaborative approach used to draft this complex legislation reflects what will be a part of the collaborative patient-centred health care model for Yukon.

The proposed *Pharmacy and Drug Act* will regulate the operations of community pharmacies and rural dispensaries. To summarize, the legislation proposed today will require a licence to provide pharmacy services in Yukon and the provision of those services only by qualified individuals. It will also establish a registrar of pharmacies and a pharmacy advisory committee to ensure oversight and compliance with the standards, codes of ethics and other requirements outlined in the proposed act.

This new legislation sets out roles and responsibilities for pharmacy and rural dispensary owners, referred to as "proprietors", as well as for managers of pharmacies, who are known as "licensees" in the bill, who must be licensed pharmacists or physicians who are permitted to prescribe and dispense medications.

It outlines clear obligations that prohibit the proprietor from directing or influencing the management or operation of a pharmacy or rural dispensary that would cause the licensee to contravene their obligations under the bill and compels the licensee to report such influence to the registrar.

It obligates the licensee to manage the facility and ensure due diligence is exercised in dispensing drugs in a pharmacy or rural dispensary consistent with the standards of operation of licensed pharmacies or the standards for operating licensed rural dispensaries, as well as comply with professional standards of practice and code of ethics.

Any person providing pharmacy services at the pharmacy or rural dispensary will now do so under the management of the licensee, who is responsible for compliance with all applicable legislation, standards for the operation of the facility and standards of practice. Unless otherwise specified, a manager of a licensed pharmacy must ensure that a pharmacist is always present on-site and supervising pharmacy services when open to the public. This holds true also for managers of licensed rural dispensaries.

Codes of ethics will also be established and must be followed for the operation of both licensed pharmacies and licensed rural dispensaries.

Inspectors will be appointed by the registrar of pharmacies. They have the authority to investigate the operation and records of the pharmacy or rural dispensary during regular office hours without a court order.

A complaint and discipline mechanism is in place and misconduct is defined in this bill. Records will be kept and information sharing maintained in accordance with Yukon regulations for patient safety and support of collaborative care.

Protecting Yukoners is top of mind with the *Pharmacy and Drug Act*. Pharmacists and rural permit holders will need to be familiar with the standards established in their workplace as well as any professional standards. The new legislation will support expanded scope of practice activities for pharmacists, which will be identified in the pharmacist regulation that is currently under development and will be pursuant to the *Health Professions Act*. It will also clarify the roles and responsibilities of the owner and the managing pharmacist or rural permit holder and bring the pharmacy standards in Yukon up to date with other jurisdictions across Canada.

The *Pharmacy and Drug Act* and its regulations will complement the pharmacist regulations under the *Health Professions Act* and ATIPP, as well as the *Health Information Privacy and Management Act* when it comes into effect.

The *Pharmacy and Drug Act* is the first step toward a broader initiative to modernize pharmacy regulation in Yukon. Pharmacist regulations that will govern pharmacists and rural permit holders under the *Health Professions Act* are also being drafted. Once these are complete, work will begin on the regulations for the proposed *Pharmacy and Drug Act*. As with the act itself, we will be seeking the input of the external advisory committee on these regulations as well.

The *Pharmacy and Drug Act* is a result of significant collaboration with the Yukon health community and a member of the public. They have contributed considerable time and effort to assisting this government in modernizing the regulation of pharmacy services for the betterment of all Yukoners. They are to be commended for their monumental work to date and their continued dedication to this initiative.

Lastly, I also wish to thank the various department officials from Community Services as well as Health and Social Services for their work in preparing this new legislation. I appreciate their attention in these opening remarks and I look forward to going through the bill in detail with questions coming from the members opposite.

Thank you, Madam Chair.

Ms. Stick: I want to thank the officials for coming today to answer questions for me and for the Official Opposition, and thank them also for the briefing.

We have had this legislation a short time, so I am going to apologize up front if I repeat questions or if I have read something wrong. Every time I have gone through it, I have found more questions. It is quite possible I will repeat myself — as a matter of fact, it is highly likely. Having said that, I do appreciate the work that has gone into this legislation. It is very important because it impacts probably most people in the Yukon at one time or other with regard to pharmaceuticals — having prescriptions filled that our physicians give to us or something that we receive in Emergency. So it is good that we have this legislation that lays out the framework for how we will move forward. I understand there is a lot of work yet to be done, including regulations, standards and amendments to other acts that have to take place.

I look forward to seeing this legislation take on a life of its own and, in fact, be something that will be useful for all people — for pharmacists, for pharmacy owners, for hospitals and for rural dispensaries.

We were told that the Alberta legislation was followed closely. I commend the committee for that, because certainly when we did look at the Canadian Pharmacists Association and their report card, it was very apparent that Alberta met many of the scope of practices — or met all of them that they were reviewing when they did a review of every province and territory in Canada. I will be interested to know when we start to look at regulations if we will also be following along on some of theirs or using it as a guideline for starting to create our own regulations that are built for the Yukon. I'm happy to hear that there is a committee that is carrying on to look at the regulations and to review what the suggestions are for that. I'll put out a couple of questions and then I will sit down and give the officials and the minister an opportunity to address those.

With regard to the committee that will be looking at regulations to accompany the *Pharmacy and Drug Act* — I'm sure the minister has mentioned it, but again, I will just ask for clarification. Who will be on that committee? Will it be inclusive of citizens also, so we do have the professionals, as in the previous committee? There was a member of the public, and I think when we talk about collaborative care and patient-centred care, it's important that their voice also be heard.

I know there was public consultation completed recently on this legislation. I think my last question for this little block would be: Is there a summary report, or a "what we heard" report that has come out of that consultation that was looking at the *Pharmacy and Drug Act* legislation?

Hon. Mr. Dixon: A number of questions there, so I'll try to go through them in the order they were presented but, if I miss one, of course we'll certainly come back to it. First of all, the questions around why we used Alberta as a legislative model and will their regulations be used going forward — the short answer is, yes. We decided to pursue the Alberta pharmacist model, as we felt it led the country in terms of pharmacy legislation, particularly in terms of expanded scope of pharmacist practice. When I met with the pharmacists here a few weeks ago — or perhaps a month ago now — they provided me with a great resource that's done by the Canadian Pharmacists Association, which shows the pharmacists' expanded scope of practice in Canada, and it has boxes checked for whether or not it's provided in various jurisdictions.

In that document it notes that Alberta does pretty much everything that exists in terms of expanded scope — in Canada at least — and of course Yukon does nothing. That's certainly the model we wanted to emulate and that's what we're going to use to guide us. We did a fairly comprehensive review of Canadian interjurisdictional legislation. It was decided that this bill would follow Alberta's model. Some of those reasons include: the Alberta model is a comprehensive model that addresses a broad range of legislative elements common to Canadian pharmacy legislation; it has the operational standards in place to support expanded scope of practice; it's designed to work with the pharmacist regulation under the *Health Professions Act* by linking the discipline and complaint systems that exist between the profession and the pharmacy operations, so that's a model that we will employ here in Yukon as well; and it has integrative linkages between the pharmacist regulation and the *Pharmacy and Drug Act*, providing continuity between the two pieces of legislation, ensuring that they work together.

There are also linkages between pharmacy operation standards and they require implementation, quality assurance programs and pharmacist standards that require that pharmacists must participate in them. There is also a sharing of a common code of ethics. Yukon's legislation will still consider the Yukon context and other considerations in the new act and will be adapted to be consistent with the existing *Health Professions Act* and Yukon laws. We will, to a certain extent — to use a bit of a loose term — "Yukonize" the code of ethics from Alberta a little bit, but that will be the model that we use.

I should also note while on the subject of Alberta that I think we'll also be relying on the Alberta College of Pharmacists to a certain degree in the development, as well, later down the line when it comes to actually regulating the pharmacies in the territory. The expertise that they have in those jurisdictions, including Alberta, will be necessary for us

to supplement our knowledge and our understanding of how to do this work and so we'll lean on them for support.

With regard to which members of the committee will be involved — the external advisory committee will again be employed. I've listed the names — the list of who was on that committee previously so I won't do that again. As I noted, there is a member from the public involved on that committee. The person is from a community that has a rural dispensary, so they provide that perspective. But following that work, we will also have additional public consultation. The public will have the opportunity to review the regulations once they're developed. That will be helpful — not only to see the regulations themselves but it will give Yukoners a picture of this legislation, which will be passed — we're assuming that it will be passed by then — and there will be the regulations to go along with them, so they'll have a fairly complete picture of what it's going to look like. There will be the involvement of the public in that sense, Madam Chair.

With regard to the public consultations that were conducted already, there was no "what we heard" report, but the comments received are reflected in the final bill.

The comments that we received were all acted on and all went into the final bill that we have before us today. We took all the comments that we received into consideration. There were obviously, in some cases, differing views, but we think that we've arrived at an amicable solution and that the bill before us today is a sound one that has the broad support of all those who were involved.

Ms. Stick: I thank the member opposite for those answers. That was certainly informative. I would just reiterate the importance, I think, of having the citizen voice, or the patient-centred voice, as a part of these discussions and planning as we move ahead. It is important, when we're talking about collaborative care, that we include all voices. Certainly, if it is patient-centred, then that is a very important one.

It is good to see that there will be a window for individuals to go to in terms of concerns they might have about how their prescriptions are being filled, or not filled — a place to take complaints or if they have questions. We have seen recommendations that have come from the coroner's inquest last year that had recommendations with regard to the handling of prescription drugs and hope that those are also included when looking at the regulations.

I understand that the regulations for this legislation are probably not expected for another year and that, in the meantime, we have the health profession regulations for the pharmacists and an expanded scope of practice for those professionals that are also in the process of being drafted.

I am sure there are timelines that the two departments are looking at, and I am just wondering if the member opposite can give us an idea of what those timelines will be, moving forward, once this legislation is passed.

Hon. Mr. Dixon: I think there was a question about the coroner's report, and I just want to note that the Yukon Hospital Corporation, in the case of the death in Watson Lake — of course, the Department of Health and Social Services

and the Yukon Hospital Corporation, of course, work closely together to ensure patient safety and improved service to patients. The Yukon Hospital Corporation oversees the pharmacy services delivered to patients in the hospital. Both Watson Lake and Whitehorse are accredited institutions with oversight in drug distribution and clinical services. In addition, these institutions provide pharmacy services only to patients and not to the general public.

The coroner's inquest report into the death of Ms. Scheunert last year was issued in June last year. The report indicated that Ms. Scheunert died as a result of mixed drug toxicity and the death was classified as an accident. The Yukon Hospital Corporation did not wait for the coroner's report and immediately acted upon opportunities for improvements. The corporation hired an external resource to conduct an independent patient safety review, focusing on health care. This, along with the recommendations from the coroner's inquest, have guided their actions for system improvement.

Given the oversight already in place, which includes accreditation policies, the regulation of institutional pharmacies can be considered at a later time. I did want to note that this act does enhance the safety of pharmacy services to Yukoners by ensuring a manager of a licensed pharmacy or rural dispensary must ensure that a pharmacist or rural permit holder is always present on-site and supervising pharmacy services when open to the public. All persons working at a pharmacy or rural dispensary are supervised by pharmacists or a rural permit holder. Arrangements are made for management and supervision of the pharmacy or rural dispensary during an absence of the licensee with the approval of the registrar. Codes of ethics will be established and must be followed by pharmacy and rural dispensary owners and managers — and I'll return to that issue of codes of ethics in a moment. Standards of operations will be established under this act for pharmacies and rural dispensaries, which will include requirements for facilities, equipment and record-keeping.

I think that addresses that aspect of the member's question.

Let me turn, then, back to those issues of codes of ethics, standards of practice, standards of operations and regulations. The general question was about timelines, so I'll try to provide a bit of a sense of this for each.

We're going to start with the pharmacist regulation under the *Health Professions Act*, which will govern the conduct and operation of pharmacists in the territory. We'll bring that forward. We'll do that work with the external advisory committee, as I noted before. Following that work, we'll begin work on the regulations pursuant to this legislation. Those include regulations, standards of operations, standards of practice and codes of ethics.

I realize there's a lot of work and it will take some time. We're hopeful to have the pharmacist regulation under the *Health Professions Act* out later this year. That will then have public consultation, so members of the Yukon public can expect to see that then, but the external advisory committee will remain engaged in that work.

Once we have that then, as I said, we'll move to the regulations under this act. I think it's important to note what the difference is between these items. The regulations address the administrative details of the act, such as establishing licensing categories, committee appointments, licensing and termination, physical facilities, information management systems and record-keeping. The standards of operations address details such as suitable physical facilities and equipment, quality assurance, records, adequate staffing, and so forth.

It's expected that Alberta's standards will be used as the framework for Yukon, with some minor revisions — or the verb that I invented earlier, "Yukonization", I guess — that will be applied to those standards. There are the standards of practice. That's a list of statements and rules that further define how the pharmacist and rural permit holder perform key professional activities.

For example, some standards refer to: the use of appropriate information; identifying and addressing drug therapy problems; following proper procedures when dispensing; release of drugs and providing counselling; establishing and maintaining professional client interactions; prohibiting the return of a drug or health care product for redistribution or reuse; providing assistance with schedule III drugs and other health care products and devices; providing direction and supervision of other personnel; and creating and maintaining proper patient records.

Then, finally, there will be the code of ethics. The code of ethics, by comparison, serves as the foundation and benchmark for professional behaviour, actions and attitudes to support the high level of trust patients place in pharmacists and rural permit holders. The principles that make up the code of ethics address issues relating to serving patients, contributing to society and acting as stewards of their profession. These principles also provide direction to pharmacists and rural permit holders faced with ethical dilemmas. Types of principles can include the following: holding the well-being of patients to be the primary consideration; respecting patient independence and dignity; respecting patient confidentiality and right to health care; advancement of public health and prevention of disease; responsible use of health resources; ensuring competency and continued education; acting with honesty and integrity; nurturing the profession through mentorship; maintaining professional relationships; and taking appropriate action in the event of adverse situations, et cetera.

In combination with the legislation, the standards of operation, standards of practice and the codes of ethics will all assist with the provision and effective pharmacy services for Yukoners. It is an overall regime that we are bringing forward here that will include a number of pieces. I have tried to explain what those various pieces are and what makes them distinct from one another. I think I have tried my best to answer the timing on that, although I appreciate that I cannot say a single date that they will be available, but we are anticipating them to come in the order that I have described.

Ms. Stick: I thank you for those responses.

One of the things in the legislation — and I thank you for the description of the different standards and the regulations that have to still be created that will add to the strength of this particular legislation.

I have a number of smaller questions and I am not sure where the answer would be within the legislation. One of them has to do with the listing of the types of individuals who can fill prescriptions. One of the questions is: Are we anticipating that there would be anyone else who might be able to do that? In particular, I was wondering if nurse practitioners would be included in some of these regulations — or community health nurses — in terms of being able to prescribe medications under this act.

Hon. Mr. Dixon: There are a number of exemptions in the act that discuss the various other professionals or individuals or groups throughout the health care spectrum that can dispense drugs or medication.

The act does not restrict the practice of: dentists, nurse practitioners, optometrists, or physicians who practice under an enactment; persons authorized to sell a drug by law, such as a pharmaceutical company authorized under federal legislation to sell to prescribers, such as a dentist; a wholesaler from supplying drugs; drugs sold under the *Food and Drugs Act* or its regulations that may be sold for agricultural or veterinary purposes without a prescription; a manufacturer from carrying out their business; a member of the Canadian Armed Forces or a visiting force from doing anything in the course of their duties such as the dispensing that a pharmacy officer may do.

The act does however prevent anyone from operating a pharmacy without a licence. The regulations also provide for the exempting of persons or classes of persons from the requirement for a licence, and this is where veterinarians and institutions could be exempted.

In general there are these people who I have listed who can dispense drugs in various ways and for various reasons. Each of them are covered by a different piece of legislation or their own piece of legislation or set of rules or federal legislation outside of the scope of the Yukon Territory — for instance, the federal legislation that may apply in the case of service people or other folks under federal legislation.

So, in the case where you have somebody who is dispensing drugs not contemplated in this act, it's because they're covered by different legislation, different rules. What this bill does is govern pharmacies — so how exactly pharmacies themselves work and the rules that they have subscribed to. In terms of the other professionals like nurses or dentists — they are exempted and that's under, I believe, section 3 of the act.

I should note as well that there is a consequential amendment to the *Registered Nurses Profession Act* contained in this bill to ensure the practice can continue that I've discussed. When the proposed *Pharmacy and Drug Act* has passed and is in force, the *Pharmacists Act* is repealed and the regulation pertaining to registered nurses dispensing will be moved under the *Registered Nurses Profession Act* in order to continue to allow registered nurses in the community health

centres to dispense medications. So they were governed under the former *Pharmacists Act*, and when that act disappears, we need to provide that ability for them to continue to do that practice so we've taken that chunk out of the *Pharmacists Act* and brought it over underneath the *Registered Nurses Profession Act*. That's the subsequent amendment that is being made in this bill as well.

I hope that provides the clarity and answers the member's looking for.

Ms. Stick: Thank you again for that response. I realize there are lots of pieces of legislation and regulations. It's quite a — I wouldn't say a spider's web, but they're woven together to work together. In the short time that we have had this, I haven't been able to review them all, but thank you for that explanation.

There are a number of committees that are covered in this legislation, including — well, we have heard about the pharmacy advisory committee, but there were also review committees, discipline committees that are to come forward once the regulations are — and I just wondered if there is a sense now of how individuals would be appointed to these important committees that support this legislation, as to who would have membership on these committees and will it again be a mix of professionals, of citizens, community members.

I guess the other one would be First Nation representation. I mean, certainly we know that, under CYFN, they do have their health director and sometimes those things can become a little bit more confusing when we are looking at non-insured health benefits and the regulations those individuals come under. I think I'll leave it at that — for the answers.

Hon. Mr. Dixon: To start with, the pharmacist advisory committee — of course, this bill before us establishes an advisory committee. The committee is the same as the advisory committee in the pharmacist regulations, so there will be reference there as well. The composition of this committee is made up of at least registrants under the pharmacy regulations who will be appointed by the minister — so, at the leisure, I suppose, of the minister to appoint those registrants.

At the request of the registrar, the committee may advise the Government of Yukon about operational standards to be set for licensed pharmacies and licensed rural dispensaries, criteria for licensing, and the composition of the discipline committee.

The committee, at the request of the registrar, may also review applications for licences, advise the registrar on limits or conditions to be imposed on a licence, what to do about complaints of misconduct, and perform any tasks set out in the regulations or with keeping with the purposes of the act. The advisory committee is a standing committee that exists by way of OIC. The discipline committee is on an ad hoc basis, as needed. So when a complaint is forwarded and it is determined that it is necessary to look into this through a discipline committee, that discipline committee is appointed by the minister. The reason why the individuals aren't the same, or that the advisory committee is a standing committee

and the disciplinary committee is an ad hoc one, is because the discipline committee has to be very specific about who is on it. You can't have standing members because they could be the ones who are in conflict or have the issue. So when appointing a disciplinary committee, you need to make sure that there is no conflict of interest. You need to make sure that the person is not involved, somehow, already.

That is done on an ad hoc basis that is determined by the event or the occurrence that has resulted in the creation of the discipline committee. That's why the advisory committee is a standing committee — a permanent committee that exists forever or continuously — and the discipline committee is a temporary or an issue-based one.

Speaking of the disciplinary committee, I think it's helpful if I add some of the comments about enforcement in general because I think it's helpful to provide the context of why we have a discipline committee and how we arrive at that. The act and its related regulations will provide public safety by enabling the inspections, complaints, discipline and appeals.

Inspections — inspectors are appointed under the act. The inspectors will have the power to enter premises and investigate and inspect pharmacies and rural dispensaries. They will be able to inspect records, equipment, materials and take samples of drugs and substances. Failure of a licensee or a proprietor to follow with the direction of the inspector may result in the complaint action taken by the registrar. Inspectors can conduct a search and seizure.

Complaints — anyone can make a complaint under the act against a licensee or a proprietor. The registrar will determine whether to investigate using the procedures established under the *Health Professions Act*. Where a complaint has any information about the conduct of a rural permit holder, the complaint will be forwarded to the Yukon Medical Council. In addition, the Yukon Medical Council must forward any complaints received on a rural permit holder that may constitute misconduct under the *Pharmacy and Drug Act* or the pharmacist regulation. This provides the public with the means to make a complaint in one area and have the complaint addressed by the appropriate parties and areas. The processes under the *Health Professions Act* can result in a registrar taking no further action or taking action to resolve a complaint. If a complainant is dissatisfied with the registrar's decision, a review committee may be appointed to review the matter. The registrar can request certain actions or recommend a remedial action by consent or issue a citation to the discipline committee. The discipline committee is where a registrar gets no consent or a reprimand or remedial action, and he or she may issue a citation for a hearing by the discipline committee. The registrar can also issue a citation to the discipline committee under certain grounds, such as a contravention of the act or regulations or failure to comply with a limit or condition. The minister appoints the discipline committee under the *Pharmacy and Drug Act*. Orders of the discipline committee can range from cautions, reprimands to suspensions, inspections, fines and so forth. The fines are set out in the bill as well.

An order can be made against the licensee or proprietor. A decision of the order may be given to the Minister of Health and Social Services, regulatory bodies as in the case of a rural dispensary, the Yukon Medical Council along with being published in a manner the registrar considers appropriate.

Appeals — a decision of the discipline committee can be appealed by the respondent to the Supreme Court.

The act also allows the registrar or the discipline committee to take any extraordinary action the registrar or discipline committee considers necessary to protect the public, such as setting limits, conditions or the suspension of the licensee before an investigation or hearing is completed.

Where such an action is taken, notice may be given to the Minister of Health and Social Services, a regulatory body and, in the case of a rural permit holder, to the Yukon Medical Council, or published in a manner the registrar considers appropriate.

I think the act does a good job of contemplating the various instances that could occur and allowing for the various measures to be taken, as needed. These aren't always going to be the same and there will be some differences in how that works, depending on the case and depending on the complaint. For instance, as I noted, there's a distinction between a rural permit holder and a pharmacist because of the fact that the rural permit holder is a physician and is governed by the Yukon Medical Council and a different set of rules and structures as well — so there are multiple layers of protection in place here, which is a good thing, I think, when we consider the fact that most of this hasn't existed up until now. It's important that we bring in this new structure to ensure the safety of Yukoners.

I think I've covered off those particular questions, but I look forward to hearing if there's more detail I need to provide.

Ms. Stick: Thank you, Madam Chair, and I thank you for those responses. Moving on — there will be a professional code of ethics that's to be created. I am just curious — because there is the difference between rural dispensaries and pharmacists and pharmacies and physicians, what I'm curious about is, will all pharmacies, whether it's the private, the hospital or whether it's a rural dispensary — will they all have the same set of standards and oversight?

Along with that, does this include — what I haven't seen in particular is mention of pharmacy technicians and how they would be fitting into this legislation, these standards, and these regulations that are to follow this legislation.

Hon. Mr. Dixon: The short answer is there will be a different code of ethics for each, and let me explain that. When we think about this, we have the *Pharmacy and Drug Act*, which covers the pharmacies themselves, the institutions. We have the pharmacist regulations under the *Health Professions Act*, which cover the pharmacists themselves. Then the *Pharmacy and Drug Act* contemplates rural dispensaries, and then we have the rural permit holders — so basically each one of these will have their own code of ethics. That's four, if you count those.

In the case of the difference between a pharmacist and a rural permit holder, there were some questions raised about why — not necessarily today, but in general — there is the possibility of different standards of practice for pharmacists and rural permit holders. The act doesn't require those to be identical, and the reason for that is the standards of practice for pharmacists include activities, such as compounding of drugs. It's anticipated that rural permit holders will require modified standards of practice of their own to address a number of areas, including limits to simple compounding, similar to nurse practitioners.

So there are additional parameters and additional restrictions around rural permit holders that won't be in place for pharmacists — that's why those aren't identical — likewise the difference between pharmacies and rural dispensaries.

I should also note that, as I noted before, the rural permit holder is also a physician and therefore bound by the rules outlined by the Yukon Medical Council. So there is another layer of accountability or oversight in that sense.

Each of these will have a different code of ethics. I realize that is a lot of work so it is going to take some time, but obviously that will be developed over the course of the coming months and years. Each of them will be available for public consultation.

With regard to the pharmacy technicians, pharmacy technicians will not be regulated initially, but perhaps later.

Ms. Stick: I think I actually was able to follow all of that. There are so many layers involved in this. It is important and we want to see it done correctly.

There is the whole section that I have some questions on that has to do with personal health records, information, sharing of that, collection of it, the storage — there is a lot involved there. I am just curious as to — before this legislation came before the House, did in fact the Information and Privacy Commissioner have a look at it, and did she make recommendations as to what was covered in this legislation?

Hon. Mr. Dixon: I will start with the last question, and the answer is yes, the Information and Privacy Commissioner did review the initial draft and made comments. We made changes subsequent to her comments to accommodate her input.

With regard to the legislation that will govern registrants' information, the registrar can only collect information that is necessary to administer the act. Since the registrar is considered a public servant, the *Access to Information and Protection of Privacy Act* applies to the information collected by the registrar, both for the protection of personal information and the disclosure of general information. So the information that is gathered by the registrar is subject to ATIPP in the sense that it is protected and that act covers what can be disclosed. So if you were to do an ATIPP for personal information, a certain amount of it would be redacted for personal privacy concerns.

The act provides for the disclosure of information for the protection or enhancement of public safety, the quality of patient care, the integrity of the drug distribution system and

for the administration of the act. It allows for disclosure of information that is already collected to Health and Social Services for the planning and management of the health system. The registrar may only share information with bodies that regulate pharmacies and the practice of a pharmacy in other jurisdictions, a law enforcement agency, the Government of Yukon or Canada, the Yukon Hospital Corporation or a person or body named in the regulation. In terms of the information that is brought by the pharmacies, both the proprietor or owner and the manager or licensee are responsible for patient records. Licensees are responsible for creating and ensuring that patient records are up to date.

Proprietors who have overall responsibility for the records must take all reasonable measures to enable compliance with the licensee's obligations under the act, including maintaining their records. The proprietor is responsible for the care and control of the records according to the *Access to Information and Protection of Privacy Act* and HIPMA.

Ms. Stick: Again, I apologize for some of these questions. I'm sure they've been explained, but I'm still trying to work through this.

When we came to talking about ATIPP, I understood that. Under HIPMA — and we've talked about e-health — how will this all fit in in terms of prescribing or e-prescribing and whether that's going to be something covered in the regulations? I mean, we passed the legislation, I believe, last spring with regard to health information and privacy. So does this fit together in the jigsaw that we're creating here when we talk about the records that the registrar might have? Are we talking about the ability of physicians to — because we've heard of e-prescribing prescriptions. I'm sorry if that's not more clear.

Hon. Mr. Dixon: Okay, so with regard to HIPMA, or sorry, the *Health Information Privacy and Management Act*, that's obviously not enforced yet but —

Some Hon. Member: (Inaudible)

Chair: Order please.

Hon. Mr. Dixon: So with regard to that legislation, the proprietor or the owner would be a custodian under that act. So to use the language for that act, they would be a custodian of the data, but those systems aren't in place yet in terms of the e-systems that will come up with HIPMA, so they will be dealt with in the regulations pursuant to HIPMA and also in the regulations pursuant to this act with regard to prescriptions.

Ms. Stick: Thank you for that response.

Moving forward a bit — there is talk of the ability to do inspections by inspectors and it talks about auditing of pharmacies. I'm wondering: Are we looking at regularly scheduled audits when we talk about this? The numbers are small in terms of the number of pharmacies here in the Yukon or rural dispensaries. So would there be regularly scheduled audits or is this something that would be a complaint-driven process? We've certainly heard that there is that need for more regular audits and reviews to ensure that best practices are

being followed and hopefully those professional standards are being met.

Hon. Mr. Dixon: The issue of inspections and audits is an area that, as I mentioned earlier, is going to be one where we are going to have to lean on some outside expertise. I think at this point, the most likely source of that will be the Alberta College of Pharmacists.

Initially, what we are contemplating is an audit of all licensees or pharmacists. Then, in the course of the regulation development, we will determine whether or not this is an annual process or a scheduled process, or with what frequency these audits will occur. I think it is a reasonable assumption at this point, although we haven't finally made a decision — but I would expect that we would borrow or contract an inspector from the Alberta college to do that initial audit of pharmacies.

I know that is a concern that has been raised by pharmacists that they want to ensure the Yukon government or the registrar and the folks doing the inspections have the capacity to do this work. At this stage we are going to need to lean on outside help to achieve that capacity.

There will be one initial audit to begin with and then, in the course of the development of regulations, we will determine with what frequency that occurs on an ongoing basis — whether it's annual, whether it's scheduled or whether it is some other frequency. I think that covered the question.

Ms. Stick: I guess one of the questions, just listening — or getting the answers today — with regard to the registrar and inspections and audit and all of that type, has it been contemplated what type of human resource support we are going to need — or the government will need — to implement and follow up on what comes out of regulations and standards of practice and out of this legislation and other legislative changes?

Hon. Mr. Dixon: At this point, we haven't allocated additional resources to the registrar, but I would note that, as I have said before, when it comes to the development of the regulations and the creation of the capacity within government, we are looking to outside help when it comes to developing our capacity.

I have indicated that I think that the Alberta college is the likely source of that. As we have noted, Alberta has been the guide for the creation of legislation; they will be the guide for the creation of the code of ethics, standards of practice, et cetera. It is a logical step to engage the Alberta College of Pharmacists to lean on for the development of our capacity. As I indicated, when it comes to inspectors, the inspectors are appointed by the minister and, in this case, we are anticipating leaning on the Alberta College of Pharmacists to conduct those initial inspections and audits and will develop the capacity as needed. As with anything, if we don't have the capacity in-house, we will work with outside bodies like the Alberta College of Pharmacists.

Ms. Stick: I understand the initial reasons for going out possibly to Alberta to look for support and assistance on those things, but it also has to be a system that meets the needs of citizens, where a complaint process is accessible so people

have an easy way of being able to contact someone and say, “I took my prescription and this happened” or “They told me this and I don’t think that’s right” — that type of thing. Is this going to be — perhaps in the very beginning it’s not going to be the most accessible, but are there going to be assurances that citizens have an easy way of accessing a complaint process that’s open and accessible to them, rather than dealing with a body that is possibly out of territory?

Hon. Mr. Dixon: I think it’s fair to assume that this is very open. Complaints can be made by any person in the public to the registrar. That part is very simple and accessible to the public. What happens after the complaint is made is determined by what the complaint is and the nature of the complaint.

I walked through the various avenues that could be employed in terms of dealing with the complaint, whether it’s simple remedial action or, ultimately, the creation of a discipline committee, which is the further end of the spectrum. I think we have the capacity in-house now to receive those complaints, without a doubt. I have confidence in that. After a complaint is received and if there is a need for outside expertise or additional help, that’s when we would consider needing additional help, but at this point, I have no doubt that the complaint process will be simple in terms of its understandability and its accessibility to the public. What we do with complaints and what we do with complaints that need considerable action is something we’re going to have to deal with in the course of this. I’m confident that we have the capacity currently to receive those complaints and to deal with them. That may include leaning on outside expertise or assistance but, in terms of the question about accessibility or the facility with which a person can access the registrar, it’s a fairly simple process to lodge a complaint from what I understand, so I think we’ll be okay on that front.

Ms. Stick: I was curious about one of the provisions in the legislation which talks about an absence from the Yukon of eight weeks or more when we were discussing rural permit holders. The legislation states that they must — in accordance with the yet-to-be regulations, or for the regulations that will come — notify the registrar and arrange for the management and supervision of the pharmacy or rural dispensary during their absence by an interim licensee approved by the registrar. Eight weeks seems to me a fair amount of time to ask people to go, without accommodating access, to a licence-prescribing authority for their prescription drugs.

We did ask the question when we were in the briefings and we were told that small amounts of pharmaceutical drugs are immediately available throughout the rural health centres, but I am just wondering how it was determined that eight weeks was chosen and not a shorter period of time.

Hon. Mr. Dixon: Obviously the licensee or the rural permit holder is responsible for overseeing the conduct of the facility in general, but obviously we would want to accommodate for that person leaving for a period of time, whether for holidays or other reasons.

My understanding is that the eight-week number came from what is done in Alberta or thereabouts. I think it was

through the external advisory committee that we arrived at the conclusion that eight weeks was a suitable duration of time. I think that found its impetus in what is done in Alberta.

Ms. Stick: I am not sure if I personally agree with eight weeks because I do think we are quite a bit different from Alberta in terms of access to nearby communities or facilities where there is more than one pharmacy or where you have better access. Some of our communities are more remote than most in Alberta.

I believe the member opposite spoke to the expanded scope of practice across Canada and what Alberta — you know I have that same chart that shows everything that happened. I just wanted to clarify: Are pharmacists able to do any of these things that we had discussed earlier — the emergency prescription refills, therapeutic substitutions and that type of thing — or is that something we are going to have to wait for — the regulations to come into place? Just talking to my own family doctor or friends who are physicians, especially the one around emergency prescription refills — it might be a Saturday night and you have lost your prescription or something has happened to it, and you do not want to take that break or it could be detrimental to your health not to have access to that emergency prescription. Are they now able to do those things or is that something we have to wait for the regulations for?

Hon. Mr. Dixon: The list of actions that are done under expanded scope of practice — there are a number of things that are done in other jurisdictions by pharmacists that are not done here. I referenced before the chart that the Canadian Pharmacists Association puts out that lists all of the possible things.

The scope of practice for pharmacists will be in the pharmacist regulation under the *Health Professions Act*, which will come out next — so later this year, that will come out. It’s not in this bill. That will be released for public input so the public will have a chance to comment on the expanded scope that’s going to be contemplated for pharmacists here in the territory, but it will be under the *Health Professions Act* and it will come up later.

My understanding is that, technically, none of the things on the expanded-scope list can be done in Yukon, but there have been some hoops that have been jumped through to achieve some of the things that are being done now. The regulations that will come under the *Health Professions Act* will provide a lot more clarity and a lot more simplicity for pharmacists to do these things. We’re going to start with renewing and extending prescriptions, changing drug dosages and formulations, and making therapeutic substitutions as a starting point. Of course we’ll do this in consultation with all the groups and the public as I’ve explained previously. But that’s what we’re anticipating starting with. From there we will move on to — over the course of the implementation of the act and the regulations, look at other actions under the expanded scope list. Those include other jurisdictions — for instance, Alberta — prescribing for minor ailments or conditions, initiating prescription drug therapy, ordering and interpreting lab tests, administering a drug by injection. Those

are all actions that are done in Alberta by pharmacists, and it's our intention to get there eventually but we're going to start with those ones that I mentioned earlier.

Ms. Stick: We've talked in the past in this Legislature — and this is going back to information sharing. One of the things we've heard over the past is the ability of pharmacies to share information among themselves. You hear of the occasional person who might have multiple prescriptions and tries to have them filled at different pharmacies. I'm wondering if the minister could tell this House how those instances will be dealt with. Will there be that type of ability for pharmacists to check with other pharmacies to ensure that theirs is the only prescription? It's also important if you're looking at mixing different medications. There may be a time when one pharmacy is closed and you need a prescription filled on a Sunday and you might go to a different one but without that pharmacist knowing what you've already been prescribed. I'm just wondering if the minister could speak to that and the ability to share that type of information across different pharmacies, and I guess with rural dispensaries also.

Hon. Mr. Dixon: Other jurisdictions employ a more complex system that allows for pharmacists to share information among themselves in an organized way. We don't have that kind of system here but we are working toward that.

The Health and Social Services department is currently developing a drug information system in collaboration with stakeholders. The drug information system will create a single, comprehensive database of drugs that have been prescribed and dispensed to people in Yukon. The drug information system will allow authorized health care providers in the hospitals and in the communities to see a complete, up-to-date and accurate medication profile.

The DIS — the drug information system — will give health care providers better tools to identify drug interactions, adverse reactions and allergies. It will also support, as we talked about earlier, e-prescriptions. Physicians will be able to post prescriptions for electronic pickup by pharmacies. Currently the requirements for the Yukon drug information system are being developed, and we're hoping that system would be launched later this year, or perhaps early next year.

Details related to the operations of the system will be in compliance with the HIPMA and included in future regulations under this act, the *Pharmacy and Drug Act*, and under HIPMA, as needed.

There is some ability on an individual basis to search some information, but to do it in a coordinated manner, we need to develop a new system, like other jurisdictions have done, and we're in the process of developing that now.

Ms. Stick: This is a relatively simple, but I think important, question that has to do with statutes of limitations when individuals are making complaints. Will there be a statute of limitations, or is that something to be contemplated under the regulations?

Hon. Mr. Dixon: I'm afraid to say I don't know the answer to that. We believe our friends in legal counsel do know the answer, but they are not here with us today and I can't answer it. I can commit to getting back to the member

opposite on the answer as to whether or not there is a statute of limitations that would apply on a complaint that would be made by an individual about some sort of service that they received, or any kind of incident, as contemplated under the act.

I know that the bill itself doesn't include a statute of limitations explicitly, but I'm sure that there's an answer that relates to perhaps precedence or another bill or another piece of legislation — but I don't know the answer today. I'm sorry.

Ms. Stick: That's okay. Thank you.

It was just a question because there are different statutes of limitation lengths in various pieces of legislation across all departments, and it was just a curious question that I had.

One of the questions also, and it's I guess along the same — no sorry, I'll move on from that one. This has to do with exemptions to licences required.

I believe it was partially answered, but one of my questions about the exemptions that I was just curious about — I didn't understand where it came from, and it just kind of stood out for me — had to do with a member of the Canadian Armed Forces, or of a visiting force, and they came under the exemptions. I'm just asking for an explanation on that please.

Hon. Mr. Dixon: The Canadian Armed Forces or a visiting force is covered under the exemptions section from doing anything in the course of their duties, such as dispensing, that a pharmacy officer may do. My understanding is that the Armed Forces have a different set of parameters under which they operate and, from time to time, they are posted in various parts of the country and are covered by their own rules and regulations.

To use an example, when Operation Nanook was hosted here in Yukon, they would have an officer in their company who is allowed to or permitted to dispense certain medications, as needed, in the course of their jobs. It's not very common, obviously, but there is the provision for that.

We note in the bill that that is exempt from this bill, as it's covered in a different piece of legislation. I can't tell you the name of the legislation that governs that federally — there's actually an act called the *Visiting Forces Act*. It covers that sort of thing. I just learned that. I confess I just learned there is a federal *Visiting Forces Act* and it covers those types of activities.

I hope that answers the question.

Ms. Stick: I appreciate that answer. I assumed it would be something like that, in terms of the Armed Forces coming here for exercises, no doubt having their own physician and medical dispensary. I just wanted to be clear on that.

One of the other questions I have has to do with naturopaths. It's mentioned in the act. It talks about them coming under the different — here it is. "Natural health product" has the same meaning as in the natural health products regulations.

I was curious, though, about naturopaths — which we have a number of in the Yukon — and their ability to sell or dispense supplements that they might provide to people who come to see them. Does this speak to that group at all?

Hon. Mr. Dixon: My understanding — and I do stand to be corrected — is that substances or products that are dealt with by the types of individuals the member is talking about are unscheduled drugs. Yukon follows the national drug schedules, and these schedules identify how drugs can be sold and which ones require the services of a pharmacist. There are four categories of drugs in total: three schedules of drugs and one category of unscheduled drugs.

Schedule I drugs require a prescription and are provided to the public by a pharmacist. This would include antibiotics. Schedule II drugs, while less strictly regulated, do require professional intervention from a pharmacist at the point of sale and possibly a referral by a practitioner. While no prescription is required, these drugs are only available from a pharmacist and must be retained within the area of the pharmacy, where there is no public access and no opportunity for patient self-selection. For example, this would include codeine.

Schedule III drugs may present risks to certain populations in self-selection. These are available without a prescription, but they are to be sold from the self-selection area of the pharmacy, which is operated under the direct supervision of the pharmacist. This area is accessible to the patient and clearly defined by the professional services area of the pharmacy.

The pharmacist is available, accessible and approachable to assist the patient in making an appropriate self-medication selection. For example, this would include certain antihistamines.

Unscheduled drugs can be sold without professional supervision. There is adequate information available for the patient to make safe and effective choices and the labelling is deemed sufficient to ensure appropriate use of this drug. These drugs may be sold from any retail outlet. For example, this would include low-dosage Ibuprofen.

So, Madam Chair, my understanding is that any drugs or substances sold by naturopaths, of course, follow federal legislation, including the National Drug Schedule.

Ms. Stick: I don't think I have any questions aside from a few that might come up when we go through the legislation clause by clause, but I do just want to say that safety with prescription drugs, regulations around pharmacies and standards for pharmacists are important for all Yukoners. Again, I just want to thank the committee that helped steer this legislation and thank those public servants, both in the Department of Health and Social Services and in the Department of Community Services, for their hard work on this.

There is a lot more work to come and it will be very interesting to see the regulations roll out — to see the standards roll out — and it will be good for the Yukon. It will give us a way to know what's happening, a way to make complaints if it's necessary and hopefully it is all accessible and understandable. I am sure that there is lots of work ahead to be done and I look forward to hearing further information on this. Thank you.

Hon. Mr. Dixon: Just in response, I am happy to walk through it, clause by clause, and respond to individual questions on the clauses as they arise. I would echo the member opposite in indicating that, yes, this is long overdue and we are happy to bring it forward now. The provisions in this act will certainly go a long way to improving Yukon's health care system and improving service to Yukoners.

With that, Madam Chair, I am happy to go through it, clause by clause.

Chair: Does any other member wish to speak in general debate? We are going to proceed with clause-by-clause reading.

On Clause 1

Clause 1 agreed to

On Clause 2

Clause 2 agreed to

On Clause 3

Clause 3 agreed to

On Clause 4

Ms. Stick: Under clause 4, I am looking for a bit more explanation under 4(1), which discusses the compound, supply — compound. We heard the member opposite speak to this earlier with regard to the difference between a rural dispensary and a pharmacist being able to create compounds — so if I could just have a bit of a description on that please.

Hon. Mr. Dixon: Section 4(1) — this provision allows registered nurses to continue to compound, supply or dispense drugs at health centres in the various communities without penalty. The type of medicines or formulary, the supply of pharmaceuticals and the conditions under which they may be dispensed at the community health centres are reviewed regularly and overseen by a joint committee of Yukon Hospital Corporation, Whitehorse General Hospital pharmacy and the Department of Health and Social Services Community Nursing.

Clause 4 agreed to

On Clause 5

Ms. Stick: It is not so much a debate or a question, but looking for assurances that, when we talk about the pharmacy advisory committee and who would be appointed to that — just looking for assurances that we always include that patient voice, the citizen voice, that is impacted by this legislation because, when we talk about collaborative care — patient- and family-centred — the voice has to be there and has to have a method. I am just looking for assurances on that.

Hon. Mr. Dixon: In southern jurisdictions, pharmacies and the practice of pharmacy are regulated by professional colleges that have the expertise to self-regulate. In order to assist with expertise in Yukon, a pharmacy advisory committee is permitted under this legislation, upon the request of the registrar, to advise on matters such as standards, code of ethics, licensure, recommendations for disciplinary committee members and other issues pertaining to the enforcement of the act. The advisory committee established under the *Health Professions Act*, pharmacist regulation, will serve as the same committee for this act. Regulation-making authority allows for

additional members to sit on the committee, should they be required.

This could include experts from outside of the territory and/or pharmacy owners. But of course it's done by an OIC. It's at the discretion of the minister in Executive Council Office. I would just simply note that we want to ensure that the advisory committee is able to operate well and in certain times have the authority to make recommendations for the discipline committee. I will take the member's comments about the need for public engagement and public voices to be heard under advisement and will assure the House that as we implement this legislation, we'll take note of that comment.

Clause 5 agreed to

On Clause 6

Ms. Hanson: I would just like to ask for clarification. The appointment and duties of the registrar — in section 6(2), it details the duties of the registrar. That includes issuing licences to applicants who are “eligible for them”. My question is: What are the qualifications for the registrar in terms of knowledge of and experience with respect to pharmacy and pharmacy-related functions? They're going to be issuing licences and determining the eligibility of practising pharmacists against some criteria so do they have to have any expertise in the field?

Hon. Mr. Dixon: The registrar is of course the same registrar who we have in the branch of Community Services who regulates a number of different health professions. While I don't have her CV handy or her job description handy, I do note that the registrar has considerable experience with regard to regulating health professions and other professions throughout the territory.

I should note that when it's necessary to employ specific information or specific details or capacity, the registrar can also seek the advice of the advisory committee. The advisory committee is there in place to provide that technical support and understanding of the details of the profession. Then, if necessary, as I said before, in the cases where inspections need to be taken or further action needs to be taken, we can call upon contract support from outside the territory as well.

So the registrar herself obviously is responsible for regulating a number of different professions, but in the instances where a specific amount of knowledge is needed about the actual field, the registrar can lean on the advisory committee if needed.

I should also note that in the legislation, the registrar for pharmacies will be the same as the registrar for pharmacists. They've been identified as two separate positions to allow for greater flexibility, should either one be moved to a separate branch or department. The appointment of a member of the public service means ATIPP applies to that as well — just as a side note.

Ms. Hanson: The scope of the registrar's duties set out in section 6(a) to (g) is quite broad and includes putting into effect the decisions of the discipline committee. I understand what the minister is saying with respect to bringing in outside or external resources to assist, should there be a problem, but who makes that decision? We've ascertained that the registrar

is not going to be somebody who is a pharmacist or has an expertise in pharmacy or the business of pharmacists, but will in fact be playing a significant role in determining whether or not they're eligible to have a licence, and then if there are problems going along. Who makes the decision to refer? Is there an appeal process set out here in terms of a decision? There is an appeal in section 7, but who makes the decision that would trigger an appeal and when is there a decision to bring in outside expertise?

The reason I'm saying that is because we've seen this in the past. It's difficult for patients and others when it comes to challenges with respect to patients encountering occasional problems with physicians, so who makes a decision about how you get somebody else involved to help resolve those issues?

I'm wondering, if the registrar is making these decisions and if a pharmacist doesn't like the decision around any one of the (a) to (g) functions that that registrar performs, do you wait until they go to an appeal before bringing somebody in or are you going to try to resolve it before that?

Hon. Mr. Dixon: There are a number of specific questions, but I'll try to address just the general theme. Section 6 here obviously outlines what the registrar must do. One of those things is issue licences, and the licences are what guides the conduct as well as the code of practices, the code of ethics, the standards of practice, the standards of operations. All of that will guide what goes into a licence. A licence actually issued for a pharmacy or a rural dispensary will have a number of stipulations, a number of rules, and if a complaint is made about the pharmacy or the rural dispensary, the registrar makes a decision based on the regulations that guide the registrar in terms of what they need to do.

If they need to take further action in terms of administrative fees or further action, they can do that, but the decision about at what point do you, as the member opposite said, seek additional advice from the advisory committee, is going to be something that is going to be guided by the regulations, by the standards of practice, by the standards of operations and by the code of ethics.

All of that accumulates in terms of the guidance that the registrar has. The advisory committee would then provide advice as necessary.

In terms of appeal or appeal decisions, the next section, section 7, discusses this but, in my opening remarks, or in Committee earlier, I talked a little bit about the appeal process in the bill as well. Section 29 of this bill speaks to complaints from public persons, so that's where — so there are a few different avenues for complaint, there are a few different avenues for recourse and we're confident that, with the help of the advisory committee, the registrar will have enough support to make those decisions.

Clause 6 agreed to

On Clause 7

Clause 7 agreed to

On Clause 8

Ms. Stick: This has to do with public registry and access for the public to that. I'm just wondering how this is

anticipated or what the — how would it happen that the public could access this information?

Hon. Mr. Dixon: So this clause, section 8(1), requires the registrar to keep a register of licensed pharmacies and rural dispensaries, but the information in the register will be set out in regulations, so we'll know exactly what that looks like when we have regulations in place. This is to allow time to determine if regulations under HIPMA will impact what information may need to be in the register. This clause — and 8(2) as well — addresses a growing trend toward greater public access and accountability; however, it does not mean that personal information about registrants will be available publicly. The information that's set out in the register will be in the regulation and that will determine what exactly goes in there and how that system works.

Clause 8 agreed to

On Clause 9

Clause 9 agreed to

On Clause 10

Clause 10 agreed to

On Clause 11

Clause 11 agreed to

On Clause 12

Clause 12 agreed to

On Clause 13

Clause 13 agreed to

On Clause 14

Clause 14 agreed to

On Clause 15

Ms. Stick: I am just looking for an explanation on this one and where this might have come from. It has to do with leased premises and rental rates and based on value of drugs. It was just an interesting one that I was looking for clarification on. That is section 15.

Hon. Mr. Dixon: This provision ensures that pharmacy services and patient safety are not influenced or compromised by commercial gain with regard to a premises being leased.

Clause 15 agreed to

On Clause 16

Clause 16 agreed to

On Clause 17

Clause 17 agreed to

On Clause 18

Clause 18 agreed to

On Clause 19

Clause 19 agreed to

On Clause 20

Clause 20 agreed to

On Clause 21

Hon. Mr. Dixon: Seeing the time, I move that you report progress.

Chair: It has been moved by Mr. Dixon that the Chair report progress.

Motion agreed to

Mr. Elias: I move that the Speaker do now resume the Chair.

Chair: It has been moved by Mr. Elias that the Speaker do now resume the Chair.

Motion agreed to

Speaker resumes the Chair

Speaker: I will now call the House to order.

May the House have a report from the Chair of Committee of the Whole?

Chair's report

Ms. McLeod: Mr. Speaker, Committee of the Whole has considered Bill No. 88, entitled *Pharmacy and Drug Act*, and directed me to report progress.

Speaker: You have heard the report from the Chair of Committee of the Whole. Are you agreed?

Some Hon. Members: Agreed.

Speaker: I declare the report carried.

Mr. Elias: I move that the House do now adjourn.

Speaker: It has been moved by the Government House Leader that the House do now adjourn.

Motion agreed to

Speaker: This House now stands adjourned until 1:00 p.m. tomorrow.

The House adjourned at 5:26 p.m.

The following sessional paper was tabled April 13, 2015:

33-1-157

Government of Yukon Response to the Select Committee Final Report Regarding the Risks and Benefits of Hydraulic Fracturing (April 9, 2015) (Kent)