



# Yukon Legislative Assembly

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## HANSARD

Wednesday, November 7, 2018 — 1:00 p.m.

Speaker: The Honourable Nils Clarke

# YUKON LEGISLATIVE ASSEMBLY

## 2018 Fall Sitting

**SPEAKER — Hon. Nils Clarke, MLA, Riverdale North**  
**DEPUTY SPEAKER and CHAIR OF COMMITTEE OF THE WHOLE — Don Hutton, MLA, Mayo-Tatchun**  
**DEPUTY CHAIR OF COMMITTEE OF THE WHOLE — Ted Adel, MLA, Copperbelt North**

### CABINET MINISTERS

NAME	CONSTITUENCY	PORTFOLIO
<b>Hon. Sandy Silver</b>	Klondike	Premier Minister of the Executive Council Office; Finance
<b>Hon. Ranj Pillai</b>	Porter Creek South	Deputy Premier Minister of Energy, Mines and Resources; Economic Development; Minister responsible for the Yukon Development Corporation and the Yukon Energy Corporation
<b>Hon. Tracy-Anne McPhee</b>	Riverdale South	Government House Leader Minister of Education; Justice
<b>Hon. John Streicker</b>	Mount Lorne-Southern Lakes	Minister of Community Services; Minister responsible for the French Language Services Directorate; Yukon Liquor Corporation and the Yukon Lottery Commission
<b>Hon. Pauline Frost</b>	Vuntut Gwitchin	Minister of Health and Social Services; Environment; Minister responsible for the Yukon Housing Corporation
<b>Hon. Richard Mostyn</b>	Whitehorse West	Minister of Highways and Public Works; the Public Service Commission
<b>Hon. Jeanie Dendys</b>	Mountainview	Minister of Tourism and Culture; Minister responsible for the Workers' Compensation Health and Safety Board; Women's Directorate

### GOVERNMENT PRIVATE MEMBERS

#### Yukon Liberal Party

<b>Ted Adel</b>	Copperbelt North
<b>Paolo Gallina</b>	Porter Creek Centre
<b>Don Hutton</b>	Mayo-Tatchun

### OFFICIAL OPPOSITION

#### Yukon Party

<b>Stacey Hassard</b>	Leader of the Official Opposition Pelly-Nisutlin	<b>Scott Kent</b>	Official Opposition House Leader Copperbelt South
<b>Brad Cathers</b>	Lake Laberge	<b>Patti McLeod</b>	Watson Lake
<b>Wade Istchenko</b>	Kluane	<b>Geraldine Van Bibber</b>	Porter Creek North

### THIRD PARTY

#### New Democratic Party

<b>Liz Hanson</b>	Leader of the Third Party Whitehorse Centre
<b>Kate White</b>	Third Party House Leader Takhini-Kopper King

### LEGISLATIVE STAFF

Clerk of the Assembly	Floyd McCormick
Deputy Clerk	Linda Kolody
Clerk of Committees	Allison Lloyd
Sergeant-at-Arms	Karina Watson
Deputy Sergeant-at-Arms	Harris Cox
Hansard Administrator	Deana Lemke

**Yukon Legislative Assembly  
Whitehorse, Yukon  
Wednesday, November 7, 2018 — 1:00 p.m.**

**Speaker:** I will now call the House to order. At this time, we will proceed with prayers.

*Prayers*

## DAILY ROUTINE

**Speaker:** We will proceed with the Order Paper. Introduction of visitors.

## INTRODUCTION OF VISITORS

**Hon. Ms. McPhee:** I hope my colleagues will join me in welcoming a few folks we have here today for the tribute to Trades and Technology Week. They are here from Skills Canada Yukon. We have Gerry Quarton, Mike Snider, Samantha Hand and Sarah Tomlin. Thank you very much for being here.

*Applause*

**Hon. Mr. Streicker:** We have several planners in the audience here today for the tribute on World Town Planning Day. We have with us today Taylor Zeeg, and back today is Jane Koepke. We also have Amanda Taylor, Lesley Cabott, Zoe Morrison, Ron Cruikshank, Tim Van Hinte, Simon Lapointe, Mélodie Simard, Adam Humphrey, Hannah McDonald — I need to make sure I didn't miss anyone, Mr. Speaker — Graham White and Graham "The Hammer" Boyd. Could we please welcome them?

*Applause*

**Speaker:** Are there any further introductions of visitors?

Tributes.

## TRIBUTES

### In recognition of World Town Planning Day

**Hon. Mr. Streicker:** I rise today on behalf of all members of this Legislature to pay tribute to town planners and recognize the 11<sup>th</sup> annual World Town Planning Day, which will be held tomorrow, November 8. As I was thinking about this tribute and as I was preparing for it yesterday, I happened to bump into a meeting at the Kwanlin Dün Cultural Centre.

They were planners who were working from across a range of organizations. It got me thinking about the work that they do and how much preparation it takes. I sympathize with them, Mr. Speaker, because at all times, we have to do a lot of work here to prepare, and it made me think in a very reflective manner about what is going on. Last year we marked the 10<sup>th</sup> anniversary of World Town Planning Day, and this year we are marking the 60<sup>th</sup> anniversary of the Planning Institute of British Columbia, which is the professional organization for the planners of BC and the Yukon.

Planners are, by definition, forward-thinking individuals. They work in both the public and private sectors. They are diverse thinkers. Planners work in many different fields, including land use and development, municipal and regional planning, urban design, economic development and more. They work across scales from our little streets to our giant watersheds. They think about day-to-day life and far off into the future. Planners have the awesome responsibility of shaping our communities. They are responsible for the way our city looks and how our streets are laid out. They weave the fabric of our communities. Planners are responsible for creating our new neighbourhoods, like Whistle Bend, and it is always challenging to get the right mix of family, commercial, affordable units, parks and greenspaces. This can make their jobs challenging. Planners help to integrate the many competing interests in order to prepare regional land use plans for all of us. As we know, this can make their jobs even more challenging.

Across Canada, the recognition of World Town Planning Day is fuelling appreciation of the unique challenges and contemporary issues facing towns and rural landscapes such as ours. To overcome these challenges, planners work together with communities, organizations and individuals to find solutions and to create spaces that are diverse, liveable and resilient — create futures that sustain our economy and our environment.

In my experience, planners aspire to make our homes, our communities and our territories more inclusive, safe and forward thinking. Planners help to make our world more vibrant, resilient and just plain livable. I am pleased to recognize the creativity, passion and compassion of the Yukon's professional planners. On behalf of all members of this Legislature, congratulations on 60 years north of 60.

*Applause*

### In recognition of National Skilled Trades and Technology Week

**Hon. Ms. McPhee:** I rise today on behalf of the Yukon Liberal government in recognition of National Skilled Trades and Technology Week. I also would like to note that I think it is fitting that I will speak now about this topic after we have spoken about planners, because one comes before the other.

In the first week of November each year, Skills/Compétences Canada promotes careers in skilled trades and technology. Careers in trades and technology are in high demand. They are both challenging, lucrative and make a huge contribution to the vibrancy of our communities and economy.

Last month at our annual apprenticeship awards banquet, I once again had the privilege to meet and celebrate with 46 tradespeople who earned their journeyman certificate. Several of them were young women embarking on exciting careers. Of those, 36 received an interprovincial standards red seal endorsement, which is a nationally recognized credential. Congratulations to all of them.

Mr. Speaker, we are very proud to see so many Yukoners interested in and completing trades and technology programs.

We have housing, power, water, roads, communications, vehicle repairs, esthetics, cooking services and many, many other services, thanks to these tradespeople. Special events this year in celebration of the week include: Skills Canada Yukon participating in a career fair and leading workshops at the Young Women Exploring Trades Conference hosted by Yukon Women in Trades and Technology for girls in grade 8.

It is very important to note that this year was the 18<sup>th</sup> annual event. Tonight at the Canada Games Centre, Skills Canada Yukon is hosting a hands-on electric circuit card activity booth. Throughout the year, Skills Canada Yukon gives school presentations, hands-on workshops and other activities to help to inspire youth to consider trades as career options. Recent workshops in local high schools included First Nation bannock making, computer coding, a presentation by the Bullet Hole Bagels company and a special effects makeup workshop.

Last month, Skills Canada Yukon travelled to Dawson City, Mayo, Pelly Crossing and Carmacks to deliver hands-on workshops to students and provide them with new experiences and exposure to possible careers. Our government is pleased to partner with Skills Canada Yukon to support Yukoners to experience and pursue trades and technology.

We couldn't do this work alone. I would like to recognize just a few of the partners — in particular, Yukon Women in Trades and Technology, which year after year hosts the Young Women Exploring Trades career fair and other very popular activities. Also I would like to thank the Association of Professional Engineers of Yukon, which also year after year hosts the bridge-building competition and the robotics challenge — something I've had the pleasure of participating in for the last couple of years — and, of course, Yukon College, which assists with excellent facilities and skilled instructors.

Our partners encourage interest in trades and technology with our youth and introduce people of all ages to exciting career options.

I would also like to recognize all of the supportive employers across the Yukon who continue to invest time and money toward training apprentices and providing amazing opportunities to our secondary and post-secondary students. To all of those who promote careers in trades and technology, thank you for your very important work.

*Applause*

**Ms. White:** On behalf of the Yukon NDP caucus and the Yukon Party, I stand to acknowledge this year's National Skilled Trades and Technology Week. The world as we know it wouldn't exist without tradespeople. In 2007, some 1.1 million Canadians were employed in trades. In 2016, there were 417,303 registered apprentices in Canada, and 1,158 of them lived in Yukon, Northwest Territories or Nunavut. That's a number that we should celebrate.

Yukon is in good shape, because it's estimated, for example, that 40 percent of tradespeople currently in the workforce will retire over the next five to 10 years. With no

less than 56 recognized trades in Canada, there is a trade for anyone whose brain is wired for this kind of work.

I often use the 3D test. Can you look at a flat picture — like a shelf, for example — and know what it will look like once it's built? If your brain allows you think in 3D, the trades may very well be for you. You often hear the expression, "If you ate today, thank a farmer." Well, I think that should be expanded: "If you opened a door, flushed a toilet or drove a car today, thank a tradesperson."

Yukon has made leaps and bounds in the arena of skilled trades and technology since I was young. Organizations like Skills/Compétences Canada Yukon and Yukon Women in Trades and Technology have sprouted, grown and expanded.

Through their outreach and hands-on approach, they are opening doors for Yukon youth toward exciting careers. All of this hard work can even continue right here at Yukon College where they offer classes for seven ticketed trades and a handful of other trades-related courses. If you need to leave Yukon to pursue your passion, you will get excellent help from the good folks at Advanced Education.

Mr. Speaker, in Canada's future economy, the skilled trades are going to matter more than ever. It is a good thing in Yukon that we have the help of those with the passion to get us there.

*Applause*

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

## TABLING RETURNS AND DOCUMENTS

**Mr. Hassard:** I have an e-mail for tabling today.

**Mr. Kent:** I have a letter for tabling addressed to the Minister of Education.

**Speaker:** Are there any further returns or documents for tabling?

Are there any reports of committees?

Are there any petitions?

## PETITIONS

### Petition No. 3

**Ms. White:** I have for presentation the following petition that reads:

"That mobile home ownership is an integral part of reducing the pressure of the Yukon housing crisis, as it offers affordable homeownership;

"That the Yukon Landlord and Tenant Act continues to treat mobile home owners the same as renters in most cases;

"That mobile home owners have been subject to continued pad rental increases — with no cap on increased amounts; and

"That mobile homeowners are currently susceptible to unreasonable eviction — as landlords are permitted to evict without cause.

"And that 65 per cent of mobile home owners when surveyed by the Yukon Government, said they would *not* be

able to relocate, either because of the age or condition of the home, lack of other locations, or because of cost.

“Therefore, the undersigned ask the Yukon Legislative Assembly to:

“1) Implement a maximum annual pad rent increase for mobile home owners that is no greater than inflation.

“2) Amend regulations to end ‘evictions without cause’ in mobile home parks.”

This has been signed by more than 365 people in each and every one of the mobile home parks in the city of Whitehorse.

**Speaker:** Are there any further petitions to be presented?

Are there any bills to be introduced?

Are there any notices of motions?

## NOTICES OF MOTIONS

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

THAT this House congratulates Northwest Territories Premier Bob McLeod for successfully convincing the Prime Minister to fulfill his obligations to consult with northerners prior to making decisions regarding offshore oil and gas development; and

THAT this House urges the Premier of Yukon to stand up to Ottawa by insisting that the federal Liberal government honour its legal obligations to involve the Yukon government in decisions regarding offshore oil and gas development as defined in the 1993 Canada-Yukon Oil and Gas Accord and the 2008 memorandum of understanding between the federal government and the Yukon government.

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

THAT this House urges the Government of Yukon to introduce an addendum to tender no. 2018/19-3222, entitled “Construct Ice Bridge Yukon River at Dawson City Yukon 2018-19”, to disqualify any bids that will employ spraying water into the air and hoping for ice as an acceptable solution.

**Ms. Van Bibber:** I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to meet the demand for land for housing throughout Yukon by developing affordable lots for sale and working to offset the land development costs to Yukoners.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to build thriving communities by recognizing local needs, interests and solutions and using Yukon local developers when developing lots.

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

THAT this House congratulates NWT Premier Bob McLeod for successfully negotiating a home heating fuel

exemption from the Liberal carbon tax and urges the Premier of the Yukon to phone Premier McLeod to seek advice on how to negotiate a similar exemption for Yukoners.

I also give notice of the following motion:

THAT this House urges the Yukon government to end the uncertainty created by the Minister of Education’s two-year delay in providing school bus service to Grizzly Valley residents by announcing that school bus service will be provided to the Grizzly Valley subdivision and to do so prior to the November 14, 2018, close date of the land lottery for 20 new lots in this subdivision.

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

THAT this House urges the Government of Yukon to follow through with its platform commitment to:

(1) support municipalities in the development of community plans and use those plans to inform the direction of community development;

(2) assist communities in developing “mining within municipality” policies that respect the needs of all residents while providing certainty for land users and compensation, where appropriate, for miners;

(3) expand the existing campground infrastructure;

(4) support necessary investments in basic community infrastructure that are needed to support communities and industry; and

(5) reduce community reliance on diesel energy.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to follow through with its platform commitment to:

(1) work with Yukoners, health professionals and stakeholders to find solutions that offer alternatives and transitions between home care and full-time continuing care; and

(2) provide community-based services that allow seniors to age in place to the greatest extent possible.

I also give notice of the following motion:

THAT this House urges the Yukon government to work cooperatively with the State of Alaska, Alaska’s senators and congressman on issues of mutual concern, including securing additional Shakwak funding for the Alaska Highway from the United States government.

**Speaker:** Are there any further notices of motions?

Is there a statement by a minister?

This then brings us to Question Period.

## QUESTION PERIOD

### Question re: Department of Education budget concerns and whistle-blower protection

**Mr. Kent:** On November 5 during Question Period, we asked the minister about a whistle-blower who revealed that the Liberals are scrutinizing Wood Street Centre School as

part of their search for two-percent cuts in all departments. The minister stated — and I quote: “I hope Yukoners heard me earlier this morning on the public media...”

It turns out that at least one Yukoner did hear the minister’s interview. The CBC reported this morning that in direct response to the minister’s claims that there will be no cuts, another whistle-blower reached out to say that the minister was wrong. The whistle-blower said that teachers on call have been told that they cannot be called in as often due to the cuts. The examples of the minister’s trouble with the truth are starting to add up.

Will the minister tell us why she failed to mention in her media interview that the cuts were, in fact, going to impact teachers on call at the Wood Street Centre School?

**Hon. Ms. McPhee:** I failed to mention that cuts would be impacting Wood Street School because they would not. They are not going to do that.

There are not any cuts. There are not any whistle-blowers. There is information from Yukon citizens that is coming forward and they are perfectly welcome and invited to do that. If they have questions or concerns, I am very pleased to address them.

Mr. Speaker, unfortunately, we are hearing more inaccurate information — in this case about substitute teachers. Our government will continue to provide the funding to the Wood Street Centre that they need to deliver the experiential learning programs for Yukon that are so successful.

This includes funding for substitute teachers. It is true that the Wood Street School did not previously have adequately budgeted funding for substitute teachers. In previous years, the school’s budget was woefully inadequate. In fact, in this year, we have increased the budget by 94.4 percent from approximately \$5,500 dedicated to substitute teachers at Wood Street School to approximately \$100,000 for the same purpose.

**Mr. Kent:** The Minister of Education is starting to have a real credibility problem. The list of statements that she has made that have later been quickly proven wrong grows by the day. The minister assured us that as part of the Liberal’s search for cuts in each department, programming would not be negatively impacted. Well, I would just like to quote from an e-mail the CBC received after the minister made that statement on the radio — and I quote: “I and other [teachers on call] have been told by various teachers at [Wood Street School] that we can expect not to be called in as often because of meeting the 2% fiscal cutbacks.” It goes on to say, “Will this affect the programming? — of course it will...”

This comes on the heels of a Department of Education employee informing parents that Wood Street School was being scrutinized as part of the cutbacks.

Mr. Speaker, can the minister tell us what other areas of her department are going to be hit by these cuts?

**Hon. Ms. McPhee:** I truly would hope that the questions subsequent to the first question in this House would listen to the response that I have given and maybe be adjusted accordingly, as opposed to just reading what was planned.

Certainly, as I have said earlier, the individual the member opposite refers to is entitled to their opinion. Unfortunately, in this case, their opinion is not correct. Their conclusions are not correct. Substitute teachers play a critical role in Wood Street programming — in all schools in the territory — but clearly, in this case, we are speaking about the programming and the opportunities for experiential learning at Wood Street School.

This funding for substitute teachers has, in the past, been inadequate because of the unique situation for substitute teachers being used at Wood Street School. As a result, it was increased significantly in this year’s budget by 94.4 percent — not an increase that we can see in many places, quite frankly — from just over \$5,500 to \$100,000 for the Wood Street School programming for this year for substitute teachers.

**Mr. Kent:** Once again, when the facts don’t align with this minister’s narrative, she claims that it is fake news and she tries to rewrite history.

Last week, when a whistle-blower came out and warned that Wood Street School was being scrutinized as part of the Liberal cuts, the Liberal Cabinet issued a statement warning that they would hunt down the whistle-blower. When we asked the minister to end this witch-hunt, her response was, “No, no — don’t worry — we only want to talk to them.”

Well, we have seen what talking means for whistle-blowers under this government, and public servants are legitimately afraid to speak out. That is why we are seeing a record number of leaks of sensitive documents, letters from stakeholders, e-mails — you name it, Mr. Speaker. Concerned public servants know that their only way to raise concerns is through the media or through the opposition.

I know the minister is probably embarrassed by this latest leak, but will she make a firm commitment that the Liberals will not start a witch-hunt, searching for this latest whistle-blower?

**Hon. Ms. McPhee:** I am sure — and I have received e-mails, contact from Yukoners, who were pleased to have the media coverage in the last number of days about these inaccuracies at Wood Street School and other places with respect to enrolment and now to substitute teachers. I have received information that they appreciate the correction of that information. Clearly, Yukoners are listening to that. Unfortunately, the members of the opposition are not listening to that.

As I have noted previously in this House, the characterization of something as a “witch-hunt” or of “whistle-blowers” is purely speculation on behalf of the members opposite. It is actually falsehoods — to be quite frank with you. That is not happening. The e-mail that was issued from the Cabinet office last week indicated that we didn’t know about the details of the e-mail that had been sent and that we were looking into it. That’s the seriousness with which we dealt with the matter. We were looking into it.

We requested the department to find out —

**Some Hon. Member:** (Inaudible)

**Point of order**

**Speaker:** The Member for Lake Laberge, on a point of order.

**Mr. Cathers:** In responding to the question, the Minister of Education certainly seems to be in contravention of Standing Order 19(h), accusing another member of uttering a deliberate falsehood. The minister even used the word “falsehood”, which has always been ruled out of order every time it has been called on a point of order in this House previously.

**Speaker:** Minister of Education, on a point of order.

**Hon. Ms. McPhee:** The information is false, incorrect, untrue, inaccurate — any of those words in my submission is, in fact, in answer to the question that has been asked of me.

**Speaker's ruling**

**Speaker:** I will review Hansard; however, I did not hear an allegation of utterance of a deliberate falsehood. Like I said, I will review and get back to the House as required. I don't believe at this point that there is a point of order and that, in fact, it is a matter of debate or of the characterization of the narrative that the government is choosing and that the opposition is choosing. My recollection is that it was a matter of debate and dispute among the facts.

**Hon. Ms. McPhee:** Thank you, Mr. Speaker. I will wrap up simply by saying that, unfortunately, incorrect information about the Wood Street programs and the funding for substitute teachers is out there. A great part of my job is to try to correct that both here on the floor of the House as well as in the media and in other opportunities by speaking with families, speaking with educators and speaking with school communities.

To be clear, programming at Wood Street is not affected — increased budget for substitute teachers.

**Question re: School capacity**

**Mr. Hassard:** You just heard from my colleague that the Minister of Education has a growing credibility problem. He highlighted the latest in a long list, but let's go back to October 11 when the Minister of Education told us that she wasn't aware of situations where overcrowding in schools was so bad that children were being wait-listed and homeschooled. It didn't take very long before we found out that not only had the media made her office aware a day earlier, but she had letters sitting on her desk going back to December of last year warning her about this.

When we raised this issue earlier, the minister said that she had a short-term plan to deal with overcrowding. Well, we know what that plan was. In February of this year, the minister received a letter indicating that kids were now being taught in storage closets and boiler rooms.

Does the minister think that is an appropriate short-term plan?

**Hon. Ms. McPhee:** Absolutely not, Mr. Speaker.

**Mr. Hassard:** As I said, this minister's credibility is really taking a hit here. The list of times that she has gotten it wrong is growing by the day.

Let's go back to April 26, 2017. When we asked the minister why there was a 26-day delay in issuing school calendars, her quote at the time was — quote: “... school councils are given the opportunity to review and approve school calendars — and they work on their own schedule, unfortunately — there was a delay as a result of that.” Well, it didn't take long for the school councils of Porter Creek, Jack Hulland, Elijah Smith and Takhini to point out that, in fact, the minister was not telling the truth. They quickly sent a letter pointing out that the minister's statement — and I'll quote again: “... is not a correct statement.” They pointed out that they were not given the opportunity to provide input or approve the calendars.

Does the minister believe that blaming school councils for her inaction or pretending that she wasn't aware of overcrowding is appropriate behaviour?

**Hon. Ms. McPhee:** Mr. Speaker, I see that your warning yesterday about personalizing debate has been somewhat ignored — but nonetheless. With respect to school calendars, I'm very pleased to note for Yukoners that we have developed school calendars for three years, that they have already been produced for families and schools to be able to make their long-term plans, that we have committed to doing that on a four-year cycle, and that I anticipate the next calendar to be released in the early part of 2019 — again, to help families, students and schools in their long-term planning.

**Mr. Hassard:** It appears that the Minister of Education is playing a game of whack-a-mole with the truth here. Every time she tries to shut down one issue, another one pops up as she is quickly called out for not giving correct information.

The minister was wrong when she blamed school councils for delays on school calendars; the minister was wrong when she said that there were no local builders of portables; the minister was wrong when she said that she had only just become aware of overcrowding, and the minister was wrong when she said that the Liberal cuts were not going to impact programming. Will the minister apologize for all of these missteps with the truth?

**Hon. Ms. McPhee:** The difficulty that I have and that others have sometimes on the floor of this Legislative Assembly is, in fact, the personalizing of debate and the characterization of certain activities or statements as being false or questioning the credibility of one another. I find that disturbing, and the reason I do find that disturbing is that I've spent almost 25 years in this territory and in this community working in the courts, primarily as a Crown prosecutor, where, Mr. Speaker, it is very evident to you that you simply cannot say anything in that room that you cannot provide evidence for.

As a Crown prosecutor, I have represented the public, and you must speak the truth with respect to how you can provide evidence. Your reputation depends on that; your credibility

with the court relies on that. The truth matters and facts matter, and they matter to Yukoners.

**Question re: Health and Social Services programs and services review**

**Ms. White:** We're finally beginning to see some light shed on the long-awaited Health and Social Services review. This government has refused to answer our questions or make any commitments on issues like medical travel or social assistance rates, saying it would all get looked at as a part of this health care review.

Yesterday's announcement mostly spoke of the members of the panel who will provide strategic advice and expertise as part of the review. Knowing the people involved is all well and good, but knowing what they will actually do is even more important, and that is why we have been asking the minister to table the terms of reference of this review. Now that we know the members of the advisory panel for a review that has apparently already started, will the minister finally table the terms of reference for the health care review?

**Hon. Ms. Frost:** I am very pleased to rise today to speak on the Health and Social Services comprehensive review. I should note that the review is just conducting — we have just now established the expert panel. I am very pleased about the members of our panel and their commitment to work with the government and to work with Yukoners to look for efficiencies in our overall health care initiatives across the Yukon. When reflecting on the comprehensive reviews that have been conducted in the past, we have seen some significant cost drivers in health. We will look at that, and we will look at program efficiencies. Those are things that we have committed to. Those are things that we have designed into the comprehensive health review, which is separate from government in that they will provide an independent review, consulting with Yukoners, the Hospital Corporation, NGO groups and, of course, our First Nation partners. I am very pleased about that.

**Ms. White:** The announcement yesterday said that the review includes all programs and services delivered by Health and Social Services, including the Hospital Corporation and those programs funded by the department but delivered by non-government organizations. This is a huge undertaking. Every Yukoner receives services from this department at one point or another, and I don't think I would be far off in guessing that the majority of people also receive services through the NGOs — daycares, senior supports or others. This means that every Yukoner will be affected by this, and such a broad review will take time and cost money.

Mr. Speaker, how much has this government budgeted for the comprehensive health review?

**Hon. Ms. Frost:** The funding allocated to be directed toward the comprehensive health review is 100 percent covered by the federal government through THIF funding. We have allocated approximately \$600,000, and that is funded by the federal government. I should note that the reviews conducted in 2008 and again in 2014 will provide some parameters from which we will branch off, and we will

advance into now reviewing some of the practices that perhaps haven't been implemented with respect to efficiencies of services.

**Ms. White:** Even a ballpark number would have been great.

We have heard the minister speak about a people-centred approach to wellness. If this government is serious about people-centred approaches, that would suggest that Yukoners receiving services would be driving this review. Those who depend the most on services from this department will be most affected by the review. I am talking about individuals receiving support through social assistance or patients involved in our health care, whether in the hospital or through community programs. Too often these individuals are overlooked or given only a token opportunity to have their voices heard.

The minister said that the Health and Social Services review has already started, so let me ask the minister: Has there been any opportunity for people who receive services from the Health and Social Services department to participate in shaping this review?

**Hon. Ms. Frost:** With respect to services provided by the Department of Health and Social Services, we have consulted and will continue to consult with Yukoners on every aspect of collaborative care in the Yukon. We are doing that right now with the aging-in-place concept, the models around efficiencies of home care, home care in rural Yukon communities, specialized supports and services that we bring to Yukon. We are consulting with Yukoners. We will continue to do that.

We meet very frequently with the health commission from the Council of Yukon First Nations. We are working with our NGO partners. We are working also with the Hospital Corporation and we are working with NGO groups.

As part of this review process, the expert panel will provide feedback and strategic advice that they will receive in collaboration with all of our partners.

**Question re: Carbon tax**

**Mr. Cathers:** Mr. Speaker, today marks two years since the Liberals were elected, but as we enter year 3 under the Liberal regime they have still provided Yukoners almost no information on how their carbon tax scheme is going to function. The Premier keeps saying that we are waiting for Ottawa. Well, Trevor Tombe, an economist and member of the Premier's own Financial Advisory Panel, came out this week on CBC and challenged the Premier's inaction. To quote Mr. Tombe: "The ball is in the Yukon government's court. They can tailor their rebates to their own unique circumstances." Can the Premier tell us who Yukoners should believe — the Premier who says we have to wait for Ottawa or the University of Calgary economist who says the ball is in the Yukon government's court?

**Hon. Mr. Silver:** I think we have been on the floor of the Legislative Assembly quite a few times talking about all of the work that we have done from the pan-Canadian framework forward as far as the unique circumstances of the



Yukon and how we have successfully navigated different exemptions and rebates — whether it be for mining or for aviation. Those conversations are ongoing.

The way we have described it in the past and will continue to is there are only a few different small little pieces that are left, and once those pieces of information are completed, we will be able to have those final pieces, including: When does the cheque appear in Yukoners' mailboxes?

One of the concerns that I have always had when dealing with the federal carbon-pricing mechanism is making sure that this government doesn't grow as we administer that. While we are working with the Chamber of Commerce, while we are working with the private sector, while we are working with Yukoners to make sure we give 100 percent of the rebate back into their pockets, we have to make sure, as well, that we are not going to be adversely affected by growing the government.

Should we have kept our money that we put in for the government's perspective? Well, we made a commitment to Yukoners, and we are sticking to that commitment to give 100 percent of the money collected back to Yukoners.

**Mr. Cathers:** The Premier is still spinning his wheels on this issue. It is year 3 under the Liberals. Trevor Tombe, an economist and member of the Premier's own Financial Advisory Panel, came out this week on the CBC and challenged the Premier's inaction and the Premier's version of how the carbon tax works. Mr. Tombe said that the ball was in the government's court. They can tailor their rebates to their own unique circumstances.

Since the Premier didn't answer my first question, I am going to ask him again: Who should Yukoners believe — the Premier who says he has to wait for Ottawa or the University of Calgary economist who says the ball is in the Yukon government's court?

**Hon. Mr. Silver:** Over and over again, I think Yukoners are going to have less and less belief of the Yukon Party as they compare oranges to apples and put things into the small little boxes that really are a little bit more complicated than that. We have explained all of the rebates. I do not think they are listening. That is why they keep on asking this question; they are not listening.

We have explained the aviation exemption. We have explained the rebates dollar for dollar for placer miners. There are some more conversations going on for quartz mining. There are more conversations going on as to how that cheque appears into the mailboxes of Yukoners and businesses. We want to thank the chamber of commerce for all of the conversations that we have had with them. Again, we have explained the lion's share of what is going to happen in the Yukon about how we are giving back 100 percent of that money.

We know that the Yukon Party did not have a plan. They still don't have a plan when it comes to dealing with carbon and dealing with man-made climate change. They say they have a plan, but really their plan was to do nothing.

We are working with Ottawa on a lot of different issues. This is just one of them. We are working on flexibility for infrastructure spending. We are working with them when it comes to moving up from a college to a university, which is an exciting file. We are working with them on cold climate innovation and all of the other things that come with reconciliation as well and a northern perspective.

I am very proud of the work that every single department has done when it comes to working with any government, including the federal government, when it comes to carbon pricing.

**Mr. Cathers:** Again, the Premier's narrative does not line up with the facts. I have to point out to the Premier that in listing what he claimed were initiatives of his government in tackling climate change, he read through a list of some of the things that were started under the Yukon Party government. The Liberals have continued initiatives such as the good energy program, microgeneration, Cold Climate Innovation — all are part of our incentive-based approach to dealing with climate change.

The Premier did not answer the very simple first question: Trevor Tombe, an economist to members of the Premier's hand-picked Financial Advisory Panel, challenged the Premier's inaction this week on the carbon tax and the Premier's version of events. Mr. Tombe said, "The ball is in the Yukon government's court. They can tailor their rebates to their own unique circumstances."

Again, the Premier has not been forthcoming with Yukoners, so the question is: Who should Yukoners believe — the Premier, who says he has to wait for Ottawa, or the economist he appointed to his Financial Advisory Panel, who says that the ball is in the Yukon government's court?

**Hon. Mr. Silver:** I do believe that the Member for Lake Laberge is forgetting where the Speaker's Chair is as he keeps on looking over here toward the Speaker's Chair. It is over here.

I would like to thank the Yukon Party, who signed the Vancouver Declaration that basically started us down the pathway of having carbon pricing in the Yukon. I will give credit where credit is due. Thank you, Yukon Party.

We have been very, very clear in the Legislative Assembly. Just because the Member for Lake Laberge wants to stick his head in the sand and doesn't want to listen to the answers doesn't mean that we are not responding to Yukoners. We have been very clear on giving 100 percent of the rebate back. We have been very clear about getting rebates for placer miners, dollar for dollar, for making sure that we rebate not only 100 percent of the money that is collected from individual Yukoners and businesses, but also from the Yukon government — it will go into that pot.

We also have successfully been able to give back the money to First Nation governments and to municipal governments, but I guess the Yukon Party is not hearing any of those things. Those are comprehensive negotiations that have happened, and we will continue to say that we believe carbon pricing is the most cost-effective way of dealing with

man-made climate change. I believe the Mining Association of Canada also has that narrative.

I believe I have listed a bunch of companies, and that list is going on and on, but it's the Yukon Party that I guess is still stuck in the past and still believes that they did enough before for the environment. I guess we will see who is going to be on the right side of history when it comes to this, but we are very proud of our negotiations with Ottawa on this file.

#### **Question re: French immersion programming**

**Ms. Van Bibber:** According to the Canadian Parents for French in BC and Yukon, the 2017-18 school year saw 766 students enrolled in French immersion across the Yukon.

This represents 14.3 percent of the entire student body and is the fourth consecutive year of increase. In response to increased pressure, the previous Minister of Education Doug Graham introduced French immersion at a second Whitehorse-area school — Selkirk Elementary. The other school that offers French immersion programming is, of course, Whitehorse Elementary.

Does the minister have plans to introduce French immersion as an option at any other Whitehorse area schools?

**Hon. Ms. McPhee:** There are no plans in the works to introduce French immersion at any other Whitehorse schools. It is critical that we have Whitehorse elementary schools that, firstly, are well-staffed with teachers with respect to French immersion. There are standards to make sure that French immersion is taught at a level that serves our students well.

As the members opposite may know, or certainly some Yukoners know, there is a shortage across Canada for qualified teachers at the French immersion level. We also have a stellar program here, both at Whitehorse Elementary and at two grades at Selkirk Elementary that are serving the public well. We want to make sure that those programs also result in excellent French immersion programming at the high school level too. At this time, those things are all priorities we have with respect to French immersion.

**Ms. Van Bibber:** According to the numbers released by the Liberals, Whitehorse Elementary is at 87-percent capacity and Selkirk Elementary is at 83-percent capacity. However, neither of these schools is listed in the five-year capital concept despite the seismic concerns with these schools and the potential enrolment pressures.

Will the minister ask her colleagues to include these schools in the next capital concept?

**Hon. Ms. McPhee:** Obviously — perhaps not obviously; I should not say obviously — the Department of Education is dedicated to making sure that as we go forward with planning for school spaces in Whitehorse and in the entire Yukon Territory, we take into account all of the pressures, be they enrolment, be they building age, or be they opportunities for instead of a replacement of a building perhaps renovations. I have spoken about this before in the House, and it continues to be a top priority for the department and all of those factors are taken into account. Evidence-based decision-making is key.

The list that is referred to in the beginning of the question, as I have indicated before, is currently being reviewed with respect to all of those categories and requirements for a plan going forward for capital development, and more information about that will be forthcoming with respect to education in the spring 2019 budget.

**Ms. Van Bibber:** I'm bringing up the age of the school — as we know, Whitehorse Elementary is one of the oldest schools in the territory.

Can the minister tell if any preliminary analysis or work has been done on this specific school to be replaced?

**Hon. Ms. McPhee:** Whitehorse Elementary is certainly — based on its age alone, the concept of that is a major factor in determining capital projects for the Department of Education. The Whitehorse Elementary School is, of course, being considered in the mix with respect to all of the other pressures I have noted.

**Speaker:** The time for Question Period has now elapsed.

We will now proceed to Orders of the Day.

## **ORDERS OF THE DAY**

### **GOVERNMENT PRIVATE MEMBERS' BUSINESS**

#### **MOTIONS OTHER THAN GOVERNMENT MOTIONS**

##### **Motion No. 329**

**Clerk:** Motion No. 329, standing in the name of Mr. Hutton.

**Speaker:** It is moved by the Member for Mayo-Tatchun:

THAT this House supports the renewal of Health Canada's territorial health investment fund which will invest \$25.6 million over four years to support innovation in Yukon's health care system.

**Mr. Hutton:** Thank you, Mr. Speaker. I am happy to rise today to speak to Motion No. 329. This August, a new territorial health investment agreement with Health Canada was finalized. This agreement will see \$25.6 million in renewed funds over four years to support the well-being of Yukoners and Yukon communities, which is an increase of \$1 million per year over the previous arrangement under the Yukon Party government.

The territorial health and investment fund provides funding on behalf of Health Canada to three northern territories. The intent of this funding is to examine system improvements, build capacity and help to implement innovative practices in the health sector. This financial support helps us to strengthen the delivery of health care services in the north and reduce our reliance on out-of-territory health care systems.

As the MLA of a rural Yukon community, I'm happy to see our government receive funding that will improve my constituents' access to in-territory services. This funding will

also assist with offsetting the financial burdens associated with medical travel for out-of-territory treatments. Through negotiations, our Liberal government has achieved greater flexibility to address the diverse needs of Yukoners through a grant arrangement as well as a larger allotment for medical travel.

Since 2003, health-specific federal funding has been an essential source of financial support for medical travel and health reform across the three territories. Many system reform and innovation initiatives within our health care sector could not have occurred without this funding. Since 2014, funding for medical travel has been reduced by declining amounts each year compared to the previous allotments.

In this agreement, \$4.3 million per year will go toward innovations aimed at strengthening health systems and improving health outcomes. An additional \$2.1 million per year will be allotted to medical travel.

The territorial health investment fund supports our government's people-centred approach to wellness, which is helping Yukoners thrive. Earlier this week, the Minister of Health and Social Services announced the members of an independent expert panel that will provide strategic advice and expertise as part of a comprehensive review of Health and Social Services. The review will include assessing all programs and services delivered by the Department of Health and Social Services and the Yukon Hospital Corporation, as well as those funded by the department and delivered by non-government organizations.

The panel will look at how services are organized, managed and delivered and will look to find efficiencies and ways to better deliver programs and services to Yukoners.

The cost of delivering top-quality health care to Yukoners through the Department of Health and Social Services continues to grow each year. While it is wonderful to receive the additional financial support that the territorial health investment fund provides, the department always requires more money to meet the diverse and growing needs of the territory. As the CEO of the Yukon Hospital Corporation noted in this House last month, health care is an industry of unlimited needs and always limited resources. The Yukon Party continues with the unfounded accusation that our Liberal government is insufficiently funding health care. This is simply not accurate. In the past two years alone, we have increased our health care spending by \$55 million — that is a 14-percent increase.

It is not only about more money, though it is about getting maximum value for the dollar spent. This comprehensive review panel will assist us in spending these dollars smartly and efficiently and allow us to work toward streamlining health care service delivery. As I have said, this independent expert panel review will be comprehensive, and I would like to speak about that for a minute.

On October 3, the MLA for Watson Lake put forth Motion No. 313, which urged the "... Government of Yukon to follow through on the review of the medical travel program that it committed to on March 14, 2018, which is intended to ensure that it is meeting the needs of all Yukoners by: (1)

confirming if work has begun on this review and provide an update on the work completed to date; (2) committing to public consultations as part of this review; and (3) provide a deadline for completion of the review."

At the time this motion was brought forward, the Member for Watson Lake was well aware that the Department of Health and Social Services was undertaking a comprehensive review. Further, it was clearly communicated that medical travel would be included in this comprehensive review — indeed, that was the basis of our caucus support for the motion to review medical travel back in March.

Mr. Speaker, the opposition seems to have a problem with the fact that the current review of medical travel is part of a larger review of the Department of Health and Social Services. I would like to remind people that the Yukon Party government did a review of our health care system in 2008. It was launched by the Member for Lake Laberge, then-Minister of Health and Social Services. One of the things that it looked at was medical travel. Imagine that — medical travel being included as part of the review of the health care system under Yukon Party government. Another item in the review was to seek efficiencies in the health care system. So not too long ago, the Yukon Party seemed to think that these were good ideas. Now that they are in opposition, the message they seem to be sending is that these are bad ideas. As with public engagement and the ATIPP act, I think Yukoners can see the inconsistencies in their position.

I am happy to put this information out to the public with regard to the motion today. I think we can all agree that the acceptance of these funds is in the best interest of Yukoners. I would like to thank all members of the House for the opportunity to speak to this motion today.

**Ms. McLeod:** I am rising today to speak to Motion No. 329, which has been brought forward on behalf of the Liberal government by the Member for Mayo-Tatchun.

The motion is asking us to support continuing funding under the territorial health investment fund, which, of course, comes from Ottawa. I would like to convey the Official Opposition's support for any increase of health funding to the territory. The previous government successfully negotiated funding under the territorial health investment fund with the federal government. There is absolutely nothing wrong with supporting a continuation of that funding. However, it is important that this government keeps Yukoners informed on just how this money will be spent. The number I heard earlier today was \$600,000-plus for the health review. Perhaps we will get back to that in a bit.

Yukoners need to know when plans are made for this funding. When plans are made and dollars are put to work, Yukoners need to know that it is happening. Yukoners need to know just how and why those decisions were made and how it is going to roll out. We have seen this in the past. This government takes pleasure and pride in doing funding announcements and cutting ribbons — for instance, the announcement of federal funding for investments in home and community care and mental health and addictions last year.

This announcement was great news for the Yukon. Unfortunately, when funding announcements were made, Yukoners were left to wonder how the funding will make a difference to them. Those announcements flatlined when the government was unable to tell Yukoners exactly how this funding made home care better. To this day, there has been little said on where the increase to home care will be spent.

For two full years, the Minister of Health and Social Services has stated the importance of this government's aging-in-place model. However, after bragging about the government's aging-in-place model for over a year, the government announced a consultation on the definition of "aging in place" and what that actually is. It turns out that they didn't even know what the solutions that they were bragging about even meant. So we have yet to see how this is working for Yukoners and yet to hear a consistent definition of the concept. I still hear of concerns by Yukoners that the increase to home care has not made a difference to them personally. Home care nurses and staff have yet to be provided with additional supports. Clients are told that simple actions, such as dusting for health reasons, are beyond the scope of duties of a home care worker. Surely the government is able to expand the scope of these duties for those in need who are unable to take on certain tasks for themselves.

To the minister: How was the previous money allocated to home care spent? What changes have been made and who is benefiting from those changes? Have rural communities seen an increase in home care FTEs? How much of this THIF renewal funding will be directed toward home care?

On a related note, under the last THIF agreement, home health monitoring for COPD was put in place as a time-limited trial. How many communities participated in this trial and what were the results? Is there a plan to continue monitoring and is that monitoring taking place today? Does the new THIF funding cover any of these chronic disease issues that we were addressing with the last THIF?

We saw the same with respect to funding announcements for childcare and mental health. To this day, Yukoners have received little information as to how these dollars will be or are being rolled out. These are multi-year funding arrangements, and we have not heard how these are rolling out, multi-year.

There is not much chance of us having a fulsome discussion on this topic unless and until we hear what the government's plan is and how those dollars will be used to better health care services in the Yukon. I know the Member for Mayo-Tatchun has indicated a couple of things — one piece is with regard to medical travel — but of course, it might be a bit premature to announce them since we're having a health care review.

We have spoken at length about a number of priorities that this government should be considering, and I believe it's important to touch on just some of those. We have asked the government to consider making changes to the medical travel program. Yes, we asked about it in March; yes, we asked about it in October and will continue to ask about it even as it goes to review, because we simply don't believe that

Yukoners should wait until the end of 2019 or 2020 before they see any benefit.

The government was initially in agreement; however, they then chose to roll the medical travel into a comprehensive health review, which they claim they intended all along and which appears to be part of the government's effort to find cuts in each department. My question would be: How long do Yukoners have to wait to see how this health funding will be spent? A review will take time, and there are so many individuals experiencing problems now that could benefit from changes to medical travel now.

With the previous funding, money was allocated to medical travel directly. In fact, this funding was allocated with the expectation that as health care system needs are addressed by increasing services in territory, the requirement for medical travel would be reduced in the years to come. Well, that hasn't worked out so well. As we've seen with current wait times for in-territory surgeries and other services, this is proving not to be the case. Will this government consider making increases to medical travel funding with this THIF renewal funding?

As the government has heard from the Hospital Corporation, from The Official Opposition and through the media, cataract surgery wait times are at the highest for many years, with over 350 Yukoners waiting for surgery now and some of them waiting upwards of three years. Has this government given any thought as to how this THIF renewal funding can help to decrease wait times for cataract surgery, for one? We've heard the Minister of Health and Social Services say that this government is working with their partners to work toward an efficient and effective government. Today, as this government enters into their third year of governing, we have yet to see how this will happen.

I do have some questions for the minister regarding the work that the government is doing with respect to health care in the territory. Who are the partners that the minister alludes to in every speech and every response given with respect to Health and Social Services? Can the minister confirm whether or not she and her partners have come to any decisions as to how this THIF renewal funding will be spent? Can the minister confirm whether or not she and her partners are open to considering such suggestions as medical travel increases and cataract surgery wait-time reductions when they are making these decisions?

We are aware of the funding allocations of the previous THIF money as negotiated by the previous government. Historically, the THIF money was allocated —

**Some Hon. Member:** (Inaudible)

**Speaker:** Order, please. The Member for Watson Lake has the floor.

**Ms. McLeod:** Historically, the THIF money was allocated to mental health, chronic disease management and medical travel. It was dedicated to a medical wellness project focused on integrating changes to the Yukon mental health and addictions system to support mental health and addictions services, to build capacity and increase access to Yukon's chronic disease management system and, as I mentioned earlier, to offset the burden associated with medical travel.

According to the territorial stream annual report of 2016-17, an overall THIF evaluation was to have taken place by an Outside contractor in late 2017-18. My question is: Has that been completed, or has it even been started?

I ask the minister once again: How will this THIF renewal money be allocated? What elements of Yukon's health care services and systems have been highlighted to the federal government as requiring additional funding today?

I am also interested in hearing from the minister just what the outcome was for our territory in response to the last round of THIF funding. I would be quite interested to hear how that round of funding helped Yukoners, what services were increased and if the minister can provide Yukoners with an accounting of funds and results.

As I previously stated, we are fully supportive of renewed funding through the territorial health investment fund. Thank you to all of the employees who worked to negotiate this funding for Yukoners. I urge the government to keep Yukoners apprised of what is happening with funding dollars post-announcement. Let people know just what the government is doing for them, as they are the ones who matter the most.

**Hon. Ms. Frost:** I want to take the opportunity to change the conversation a bit. With respect to performance management, the member opposite speaks a lot about performance and performance measures with respect to THIF funding — perhaps indicating that the report card is not sufficient for Yukoners, or perhaps the report card with respect to strategic planning and visioning is not adequate. It speaks a bit about medical travel, and I would like to highlight again that my colleague from Mayo-Tatchun spoke about the review from 2008 when the Yukon Party took an approach to reviewing health and health care efficiencies and looking at strategic alignments.

Part of that discussion considered medical travel and adjustments to medical travel. We have seen since that time almost \$4 million in increases. We also saw in the 2008 report — the Member for Watson Lake highlights that part of the concern perhaps in regard to deliverables is mental health. Well, let's speak a bit about that.

The 2008 report from the Yukon Party highlighted that one of the deliverables was to look at mental health services, not to shut down secured mental health facilities or not provide services to those who are vulnerable in our population. I do believe that we have taken efforts to address the challenges in providing supports to vulnerable Yukoners where and when they need it in rural Yukon communities. That has not been considered historically.

Let's talk a little bit about the concept of aging. Apparently the member opposite does not understand what aging means either. I'm asking specifically in the Legislative Assembly: Can the member opposite explain to me: what does an "elder" mean? In the concept of rural Yukon communities with respect to our relationship with Yukon First Nation peoples, the definition of an "elder" is one who is an esteemed, respected elder or older person within the

community. The expanded scope of care for the aging population in Yukon is one that we certainly take pride in, and we take pride in ensuring that we provide services, recognizing that every community is unique unto itself.

As we look at care needs within Yukon communities, we have an aging population. The aging population requires us to expand the scope of care to those members of our society as they age. We want to ensure that they age well in place.

I rise today in support of Motion No. 329 brought forward by my colleague, the Member for Mayo-Tatchun: "THAT this House supports the renewal of Health Canada's territorial health investment fund which will invest \$25.6 million over four years to support innovation in Yukon's health care system."

In August, alongside Yukon Member of Parliament Larry Bagnell, I was pleased to sign a new territorial health initiative funding agreement with Canada that will see \$25.6 million over the course of four years to support the well-being of Yukoners and build stronger, healthier communities. Through negotiations with our federal counterparts, we agreed to a grant agreement that will allow for greater flexibility when it comes to meeting territorial needs as well as a greater annual allotment for medical travel from previous years.

Mr. Speaker, the grant is not prescriptive. It provides us with an opportunity to be flexible when we talk about innovation. It comes to us by way of a grant. The annual allotment with respect to medical travel — the THIF funding will provide some offsets for the government. This is great news for Yukoners. We have heard many times in this House about the importance of medical travel to Yukoners across the territory. As a member from a rural Yukon community, I know very well the importance of medical travel for rural Yukoners. I am happy to inform my constituents and all Yukoners that we will be receiving more funding for medical travel. With this agreement, \$4.3 million per year will go toward the innovation aimed at strengthening health systems and improving health outcomes. An additional \$2.1 million per year will be allocated for medical travel.

There are four main areas for innovation funding: training and capacity building; collaborative care delivery models; access and technologies; and data and performance measures. When we talk about access and technologies, one of the main pillars and priorities from the 2008 report identified the need for telehealth for bringing specialized services to rural Yukon communities and providing essential services to the communities that don't otherwise have these supports.

This innovation funding will be used to strengthen health systems and improve health outcomes through health system innovation, the use of human resource approaches and increasing access to health care and quality care through the use of technology.

The medical travel funding will be used to offset eligible medical transportation costs incurred by the territorial government and may include transportation, accommodation and meals for patients as well as eligible escorts. As Yukoners, we know one of our Liberal government's priorities is the people-centred approach to wellness that helps

Yukoners thrive, and this new THIF agreement will directly support that priority.

As my colleague mentioned, I recently announced the members of the independent expert panel who will conduct a comprehensive review of programs and services delivered by the Department of Health and Social Services. This will include medical travel, as we made that clear during the last session — the session before.

The members opposite seem to be opposed to including a review of medical travel with this comprehensive review. As noted, it's interesting, because this was included in the 2008 Health and Social Services review under the previous government. It's not obvious why it's such a bad idea now when back then, it was okay — whatever the case, as I said, the new THIF agreement includes more money for medical travel than we have under the previous agreement. A close look at medical travel will be included as part of this comprehensive review.

As Yukoners will recall, last fall we created the Financial Advisory Panel to look at our government's finances, providing options for improvements. We learned that the previous government was spending \$1.50 for every \$1 that we brought in. We know that Health and Social Services is the major cost driver of this government, and we want to ensure that we're able to look at long-term sustainability while still providing better services to Yukoners in rural communities. Collaborative care is an essential part of that, and that means that we've implemented the mental wellness hubs that were defined in the 2008 report when we look at innovation and supporting Yukoners.

Not only was spending a little out of control, we have seen that the Yukon Party was not really planning for the future — for future health care costs of Yukoners. Our Liberal government committed to Yukoners that we would fix this situation that we find ourselves in, introduce strong fiscal management and get our territory's finances back on a sustainable footing.

The Financial Advisory Panel report identified health care as an important area of government operations where efficiencies and effectiveness would be improved, and one of the options that it presented was a comprehensive review of Health and Social Services. We are pursuing this option because we recognize the importance of health care to Yukoners. We want to make sure that it is sustainable going forward.

Yukon, as noted, has an aging population, which means that ensuring health care costs are sustainable — as we see our population aging, we want to ensure that we provide adequate services and supports. Every dollar spent out of every \$3 spent is on health care. We need to make sure that the delivery of health care is responsive to Yukon's changing demographics and is sustainable in the long term.

We have just announced the members of the expert panel who will review programs and services of the Department of Health and Social Services. It is important not to make assumptions or pre-judge the outcome. We know that the Yukon Party is fond of stirring up anxieties by suggesting that

cuts are coming. That is not the case, Mr. Speaker. The objective is to look at efficiencies in spending and ensure that we provide appropriate services and programs to all Yukoners.

As the Premier has repeated again and again, we need to manage the growth in spending of government departments by finding more efficient ways to deliver programs and services. This is especially important for Health and Social Services, and it is the responsible thing to do when it comes to taxpayers' money. We wouldn't be doing the job that Yukoners elected us to do if we didn't plan properly for the future of Yukon and ensure that our spending is sustainable.

The 2008 review of Health and Social Services included many recommendations on how to improve efficiencies when it comes to health care, including increasing funding for home care and looking at opportunities for co-location of health services to improve service integration. Our Liberal government supports aging in place, which is why we have increased funding for home care since we took office. This year, the budget includes an enhancement of \$1 million for the home care program, following last year's increase of over \$500,000.

These new funds will further increase front-line services to Yukoners, providing more options to meet their needs and adding more direct therapy and in-home support. In terms of co-location of services, I am very proud to say that we have opened up four mental wellness and substance use hubs in Dawson City, Haines Junction, Carmacks and Watson Lake. These hubs integrated alcohol services, mental health services, child and youth treatment services — bringing them together to provide specialist services in addition to the supports provided by resident workers who live in most communities. We have enhanced and recognized our staff to ensure that we can provide necessary pre- and post-care for substance use as well as counselling and mental health supports for Yukon communities and their members. This is an important part of our commitment to support the mental wellness of all Yukoners and provide enhanced health care in rural Yukon.

We look forward to the results of the comprehensive review that we have just launched so that we can find more ways to improve service delivery for Yukoners and do it in a sustainable way.

The new THIF agreement is important, and it provides our territory with more money for health care to meet the needs of Yukoners. It is not just more money, Mr. Speaker. As I said, it is about planning properly for the future to ensure that service delivery is sustainable over the long term. This is not the approach that the previous government took, but it is about the priorities for our government, and I support the Member for Mayo-Tatchun.

I wanted to just make a note with respect to the long wait-list that the Member for Watson Lake highlighted for cataract surgery. She wanted to know who we have consulted with and who we are consulting with broadly on the THIF funding.

We are having detailed discussions, consultation and engagement with Yukoners, with Yukon First Nations, with our health care providers and with NGO groups. We are

keeping Yukoners informed, and we look forward to the results of the comprehensive health review. We will look at ensuring that we very effectively implement the plans that will roll out from the comprehensive health review.

With respect to the comment made regarding making announcements with no results, I can assure the member opposite that we have done a lot. We have very successfully implemented the territorial health initiative funding and the contributions from the federal government but with our partners as well. We have now expanded our home care program and our home first initiative. We are now working with the Thomson Centre, the health centre and the Hospital Corporation, and we have expedited beds over to the Thomson Centre. We have 33 participants in the home health monitoring trial. We have expanded HPV immunization. We have looked at a screening and awareness campaign on colon cancer and increased the number of mental health workers in Yukon communities and suicide intervention training. We have looked at providing support to all our Yukon communities, updating the funding allocations to Yukon First Nations when it comes to pre- and post-care for substance abuse in our communities. We will continue to look at legislation and updating appropriate equity and rights-based legislation when it comes to the LGBTQ2S+ community and ensuring that we provide support there. With respect to FASD awareness and prevention, we have done significant work there with our partners.

The list goes on, Mr. Speaker, and I will not go through the whole list, but I just want to demonstrate that we have done significant work with our partners to ensure that we provide appropriate and adequate funding to Yukoners. We have done that in good faith through consultation and engagement with our partners.

**Ms. Hanson:** Mr. Speaker, I have heard a lot of discussion over the last while about citizen-based approaches. I wholeheartedly agree, so I would like to speak from a citizen-based perspective this afternoon and ask the minister and the government opposite: What about today is any different? Why should I as a citizen place any credence in what is being said by this government over what was said by the prior governments over the last 14 years?

I say that, not to be overly critical of the minister who just spoke, but because as a citizen I only need to look back at what has been said by governments over the last 14 years with respect to health care in this country. I have in front of me a document called *A 10-Year Plan to Strengthen Health Care* which came out as a federal-provincial-territorial plan that all provinces and all territories in the federal government agreed to.

This afternoon's motion is about everybody being happy about another \$25 million being spent over the next four years for health care, and I guess the question comes: To what end? Mr. Speaker, in 2005 the federal government committed to spending in the north through the territorial health system sustainability initiative — THSSI then — over five years,

\$150 million, and then they added another \$60 million into that in 2012-14. It keeps going on.

Just so they're all on the same page here, when we ask for the terms of reference for the latest version of the health care review in the territory, it's because we have real concerns about — why another study, when, in fact, we have made commitments and we have spent an exorbitant amount of money over the last 14 years addressing exactly the same issues that I have heard already outlined in the debate this afternoon.

In *A 10-year Plan to Strengthen Health Care* entered into — with commitments made on behalf of territorial, provincial and federal governments — those commitments include “Reducing Wait Times and Improving Access — All jurisdictions have taken concrete steps...” it says. So First Ministers agreed that they would — there was also a wait-times reduction fund that was set up in 2004. It was to “... augment the existing provincial and territorial investments and assist the jurisdictions...” Each jurisdiction said that we would agree “... to establish comparable indicators of access to health care professionals, diagnostic and treatment procedures with a report by December 31, 2005.” “Evidence-based benchmarks are...” — we're starting to sound like the same language of 10 or 14 years ago — “... for medically acceptable wait times starting with cancer, heart, diagnostic imaging procedures, joint replacements, and sight restoration...” It was 14 years ago, Mr. Speaker. Those benchmarks were to be established by December 31, 2005.

We go on to that in terms of the other areas: “There is a need to increase the supply of health care professionals... including doctors, nurses, pharmacists...” There was recognition that these shortages are acute and particularly acute in certain areas of the country.

At that time, 14 years ago: “... First Ministers agree to continue and accelerate their work...” with respect to finding and ensuring an “... adequate supply and appropriate mix of health care professionals.” Ironically, given the way that it played out in this territory, a huge commitment was made to working with international medical graduates to facilitate their transition into the medical community in this territory.

Anybody who was paying attention over the last 14 years will realize how badly that program was managed in this territory and how we lost some amazing skilled health care professionals who wanted to contribute and wanted to be part of this territory and were not allowed to by the closed nature of the system here.

The federal, territorial and provincial governments talked about “... targeted efforts in support of Aboriginal communities and Official Languages of Minority Communities to increase the supply of health care professionals for those communities...”

Home care — 14 years ago: “Home care is an essential part of modern, integrated and patient-centred health care. Improving access to home and community services will improve the quality of life for many Canadians by allowing them to be cared for or to recover at home. Services provided

in the home can be more appropriate and less expensive than acute hospital care.”

Mr. Speaker, if we on this side of the House sound like we are getting a little tired of hearing the same language over and over again, it is because we are and citizens are. We are talking about the same thing, but we are not doing anything differently.

For years — going back to 2004: “Greater use of home and community care services can reduce wait times for acute hospital beds by making beds available for those who are more acutely ill...” That’s not news. It “... can provide choices for end-of-life care, and be an effective option for some patients with chronic mental health concerns.” “All governments...” — in 2004 — “... have recognized the value of home care as a cost-effective means of delivering services and are developing home care services to prevent or follow hospitalization.”

“First Ministers...” — including the territory — “... agree to provide first dollar coverage by 2006 for certain home care services, based on assessed need, specifically to include: short-term acute home care for two-week provision of case management, intravenous medications related to the discharge diagnosis, nursing and personal care...” — 14 years ago, Mr. Speaker — “... short-term acute community mental health home care for two-week provision of case management and crisis response services; and end-of-life care for case management, nursing, palliative-specific pharmaceuticals and personal care at the end of life.”

Each jurisdiction agreed to “... develop a plan for the staged implementation of these services...” and report to its citizens on progress in implementing home care services. These commitments were made and the money was provided.

“Primary Care Reform” — we have heard a lot about the language around collaborative care. We are assuming that this is going to be another focus of the announced health care review. We don’t know, because we haven’t been provided the terms of reference. But in 2004, provincial, territorial and federal ministers agreed that “Timely access to family and community care through primary health care reform is a high priority for all jurisdictions. First Ministers agree to establish a best practices network to share information and find solutions to barriers to progress in primary health care reform such as scope of practice.” How many times have we talked about scope of practice with respect to nurse practitioners and midwifery?

“Electronic health records and telehealth are key to health care system renewal.” In 2004, 14 years ago, we agreed to this and we began investing our Canadian money — citizens’ money — into this. As a citizen, I have a legitimate ability and right to ask the question: What is different in 2018 from 2004 in terms of the amount of investment and what is being asked of citizens in terms of credibility of this next review?

In 2004, there was recognition that there was a particular challenge in accessing family and community-based health care services in the north, which is why THSSI was set up and why the federal government provided an additional

\$150 million over five years through the territorial health access fund.

In 2004, First Ministers “... direct Health Ministers to establish a Ministerial Task Force to develop and implement...” — 14 years ago — “... the national pharmaceutical strategy and report on progress by...” 2006.

I can tell you, Mr. Speaker, we went through the list of health care reviews and health care related reviews over the last 14 years. It has gone to several pages now — strategies, reviews, clinical studies and best care studies conducted in this territory. I’m not talking about other territories or nationally. I’m talking about studies that were done in this territory using some of those augmented funds that the territorial government received since 2004.

We’re saying that if we’re talking about “evidence-based”, why aren’t we reviewing the evidence that has been collected, been prepared by experts, citizens and professionals throughout this territory, drawing on the best practices and expertise across the country? You are saying: “Just trust us. We’re going to spend another \$25 million over four years, and we’re going to make it better, because in the last 14 years it didn’t happen.” Well, as citizens, we have the right to ask what happened to all those millions of dollars.

That strategy was going — and I’m curious to see how much this is going to transfer into the new strategy or whatever is going to be the outcome of this health care review — to do the following: “... develop, assess and cost options for catastrophic pharmaceutical coverage...” — we’ve had conversations in this Chamber about the impact of catastrophic pharmaceutical costs for individuals — “... to establish a common... Drug Formulary for... jurisdictions based on safety and cost effectiveness; accelerate access to breakthrough drugs for unmet health needs... strengthen the evaluation of real-world drug safety and effectiveness; pursue purchasing strategies to obtain best practices for Canadians for drugs and vaccines; enhance action to influence the prescribing behaviour of health care professionals so that drugs are used only when needed and the right drug is used for the right problem; broaden the practice of e-prescribing through accelerated development and deployment of the Electronic Health Record...” — how many times have we heard about the beginning and the stopping of this whole process in this whole territory? — “... accelerate access to non-patented drugs and achieve international parity on prices for non-patented drugs; and enhance analysis of cost drivers and cost-effectiveness, including best practices in drug plan policies.”

A lot of this and a lot of this data gathering is predicated on Yukon actually actively participating and ensuring that CIHI has the data. We would like to know, in fact, if all of that information is being transferred because, for many years, physicians weren’t required to do the reporting that was required in order to have CIHI be able to give us the data that we need — simple data, like the number of people who have diabetes in this territory.

Prevention and promotion in public health — the recognition by all governments that “... public health efforts



on health promotion, disease and injury prevention are critical to achieving better health outcomes... and contributing to the long-term sustainability of medicare by reducing pressure on the health care system. In particular, managing chronic disease more effectively maintains the health status for individuals and counters a growing trend for increasing disease burden.”

“In recognition of the importance of the healthy development of children, there has been extensive collaboration by governments, in recent years, through the Early Childhood Development initiative...” So the government has committed to working and to accelerate plans on this pan-Canadian public health strategy. They said in 2014, “For the first time, governments will set goals and targets for improving the health status of Canadians through a collaborative process with experts.” There are just a couple more, Mr. Speaker.

Health innovation was another focus, and it is also a focus that I have heard much spoken about in this Legislative Assembly over the last two years and in the prior — well, not much in the prior years. We tried asking those questions, though.

“Health Innovation — A strong, modern health care system is a cornerstone of a healthy economy.” We all accept that. “Investments in health system innovation through science, technology and research help to strengthen health care as well as our competitiveness and productivity.” The federal government made commitments to continued investments to sustain activities in support of this — good. “All governments agree to report to their residents on health system performance including the elements set out in this communiqué.”

There is nothing wrong with looking at where we started in terms of this most recent modern infusion of money in 2004, because that was when there was a significant and massive infusion of federal money into the provincial and territorial system — and particularly in the north, with the recognition that the north had unique circumstances. If the government is unwilling or unable to release the basis of what it is going forward on, then we risk reinventing the wheel, we risk going backward, and assuming that no work has been done over the last 14 years and assuming that no studies have been done and no recommendations have been made to government — it is one thing if all of these studies were done. The government can blame the previous government and say that they didn’t listen and they didn’t do anything, but it is a whole other thing to be ignorant of the fact that those reports and those studies do exist and should inform and should be the starting point for the basis of going forward as opposed to being on a shelf, sitting there gathering dust.

I would suggest, Mr. Speaker, that there is nothing that would gather the ire of citizens more than to say, “Okay, you guys are going to launch on yet another expensive study, some high-priced help, and then you are going to ignore it just like the previous guys did because you have ignored all of the other studies.” That, Mr. Speaker, would be unacceptable.

So far in the 34<sup>th</sup> session of this Legislative Assembly, we have heard similar kinds of answers to the questions that we

have raised on the broad range of health care measures as we heard in the 33<sup>rd</sup>. We are hopeful that we are going to start to get some focus here. We have heard a lot of talk over the last two years about wanting to work in collaboration. Well, collaboration means sharing what your objectives are and sharing where you want to get to. We are prepared to work with government, but we will be incredibly critical if we perceive that we are going backward to the same kind of same old, same old. It is time to walk the talk.

**Hon. Mr. Streicker:** I just wanted to add a few comments to this debate. Let me begin by saying that whenever you get involved in government or this Legislature and you are trying to effect change and see yet another approach or another study, it is good to ask yourself: Is this going to be effective? Will it really create change or not? I do worry about — I will just refer to it as “study fatigue”. However, as soon as I start to look at any of the systems that I am working on or that all of us here in this Legislature are working on, it becomes clear that you really do need to do those reviews from time to time.

For example, when we bring legislation in here — especially when it is important legislation — we often put in place that we are going to review it every five years. The studies that the Member for Mayo-Tatchun and others have been talking about here have been initiated in 2008 and 2013. That is five years ago, and so even from that perspective, I think all of our departments should have a deeper look occasionally to understand how they are working and try to improve them as much as possible — especially Health and Social Services, which is such an important and large component of our budget and an important piece of our lives here.

I agree with the Leader of the Third Party that we definitely need to build on the existing work, and I appreciate that. At least I heard the Minister of Health and Social Services reference the importance of building on that. I also want to point out, though, that I don’t think that things are exactly the same today as they were five years ago. Is it the same? No, I don’t think so. I think that, while we still have challenges in front of us — and I am sure we always will — I do think that some things are different. In particular, our whole circumstance is changing. We know that the demographics of the territory are changing, so it is really important that we have this look.

I was so encouraged to attend the first aging-in-place seminar. It was at the High Country Inn, and I think they got two or three times the number of people that they were anticipating. I saw the Health and Social Services’ staff running off their feet to try to accommodate so many folks who wanted to express their views on how important aging in place is. I don’t remember that conversation five years ago. I certainly don’t remember it —

**Some Hon. Member:** (Inaudible)

**Hon. Mr. Streicker:** Well, I might not have been at all of them, and that is true, Mr. Speaker. I acknowledge that I

wouldn't have made it to all of them, but I do think that there is a deeper conversation happening today.

We didn't have mental wellness hubs five years ago. While I appreciate that there has been an interest in innovation previously, I have never seen any action on that innovation, and so I am encouraged by that piece.

We didn't have Housing First five years ago —

**Some Hon. Member:** (Inaudible)

**Hon. Mr. Streicker:** Well, yes —

Sorry, Mr. Speaker. We do have the first Housing First unit being built across the street from my place in town. I get to watch it. I watched the windows go in yesterday. It was great to see. These are real differences. Palliative care, Safe at Home — partnerships on Safe at Home that extend to First Nation governments, municipal government and the NGOs; those are differences.

**Some Hon. Member:** (Inaudible)

**Hon. Mr. Streicker:** Well, Mr. Speaker, you may well ask why we're doing a review. I would respond to that question that it's important, as I stated at the outset of my remarks —

### Speaker's statement

**Speaker:** Order, please. Order.

Members may very well have some very useful and fruitful conversations that they may wish to engage in outside of the Chamber, and that may lead to great developments or great agreements going forward, but the general principle within the Chamber is that one member speaks when he or she has the floor. It's not an environment where one can have a conversation back and forth. While certainly the members will have noted that the Chair has provided some latitude for off-mic commentary, it's certainly not the forum to have any sort of question-and-answer commentary occurring.

Like I said, there may be some very fruitful conversations that can occur outside of the Chamber between the members, and I certainly would encourage that if there is a desire to do so. In any event, that's it.

**Hon. Mr. Streicker:** I do think that it is important that we do these reviews, because I think all systems need us to be looking at them from time to time. While I appreciate that there is an opportunity here, I think that it is important on an ongoing basis to do these reviews on occasion. In particular here, I think that the Minister of Health and Social Services has identified some real interest and need to get at the situations that we have here with respect to Health and Social Services.

There are some things that I think are evident to us — and by "us", I'm speaking about all Yukoners. We have an aging population, and it's important to try to move as much as possible from acute care toward wellness. In that respect, we increased the funding to home care by \$1.6 million this year. Is it enough? Well, that's a great reason to have a review, to understand whether we should put more emphasis that way.

I know that, for many years, there has been an interest to move from sort of a health care deliverer-centric perspective

to a client-centric or a patient-centric notion — a citizen-centric notion — so that the health care professionals would collaborate around that citizen to provide the best health care. I don't think that's an easy thing to achieve. I think that the work toward it, if you move any distance, is going to be an improvement. There is room for improvement.

I also appreciate that there were some suggestions in the Leader of the Third Party's comments about, for example, a national look at pharmaceuticals and pharmacare. My understanding is that some of this work is underway nationally and we should be part of that conversation.

What I wanted to say is that reviewing health care is important. It is important to build off of the previous work and to account for what has been achieved and what has not been achieved. It is important to continue to try to move forward with improving health care for our citizens while at the same time making sure that we are being effective with the health care investment that we have here in the territory.

**Ms. White:** I am actually going to take an entirely different approach to this conversation, mostly because I really like the idea of innovations in health care.

I was taking a look at what that could mean. It talks about how innovation can be a small change that simplifies everyday tasks, or it can be a big change that completely transforms the way we do something. It's defined by the Council of Canadian Academies as "new or better ways of doing valued things". Innovating health care means introducing new ideas, methods or technologies that promote fast or more efficient care and improve patient outcomes.

That's where I am going to leap off because, for me, when we talk about innovation, it's great that there is \$25.6 million over four years — so that is \$6.4 million a year. Mr. Speaker, prior to 2011, I would have told you that was a whole schwack of money. Since then, now that I have the privilege or the responsibility of going through billion-dollar budgets, I understand that \$6.4 million is not half as much as it seemed to be.

I appreciated it when the minister talked about the four pillars of innovation. I didn't quite get them down, but there was training, there was collaboration, there was access to technology and data measures — just to paraphrase, because I only got half of them down.

I know that in the last number of years when we have been talking about communities having conversations around delivery of health care, it was pointed out that in rural communities the people who know where people live and how they are the most are mail carriers. In a time where we see the pressures on Canada Post or we see the pressures in communities, there is talk about whether there would be a way to activate community mail carriers so that they could knock on the door and see how someone was when they knew that they were unwell. Could they be part of the health care delivery system? The mail carrier is going to recognize that the mail hasn't been picked up; they are going to know everyone in town in a small community. I'm sure, like the Member for Mayo-Tatchun, the mail carrier for Mayo-

Tatchun would know every single person in that community. Maybe that was a thing.

November is Diabetes Awareness Month. There is technology out there. For example, the company Medtronic has created the world's very first artificial pancreas for people with type 1 diabetes. That device automatically monitors blood sugar and it administers insulin as needed.

Maybe we could look at some of the innovation with our smaller population. Maybe we could look at taking part in some of those studies. Maybe some of our type 1 diabetics in the territory could be trying this out as a pilot project across Canada.

When we talk about innovation, what I really want to know is what the new things are.

We have the opportunity of telehealth. I was looking through different health innovations and they talked about the ability to deliver counselling services electronically. Now that most people are wired with cellphone devices, maybe that would be a way to reach out when someone needed help the most.

I think this is just an opportunity. There is a cornucopia of options out there and there is no way that, here in the Assembly, we can come with that. But when we have the opportunity of innovation and we have the opportunity of looking at things — new ideas, methods or technologies that can promote faster, more efficient care and improve patient outcomes — then I think that is an opportunity. Of course, I caution that we don't want to go down the route that has been taken before. This is by all governments, Mr. Speaker; this isn't just any specific government. You can pilot-project things to death. You can have a good idea, it can have funding and it can be a pilot project, and then, instead of that good idea continuing on, the funding stops. So how is that innovating health care when a recognized good program just stops because it was just a pilot project and it didn't go on?

I appreciate that we have had this conversation about what this money could do. I appreciate that the minister said that she signed for it this summer. I guess we are supporting our renewal for Health Canada's territorial health investment fund that the minister said she signed this summer. But when we talk about innovation, why don't we push the barriers? Why don't we push it further? Why don't we look at things that might work in our northern jurisdiction that don't work in other places — for example, mail carriers in rural communities being able to help out with providing health care? Why don't we look at making sure that our type 1 diabetics have access to the most up-to-date equipment — that we don't say that Health is not going to fund them because it is not on our list?

I think that when we talk about innovations in health care, really we should be looking further ahead. We should be looking into the future and then making sure that if we have pilot projects that turn out to be great ideas they just don't die on the step as a pilot project without going into the future.

I look forward to hearing the closing arguments, and I look forward to innovations in health care in the Yukon.

**Speaker:** Is there further debate on Motion No. 329? If the member now speaks, he will close debate. Does any other member wish to be heard?

**Mr. Hutton:** Mr. Speaker, I would like to thank all of my colleagues in the House this afternoon for their passionate and eloquent contributions to the debate. I certainly hope that all members of this House will support this motion, because it should be obvious to all of us that an increase in money from the federal government under this transfer can't help but benefit all Yukoners.

**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.

**Hon. Mr. Silver:** Agree.

**Hon. Ms. McPhee:** Agree.

**Hon. Mr. Pillai:** Agree.

**Hon. Ms. Dendys:** Agree.

**Hon. Ms. Frost:** Agree.

**Mr. Gallina:** Agree.

**Mr. Adel:** Agree.

**Hon. Mr. Mostyn:** Agree.

**Hon. Mr. Streicker:** Agree.

**Mr. Hutton:** Agree.

**Mr. Hassard:** Agree.

**Mr. Kent:** Agree.

**Ms. Van Bibber:** Agree.

**Mr. Cathers:** Agree.

**Ms. McLeod:** Agree.

**Mr. Istchenko:** Agree.

**Ms. Hanson:** Agree.

**Ms. White:** Agree.

**Clerk:** Mr. Speaker, the results are 18 yea, nil nay.

**Speaker:** The yeas have it. I declare the motion carried.  
*Motion No. 329 agreed to*

### Motion No. 339

**Clerk:** Motion No. 339, standing in the name of Mr. Gallina.

**Speaker:** It is moved by the Member for Porter Creek Centre:

THAT this House urges the Government of Yukon to introduce amendments to the *Smoke-Free Places Act* to include vaping.

**Mr. Gallina:** I am pleased to rise today to speak to Motion No. 339, that this House urges the government to introduce amendments to the *Smoke-Free Places Act* to include vaping. For those members over the age of 30 — and let me assure this House that I meet that designation — vaping

is defined as the act of inhaling and exhaling a vapour produced by a vaping product such as an electronic cigarette. This vapour is often flavoured and can contain nicotine.

The recent rise in the popularity of vaping and the increased access to paraphernalia associated with vaping products, in our view, require the government to update our legislation related to smoke-free places. We know that if you are a smoker, quitting smoking is the best thing you can do to improve your health. There is support available to help you quit. We also know that if you are not a smoker, vaping can expose your exposure to some harmful substances that could negatively affect your health.

Whether they contain nicotine or not, e-cigarettes may pose health risks when they are consumed in large doses or over long periods of time. The health risks of inhaling the common additive used in the flavouring of e-cigarettes deep into the lungs are unknown. Much like the traditional second-hand smoke exposure, bystanders can also be exposed to e-cigarette vapour. In a 2016 study, the World Health Organization reported findings that second-hand exposure to e-cigarette vapour may lead to adverse health effects. The report also concluded that — and I quote: “... second-hand aerosols from e-cigarettes are a new air contamination source for hazardous particulate matter.” As a result, the World Health Organization recommends prohibiting by law the use of e-cigarettes indoors and in other locations where smoking is not prohibited.

More alarming still, a popular chemical compound used in the flavouring of vape juices has been linked to popcorn lung, which is the scarring and obstruction of the lungs’ smallest airways. Furthermore, this past April the American Academy of Pediatrics published a report on the adolescent exposure to toxic volatile organic chemicals for e-cigarettes. This report found substantially increased levels of five carcinogenic compounds in the urine of teenagers who vape. Besides the medical effects of e-cigarettes, another area of concern is the renormalization of cigarette use and the glamorization of cigarette behaviour, particularly among minors.

We know through a Canadian Tobacco, Alcohol and Drugs survey available through Health Canada that youth between the ages of 15 and 19 years old and adults between the ages of 20 and 24 years old have the highest rates of trying vaping compared to adults aged 25 or older. Twenty-three percent of students in grades 7 to 12 have tried vaping. Ten percent reported using them within the last 30 days. The popularity of e-cigarette use among minors is of significant concern. A quick scroll through Instagram and other social media sites shows a constant stream of videos showcasing hovering clouds of smoke rings and promoting flavours like Berry Blast and OG Juice Straight Outta Cotton and contributing to a craze many refer to as “#vapelite”.

We cannot ignore that the culture and marketing of the vaping industry is not only highly appealing to youth, but in many ways, also targeting them directly. The unregulated use of e-cigarettes may act as a gateway to nicotine addiction or even smoking.

In February of this year, a local high school principal raised concerns over the widespread use of e-cigarettes among students in Whitehorse. This concern reflects a larger trend across North America, which the New York Times has reported as “an explosion of vaping among high school and middle school students across the country.”

We know that most vaping liquids have a higher concentration of nicotine than individual cigarettes. We also know how addictive nicotine is. Beyond concerns around the use of nicotine, the devices can also be used to smoke cannabis. Currently, the Yukon’s *Smoke-Free Places Act* outlines locations where smoking is and is not permitted. This protects public health and provides clear exemptions for both smokers and non-smokers. For example, smoking in daycares, health care facilities, community centres, cinemas and bingo halls is not allowed. As a parent, I know where I can and cannot smoke cigarettes and I can choose where I go with my family. This is not the case with e-cigarettes, which provides uncertainty for both those who use e-cigarettes and those who do not.

Mr. Speaker, at a recent global vape-friendly conference on nicotine, participants were banned from vaping indoors due to the nuisance that the aerosol clouds have caused. We owe business owners, landlords, teachers, caregivers and members of the public clarity on where it is appropriate to use e-cigarettes and where it is not.

Regulations around the use of e-cigarettes are long overdue in Yukon to minimize harm to minors, to regulate the advertising and sales of this product and to provide clarity to Yukoners around the appropriate use of e-cigarettes.

Mr. Speaker, in closing, I know this is a concern to the Member for Takhini-Kopper King, who has also raised concerns over the use of e-cigarettes, including vaping where smoking is banned and vaping in indoor public spaces and workplaces. We are happy to be considering those concerns. For that, and for the benefit of all Yukoners, is why I am proud to rise today and introduce Motion No. 339.

**Mr. Kent:** I would like to thank the Member for Porter Centre for bringing this motion to the floor today. I certainly appreciate the information in the background that he provided with respect to the risks of vaping. I found it informative, as I am one of those people who are not that familiar with that practice. As a non-smoker and a non-vaper for life, I appreciate that and I look forward to hearing from other members as well with respect to that practice.

I wanted to focus on the *Smoke-Free Places Act* portion of the member’s motion because it was something that I had some personal involvement with when it was consulted on and introduced after the 2006 election here in the Yukon. I haven’t had the opportunity to speak about this since coming back into the Legislature in 2011. There are some people, I think — Yukoners throughout the territory — who enjoy being able to go into areas where there isn’t any smoking allowed. They owe a debt of gratitude — I think I would like to start with the late Todd Hardy, former Leader of the NDP here in the Yukon. He led the party into the 2006 election. During the

2006 election, I was the Yukon regional manager for the Canadian Cancer Society. That was what I was doing at that time. I reached out to the three main political parties that were running in that election and asked about the possibility of introducing some sort of legislation around smoke-free places. I do want to give credit to Mr. Hardy. The NDP was the only party that got back to me at the time — all parties got back to me, but the NDP responded positively to what I had put forward.

From there — one of the NDP members can correct me if I'm wrong — I believe a private members bill was introduced by the late Todd Hardy. That led to the formation of a select committee that was put together to study this issue throughout the Yukon. The members of the committee, as well — the current Member for Lake Laberge was on that committee. Darius Elias, MLA for Vuntut Gwitchin was on the committee representing the Liberal Party, and the late John Edzerza, the MLA for McIntyre-Takhini, which was the riding at the time, was representing the New Democrats. Substitute members — Don Inverarity, the MLA for Porter Creek South and Steve Cardiff, the MLA for Mount Lorne. Mr. Cardiff was the substitute for Mr. Edzerza, and Mr. Inverarity was the substitute for Mr. Elias. I believe she was very new to the territory at the time, but our current Deputy Clerk of the Yukon Legislative Assembly Linda Kolody also provided support to those members of the committee as they conducted their consultations and their deliberations throughout the territory.

Where the Canadian Cancer Society was asked to be involved — the Cancer Society, where I was working at the time, was retained as a technical expert to the committee. The CCS at the time asked Physicians for a Smoke-Free Canada to take on that role and support the committee's work throughout the territory. In the acknowledgements of the report, the committee also wanted to thank Cynthia Callard, the director, and Neil Collishaw, the research director from Physicians for a Smoke-Free Canada, for their work on behalf of the committee as it travelled throughout the territory.

I attended a few of the public meetings with the committee. A lot of the heavy lifting on this had been done by a previous Whitehorse City Council, because they had introduced a smoke-free places bylaw. I remember that, at the time, it was quite contentious, and City Hall was full on more than one occasion of concerned business owners and others, but I think we've reached a place where the businesses certainly didn't collapse and patrons are able — not only patrons, but workers — to enjoy a smoke-free place when they are in those establishments or other areas that are captured by this particular legislation.

Mr. Speaker, I talked to the Member for Porter Creek Centre earlier today and I shared a copy with both House Leaders this morning, but I think maybe now is the time for me to move the amendment to the motion that we would like to put forward. I'll move the amendment, and then during my time to speak to it, I will give some additional reasons why I believe that this amendment strengthens the motion brought forward by the Member for Porter Creek Centre.

#### *Amendment proposed*

I move:

THAT Motion No. 339 be amended by replacing the word “introduce” with the word “consider” and inserting the words “following consultations with appropriate experts, stakeholders and Yukon residents” after the word “vaping”.

**Speaker:** I have had an opportunity to review the proposed amendment, and I have also had an opportunity to speak further with Madam Clerk of Committees, who is suggesting the addition of one additional word — and consulted with the mover of the proposed amendment. I believe that this proposal is in order. I know that members are wondering what that word was and you will find out here shortly.

It has been moved by the Member for Copperbelt South:

THAT Motion No. 339 be amended by replacing the word “introduce” with the words “consider introducing” and inserting the words “following consultations with appropriate experts, stakeholders and Yukon residents” after the word “vaping”.

The proposed amended motion would read:

THAT this House urges the Government of Yukon to consider introducing amendments to the *Smoke-Free Places Act* to include vaping following consultations with appropriate experts, stakeholders and Yukon residents.

**Mr. Kent:** Thank you, Mr. Speaker. I am hoping that members will support the proposed amendment and take it for what I hope is seen as an improvement to the original motion introduced by the Member for Porter Creek Centre.

Again, I will step back to the initial *Smoke-Free Places Act*. I don't believe that another select committee is required for this or anything like that. That was obviously a significant piece of legislation that was brought forward at the time. As I mentioned, there were public hearings in Mayo, Dawson City, Pelly Crossing, Carmacks, Ross River, Faro, Haines Junction, Destruction Bay, Burwash Landing, Beaver Creek, Watson Lake, Teslin, Marsh Lake, Carcross, Old Crow, Tagish and Whitehorse. There was ample time and ample opportunity for Yukon residents to provide their input.

Again, referring to the acknowledgement in the report delivered by the select committee, they wanted to thank the hundreds of Yukoners as well as interested groups who expressed their views to the committee at the committee's public hearings by answering a questionnaire that went out or through written submissions.

As you can see, there was quite a bit of input. Some of the expert organizations that provided input at that time included the Canadian Cancer Society, Clean Air Coalition British Columbia and Physicians for a Smoke-Free Canada; as well, the Yukon Lung Association, the Village of Mayo and the Yukon Federation of Labour were also important stakeholders that provided input into that process. As I mentioned, hundreds of Yukoners through various means provided input as well.

I think that any time we are considering legislative changes, it is important to talk to appropriate experts, stakeholders and Yukon residents. I think that again, hopefully the mover of the motion and the government side as well as the New Democrats will support the amendment that I have put forward here today. I think it is a good opportunity to reach out to a number of individuals who may have additional input or ideas with respect to this legislation and how to improve it.

As I mentioned, I know there was some involvement for me in the original select committee process. One of the recommended amendments that came forward out of the consultations was the prohibition of smoking in vehicles carrying someone under the age of 19. I don't think that was initially put forward, but it did end up in the final legislation.

Another recommendation that came forward from the Canadian Cancer Society was that the committee should also recommend an increase in cigarette taxes by at least \$15.60 per carton to match the rate found in the NWT and Nunavut and to close a tobacco tax loophole that allows roll-your-own tobacco to be taxed at a lower rate.

I am not exactly sure what tax increase was adopted, but I know the government of the day at that time — from what I understand from colleagues at the Canadian Cancer Society — introduced the largest tobacco tax increase in the history of Canada; so they did bring it up to a more acceptable level. Those are the types of things, I think, that came out of involving experts, stakeholders and Yukon residents that were positive as we move forward.

Again, I hope that members will support this amendment. The motion as amended is certainly something that we can get behind.

**Mr. Gallina:** I want to thank the Member for Copperbelt South for bringing forward this amendment. The member brought this amendment to my attention earlier this morning, and since then, I have also had the opportunity to talk briefly with the Member for Takhini-Kopper King, along with members of my caucus.

I think this is a good example of members of this House from all caucuses working together in the best interests of Yukoners. It sees us collaborating on important issues and working toward solutions that have meaning to all citizens across the territory.

Specifically on consultation — this is a very important element as we look at considering amendments to legislation and regulations. I know this government takes consultation and engagement with Yukoners very seriously. As this House looks to urge the government to amend the *Smoke-Free Places Act*, consultation and engagement would have been built into the plan to introduce amendments. This is evident in the engagements that have taken place in just the past year alone. Since the launch of [engageyukon.ca](http://engageyukon.ca) last fall, the government has hosted over 38 engagements on projects such as the tourism development strategy, talking Yukon parks and cannabis legislation — to name a few.

What this amendment would do is show that all members of this House have prioritized engagement with Yukoners and ensure this important element is built into legislative considerations.

In closing, Mr. Speaker, the Liberal caucus is supportive of this amendment. Consultation and engagement is important to Yukoners and to this government, and I thank members for their collaboration on this motion.

**Hon. Ms. Frost:** I appreciate the opportunity to rise in the House today to speak to this motion. The motion as amended —

**Speaker:** Is it the Minister of Health and Social Services' intention to speak to the amendment or to the main — or do we wish to deal with the issue of the amendment first?

**Hon. Ms. Frost:** I am speaking to the motion as amended.

**Speaker:** What is before the House right now is the debate on the proposed amendment.

Does any other member wish to speak on the proposed amendment?

*Amendment to Motion No. 339 agreed to*

**Speaker:** Is there any further debate on the main motion as amended?

**Hon. Ms. Frost:** I am pleased to rise today to speak to the motion as amended. I am speaking as the Minister of Health and Social Services. In doing so, I would like to move that we accept the amendment. I really just wanted to share some important information with respect to safeguarding the health of Yukoners. I know that consultation is an important element of discussions, given that there is a lot of inconclusive evidence around vaping and harmful effects of vaping products. But first, I would like to share some important figures that will help illustrate our government's priorities when addressing these issues.

According to the federal data, more than one in 10 Canadians has tried vaping. Youth and young adults between the ages of 15 and 24 are most likely to report having tried vaping at a higher rate than any other age group. Fully a quarter of Canadian students in grade 7 to grade 12 report having tried a vaping product at least once, and one in 10 reported doing so within the last 30 days alone.

We know that for the vast majority of adult smokers, smoking begins in adolescence or young adulthood. We note too that young people who use vaping products are more likely to try cigarettes than those who don't. This government understands the importance of keeping vaping products out of the hands of Yukon's youth, and the best way to prevent nicotine addiction and tobacco-related illness is to help ensure that young people don't ever take the first puff, but it's also important that we provide relevant information with respect to the harmful effects of the chemicals associated with vaping.

We are fully committed to taking the steps necessary to ensure that vaping products do not become a gateway to

tobacco for young people. Earlier this year our colleagues in Ottawa introduced the *Tobacco and Vaping Products Act*, a new piece of legislation to regulate the manufacture, sale, labelling and promotion of tobacco and vaping products sold in Canada. In addition to further combating the negative impact of tobacco on the health of Canadians, this legislation creates a new legal framework for regulating vaping products to protect young people from nicotine addiction and to offer adults a less harmful alternative to tobacco.

Under this new legislation, Yukoners under the age of 18 are prohibited from purchasing vaping products. Promotion that is appealing to youth, including certain flavourings as well as logos, is banned. Lifestyle advertising, sponsorship and, of course, celebrity endorsement are also prohibited under the act. This legislation also takes a major step forward in addressing the concerns that many Yukoners have about vaping, and it is working to protect young people and provide a less harmful alternative to smoking to adults.

The Department of Health and Social Services is closely examining this new federal legislation and is working to determine the next steps to amend the *Smoke-Free Places Act*. Like other jurisdictions, we in the Yukon have an opportunity to create additional protections built on important progress already made.

I want to state that the legislation that addresses some of the core concerns of the Yukon public is an essential piece of the amendments as we go forward. We have unique opportunities in the Yukon to do that, and I look forward to providing further updates through Health and Social Services as we evolve, but also I'm just rising today to say that I support the amendments.

**Ms. Hanson:** I just want to reaffirm that the Yukon NDP does support this motion as put forward, but I do want to raise a very strong concern that we have. The use of the phrase "vaping" has been in the conversation so far this afternoon and only relates to the use of tobacco. There is a distinct difference when we start talking about the use of medicinal marijuana for vaping.

Our concern is that, if we're talking about the *Smoke-Free Places Act*, the challenge that we face and that many Yukoners face right now is that the *Residential Landlord and Tenant Act* is — there are two different pieces of legislation — at least — that are affected here. When we're talking about — if there is a blanket prohibition on vaping, then we may inadvertently be putting up another barrier to those people who need — and absolutely need — access to medicinal marijuana. Vaping is the safest way for somebody to consume cannabis, because otherwise they are forced to combust it, which does then introduce the potential for carcinogens into the lungs, which we don't want. We know that vaping doesn't raise the temperature to that degree, and they do not have to ingest it.

I can say and affirm that most of us have constituents — but in my riding, I have a number of seniors who currently live in Yukon Housing Corporation units who have been prescribed medicinal marijuana and who do consume it by

vaping. They are technically not supposed to be doing that in their buildings. We have urged and will continue to urge Health and Social Services and Yukon Housing Corporation to get together in a collaborative effort to avoid the problem of people having to smoke marijuana outside and causing the problems of odours — but to make vapes available to all of those folks who have a prescription for it.

This is just to raise the issue here, and we are looking for ideas as to how we are going to address the challenge that people who have a need for pain relief, inflammation relief — all sorts of different reasons why — and palliative reasons — may need to use a vape to consume various forms of cannabis. I don't know what the answer is, Mr. Speaker, but I do know that, as presently worded, we are going to be creating a problem for a sector of our community that I don't think is intended. I don't think the consequences of that were intended by this blanket prohibition.

I can tell you that it is an issue for anybody who sits on a condo board or whatever. They will realize that this has become a hot topic of discussion for condo associations and corporations throughout the territory. I am not sure, but I am asking for — we are talking about debate on an issue. How does the member who introduced the motion — and his caucus — want to approach this in terms of not putting those folks who really do rely upon accessing cannabis through vaping for medicinal reasons and who have gone through the whole federally regulated process in terms of accessing that medicinal marijuana? I throw it out there. We know it is a real and current concern.

**Hon. Mr. Streicker:** First of all, thank you for the original motion, and thank you for the amendment brought forward by the Official Opposition. I would like to thank in particular the Leader of the Third Party for raising the concern that she just raised.

When I first had considered this motion, I had not thought about the concern that she raised. In most instances that I understand, those people who are using medical marijuana are using it on their private property and that is not going to be of concern here, but the issue that she raises is a real question. I think it's important to address it, because "most" won't mean "all". There will still be a sector there, and I think it is worth looking at. I think the amendment that we just passed — where we put in the word "consider" — and, in that way, this will give us that opportunity to look at those issues and make sure that we're not excluding a group here. I'll leave my comments to that point there. I think it is important.

What I will say is that, as we've introduced legalized cannabis, we've made our two top priorities: (1) to displace the illicit trade, and that is starting to happen and we know that now; (2) to focus on health and wellness and, in particular, to think about our youth and how to educate there to make sure that they understand the risks that are out there around cannabis. It has been a very fundamental change to the landscape of the Yukon, but I think there were a lot of concerns, and now, as we arrive and as we land with legalized

cannabis, we're starting to see the future, and some of the fears that were originally there are being allayed.

There are still real things to address, and I think this is one of them — how to deal with the various methods in which people consume cannabis. We know, going forward, that the federal government has already indicated that on October 17, 2019, there will be new forms as well, so we need to prepare for those. I think that it makes this a pertinent conversation throughout.

By the way, if I can just give a shout-out — as always, I encourage all Yukoners to move away from the illicit trade and move to the licit trade, and we're working toward getting the private sector up and running.

Let's talk about smoke-free spaces and vaping. One thing that we had gone through in introducing cannabis — and that we wanted to try to make sure with vaping as well — was that we weren't promoting vaping, that we were getting away from flavours and that we were getting away from advertising — those sorts of things. That is, I think, at the heart of this motion. I think it is very important that we make sure that, once we've identified the harms of something — like tobacco — we find ways to not enable it with our youth. I'm sure that some young people will begin using tobacco, but the more that we do not design systems that are going to encourage them to do so is very important. We've seen the success over time.

I tabled earlier in this session a report on the cost of harms of substance use. Number one was alcohol, and number two was tobacco. They are very close to each other in terms of the overall cost to society — this is Canadian society, but the Yukon will not be different in terms of relative weight. I think that number four was cannabis, down at seven percent, but alcohol and tobacco together represented about 70 percent of the harm. Tobacco is a very important product. It is not, by itself, an intoxicant, but it is addictive, so we do need to find ways to address it.

Because of the changes in technology that come with vaping and the ways, culturally, in how that usage is entering into our society, we need to update our *Smoke-Free Places Act*. I think it is important that as we do that, we now consider how to make sure that the legislation is not introducing barriers or harms to citizens who are using medical marijuana.

I thank the Leader of the Third Party for her comments, and I look forward to working on this issue. We have a tremendous working group that has been focused on cannabis. Currently, they are focused on cannabis retail. We have pulled together people from Health and Social Services, from the RCMP, from Justice, from Economic Development and from the Liquor Corporation so that they are all working together on this. I think that is a good group of people, and I intend to take the question that was posed and make sure that, as we move forward on this, we do not introduce side effects that we were not anticipating.

**Speaker:** Is there any further debate on the motion as amended?

If the member now speaks, he will close debate.

Does any other member wish to be heard on debate with respect to Motion No. 339 as amended?

**Mr. Gallina:** In closing debate on this motion, I am not going to be very long. We have heard about the immense amount of work led by previous members of this House and the many Yukoners in establishing the *Smoke-Free Places Act*. We have heard about health risks, glamorization of vaping, considerations within our schools and within our families, which — as the Member for beautiful Mount Lorne-Southern Lakes has stated — are the primary drivers of this motion. We have also heard about the concerns raised by the Leader of the Third Party as it relates to the consumption of medicinal marijuana and ensuring those Yukoners who use medicinal marijuana have certainty.

This motion starts the work to consider amendments to one piece of legislation and begin to have discussions with appropriate experts, stakeholders and Yukon residents. I want to thank members for the amendment brought forward by the Member for Copperbelt South and the debate that we have had here today. I look forward to all members of this House supporting this motion.

*Motion No. 339, as amended, agreed to*

**Hon. Ms. McPhee:** Mr. Speaker, 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 (Mr. Hutton):** The matter before the Committee is Vote 15, Department of Health and Social Services in Bill No. 207, entitled *Second Appropriation Act, 2018-19*.

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. 207: *Second Appropriation Act, 2018-19* — continued**

**Chair:** The matter before the Committee is Vote 15, Department of Health and Social Services in Bill No. 207, entitled *Second Appropriation Act, 2018-19*.

Is there any general debate?



**Department of Health and Social Services**

**Hon. Ms. Frost:** I would like to introduce my staff who are here with me today. I have Stephen Samis, Deputy Minister of Health and Social Services and Social Services, and Michele Goshulak, assistant deputy minister.

I am here today to introduce the Department of Health and Social Services supplementary budget for fiscal year 2018-19. The department is requesting an overall increase of \$6.919 million, bringing the total for the 2018-19 budget to \$437,814,000. This \$6.919 million represents an increase of two percent in the department's total budget for fiscal year 2018-19. This requested increase in O&M is \$3,091,000.

Let me explain what is included in this request. The department is requesting an additional \$2.861 million for the Yukon Hospital Corporation to cover additional costs in chemotherapy, medical imaging, lab services and the collective agreement. As part of this request, the department is requesting \$1.3 million to cover the escalating costs of drugs and prescribed treatment for chemotherapy. Chemotherapy treatment that is provided at Whitehorse General Hospital is increasing in cost. The complexity of chemotherapy treatment has increased over the last decade, with treatment having a greater ability to target specific cells and, thus, having fewer toxic effects on the body's organs, resulting in more positive outcomes.

These advances in treatment have resulted in increased costs to chemotherapy treatment. This expenditure contributes to positive health outcomes for Yukon citizens who are going through chemotherapy treatment and enables our health care systems to provide a leading edge treatment option. I'm happy to support this request.

Just one note on the cost of drugs — the Premier and his colleagues at the Council of the Federation table, as well as my fellow health ministers across the country and I, are actively working on solutions to address the rising cost of drugs across Canada. For example, Yukon participates with its provincial and territorial partners in the pan-Canadian Pharmaceutical Alliance to ensure improved value of money through bulk drug purchasing. Yukon also participates in the provincial-territorial pan-Canadian collaborative on health equipment procurement, which was established in 2017 to advance collaborative procurement of basic and specialized medical equipment. Building on the success of collaborative purchasing in other areas like pharmaceuticals, the work of the pan-Canadian collaborative on health equipment procurement seeks to achieve efficiencies and procurement practices, more robust evidence-based decision-making, innovation in technology and procurement practices, greater value for transactions and enhanced patient safety and health outcomes. While in Yukon we benefit greatly from these initiatives, we rely to a large extent on our provincial partners' expertise and specialized knowledge on procurement as well as their ability to keep a pulse on current trends in this field.

The department is also requesting funds to address increases for the Hospital Corporation in the following areas: \$398,000 is requested for increases in the cost for medical imaging to cover an increase in complex tests such as CT

scan, MRI and mammography; \$554,000 is requested to cover demand-driven costs associated with lab services; and \$609,000 is requested for increased costs associated with the Yukon Hospital Corporation's collective agreement, bringing it in line with Yukon government's.

The final O&M request is for a four-year, \$898,000 agreement between my department and the Canadian Partnership Against Cancer, or CPAC. The funding for this fiscal year is \$230,000. The goal of this funding is to integrate palliative care services earlier in the patient's journey as well as to incorporate patient-reported outcomes into the delivery of palliative care and end-of-life care. As we all know, dying is a part of life, and supporting Yukon citizens with improved palliative care and end-of-life care will support individuals, families and loved ones while providing care and support.

During this project, health care providers will be trained in the early integration of the palliative care approach to care and the use of patient-reported outcomes — the patient voice to direct care. This will mean that individuals and their families will have the opportunity to enjoy a better quality of life throughout palliative care and the end-of-life journey.

As you can imagine, we are excited about this funding, as it fits in very well with our work on aging in place as well as two of our enduring priorities. Our people-centred approach to wellness helps Yukoners thrive. Our strategic investment builds healthy, vibrant and sustainable communities. These funds are 100-percent recoverable.

For people listening and for members of this House who want to learn more about this organization, I encourage them to visit [partnershipagainstcancer.ca](http://partnershipagainstcancer.ca).

Mr. Chair, as I mentioned, under capital, the department is requesting \$3,828,000. This funding request is to do with the newly opened Whistle Bend continuing care facility, which more than 1,000 Yukon citizens came to tour most recently during the opening. I was very excited about that. We look forward to residents moving into their new home in the Whistle Bend facility in the coming months. These funds are budget-adjusted and involve the timing of funds voted but not used in 2017-18 fiscal year that are now being moved to the 2018-19 construction completed schedule. That is what I have to report today, Mr. Chair.

**Ms. McLeod:** We had a discussion earlier today about the THIF funding during motion debate brought forward by the Member for Mayo-Tatchun.

I was doing a little bit of research with regard to the THIF. I'm wondering if the minister could provide us with some comments on the outcome for our territory as a result of the last round of THIF funding.

**Hon. Ms. Frost:** With respect to the previous THIF funding, we have conducted an assessment on the outcomes from the previous funding. The evaluation is completed, so we will have that for submission very shortly — I am assuming in the next week or so.

**Ms. McLeod:** One of the aspects of the last THIF funding was medical travel and assistance for medical travel. The desired outcome was to improve services for Yukoners where they live in order to reduce the need for medical travel

and thereby reducing the financial request to cover that. From what I know and from what I hear, obviously that was not met. I heard the minister put forward again the same concept, the same idea.

The minister recently announced \$2 million toward medical travel assistance. That announcement came prior to this announcement on the THIF funding for the upcoming four years. Is the \$2 million that the minister previously announced part of this \$25 million of new THIF funding?

**Hon. Ms. Frost:** With the current THIF funding, we are working on improvements — certainly looking at collaborative care in Yukon communities and collaborate care remotely, providing the necessary medical supports via telehealth. Some of the things that we have discussed in the Legislative Assembly around collaborative care include how to bring the services to Yukon communities — specialized care, whether it would be through the new specialized services that we bring in from Vancouver on a contract basis, on an annual basis or on a monthly basis, for that matter. What can we do in the Yukon to ensure that we provide opportunities to alleviate some of the pressures that we are seeing on medical travel?

Currently, as I indicated in many submissions, we have seen a cost driver in health as one of the biggest pressures — medical travel. We have seen in excess of \$14 million. As noted, that cost has risen significantly, I believe, since the last report — something like almost \$4 million. I don't have the number right at the tip of my fingers, but I certainly could get a hold of that. I have it in my notes somewhere. It was quite significant.

So when we look at this last fiscal year, trying to balance off the growing costs of medical travel — how do we do that? We used part of the THIF funding to offset the cost of medical travel as we see it continuing to rise.

We also looked at the discussion that we had about the pediatrician. Historically, we were sending a lot of patients and clients outside of the Yukon for those types of specialized supports. We now have the pediatrician who is here and the specialist who provides hip and knee surgery here in Yukon. That has eliminated a lot of the medical travel, so we will see a bit of reduction in overall medical travel. We want to be able to continue to address that — bring the services to the people — much like we are occupying the space in rural Yukon communities through our two hospitals that we transferred over to the Yukon Hospital Corporation in 2010. What types of services do we provide out of those hospitals and what types of opportunities are there to look at a collaborative care centre?

The completed 2008 report provided some direction with respect to collaborative care in Yukon communities. What we're doing right now is really looking at a broader description, trying to put those things into action and looking at, most recently, the THIF funding that we received and the opportunities to bring mental wellness to our people and rural Yukon communities and to bring supports like physiotherapy in our communities as opposed to having clients come in from

rural Yukon communities and having to pay the travel. What can we do to allow those things to happen?

One of the things discussed about moving forward was looking at the drivers around emergency medical travel and acute care at the hospitals. We try to provide a different model, and we're committed to some shifts around improvements and how we look at sustainability and the growth with the health care cost. What we focused on was training in collaborative care, looking at remote care and investing in new technologies. We're doing that by improvements in our health system right now — doing that in collaboration with the Hospital Corporation, quicker access from the health centres into the emergency room at the hospital when we found ourselves in a situation — so trying to alleviate some of those immediate pressures and providing the essential services and supports to Yukoners in time and as they need it.

**Ms. McLeod:** The minister mentioned a concerted effort to bring specialized care to communities, and she did use the term "plural". I'm wondering if the minister meant that she's bringing that specialized care into Whitehorse. I ask that because probably somewhere in that 2008 report, it mentions bringing these kinds of care options to the community hospitals to reduce travel.

Just a little bit of clarification that I'm after — whether or not those specialized doctors are going to be brought out to community hospitals or if it's just going to be located in Whitehorse?

**Hon. Ms. Frost:** I'm pleased to have a discussion around what it is we're doing right now with respect to the specialized care in the hospitals. We know that the two rural hospitals have a lot of potential — potential for growth and potential for providing, perhaps, some alternative level of care to the clients in the respective regions. We are working with the Hospital Corporation, and we're working with rural hospitals and the physicians to look at the potential within each one of those regional hubs. We've expanded the mental wellness supports and the specialized services with the mental wellness and substance use strategy that we brought in, in the last year. Those have been brought out to the communities.

When we speak about rural Yukon communities, we bring the supports to communities, not just to Whitehorse. It is noted that the supports that we have brought in most recently for orthopedic care and pediatric care has eliminated a lot of the pressures from medical travel but also the in-time support to Yukoners, so we are not having them fly to Whitehorse out of some rural Yukon communities and then from here stop over to get to Vancouver, with the added stresses around that. We are trying to bring the services to the centralized facility that has the ability to deliver on those specialized supports. But when we can, we look at our partnerships with rural community-based hospitals.

**Ms. McLeod:** I fully support the department providing specialized services in our rural hospitals, and I know that the people who live in those communities would much prefer to get that kind of care in their home community. I was a little bit unclear still when the minister mentioned, as a for instance,

pediatrics and joint care, I thought I heard the minister say she had sent those specialists to rural hospitals. I want a little bit of clarification on that because I had not heard that this was happening.

**Hon. Ms. Frost:** No, we have not sent those specialists to the rural hospitals. We have specialist supports in Whitehorse General Hospital, and we, of course, work very collaboratively with the community-based hospitals. At that point, there is quicker and easier access to the facility in Whitehorse. So that support is not provided out to the communities in those hospitals.

**Ms. McLeod:** I thank the minister for that clarification. Obviously treating people here in Whitehorse saves a lot of travel money as opposed to sending people out to Vancouver and Edmonton or perhaps further. But I would like the minister to continue to look at providing specialized care in those communities where we do have hospitals, because that is what they are designed for, and certainly that is what the people are looking for.

When we were speaking a while ago about THIF funding, the minister mentioned mental wellness funding as part of this THIF money. It is leading me to need to know what is being funded out of the THIF package that was just announced — the part that is covering the 2018 for the next four years. I am wondering if the minister has a breakdown of how that money is going to be distributed. She will note that in the last agreement, chronic care, mental health and medical travel were the primary drivers in the last funding.

I'm looking to find out where the money is being spent now. Also, can the minister tell me if the \$11 million for home care — I can't remember the other one right now that was announced earlier this year — is part of this \$25 million that was just announced? I'm looking for a breakdown of what is covered in this new THIF funding.

**Hon. Ms. Frost:** I will just note that the question with respect to the overall health budget — the discussion today is really about the supplementary submission. I would be happy to have a detailed discussion about the overall health budget with respect to mental wellness, mental wellness hubs, where the funds are coming from and how the services are being delivered.

At the moment, what I can say is that when we talk about the innovation stream and we talk about the opportunities for spending resources that we get within Health and Social Services, we look at the supports around collaborative care and supports to rural Yukon communities. We look at competencies with respect to training and supports in our communities. We talked a bit about telehealth and the opportunities to get the supports to Yukon communities — in-time supports — when needed. We also looked at the concept of aging in place and providing more remote care where needed. Historically, we have not really done a very efficient job in providing support to our aging population.

When we speak about collaborative care, we talk about perhaps palliative care as well. As we know, rural Yukon communities don't have opportunities to support collaborative care when we have citizens who are perhaps at the end of life.

When we talk about expanding our supports through remote care, we look at training and we look at the upgrade to our Meditech system so that we can have a direct in-time link from our health care centres to the hospital and to the physicians.

In fact, if you go to my community in Old Crow, you are going to go in, and the information that is contained in there is in filing cabinets that date back to since the health centre opened in 1960. That information is not transmittable via the modernized information technology system. They would still have to photocopy, print, scan and e-mail the information, so it is very time-consuming and not very effective.

Historically, I think the objective is to ensure that, as we look at collaborative care and innovation, those are things that we want to talk about. We want to look at improvements to the data and the performance measures, and we are working with CIHI, as noted in our earlier discussion today during the legislative debate on THIF funding. We have not ever historically assessed the data that we collect in Yukon and upload to CIHI, which is the Canadian Institute for Health Information. We have been doing a very good job of collecting information but not of analyzing or looking at what that story tells us. We know that, of course, as you collect data over time, it should tell you a very specific story on some of the key pressure areas.

As we look at the upgrades, we look at spending resources. I do believe — I might be wrong, but I can verify it — that we have contributed or we are proposing to support the Hospital Corporation in excess of \$2 million this year. I think the overall request is in excess of \$6 million. We are trying to support them as they modernize, but we are also looking at our health centres so that both centres can communicate effectively. As we look at collaborative care and remote care and look at supporting rural Yukon hospitals, we are going to ensure that we get the supports to the hospitals in the two rural centres as well as our communities in a very timely and efficient manner using the resources that we have — not just THIF funding, but our overall budget.

When we talk about the comprehensive review and bringing specialized supports to our communities, we want to look at innovation and the cost drivers but also look at service delivery models. I am happy to say that when we talk about specialized services to the communities, we have this year Dr. Elwell, who is a psychiatrist. For the first time in our existence as a government, we had a psychiatrist actually visit Dawson City and present supports to the communities of Dawson City and the surrounding area. We do that through the mental wellness hubs. I am very pleased to say that the mental wellness centre in Dawson City is situated in the health centre. As well, we have a partnership with the Little Salmon Carmacks First Nation. We are looking as broadly as we can around collaborative care, specialized care and ensuring that the communities have input into what that means to them.

**Ms. McLeod:** Just to be clear, I am not really looking forward to having a full discussion on the entire health budget. That is not why we are here today; I know that. However,

there are issues that are of importance to Yukoners that we do need to talk about.

The minister mentioned the comprehensive health review. I have a question regarding the health review in connection with the THIF money. I'm wondering if the allocation of the THIF money — because I gather that has not been done — is tied to the health review and whether or not we will have to wait until the end of 2019 to hear how that money is going to be spent.

**Hon. Ms. Frost:** Just with regard to the THIF funding, we just received that THIF funding in the summer and, as we move forward, I think that will roll out over time, but that work has already started.

**Ms. McLeod:** When would the minister anticipate that work to be done? Will she share that information with the House or with all Yukoners?

**Hon. Ms. Frost:** I'm not sure if the member opposite is asking about the health review now or the THIF funding. The health review is proposed to be completed in October 2019, and the THIF funding ends in 2021.

**Ms. McLeod:** I was referring to the THIF funding. I recognize that the review is not going to be done for another year, but as the minister had indicated that the review on how to spend the THIF is being undertaken now, I'm wondering when she might share that information.

**Hon. Ms. Frost:** If I may ask the Member for Watson Lake to please help me better understand this: Is she asking for the plan specific to THIF from now to 2021 or for the overall review of the Health budget as submitted? I'm not clear what she is asking for specifically, so help me understand and I will try to respond to the question.

**Ms. McLeod:** Thanks to the minister. What I'm looking for is — as was done with the last agreement, there was a certain set of priorities that were laid out and targeted by that funding. I'm looking for that same idea and dollar value associated out of the THIF money and whether or not there is a plan in place or coming out soon that covers the entire \$25 million — or just how the minister intends to roll the money out over the next four years.

**Hon. Ms. Frost:** I can retable that information. When I signed off on the THIF funding with the Member of Parliament, we provided at that time a detailed summary of what the THIF funding would be used for. I would be more than pleased to table that for the member opposite.

**Ms. McLeod:** I thank the minister for that.

As we know, we have seen some movement on the mental health front in the last year. There were, as we have talked about frequently, the 11 new positions to address the mental health wellness needs of Yukoners.

I am wondering if the minister can tell us today if all of those 11 positions are staffed and in place?

**Hon. Ms. Frost:** I am very pleased to say that currently we have 10 of the 11 positions filled. We have one vacancy, which is in one of our rural Yukon communities and it is supported by one of the hubs. We always ensure that we provide the necessary supports and coverage for all of our communities, and we will endeavour to do so as we move

forward and as we fill that last vacancy. The recruitment is currently in effect for that one vacant position.

**Ms. McLeod:** It is certainly good to hear that 10 of them are in place. There are, I presume, some of our smaller communities that may not be serviced by having a dedicated mental health worker. I am wondering how the needs of those communities are being met?

**Hon. Ms. Frost:** I am happy to speak to the issue around the mental wellness supports for all of our communities. As I have noted, we have provided resources to all of our communities. That means that we are working with our partners as we look at committed supports to mental wellness in the Yukon. In the spring of 2018, we opened the four mental wellness and substance-use hubs. As noted, Dawson City, Haines Junction, Carmacks and Watson Lake are the four hubs. In each one of these hubs, we have primary health care nurses, we have mental wellness support counsellors, we have clinical counsellors, we have a mental wellness nurse and we also have supports for children in each one of these support centres. We also look at ensuring that in each one of our communities we have a social worker, and we have not had that historically.

As noted previously, we have 10 of the 11 positions filled. We also look at enhanced supports when we look at substance use and substance supports within our communities — or looking at preventive measures and working with our First Nation partnerships when we look at pre- and post-care supports.

We provided significant resources over the last year — I believe it was \$600,000 — to help the communities to design models that better align with their community-based needs. We tie that into the supports under the mental wellness hubs. We also, as noted, have some home support workers in our communities. That is designed under this wellness strategy. We are also looking at specific supports to our communities by providing necessary training and wellness plans, so the evolution of pre-imposed care might mean something different for each one of our communities. When we look at the land-based initiative — and we continue, obviously, to fund the Jackson Lake program and supports there. I hope that answers the question.

**Ms. McLeod:** My thanks to the minister. Can the minister tell us a little bit about how well the hubs are working, what kind of client load they have and how government is planning to measure the impact or the success of the hubs in those communities?

**Hon. Ms. Frost:** I'm happy to report that we are, obviously, receiving very positive feedback from the communities, as they have not seen this type of support in their communities historically. They are very pleased that the supports are there.

Given that it's a new initiative and that we just recently opened them up, it's very difficult to give concrete evidence right now, but that's the intent and the objective — to provide necessary analysis and summary around the centres. When we speak about collaborative care, it's really incumbent on us to look at the whole well-being of the individual, not just their

mental well-being — but the health aspect as well. We look at all services that we provide in the communities and ensure that we assess that appropriately and that we evolve according to the measured outcomes and the measured plans.

With respect to specific data — I'm not able to give that at the moment, but I can say that the feedback that we are receiving is very, very positive.

**Ms. McLeod:** I'm pleased to hear that it's going well. I am still curious, though, when the government might expect that information to be available. Are they waiting until the hub has been open for a year and then to assess the data over the year, and then how long will that take? When can we be looking for this information?

Just one other thing on that is whether or not the minister is confident that there is enough space for the mental wellness hubs to serve both the staff and their clients.

**Hon. Ms. Frost:** I can say that, in my estimation and from what I'm hearing from Yukoners and from the support centres, they do have enough space. I am quite pleased that we have found some significant partners.

With regard to the measurable outcomes, it will take some time.

I do want to say that when we talk about the innovation and opportunities to assess data, let's go back in time. In 2008, the comprehensive health review took into consideration deliverables and potential outcomes that the recommendations provided or were driving in terms of health outcomes or projected outcomes.

There were 27 recommendations, but one of the recommendations was to look at a collaborative model in Yukon communities, to look at mental wellness and collaborative health care models and to look at a compilation of specialized services in our communities. Shortly after that, we saw the transfer of the rural hospitals to the Yukon Hospital Corporation. When we are saying that we are going back to look at assessing the data that was collected by CIHI over the last 10 years, this is an opportunity for us to look at what was collected and what was compiled and then to look at the outcomes.

In the drivers around health care and the measurable plans, I think it is really important that we look at historical cost drivers and at what happened from that initial report — the CIHI assessments — and then look at going forward with the comprehensive review. The Member for Whitehorse Centre raised earlier the need to look at efficiencies — perhaps raising the fact that we have gone through this exercise historically time and time again. The objective is not to reinvent anything, but it is really to look at what happened, what we collected, what are the cost drivers and how do we look for efficiencies. When we look at the strategies for the report cards and results, we really want to assure Yukoners that we are using the resources available to us.

The funding from THIF will help us to do that. It will help us to look at a comprehensive assessment of what the cost drivers are. It will help us also to look at policies and policy directives. It will help us to assess the types of services we could perhaps bring to rural Yukon communities more

effectively. When we look at the mental wellness hubs, they are not alone unto themselves. It is very difficult for us to sit and assess the outcomes without looking at the whole person — and look at the prevention and preventative measures and at services that we provide within those communities. I am happy to say that it is the direction we are going in.

As we evolve, we would be happy to provide those summary reports back to Yukoners to show efficiencies.

**Ms. McLeod:** I appreciate that. Obviously I believe it's important that we ensure that the tax dollars that we're spending are achieving the goal that they are laid out for. I think we need to be responsible to Yukoners with those tax dollars. I look forward to seeing those results as soon as they are available.

I have a few questions about some home care issues. The minister met earlier this year with a group of elders in Watson Lake. Later at a public meeting, she made a comment about a seniors care facility. I wonder if the minister could give us a little more information on that and what it was intended for.

**Hon. Ms. Frost:** With respect to the meetings that we have had in Watson Lake and other Yukon communities with our seniors or our older adults — of course, we have an aging population. We are going to see, as time evolves — by 2030, I believe, something like 30 percent of our population will be over the age of 55, so we are seeing some cost drivers. Part of our deliberations and our public engagement around aging in place is really based on the requests from each one of the communities, given their unique circumstances and their demographic. We have some communities that already have seniors complexes — they may be through Yukon Housing Corporation — but we also want to ensure that we provide appropriate services to those seniors who are residing in these facilities.

In doing so, we also want to ensure that those citizens who choose to stay at home are at home longer and are supported while they choose to live in their own residence. The discussions — when we talk about ongoing aging-in-place engagement — are really to get some clear evidence of what Yukoners want and what it means to remain in their own homes within their own communities. We have conducted the aging-in-place summit, and we have another one coming up very shortly. As noted earlier in my submission, we provided an additional \$1.6 million to the home care budget in two years. We are looking to enhance seniors housing in Yukon communities.

In some of our communities, we do not have seniors complexes, but we also have not had supports and funding in place to ensure that older adults remain in their own homes, which means that we make some adjustments to their homes — some building renovations. So we're doing that in collaboration with Yukon Housing Corporation. The discussions that are happening throughout the Yukon are done in collaboration with Health and Social Services and Yukon Housing Corporation.

To date, we have approximately 39 percent of our clients living in communities outside of Whitehorse, so we need to ensure that we provide supports to those clients, because, as

we know, it's easier to access the programs in Whitehorse. We have the home first initiative and, as an opportunity for us to increase the home care services in those communities, we need to expand capacity, but we also need to identify what the service needs are within each one of our communities.

We also have some things to consider that we have not ever considered historically when we talk about our aging population. We talked a little bit earlier about palliative care. As we know, 25 percent of our population is indigenous Yukon First Nations, and they choose as customary practice to provide palliative care to their older or their sick relatives, and they do that generally without support. What we're really working toward is ensuring that we provide necessary supports to families and their loved ones as they're going through some very difficult and challenging times. I know that first-hand, because we don't have any supports other than a health centre in Old Crow, in Pelly Crossing or in some of our other communities that are more remote.

It is important for us to look at engagement and look at discussions with our older adults, but we also need to look at providing necessary opportunities and a venue for the community at large to have input into what their core community needs are when we talk about an integrated community sustainability plan, for example. When we look at designing our new health centres, what does that look like? Is there an opportunity for us to provide more cost-effective and efficient services, be it through a facility for palliative care or for seniors, as we build and design health centres in rural Yukon communities?

**Ms. McLeod:** Of course I'm fully supportive of home care and expanding those services. I think our seniors are quite looking forward to seeing some improved services.

I think that when I was up last time, I made reference to a seniors care facility and I get into this labelling issue again that we seem to have. It was actually an elders care facility that the minister had referenced at that public meeting. I'm just wondering if that is a project that is moving ahead for the community or if it is now off the table. I just want to know where that project is at.

Last fall there was a survey being done with seniors, and I had asked the minister at the time — I think it was in the spring — about the scope of that discussion, because some of those interviews with seniors were face to face and then there was a paper survey. Of course, the seniors want to know what happened to that. I did ask the minister for the scope of that discussion — whether or not it happened in every Yukon community or if some communities were targeted. I asked for the rate of return of that paper survey that was handed out to seniors, but I didn't get that information. I am wondering if the minister does have that information available because, of course, we would like to know what that initial survey told us. We fully support this current round of discussions going on in communities regarding aging in place, but I think these were different discussions.

**Hon. Ms. Frost:** Let me maybe put this into a bit of context. As we started this process around aging in place and looking at necessary supports in rural Yukon communities, I

think it was imperative that we started at a place where we wanted to get a sense of what was currently happening in Yukon communities. The survey that was conducted in the fall triggered a consultation process. First, we had an aging-in-place summit, which Minister Streicker referred to earlier. We had over 200 participants in the session, and I am very pleased to say that there was so much excitement and enthusiasm in the room from the older adults wanting to engage and giving us some really good advice around what they saw and what it meant to them to be able to age in place.

As a result of the surveys, we triggered a summit and, to date, we have held engagement sessions in Destruction Bay, Burwash Landing, Beaver Creek, Dawson City, Mayo, Watson Lake, Tagish, Marsh Lake, Mount Lorne and Keno. We obviously couldn't get to Old Crow because of the weather, so we are going to do that very shortly. We also met in Teslin and, most recently, in Haines Junction. I understand that the Member for Kluane was present for those discussions. We have met in Carmacks, Faro and Ross River, so essentially we have met in every one of our Yukon communities to seek feedback from Yukoners. Just a week ago I also met with the Seniors Action Yukon association and will continue to do that and reach out to speak with the older adults to seek input.

I want to make sure that we don't just stay focused on what the results of the survey reveal, but I think we have a broader story to tell and that is the engagement that we have had with each one of our communities, respectfully acknowledging their unique circumstances and the demographic group in each one because, of course, the drivers associated with aging in place could be different in every one of our communities.

The priority for us then, to support aging in place, must be part of a collaborative, broader Yukon-wide effort, and that is what we are working toward. We would be happy to release the results of what we heard at the next summit, which will be held this winter. We are compiling all of that information, and we're really excited about the next aging-in-place summit here in Whitehorse. At that point, we will have the results of all of the information that we have acquired to help us then assess each one of the community-based needs. That will obviously be done in collaboration with Community Services when we look at building supports and we look at our partnership with Yukon Housing Corporation and seniors housing and then through Health and Social Services as well.

**Ms. McLeod:** I am going to turn a bit to the *Pharmacy and Drug Act* that was passed in 2015. Of course, I went to look for the drug act and I couldn't find it. It is not on the website. I am hoping the minister will update the website and make it so that we can find it. I do understand that regulations were coming out as a result of that act. My question is: Are those regulations currently out for consultation?

**Hon. Ms. Frost:** Maybe I can ask the member opposite to elaborate a bit more around specifically which drug act we are referring to because, as new laws come into effect, then generally that falls on the Minister of Justice or Minister of Community Services. I am not sure which specific act she is referring to. Is it the *Cannabis Act* or pharmacare? What is it

that the Member for Watson Lake needs more information on? I would be happy to elaborate once I better understand the question.

**Ms. McLeod:** I am looking for it. In 2015, there was an updated pharmacy act — I believe it is called the *Pharmacy and Drug Act* — and in 2015 it came into force. There were regulations around pharmacies that were to come out of that piece of legislation. I did hear some rumours that the regulations are out for consultation, and I would like to have that confirmed. As a result of the regulations, I would like to confirm that the rural permit holders have not been affected adversely.

**Hon. Ms. Frost:** I would be happy to confer with the Minister of Community Services, who is responsible for the regulations, and to get back to the member opposite with respect to the specific question that is being asked. As I understand, Health and Social Services is not specifically responsible for the design and development of any act, other than to support the efforts around the design of the act as it relates specifically to health.

**Ms. McLeod:** Thank you for that clarification. If you could just nod if the *Pharmacy and Drug Act* is not under Health and Social Services — it's under Community Services? That is maybe why I can't find it on the Health and Social Services website. I'll check on that.

I know that my friend across the way here wants to have a couple questions, so I just want to talk a bit about the opioid issue. We know that we're handing out the naloxone kits, and I'm wondering how many kits have been distributed to date and whether or not there are any statistics about how many have actually been used and what their success rate has been.

**Hon. Ms. Frost:** Certainly, there is a lot to report on opioids and the naloxone kits, because, as we know, Yukon is the third jurisdiction in the country for overdoses and deaths associated with fentanyl, which is, of course, very alarming. We do want to ensure, as we look at the position that we're in, that we provide the necessary supports to Yukoners and look at supporting our communities. So it is very important that we look at education and we look at the number of opioid-related deaths and obviously take that incredibly seriously.

We want to look at what we're doing with our partners on this particular file. We want to create more opportunities for awareness and preventative measures, as opposed to dealing with the overdoses that we've seen. So what can we do to prevent these types of incidents from happening? We've worked very collaboratively with the Hospital Corporation, and we're happy to say that we are in the process of releasing our strategy, and that's being done with Dr. Hanley, who is the leading expert in the field in Yukon and has done some amazing work around the strategy. We'll be doing that very shortly.

With respect to the naloxone kits, we have — I do not seem to have that right in front of me, but I can get that. In the meantime, let me talk a little bit about the supports that we currently have in place with the naloxone kits and the drug-testing sites, because I think that is really important as well. What can we do to prevent overdoses from happening? That

means that we obviously have to put a little more effort into drug testing to prevent these things from happening.

We have partnered with Blood Ties Four Directions, and we are happy to say that we went ahead and worked with the federal government to get an exemption to allow that to happen. We are also working with the hospital, and we know that we have had significant overdoses. We also have distributed a significant amount of naloxone kits over the course of the last two years. We have over 1,700 kits distributed, and we are working hard with our Yukon communities and our health centres. We are now working, of course, with our partners through the Department of Education and the Department of Community Services through the emergency medical supports and our partners through the health centres. Kwanlin Dün Health Centre is a significant support for us.

I do not know if I have the specific numbers for this year, but we have worked really hard over the course of the last two years to talk a lot about fentanyl, looking at training — training our staff and training citizens to use the naloxone kits. We have, as noted, distributed over 1,700, and we have now provided significant training to individuals across the Yukon and are now focusing more on the younger population as well. We also have the naloxone kits available at over 45 locations in the Yukon, and we would like to see them distributed more broadly than that. We are always open to working with our partners to ensure that this happens.

**Ms. McLeod:** I have one final question here. With regard to the \$3.8 million allocated to the Whistle Bend facility — can the minister provide details on what that money is for — whether it is for O&M or equipment or past construction costs? I would just like some information on what it is for.

**Hon. Ms. Frost:** It is for the work that clearly could not be done this winter. It is for the interior finishing and for landscaping and paving come spring.

**Ms. White:** I thank my colleague from Watson Lake. Of course, I welcome the officials again to the Assembly.

First, after the tour of the Whistle Bend facility — and I know that, in the week after I was there, residents were going to start moving in. My question is: How is it going at Whistle Bend? How many people do we have so far? What is the reaction? It is a beautiful facility and I know that there was some excitement. Can we just talk a little bit about Whistle Bend, how it is going, how many people and where they have come from so far and maybe what that schedule looks like? I know that the soft opening was one on one day and one on the next day, and it was going to be three people a day in the next week. I am looking at what Whistle Bend was doing.

**Hon. Ms. Frost:** I was at Whistle Bend for the arrival of the first client there. Obviously the family was really quite happy and pleased. In fact, they were in tears because they were so excited about the space and just having that service available.

The focus right now is to look at the wait-lists and at clients who are not in one of the facilities now. The first client

actually came from a home. The daughter was taking care of the mom. So we are trying to look at that as a key priority.

We are working with the hospital as well — so those clients who really shouldn't be at the hospital and should be in more of a continuing care facility. We are transitioning those clients over right now. We have 15 clients in place.

We're looking, as I noted earlier, at three to four moving in per day. That just allows the clients and the staff more one-on-one time and just gives them the attention that they require and the families the attention that they require to get settled in. I'm really excited about that, and we will start to move more people in from Macaulay Lodge after we get the clients in from our hospitals and then from the wait-lists. Some of those clients are coming from our communities where they don't have continuing care facilities.

By the end of November, we will have 48 clients in the facility, and then after that, we will have the move of Macaulay Lodge, which is an additional 40 clients. I'm really excited about the supports available there, as are the families.

**Ms. White:** I thank the minister for that answer.

So we're expecting to have 48 clients or residents in at the end of November — and just in the order the minister gave, with the hospital first, people from communities or private homes, and then Macaulay Lodge for December 1. When do we expect to have the folks out of the hospitals?

The reason I ask is that no one wants to be in the hospital, especially in the long term, so I'm just wondering when the last client of the hospital will be a resident of Whistle Bend. When will the hospital be empty and those clients become residents of Whistle Bend?

**Hon. Ms. Frost:** I am really excited to say that we have been working really quite closely with the hospital to ensure that we provide a safe transition for the clients who are there. We have been doing that as the first priority. Alleviating the pressures at the hospital was the first thing that we did. I am happy to say that by next week we will have all of the clients who shouldn't be at the hospital in a care facility — transferred over to one of our many facilities. I think we tried to provide an opportunity for the clients and their families to choose where they want to reside and not direct them to Whistle Bend — but give them the choices and allow them to make that decision.

**Ms. White:** Once we have all of the clients moved from the hospital to Whistle Bend, how many beds will that free up at the hospital?

**Hon. Ms. Frost:** I am going to say maybe 10 to 12, but I am also pleased to note that the 10 beds at the Thomson Centre that are designated as re-enablement beds — those are the beds designated for clients who are transitioning out of the hospital and are perhaps on their way back home but just needed a little bit of extra care and not full-on acute care at the hospital.

We have a transition plan in place so that we are not seeing continued and added pressures at the hospital. The renovation or the opening of the Thomson Centre will be at the beginning of December. I am hoping that we don't see the pressures that we have seen historically at the hospital, with

clients supported through the hospital when they really shouldn't be there.

I am just going to say that I have a note in front of me about the change that we have seen — at its highest, the wait-list was 95 and there were 16 alternate-level patients at Whitehorse General Hospital. By next week, we will have zero.

**Ms. White:** I think that is definitely something that the department should celebrate. It might be sad for the staff at the hospital to say goodbye to the clients who have been there for, in some cases, months — and in some cases many, many months — but I know that it will be better. I am very excited to hear that. Congratulations to the department for that gargantuan effort, because it does not go unnoticed.

I have asked a lot of questions since the Salvation Army Centre of Hope opened, mostly because I have had concerns. One of the things that the minister made available in the last Sitting when I asked for it was the contract between the government and the Salvation Army. One of the questions I have right now is: How is the Yukon government being sure that the Salvation Army is fulfilling their contract? I was under the impression that this was the tool where government had the ability to look at the terms of that contract. Can the minister talk a bit about that?

**Hon. Ms. Frost:** What a great question. I appreciate the question and the opportunity to speak about the Salvation Army and the essential services that are provided. I'm sure the Salvation Army is one that is very much appreciated, but it is also necessary for the vulnerable populations of Whitehorse.

Actually, when we opened up the Salvation Army and we signed off on the agreement that we provided to Members of the Legislative Assembly, we seconded a staff person for six months to work directly with the Salvation Army to ensure that the deliverables of the contract that we signed off with them were actually being met — so looking at designing day programs and at support programs for the transitional support unit and the shelter. We meet with them on a monthly basis, and we have some checks and balances in place with respect to the contract. That means that by October 17, we required them to have an interim financial report and summary with the deliverables of the program services. In April every year we require them to have an audited financial statement to us.

As we have indicated, there are clearly concerns around the implementation of that plan. We continue to work with the Salvation Army on a daily basis and meet with them to assess the reports. As I noted, October was the target for us — the trigger of when we were assessing the actual deliverables and, as difficult as it is, we need to ensure that the services are being provided to our citizens of Yukon.

We recently met with the Salvation Army senior staff, first in Edmonton, to assess and review the contract and the deliverables of that contract. I want to just note that we obviously have dedicated staff at Health and Social Services who have worked really hard, spent a lot of time and are dedicated to ensuring that we provide supports to our clients and their case management, ensuring that the transitional support units are fully occupied and that we have the shelter



facility also fully occupied as they are needed — also wanting to include the users in ensuring that we have a good transition plan in place for the clients who occupy the transition units.

There is a lot of work yet to be done and I look forward to ensuring that Yukoners are provided the supports and services that they need. It's the only facility that we have in the city, so we want to ensure that it's fully occupied and used to its full extent.

**Ms. White:** I thank the minister for that answer. It's a relief to know that there is, of course, that oversight.

Is the HCOS team — the Housing and Community Outreach Services unit — under Health and Social Services? Okay, I just got the affirmative nod from the official.

The reason why I want to talk about HCOS is because it is easily the most fantastic program to come to the territory probably ever, in my mind. For people who don't know, HCOS is a very specialized group of people who are doing outreach services for vulnerable populations. We are talking about a nurse on the ground with a backpack who is able to talk to people on the riverfront. We are talking about people who have the ability to meet people where they are.

I just want to say right here that I have so much admiration and respect for the people who are on that team, but more than that, the fact that government has taken the risk in trying something different. What we are seeing with this team, I think — and what we will see with this team as they build those foundations — is that we are going to see the vulnerability of people decrease as they have community supports. These workers are able to help with housing, even as far as going to meet private market landlords, and they are able to help access services where sometimes it is just a matter of being able to have a conversation with another human on a human-to-human basis.

I just want to congratulate the department for having that bravery, foresight and ability to look outside of what would be considered in-the-box services, because the HCOS team is something that we desperately needed. There is not really a question about that, but this is kind of the first opportunity that I had to really thank the department. I really believe that team also has the ability to do harm minimization, which will bring me to my next question.

We have seen across the country, especially in jurisdictions like Ontario and British Columbia, the importance of safe injection sites. As we are dealing, as the minister said, with the opioid crisis being the third highest for overdoses — keeping in mind, of course, Mr. Chair, that an overdose doesn't mean death; an overdose is different. There can be a death caused by an overdose or an overdose leading to death, but overdoses don't necessarily lead to death. Knowing that we have the third highest population of incidents and especially deaths in the territory, has the department thought about what a safe injection site might look like here? Is it something that we are looking at opening? I just wanted to know what that might look like.

**Hon. Ms. Frost:** I am also really pleased with the HCOS team. I think that amazing work has been work has been done by all of the staff and I just wanted to acknowledge

all of them. I think they are going above and beyond. It is not an easy job.

With respect to safe injection sites, I have gone out and sat with my community members. I have sat with members and I have participated in the point-in-time count, but I have spent a lot of time out there as well. I have spent time at the Salvation Army. I have put myself in positions where I need to know first-hand. I have gone to safe injection sites in inner cities. As the Minister of Health and Social Services, I wanted to see: How does it work? What does it mean? What does that potentially mean for Yukon? What does a wet shelter look like?

Sitting in these shelters is not the most comfortable place to be, but I have done that because I think it's really important to get first-hand knowledge and not be immune to how and what people's experiences are.

The first thing that we did is secure an exemption for drug testing in the Yukon. That has never been done before. That is the first step in ensuring that we take a broader look at safe injection sites in the Yukon.

We're currently looking at the issue as part of our broader care for Yukoners. We're committed to harm reduction and we're actively looking at options, most certainly.

Mr. Chair, seeing the time, I move that you move report progress.

**Chair:** It has been moved by Ms. Frost that the Chair report progress.

*Motion agreed to*

**Hon. Ms. McPhee:** I move that the Speaker do now resume the Chair.

**Chair:** It has been moved by Ms. McPhee 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**

**Mr. Hutton:** Mr. Speaker, Committee of the Whole has considered Bill No. 207, entitled *Second Appropriation Act, 2018-19*, 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.

The time being 5:30 p.m., this House now stands adjourned until 1:00 p.m. tomorrow.

*The House adjourned at 5:30 p.m.*

The following petition was presented November 7, 2018:

34-2-3

Re: Mobile home pad rental increases (White)