



# Yukon Legislative Assembly

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## HANSARD

Wednesday, April 24, 2019 — 1:00 p.m.

Speaker: The Honourable Nils Clarke

# YUKON LEGISLATIVE ASSEMBLY

## 2019 Spring 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, April 24, 2019 — 1:00 p.m.**

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

*Prayers*

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

**Speaker:** The Member for Copperbelt North.

**Mr. Adel:** Mr. Speaker, pursuant to Standing Order 14.3, I request the unanimous consent of the House for members to be permitted to wear denim in the Chamber today for Denim Day.

**Unanimous consent re Denim Day attire**

**Speaker:** The Member for Copperbelt North has, pursuant to Standing Order 14.3, requested the unanimous consent of the House for members to be permitted to wear denim in the Chamber today for Denim Day.

Is there unanimous consent?

**All Hon. Members:** Agreed.

**Speaker:** Unanimous consent has been granted.

**DAILY ROUTINE**

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

Introduction of visitors.

**INTRODUCTION OF VISITORS**

**Ms. Van Bibber:** On behalf of Denim Day, I would like to have everyone help me welcome some special guests here. We have: the Yukon Hospital Foundation chair, Philip Fitzgerald; the president, Karen Forward; supporter and volunteer R.J. Hill; and Prev Naidoo, who works with Karen's Room.

*Applause*

**Hon. Ms. McPhee:** I would ask my colleagues to help me welcome to the House today a number of visitors here for the Skills Canada tribute. They are: Dr. Patrick Rouble, Margaret Dumkee, Gerry Quarton, Samantha Hand, and Dr. Mike Snider. Thank you for being here.

*Applause*

**Hon. Mr. Streicker:** I know that we just introduced Dr. Patrick Rouble, but I think that it is worth acknowledging as well that he is the past MLA for "the beautiful Southern Lakes", and he is the person who coined that phrase for me. I would just like to welcome him here today.

*Applause*

**Ms. White:** I invite my colleagues to welcome today to the House four members here who are very early for the debate about continuous glucose monitors. We have Yves and Marney Paradis, and Jill and Jacob Nash. Thank you so much

for coming, and the little guy is going to deserve a medal by the end of the day. Welcome, and we look forward to having you here for today's discussions.

*Applause*

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

Tributes.

**TRIBUTES**

**In recognition of Denim Day**

**Mr. Adel:** I rise today on behalf of the Yukon Liberal government and the Third Party to recognize today — Wednesday, April 24 — as the third annual Denim Day here in the Yukon. My esteemed colleague has already introduced our guests who are here for that, so I won't repeat that. Thank you for coming.

The Yukon Hospital Foundation sponsors this event to raise money to support the Yukoners cancer care fund. I am proud to be wearing my button in the House today and proud that so many of my colleagues also have their buttons and their jeans on to support this worthy cause.

Since 2014, this fund has helped more than 184 Yukoners who are fighting cancer. Think about it — 184 Yukoners each receiving \$1,000. That means that in five years, this relatively new organization has raised \$184,000. The cancer fund helps cancer patients and their families cover some of the out-of-pocket costs that can be incurred while receiving cancer treatment.

We have a pretty robust health care system here in the Yukon, but there are always those costs that just aren't covered. The \$1,000 grant could also be used for daycare, rent or a mortgage that still must be paid even if one is fighting this awful disease. Yukoners are encouraged to purchase and wear a \$5 Denim Day pin to show their support for the cancer care fund. Mr. Speaker, today we are encouraged to wear denim to work as a further show of support.

It can't be said enough: Cancer touches all of us. It has touched everyone in this Assembly in some way. In Canada, cancer is responsible for over 30 percent of all deaths. Here in the Yukon, 140 new cancer diagnoses are made each year. Cancer is still the leading cause of death in the territory, as it is in the rest of Canada.

Today I want to thank all Yukoners who have supported Denim Day again this year. I also want to thank all those who have made their contribution to this event by selling buttons. This year, 26 businesses got on board to sell buttons, and that was great — all in support of enhancing care for Yukoners. We stick together; we look after one another.

The efforts of Yukoners and Yukon businesses in ensuring that Denim Day 2019 is a success are appreciated by those in our community who need the support at a very difficult time.

*Applause*

**Ms. Van Bibber:** I am pleased to rise today on behalf of the Yukon Party Official Opposition to pay tribute to

Denim Day 2019 and the Yukoners cancer care fund. When you think of a typical week that you have — your daily routine, your chores, your obligations, your appointments and just life — it is very busy and very full. Add a diagnosis of cancer to that mix, and it can be overwhelming. Those daily activities suddenly pale in comparison. Your world is turned upside-down. Your emotional, social, spiritual, and physical well-being have all changed.

It is all those things we take for granted, where we realized people needed help in a totally different way — the electricity kept on, the wood cut, food in the cupboard, snow removed, trips to appointments — and the list goes on. When ill, these tasks can become a hill too large to climb.

We are so proud of all Yukoners who have stepped up to help with all our various fundraising campaigns. Since the inception of this fund in 2013, we have assisted 185 families at \$1,000 per family. Remember, it is a gift from other Yukoners to assist them in their time of need.

It would be easy to spit out stats here about the number of cancer patients and the probability of getting some type of cancer, but I won't. I want to concentrate on the symbols of hope — the daffodil we wear, the colours of the different cancers and, today, it's the Denim Day pin.

Growing up, as a young lady, we weren't allowed to wear jeans or denim to school or church, as it was for working men — the miners and construction workers. How times have changed. Denim is a wonderful symbol — the indestructible hardiness of a fabric that we now wear as fashion to the indestructible hardiness needed to conquer a disease that affects our families, our friends and our communities.

The Yukon Hospital Foundation is the main force behind this fund, and words are never enough to thank President Karen Forward. She is outstanding in her spirit and so giving of herself. We are forever indebted to her for her ideas, her generosity, and her time. Some may say that it's her job, but I know different. She gives and gives over and above what is expected in her normal work hours. Also kudos to her husband, R.J. Hill — button-seller extraordinaire and top volunteer. A special thank you for all you do for our foundation.

The list of people and businesses who agreed to sell the buttons this year has too many to name for our allotted time — but you know who you are and know that we appreciate every act of kindness and generosity that you give.

For each rural community that participated, thank you — as we have helped someone from every community.

I searched for a standout quote that I could slip in at the end here, but I think the tagline "Little by little — \$5 becomes a lot" is all that is needed. Thank you.

*Applause*

### **In recognition of Yukon Territorial Skills Competition**

**Hon. Ms. McPhee:** I rise today on behalf of the territorial Liberal government to pay tribute to the Territorial Skills Competition being held tomorrow in Whitehorse at the

Canada Games Centre, Porter Creek Secondary School, and Yukon College.

Every year, the provinces and territories hold skills competitions to test the skills of students and apprentices who are studying a wide range of trades and technologies. I would like to acknowledge the high school students and apprentices from across the Yukon competing this year at this exciting event.

They will have to demonstrate the skills of concentration, detail, precision, focus, safety, and creativity — all under the scrutiny of judges and the public. They will be using blowtorches, hammers, knives, scissors, spatulas, and various other tools. They will show us all what they've got — whether baking a cake, building the best doghouse in the Yukon or constructing with mechanical CAD — and everything in between. History tells us that some of them will be invited to attend the National Skills Competition in Halifax, Nova Scotia at the end of May. In the past, Team Yukon has not only competed in the nationals, but also at the WorldSkills Competition.

Mr. Speaker, trades are a key to building thriving communities, infrastructure, and businesses. We rely on skilled trade workers for many of the services we take for granted each and every day. Tradespeople and students are critical to the Yukon economy. There is steady demand for skilled workers in the trades. These uniquely skilled citizens create a higher quality of life for themselves and for all of us in the Yukon Territory.

I would like to recognize and thank the Yukon employees and businesses and the Apprentice Advisory Board and other tradespeople for all of the work they do on committees and working groups to help us develop local apprenticeships.

I would also like to recognize Employment and Social Development Canada who, along with the Government of Yukon, provide ongoing funding for trades and technology training.

Thank you to all of the facilitators, judges, teachers, mentors, and coaches involved in this year's competition — many of whom are Yukon College instructors. Not only do they promote careers in trades and technology, but they also promote true excellence in our students and apprentices.

We so appreciate their tireless work and dedication supporting our competitors at the territorial and national levels. Thank you to all of the volunteers supporting this year's competition.

Thanks as well to Yukon College and to schools throughout the territory for offering trades and technology training and mentorship.

Finally, Mr. Speaker, I would like to thank Skills Canada Yukon for organizing and hosting this competition and for continuing to inspire Yukon's bright young people to choose trades and technology as a career path — maybe bright old people too.

Today's competitors are tomorrow's builders, inventors, innovators, electricians, stylists, and cooks and they are the cornerstone of the Yukon economy and lifestyles that we enjoy. I know that we all wish each and every competitor the

best of luck during their competition over the next couple of days.

*Applause*

**Ms. White:** I rise on behalf of both the Yukon NDP and the Yukon Party ahead of tomorrow's Territorial Skills Competition. Not only is tomorrow's competition an opportunity for budding tradespeople to test out their skills in a public forum — which I can say from experience is stressful — it's also a qualifier for the 25<sup>th</sup> annual Skills Canada national competition. It's exciting times, Mr. Speaker.

Two competitions have already been held — photography was held on February 8 in Dawson City, and sheet metal was held April 13 right here in town at Duncan's Ltd. Sixteen different trades will be showcased tomorrow in three separate venues across the City of Whitehorse. The Canada Games Centre will be buzzing with the energy of 14 competitions and the Try-A-Trade and technology demonstrations for the countless visitors who will make their way around the ATCO arena. Culinary and baking are being held off-site in industrial kitchens at the Yukon College and Porter Creek Secondary School.

As a journey person, I'm a living example of why choosing a career in trades or technology pays. I've been able to follow my interests and passions around the globe on my own terms, all because of my chosen trade. We agree with the sentiment of "train today, trade tomorrow", and we can't wait to see where the hands of tomorrow's competitors take them.

Mr. Speaker, to all those competing, good luck, be safe, and — most importantly — have fun.

*Applause*

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

#### TABLING RETURNS AND DOCUMENTS

**Hon. Ms. McPhee:** I have for tabling the Yukon Law Foundation annual report for 2017-18, which is tabled pursuant to section 83(2) of the *Legal Profession Act*.

**Mr. Cathers:** I have several documents for tabling today. The first is a Parliamentary Budget Officer report indicating that the Yukon government has reduced their share of capital spending and highlighting lapses under this government.

I also have for tabling copies of documents received by the Official Opposition through an access to information request, as well as another document.

**Speaker:** Are there any further returns or documents for tabling?  
Are there any reports of committees?  
Petitions.

#### PETITIONS

##### Petition No. 8 — response

**Hon. Ms. Dendys:** I would like to begin by thanking Yukoners for their advocacy and support for mental health services in all of our communities. This is an issue that the government takes very seriously, and many steps have been taken to address the concerns that have been outlined in Petition No. 8.

The Government of Yukon has provided funding to the Many Rivers organization since May 20, 2001, when it was called the Yukon Family Services Society. In an effort to avoid confusion with the Yukon government's Family and Children's Services branch, in 2007, the organization changed its name to Many Rivers Counselling and Support Services Society.

Though some enhancements to the agreement were made since 2001, the core deliverables remain essentially the same. Counselling services have not been offered by Many Rivers since November 2018. A number of complaints were made against the society to the registrar of societies.

The registrar of societies carried out an investigation into these complaints. As we now know, the registrar of societies found some of the complaints made against Many Rivers to be valid. The registrar provided Many Rivers with a letter outlining the findings and providing information on what the society must do in order to become compliant with the *Societies Act*. Many Rivers has set an annual general meeting for Friday, April 26 at 5:30 p.m. as a first step. However, although this is an initial step, we recognize that this means that Many Rivers is not currently serving their clients.

As the health and wellness of Yukoners is our priority, we have responded quickly to expand the availability of mental health services to meet people's needs during the service disruption, and we will continue our efforts to meet Yukoners' mental wellness needs during this disruption of services.

The Mental Wellness and Substance Use Services branch has increased the availability of drop-in counselling to five days per week. In addition to drop-in counselling, the Mental Wellness and Substance Use Services branch offers longer term counselling services, drop-in group sessions, inpatient, and nursing services. There are also more supports available in our communities than ever before thanks to the opening of the mental wellness and substance use hubs in 2018, located in Watson Lake, Carmacks, Dawson City, and Haines Junction. These hubs provide generalist services to their communities and specialist services to their communities and the surrounding communities.

Mental Wellness and Substance Use Services can be reached at 867-456-3838 for inquiries and access to services. Individuals can call 1-866-456-3838 from anywhere in the Yukon to access services.

In addition, we have contracted with the Canadian Mental Health Association's Yukon division to offer drop-in counselling services. Drop-in counselling is offered by the association on Tuesdays from 11:00 a.m. to 4:00 p.m. and Saturdays from 11:00 a.m. to 3:00 p.m. Appointments can be booked Monday through Friday, 9:00 a.m. to 5:00 p.m. The

Canadian Mental Health Association's Yukon division is located in the Horwoods Mall at 1114 Front Street in Whitehorse and can be reached at 867-668-3429.

Between the services we offer at Mental Wellness and Substance Use Services and those available through the Yukon division of the Canadian Mental Health Association, drop-in counselling services are available through the week to meet Yukoners' needs.

For the French community, we fund the Tel-Aide listening line. This service is available 24 hours a day, seven days a week and can be reached at 1-800-567-9699. A French language counsellor is also available at Mental Wellness and Substance Use Services.

In addition to the expanded drop-in counselling, a number of contacts are available for individuals requiring crisis support via helplines and crisis lines.

We recognize that there are multiple organizations, including the Community Counselling and Support Services Society, interested in providing mental health counselling services in the territory. We are considering how to best ensure that counselling services are made available to Yukoners, and we will provide an update in the very near future.

**Speaker:** Are there any further responses to petitions?

#### **Petition No. 9 — response**

**Hon. Ms. Dendys:** I would like to begin by thanking Yukoners, especially our youth, for their advocacy of a cause that is important to our heart and our community well-being and safety. Conversion therapy is an issue our government takes very seriously. We committed with the Women's Directorate to advancing gender equality in ways that make a meaningful difference in people's lives. I am proud to see our youth speaking up and fighting for what they think is right, demonstrating their interest in the political process.

Recently, the Government of Yukon completed an LGBTQ2S+ public engagement — the biggest consultation of its kind to happen in our territory — to help ensure that Yukon meets the rules and social standards for LGBTQ2S+ inclusion and non-discrimination. Mr. Speaker, to that end, we have already brought forward important legislation during three consecutive Sittings of this House — legislation that addresses known instances of LGBTQ2S+ discrimination and facilitated LGBTQ2S+ inclusion. I thank all members of this Assembly for their support of those legislative changes.

Having said that, we have always known that more work needs to be done: work requiring legislative and regulatory changes; work requiring changes to government policies, procedures and processes; and work requiring changes to attitudes and culture. That was the purpose of the recent public engagement effort. Since receiving the petition, we added the issue of conversion therapy to the official "what we heard" document from the LGBTQ2S+ engagement process in a section that includes issues raised outside of the formal engagement process.

The next step is to survey the LGBTQ2S+ community to determine the importance and impact of the issues so that they can develop an action plan for the immediate and short term and for the long term. Therefore, since receiving this petition, our government also met with the Yukon Bureau of Statistics, which will be testing, implementing, and analyzing the survey. To all the 401 signatories to Petition No. 9: We heard you, and we won't do anything in or for the LGBT community without the LGBT community.

We made sure to include conversion therapy as one of the topics on the survey, and the main topics now include: conversion therapy, health care, trans health care, education, LGBTQ2S+ culture and community, and public services and facilities. The electronic survey will be in the field for four weeks beginning in early May and will ask respondents to rate issues with respect to importance and impact on their lives. The action plan may include: legislative changes, policy and practice changes, process changes, marketing campaigns, and advocacy funding — et cetera.

Mr. Speaker, I can assure all Yukoners that our department is working on this important matter. The Women's Directorate deputy minister has met with All Genders Yukon to discuss next steps regarding the survey and its distribution to the community. She is also meeting with Queer Yukon today to discuss next steps. Also, prior to the petition tabling, our representatives from the non-profit organization QMUNITY reached out to the Gender Sexuality Alliance regarding the issue of conversion therapy.

The Women's Directorate will reach out to Nova Scotia to learn about their 2018 *Sexual Orientation and Gender Identity Protection Act* and associated processes and regulations. The September 2018 act made Nova Scotia, along with Manitoba and Ontario, the third province to enshrine the prohibitions of conversion therapy.

Mr. Speaker, I would like to insist again that there will be nothing happening about LGBTQ2S+ Yukoners without LGBTQ2S+ Yukoners. This is why the upcoming survey is so key to moving our work forward, to ensuring non-discrimination, and to improving inclusivity so that our action plan is informed and prioritized by the areas of greatest importance and impact to the Yukon's LGBTQ2S+ community.

I have said before to this House that this government does not support the practice of conversion therapy. I stand by that. I also stand by my commitment to the LGBTQ2S+ community: Nothing about you without you.

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

Are there any bills to be introduced?

Are there any notices of motions?

#### **NOTICES OF MOTIONS**

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

THAT this House urges the Government of Yukon to continue to explore opportunities to work with volunteers and

non-governmental organizations to offer intergenerational programming at Whistle Bend Place.

**Mr. Cathers:** I rise today to give notice of the following motion for the production of papers:

THAT this House do issue an order for the return of the Minister of Justice's March 2019 letter to the commanding officer of the Yukon RCMP setting the policing priorities for 2019-20.

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

THAT this House urges the Government of Yukon to acknowledge that there have been significant changes in early childhood education since the Yukon *Child Care Act* and its regulations were enacted 24 years ago; and

THAT this government direct the Yukon Child Care Board to commence a review of the *Child Care Act* and its regulations with a view to recommending changes to the legislation and regulations that recognize and respond to the realities of the 21<sup>st</sup> century.

**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: Politicizing the public service

**Mr. Hassard:** Ensuring that the public service is non-partisan and separate from political activities is essential. Unfortunately, under the Liberals, there has been a trend of politicizing the public service. It is not unheard of, under this government, for public servants to be criticized or targeted for nothing more than their affiliation with the Yukon Party. We also hear complaints from public servants who say that they are being asked to do things that they see as political activities, so that brings me to today.

The Official Opposition has obtained documents showing that the Minister of Economic Development's department has been instructed to conduct partisan research for the Liberals. The file in question, obtained through ATIPP, is a document called "YP meetings.docx". Although there are several redactions, it is clear that the department was conducting partisan research by tracking the meetings of the Yukon Party.

My question for the minister is this: Did he instruct his department to do this partisan work?

**Hon. Mr. Pillai:** No.

**Mr. Hassard:** As I mentioned, the document we obtained shows the Department of Economic Development conducted partisan research on behalf of the Liberals — but they would only do this if instructed, so the question is: Who ordered them to do this work?

We have also obtained an unredacted version of the same document. With the redactions now removed from this document, two things become clear: First, that the individual conducting this work is uncomfortable, as they wrote that they did not want to be "... alerting people that this kind of activity

is being undertaken..."; second, the document in the file folder titled "research for minister" — both those sections were redacted. So not only did the minister make non-partisan public servants conduct political activities, it was clear that they wanted to hide that this political activity was going on.

Why did the minister make his department conduct this partisan work?

**Hon. Mr. Pillai:** First and foremost, I think we on this side of the floor completely understand the division between political and public servants. This is not something that I would ever ask of my team, and I can tell you that, in my previous life in the public sector, and as well as working for First Nation governments, when that sort of treatment is put upon you — which I have certainly experienced before — it's not something that's appropriate.

It's not something that we would do on this side of the floor. I see that it seems we're throwing balls against the wall to see what will bounce — that is what I see from the Leader of the Official Opposition.

It saddens me today that he would come into the Assembly and say these particular things. It's not something I would be directing — to monitor — I think what he said — Yukon Party meetings. I'm not quite sure what that means, but once again, it's not something I would direct.

**Mr. Hassard:** It does appear that the minister instructed non-partisan public servants to conduct political activity on his behalf. This is inappropriate and unfair to these hard-working professionals who come to work every day for Yukoners. They don't come here to do political work for this government, but the Liberals are blurring the lines between the non-partisan public service and their political interest.

The minister appears to have politically interfered — we know that he has politically interfered in media requests to delay and prevent the release of information. We have heard of public servants being targeted for their party affiliations and we have seen the Liberals making public servants insert themselves into political discussions in the media. With today's documents, we see that the minister has made his department conduct political activities. We also see that his department was uncomfortable conducting this work, as they indicated that they didn't want to alert anyone.

By huge coincidence, both pieces of evidence proving these activities were done show that it was wrong that they were redacted, so the question is —

**Speaker:** Order.

**Hon. Mr. Pillai:** Once again, I'm not quite sure what the member opposite is speaking to. We understand the role — as working in the public service, I understand as well — in previous work — that division and line.

The member opposite touched upon the fact that, in a particular case, I had swayed communication. Mr. Speaker, if I know that a particular fact that's being spoken about is incorrect and I'm speaking about it, I am going to correct it. That's my job. Just because one particular public servant put down an item that was incorrect — it's my job to correct it.

First of all, there's nothing wrong there. I can tell you — in my previous job, before coming into this elected Assembly

— having my previous boss take me aside to let me know that members from across the floor had said that the organization I worked for would be treated differently because I was working there — those are the things that used to go on here. Those are the dark days of what used to happen under the previous government.

Once again, I understand the difference and division of the role of the public service. We respect the public service. The minister and my colleague who is in charge of the public service will always ensure that all of our team understands the rules and policies around that.

#### **Question re: Politicizing the public service**

**Mr. Cathers:** Mr. Speaker, the Liberal Cabinet office has previously been caught inappropriately giving direction to departments about how to handle ATIPP requests.

The Liberals have also been caught having inappropriate closed-door meetings to discuss ATIPP responses before they go out. We've obtained a document through ATIPP that shows someone instructed the Department of Economic Development to conduct political activities for the Liberals. Through an unredacted version of that document, we see that someone appears to be the Minister of Economic Development. We also see that the employee directed to do the activity was very uncomfortable and wrote that they wanted to ensure that they were not — quote: "... alerting people that this kind of activity is being undertaken...";

Those two pieces of information were the only things that were redacted from that ATIPP. Since the Liberal Cabinet office has been caught involving themselves in the ATIPP process previously, the question is: Were they made aware of this ATIPP request before it went out?

**Hon. Mr. Pillai:** I look forward to seeing these particular documents that the members of the opposition have tabled or will table.

Clearly we see a trend in the Legislative Assembly. It's either a particular day where we'll have five questions to one member on a particular issue to keep them on their feet — that's the right of the opposition. We understand that our role is to answer these questions. Or they will walk in and it will be five questions to basically take shots at people's characters.

That's what we're seeing today. I assume that every question today will be something to diminish the good work that we're doing on this side. Any of the wins that we've had or the luck we've had on our policies and our work — whether it be at Economic Development or Energy, Mines and Resources — they're not going to ask any questions about that. The questions are going to be just essentially character shots.

We will let them carry on. Once again, I do not know what the Member for Lake Laberge is speaking to. That's not any direction that I have given.

**Mr. Cathers:** We see the Liberal spin cycle is at full speed now.

The minister claims to be unaware of contents of documents that were generated for him by his department. Besides the fact that this ATIPP shows the Liberals are using

the non-partisan public service to conduct political activity under the direction of the Minister of Economic Development, one thing jumps out at us: In the unredacted version of the document, the concerned public servant wrote — quote: "... without alerting people that this kind of activity is being undertaken...".

That part was redacted using section 16(1)(a) of the ATIPP act. That section allows for redaction of advice to the minister. The cover note that accompanied the ATIPP specifically states that the redacted portions pertain to — quote: "advice, proposals, recommendations, analyses ... developed by or for ... a Minister."

When the minister received advice that the government should be careful about alerting anyone that this political activity was going on, what did he do?

**Hon. Mr. Pillai:** Mr. Speaker, I appreciate the 101 from the Member for Lake Laberge on ATIPP — once again, coming into the Legislative Assembly — throwing mud across the way, speaking to documents that I have not seen.

I feel comfortable in the work that I do in my role, whether it be with Energy, Mines and Resources, Yukon Development Corporation, Yukon Energy Corporation, or Economic Development. I hope that in my interface with the deputy ministers or presidents of those corporations that I am always very clear. This is not something that I want to undertake. We are very cautious in our work about the direction that we give, whether it is from a standpoint of communications right through to a standpoint of policy work.

This is not something that I have an expectation would ever happen. We respect the people here within the Yukon government and the good work that they do.

**Mr. Cathers:** Mr. Speaker, I have to remind the minister that we are talking about documents that were prepared for him by his department. We do have concerns, considering the fact that, in the past, we have seen that the Liberals have not been afraid to politicize the public service. These documents show that they instructed the non-partisan public service to conduct political activities.

We have seen previous evidence that the Liberal political staff were inappropriately involving themselves in the ATIPP process, both telling departments how to process ATIPPs and having closed-door meetings about ATIPPs. In this instance, we have evidence that shows the Liberals instructed a public servant to inappropriately monitor their political opponents. The section of the document that says that they wanted to ensure they didn't alert people about this activity was redacted, based on it being considered "advice to the minister".

Can the minister tell us how many times the department has advised him that he should not be forcing the public service to conduct political activity for the Liberals?

**Hon. Mr. Pillai:** There was a lot there, Mr. Speaker. I think that starting off — first of all, the premise of the question was incorrect. There was inaccurate information in the start of the question which spoke to direction that did not happen within our Cabinet Office. The Cabinet, as well as our team here, completely understand and respect the policies and

procedures that are in place. I find it very interesting today that the members opposite — the focus of Question Period today will be to read off documents that we have not seen and to make accusations. I think that Yukoners will see through that use today of the time of the Assembly. I think that they feel that those are the most important items.

Once again, I will say for the record: I stand by my approach to working with the public service and the respect I have for them.

**Question re: Energy supply and demand**

**Ms. White:** Before I start today, I want the minister to know that I have had this question in my pocket for days, as I am very passionate about energy.

Mr. Speaker, we have raised concerns about the Yukon Utilities Board's recent ruling that limited Yukon Energy Corporation's ability to carry out demand-side management programs. To our knowledge, that decision still stands. On April 12, the Minister responsible for the Yukon Development Corporation, alongside the MP for Yukon, and the President and CEO of Yukon Energy Corporation announced that a demand-side management pilot project would be run by the Yukon Energy Corporation.

Is this new demand-side management pilot project exempt from the Yukon Utilities Board's recent ruling, or is there a risk that the Yukon Utilities Board may not approve it during the next rate application?

**Hon. Mr. Pillai:** No, it is not exempt and that is a great question. We are still waiting for the final results on our challenge to the Yukon Utilities Board based on the last rate process that we undertook. There has been some good dialogue here and the Third Party has given some — there has been a good exchange, I think, between the Member for Takhini-Kopper King concerning other options that are available.

I'm not sure if it was touched upon when the Yukon Development Corporation and Yukon Energy Corporation were here as witnesses last week — I might add, for the third spring in a row, which has not always been the case — but just another example of transparency.

I will state that we're looking at all the tools in the toolbox to ensure that, depending on what plays out on this first challenge, we know how we can support the financial cost that Yukon Energy Corporation would incur through a rate process.

**Ms. White:** When the YEC appeared as witnesses last week, we asked the CEO about their efforts to overturn the decision by the Yukon Utilities Board to block demand-side management. The CEO said — and I quote: "There is no way for us to formally appeal that."

There's very little Yukon Energy Corporation can actually do to overturn this decision and they're currently waiting to hear if the Yukon Utilities Board will change its mind on demand-side management. The Yukon government, however, has the ability — whether through an order-in-council or through legislation — to ensure that the Yukon

Utilities Board's mandate doesn't get in the way of demand-side management projects.

Will the minister commit to taking legislative or ministerial action to ensure the continuation of Yukon Energy Corporation's demand-side management programs in the event the Yukon Utilities Board stands firm on its decision that Yukon Energy Corporation should not pursue further demand-side management programs?

**Hon. Mr. Pillai:** What I can share with the member opposite is that I am ensuring that I have a very strong understanding of all the tools that are available to me at this particular time. As I understand from my briefings with the Yukon Energy Corporation and the Yukon Development Corporation, there was additional information provided. We're waiting to see if that changes the mind of the YUB. If it does, then there would essentially be no reason to go through a legislative policy process, because we would then have a different perspective.

If we come to a point where those costs are not applicable to rate, that means we would have to look at another option.

Once again, I would say that I'm looking to make sure I have the tools. I have even gone so far as to ask that I have language prepared that would potentially go through an internal confidential process in Cabinet. But I am making sure that we are prepared, because we do agree with the Member for Takhini-Kopper King that this is a great initiative that is something important and is something that we believe could be incurred in the process of rate.

**Ms. White:** The reason we're raising these issues is that the Yukon Utilities Board's ruling removed a key tool in Yukon's toolbox to reduce our greenhouse gas emissions and by extension, the cost of burning fossil fuels. We have seen a lower-than-normal snowpack, which means more reliance on fossil fuels. We have seen Yukon Energy Corporation asking Yukoners to dial back electricity consumption to avoid burning costly and greenhouse gas-producing LNG, and absent effective demand-side management projects, these problems will continue.

When the Yukon Utilities Board ruled against the Yukon Energy Corporation, they said that Yukon government would be better suited to delivering demand-side management programs, yet Yukon government does not have the ability to implement demand-side management programs that will reduce peak load — like time-of-use rates and smart meters.

Does the government recognize the unique role that Yukon Energy Corporation has in implementing demand-side management programs specifically to reduce peak load, and will they commit to ensuring that Yukon Energy Corporation can continue to carry out those programs?

**Hon. Mr. Pillai:** It would seem as though we're sort of debating the subject, but we've actually been in agreement right from the first time it was brought to the Assembly. I agree.

I think that there is a process that is underway and, pending the result of that process, this will lead to additional decision-making and potentially some policy change — or at least a review of what has been done and then the next steps. I

agree that we are in a situation that is critical when it comes to where we stand on snow load. I think that the demand-side management is a key policy piece for Yukon Energy.

I also want to commend the Yukon Conservation Society. They spoke to this. There was a letter that was put in the local newspapers by their energy analyst, who does a fantastic job. I have taken the opportunity to meet, as well, with the Yukon Conservation Society and Mr. Reaume to understand his prerogative on this, as well as committing to meeting with them about every three weeks on all topics they feel I should be made aware of.

So once again, I am in alignment with the member opposite. We are waiting to see what the decision is and then we will look at next steps, but we agree on the fact that this is a very important tool for energy in the Yukon.

#### **Question re: Diabetes programs for children**

**Ms. McLeod:** The Canadian Pediatric Society gives Yukon a rating of “poor” on the management of type 1 diabetes in schools. Recommendations were made to Yukon government on June 14, 2018, and the Department of Education responded in follow-up letters. These letters indicated that the Department of Education asserts that the policy on administration of medication to students is of sufficient breadth in type 1 diabetes management; however, both the Yukon T1D support network and the Canadian Pediatric Society maintain that the current policy does not protect the health and well-being of children with type 1 diabetes.

This government has claimed that they are committed to evidence-based decision-making, so can the Minister of Education explain what evidence she used to arrive at a different conclusion than both of these organizations when it comes to protecting children with type 1 diabetes?

**Hon. Ms. McPhee:** I don't see it exactly the same way as the member opposite. The response that was given by the Department of Education clearly outlined the policy that is currently the case. It's not in fact — as is insinuated by the question — that we have ignored the requirements or the recommendations of the other organizations. In fact, all good policy should be reviewed. We are very keen to work with our communities, particularly any community involved with the health and well-being of children. We will continue to do that.

We will review policies as they are brought to our attention or as we proceed through them, because that is a proactive position that the government departments should be and are doing. I don't see it the same way as the member opposite. In fact, the response was about the current policy and what it says.

**Ms. McLeod:** As we have mentioned, the Yukon has been given a poor rating when it comes to the management of type 1 diabetes in schools. This rating was from the Canadian Pediatric Society, and it has been backed up by the Yukon type 1 diabetes support network.

What efforts have been made to seek patient input, the input of the Canadian Pediatric Society and the input of Diabetes Canada in the formation of this policy — or any

policy — that is designed to protect Yukon children with type 1 diabetes?

**Hon. Mr. Pillai:** At least from my experience, I appreciate the knowledge — even in the short period of time — from speaking with parents who deal with this every day, I have had the opportunity to learn about many challenges that come along with it. I think it is just important to state that — first of all, thank you to the parents who continue to educate every one of us on this very important topic. Secondly, one of the things that I have learned is that there are many organizations that provide services in our communities, but they are not necessarily comfortable, in particular cases, with providing certain treatment options, for a number of reasons. I think that probably has to do with risk and liability. There are policies that have been in place. I think there are probably policies that are parallel to a lot of different types of treatments.

I will say that type 1 diabetes is something that has been a challenge for people for a long time, and I know that our government is trying to do the right thing. I am proud that the minister is in the middle of a pilot program. It is not something that has happened before here in the Yukon. We are a year into it. I know that we are going to have a good debate later on today about the importance of these particular supports.

Once again, I think that this is not something in particular that is happening in the Department of Education.

#### **Question re: Community infrastructure development**

**Mr. Hassard:** This Liberal government has a habit of using partisanship to make determinations about what infrastructure projects will and won't go forward. So let's look at the RCMP detachment in Faro.

The previous government completed the design of a new detachment, and the project had in fact been tendered. It was only due to an issue with the federal government's own spending authorities that the government insisted on holding off on awarding a bid. The people of Faro of course wanted this new detachment. The design is complete, and the project was ready. Instead of moving forward with it, the Liberals decided to build a new detachment instead. It must only be a coincidence that Faro is in my riding and Carcross of course is in a Liberal riding.

What does the minister say to Yukoners who would look at this decision and see what appears to be a politically motivated decision — cancelling a project in my riding and putting a similar project in a riding that is held by a Liberal Cabinet minister?

**Hon. Ms. McPhee:** Whether I am personally insulted by that insinuation or not is a different question. I am pretty sure that Yukoners are insulted by that insinuation.

The Department of Justice has worked very closely with the RCMP and has confirmed a new five-year capital plan between 2017 and 2022 that will see significant investment in the territory's policing infrastructure along with a more streamlined procurement process.

I should note that the original agreement with respect to the RCMP regarding infrastructure was signed in 2012. In 2017, when I was given the great honour of this responsibility of this department, no detachments had been built. No detachments had been proceeded with, with respect to the planning or had been moved on with that concept, and the agreement at the time was that something would be constructed every five years.

The plan that is currently in place — and the member opposite is quite correct that the negotiations took place with the RCMP for the purposes of changing the way in which those detachments and improvements would be funded — will see a number of capital improvements made to policing buildings in Ross River and in Faro, and then a new detachment will be constructed in Carcross.

**Mr. Hassard:** Let's move to another infrastructure project that appears to be politically motivated. The Liberals are cancelling work at the Ross River School because it's \$200,000 overbudget, but then the Minister of Highways and Public Works says that they're not cancelling work on the Klondike River bridge even though it's \$1 million overbudget. Why the double standard, Mr. Speaker?

Again, it must be a coincidence, since the Ross River School is in my riding and the Klondike River bridge is in the Liberal riding.

What does the minister say to Yukoners who look at this decision and see what appears to be a politically motivated decision — cancelling a project because it's overbudget in my riding while not applying the same standard toward a similar project in the riding that is held by a Liberal?

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

#### Point of order

**Speaker:** Member for Porter Creek Centre, on a point of order.

**Mr. Gallina:** I am charging that the Leader of the Official Opposition is in contravention of Standing Order 19(g): imputing false or unavowed motives to another member by suggesting that ministers are making politically motivated decisions on infrastructure projects.

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

**Mr. Cathers:** Mr. Speaker, based on your past rulings on Standing Order 19(g), it does not appear to meet that definition. The Leader of the Official Opposition is asking questions about the appearance of partisan decision-making. He did not state as a definitive fact that it had occurred.

#### Speaker's ruling

**Speaker:** My initial sense is that it's a debate among members and it's a dispute as to the facts. I will review Hansard and return if necessary, but for now, there is no point of order.

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

**Hon. Mr. Mostyn:** Thank you very much, Mr. Speaker. I doubt very much that the Leader of the Official Opposition

is finished, but I will answer his question this afternoon anyway.

I am very proud of our work to build healthy, vibrant, and sustainable communities throughout the Yukon. We have invested in infrastructure and recreational facilities in Yukon communities. We have updated the comprehensive municipal grant to provide predictable, sustainable funding for Yukon communities. We opened mental wellness hubs in Carmacks, Haines Junction, Watson Lake, and Dawson City. We have supported housing projects in Yukon communities, including funding First Nation housing providers to increase the number of housing units also in Ross River. We have repaired and reopened the Ross River bridge — a vital community asset — in the Leader of the Official Opposition's riding. We have partnered with the RCMP to commit to renovating or building new detachment buildings in Ross River, Faro, and Carcross — which he just referenced. We have enhanced flood forecasting for all 17 flood plain communities in Yukon. We have supported 41 rural homeowners to access clean drinking water through the domestic water well program and we supported the rural electrification and telecommunication program so Yukoners can have access to electricity and internet services.

Mr. Speaker, Yukoners deserve accurate information from all of their elected officials. MLAs are their communities' voices in the Legislative Assembly, and when they use their time in the House to spread misinformation instead of advocating for their constituents, that's really disappointing for Yukoners.

**Mr. Hassard:** We will try another one here.

According to the CBC last February, the Liberals submitted an infrastructure ask to Ottawa for \$91 million to help maintain and improve the north Klondike Highway. This year, we asked the Liberals to submit an infrastructure ask to Canada, asking them to provide money to help maintain and improve the Shakwak portion of the Alaska Highway. In response, the Minister of Highways and Public Works said that he fundamentally disagreed with the opposition for calling on our federal government to fund this stretch of road.

Again, it must be a coincidence that the north Klondike Highway is in a Liberal riding and the Shakwak portion of the Alaska Highway is in a Yukon Party riding.

What does the minister say to Yukoners who look at this decision and see what appears to be a politically motivated decision — standing up for a highway project in a Liberal riding while refusing to stand up for a highway project that's in a Yukon Party riding?

**Hon. Mr. Mostyn:** Once again, Mr. Speaker, I want to reiterate that Yukoners deserve accurate information from all their elected officials.

I want to say that I do fundamentally disagree with my good colleagues on the benches opposite. I believe the Canadian government and the Yukon government should invest in roads that are going to benefit Yukoners — that's the Klondike Highway; that's the Robert Campbell Highway. I believe we have to maintain the north Alaska Highway to a standard that is safe and dependable and make sure that it is

done. But I am not going to fund a road, sink enormous amounts of money or ask the federal government to fund a road that basically benefits the constituents of Alaska.

I will advocate that the federal government invest in the Klondike Highway, which has been ignored for many years —

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

**Speaker:** Order, please.

I am having difficulty hearing the minister.

**Hon. Mr. Mostyn:** That has been ignored for many years. I will advocate for improving the stretch of road on the Robert Campbell Highway to Ross River. I will advocate for improving roads to Haines Junction and other places, and I will maintain the north Alaska Highway to the standard to which it is safe and usable. But I believe that there is a lot of roadwork that has to be done in the territory, and I think that the money we're getting from Ottawa should go toward road construction projects that benefit Yukon constituents, not Alaska.

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

We will now proceed to Orders of the Day.

## ORDERS OF THE DAY

### OPPOSITION PRIVATE MEMBERS' BUSINESS

#### MOTIONS OTHER THAN GOVERNMENT MOTIONS

##### Motion No. 481

**Clerk:** Motion No. 481, standing in the name of Ms. White.

**Speaker:** It is moved by the Member for Takhini-Kopper King:

THAT this House urges the Government of Yukon to introduce permanent funding for continuous glucose monitors to include all Yukoners with type 1 diabetes.

**Ms. White:** Before I start today, I want to acknowledge those in our communities who live with and are affected by type 1 diabetes. Today and every day, we celebrate the DJs, the mountain bikers, the construction workers, the nurses, the dancers, the hockey players, the gymnasts, the scholars, the volunteers, and every other active type 1 out there.

I also want to acknowledge those type 1s who can't do all the things they want to do and love because of the disease and the effects of living with it when it's not going their way. We acknowledge and celebrate the parents, partners, and support teams who live by alarms and graphs showing the blood glucose levels of their loved ones, making sure that they're safe at all times.

There has been great movement since the creation of the Yukon T1D support network. This organization provides education, advocacy, and funding support to people with type 1 diabetes. Just this week, they sent letters to each MLA and minister in this House, all in an effort to have continuous glucose monitors funded for those with type 1 diabetes. They collected 308 signatures on 75 individual letters asking that

members speak in favour of permanent funding for CGMs for type 1 diabetics.

This group has worked hard and will continue to work hard for those they care about and those in the communities they may not know living with type 1 diabetes — believing that, until a cure is found, the next best thing is making sure that there are no barriers to being able to access continuous glucose monitors.

I would like to thank Marney Paradis for her help with the language and research documents that will help direct today's debate, and I smiled while initially going through the documents she sent, knowing that it was the work of a PhD student, as I needed both a thesaurus and a dictionary to figure out some of the wording. So thank you for that.

I also want to thank those who have shared their personal experiences, which I will share again today. Your journey is your own. Your experience is your own. Please know that sharing them is incredibly powerful, so we thank you and we will hold those close.

Mr. Speaker, there are two types of diabetes, both type 1 and type 2.

Today my focus is on those living with type 1 diabetes. Type 1 diabetes is an autoimmune disease. It is not caused by poor diet or lack of exercise, and in spite of decades of research, there is no cure in sight. Type 1 diabetes occurs when the pancreas does not produce insulin, so individuals with the disease are required to provide insulin via pump or injection.

In a person with type 1, blood glucose levels determine the amount of insulin that is required to be injected into the body, but this is a very complex process that requires a significant amount of sophisticated calculations and reasoning. Have you exercised? Are you going to exercise? When did you last eat? What was it, and has it worked through your system yet? The questions are endless in the calculations of the right amount of insulin.

Overall, the individual with type 1 diabetes tries to keep their blood glucose level within a certain target range. There are two spheres of concern for type 1: hyperglycemia, which is high blood glucose, and hypoglycemia, which is low blood glucose. Hyperglycemia can be present for hours, days, weeks, or months, with longer durations and higher blood glucose levels resulting in greater symptomatic displays. Rapid weight loss, thirst, and frequent urination are common symptoms of high blood glucose. Longer durations of hyperglycemia result in nausea, mood changes, fatigue, blurred vision or loss of vision, rapid breathing, and eventual loss of consciousness, coma, and even death.

Diabetic ketoacidosis, or DKA, occurs in hyperglycemia when the body starts using stored fat as a source of energy. In the process of breaking this fat down, the body releases acids called "ketones", which can accumulate in the blood and turn it acidic. DKA can occur in a matter of hours and, without immediate treatment, can be fatal. Although DKA occurs in hyperglycemia, it is not causative. Rather, DKA can occur in any state of hyperglycemia.

Prevention of hyperglycemia is a central task in diabetes management and this responsibility extends to dietary, exercise, and lifestyle considerations. Individuals with type 1 diabetes must always calculate their carbohydrate intake to determine how much insulin is required to prevent high blood glucose. The effects of fats and proteins that are in any meal must also be weighed, as higher levels of fats and proteins may cause a peak in blood glucose many hours after consumption. There is no one-size-fits-all calculation that supports people in this task. Calculating insulin is a difficult and tedious undertaking that must be considered every time food or drink is consumed, and the estimations are specific to the individual. There is no one-dose-fits-all model.

When exercising, aerobic activity generally causes a drop in blood glucose, while resistance exercise typically causes blood glucose to rise. This makes it difficult to exercise on a whim, as there must be pre-calculations and planning involved.

Continuous glucose monitors help reduce the complexity of food and exercise ratios by both alerting the wearer to decreases and increases in blood glucose levels and in providing trend data, which allows the wearer to recognize symptomatic displays prior to an actual episode. Quality of life expands exponentially with the use of a CGM. This value can never be understated.

The need to prevent and treat hyperglycemia is equal to, or perhaps inferior to, the need to avoid hypoglycemia. Hypoglycemia is a potentially life-threatening condition that occurs as a result of low blood glucose levels. For those with type 1 diabetes, hypoglycemia is the single greatest threat to one's health. It can occur rapidly and without warning in spite of all responsible attempts to avoid it. Severe hypoglycemia is arguably the most dangerous complication of type 1 diabetes, as it can result in permanent cognitive impairment, seizure, coma, accidents, and death.

One of the greatest risks of severe hypoglycemia is hypoglycemia unawareness, a condition where drops in blood glucose fail to kick-start the normal nervous system responses, like hunger or sweating. Hypoglycemia unawareness conservatively affects between 20 to 25 percent and up to an estimated 40 percent of persons with type 1 diabetes, with fully half of those who have had the disease for at least 25 years being affected. Recurrent exposure to hypoglycemia reduces awareness of it through counter-regulatory hormonal protection against hypoglycemia, leading to an increased risk of severe hypoglycemia. In other words, the more an individual enters into hypoglycemia, the more at risk they are of developing hypoglycemia unawareness. CGMs help alert the wearer to an upcoming low glucose level, which reduces the chance of hypoglycemia and in turn reduces the occurrence of future hypoglycemic episodes.

Another major consideration in this discussion about the importance of funding CGMs for all type 1 diabetics and their quality of life is that, when talking about the management of hypoglycemia, the fear of hypoglycemia is a driver in the individual's disease-management decisions. Decisions get made on fear. Apprehension of the swift and very serious

consequences of untreated hypoglycemia contributes to raised blood glucose readings, as the long-term complications — though certainly undesirable — do not hold the same immediacy or ramifications as does severe hypoglycemia. What this justifiable fear creates is a teeter-totter in glycemic levels, with the fear of long-term complications being a driving force in controlled blood glucose levels being balanced and the fear of immediate complications serving as a catalyst in raised blood glucose levels. If an individual has access to a CGM, they are more likely to react in manners that keep both hypoglycemia and hyperglycemia at bay.

In addition to the immediate complications that arise from hypoglycemia and hyperglycemia, there exist the long-term chronic complications that are a leading cause of end-stage renal disease, blindness, foot and leg amputation, and cardiovascular disease.

Diabetic retinopathy is the leading cause of blindness and is caused by high blood glucose damage to the blood vessels of the light-sensitive retina. Early retinopathy is present in around 12 to 15 percent of adolescents with type 1 diabetes. After 20 years of the disease the majority of adults with type 1 display some form of diabetic retinopathy, with one-third to one-half of those developing a vision-threatening disease.

Diabetic nephropathy, or kidney disease, is a leading cause of mortality for persons with T1D and, once developed into end-stage renal disease, is a predictor of cardiovascular disease. Approximately half of all individuals will enter into some type of kidney disease at a developed rate of two to three percent annually.

Diabetic neuropathy, or nerve damage, is a painful and often debilitating effect of diabetes that is largely experienced in the extremities. Little advancement in neurological therapies has created an absence in neuroscience commitments, with scant pharmaceutical interests. What that means, Mr. Speaker, is that there has been little change in the management or treatment of nerve pain. It affects at least half of those persons with T1D.

Cardiovascular disease is another leading cause of death for persons with T1D. Compared to the general public, mortality in type 1 diabetics still increased by two to eight times. The incidence of the disease increases with age but, in addition to lifestyle and hereditary factors, persons with type 1 diabetes are affected by glycemic load. The duration of diabetes is a component of total glycemic load. Defined as the cumulative exposure of the blood vessels to glucose, glycemic load is a function of diabetes duration and glycemic variability. The longer the duration of diabetes, the greater the glycemic load — and thus the damage.

CGMs help in the prevention of glycemic load as they alert the wearer to high glucose levels. To reduce the likelihood of health complications, it is essential that individuals have ongoing, good management of their disease, and this management has been clinically focused on tightly controlled blood glucose levels. This is the result of two foundational longitudinal studies — those being the diabetes control and complications trial and the epidemiology of diabetes interventions and complications study. These studies

resulted in a 26-year-long examination of persons with type 1 diabetes, and the results of these studies have set the stage for all diabetes management. These studies indicate that end-stage renal disease, blindness, foot and leg amputation, and cardiovascular disease are the result of a lack of tightly controlled blood glucose levels. Further, these studies have indicated that the sooner an individual is able to control their glucose levels, the less likely they are to have complications.

This is a critical consideration. Yukon government is never going to match the research that already exists. They will just not be able to. Two major multi-centre randomized clinical longitudinal studies have empirically stated that the key to reducing future health complications is through immediate, tightly controlled blood glucose levels. General practitioners, endocrinologists, and patients alike all strive to have blood glucose levels within a certain target range, usually set at 4 to 7.

Continuous glucose monitors assist in the management of blood glucose by ensuring that the wearer is always informed of their current glucose level, is alerted to impending highs or lows, is able to identify glucose trends, is able to adjust their carb, fat, and protein intake and exercise outputs to meet those trends, and is able to sleep through the night without dropping to a dangerous low.

Mr. Speaker, I want to share the experiences of two different Yukon residents with type 1 diabetes: an individual in their early 20s and an individual in their late 40s.

For the young person, they check their blood glucose by finger poke and saw that it was at 5.5 — a safe driving level. Ten minutes into driving on the Alaska Highway, this person's blood glucose had dropped to dangerous levels and they started having seizures as they were driving. They drove across the centre line and crashed into the ditch.

If this individual had been wearing a continuous glucose monitor, they would have been alerted that their blood glucose was dropping rapidly and could have taken the appropriate responses. This person followed the rules. They acted responsibly and still ended up in a life-threatening situation, both for themselves and others.

Mr. Speaker, the individual in their 40s has faced the snowball effect of hypoglycemia where every episode of low blood glucose reduces the body's capacity to recognize future hypoglycemia. First diagnosed at seven, this person has had a lifetime of monitoring their blood glucose levels, but despite best efforts at management, they live with the consequences of what can go wrong. They have had a kidney transplant, heart, eye, and feet issues — all related to diabetes complications — again, by no fault of their own.

Last year, this person had to call an ambulance no less than six times in seven months alone prior to getting a CGM. Since receiving a CGM at the end of August last year, they haven't needed to call the ambulance even one time.

I was told today that the last two mornings, they have got up with a low that they probably would have slept through had it not been for the alert that woke them from their CGM.

Again, when this individual had access to a CGM, they were alerted to when their glucose levels were dropping and were able to take the necessary steps to stop hypoglycemia.

In the Yukon, I know we are currently in year 2 of a two-year pilot project and this pilot project provides continuous glucose monitors to persons ages zero to 18 and 19 to 25, with the 19 to 25 age group being handled by the Yukon T1D support network. This non-profit group has engaged in discussions with the young people who are currently using CGMs as their primary blood-monitoring method and have provided some direct patient quotes to help us better understand the need to fund these tools on a permanent basis.

From a patient aged 25 — and I'm quoting: "I was actually afraid to go to bed each night. Actually afraid that I wouldn't wake up. Every single night I would say my thanks to the Universe and ask to be cared for so that I would wake up. Every single morning I would wake up and say thanks for looking out for me. I was sometimes terrified. Sometimes I would wake up like at 3 am covered in sweat and I know that I had just had seizures. I know that my blood sugars went so low that I had seizures. It is so scary to think that you might not wake up. But now my Dexcom wakes me up when I'm going low."

Patient, aged 23 — again, I'm quoting: "I used to say no when I would get invited to go hiking or backpacking or something. It was just too scary because I had to use Glucagon once when my blood sugar went really low and wouldn't raise. My CGM lets me hike and do things outside. I want to do these things. I was just afraid before."

Mr. Speaker, patients aren't the only ones who understand the value of CGMs. Many researchers understand their importance, and I have a selection of quotes from very recent studies.

From Heinemann et. al: "Our findings indicate that individuals with type 1 diabetes treated by MDI and with impaired hypoglycaemia awareness or severe hypoglycaemia can minimise both biochemical and clinical hypoglycaemia through use of rtCGM without compromising overall glycaemic control."

Again, from the Juvenile Diabetes Research Foundation — and I'm quoting: "Continuous glucose monitoring improves glycated hemoglobin levels and may enhance the management of type 1 diabetes in adults who have the motivation to use this technology and the capability to incorporate it into their own daily diabetes management."

Again: "CGM has a beneficial impact on hypoglycaemia fear, one of the major barriers to optimal glucose control."

Another quote: "The use of CGM was associated with improved glycemic control... more so than insulin pump therapy. Strategies to effectively increase and utilize advanced diabetes devices among T1D patients of all race/ethnicities, insurance types, and languages could substantially improve clinical outcomes."

Another one: "Among adults with type 1 diabetes who use multiple daily insulin injections, the use of CGM compared with usual care resulted in a greater decrease in... blood glucose "... level during 24 weeks."

Here's another quote: "Numerous studies have shown that use of CGMs improves glycemic control and quality of life in both children and adults with type 1 diabetes treated with either continuous subcutaneous insulin infusion or multiple daily insulin injection therapy, improving... blood glucose level "... shortening the time spent in hypoglycemia and hyperglycemia, and reducing moderate-to-severe hypoglycemia..."

Here's another quote: "Among patients with inadequately controlled type 1 diabetes treated with multiple daily insulin injections, the use of CGM compared with conventional treatment for 26 weeks resulted in lower..." blood glucose levels.

Here's another quote: "Continuous Glucose Monitoring... has been demonstrated to be clinically valuable, reducing risks of hypoglycemia and hyperglycemia, glycemic variability... and improving patient quality of life for a wide range of patient populations and clinical indications..."

Mr. Speaker, I have three quotes to go. This next one: "Real time CGM offer clear advantages over self monitored blood glucose by providing considerably more robust and useable information."

The next one: "The presence of accurate real-time glucose values allows patients and their providers exponentially more data for diabetes care decisions."

The last one: "CGM might be the best example of diabetes precision medicine widely available today since an individual's daily glucose patterns are revealed at a glance and can effectively guide a clinician's and a patient's shared decision-making session".

To be clear, we're talking about choices and personal financial costs. For many, these costs will already be covered through a private health insurance program through employment. Some individuals or families may be able to afford a CGM and already may be paying the full cost, and still others have no way of paying, and as a result, do not have access to the best health care possible.

We know, and research has shown, that an individual with a CGM will be saving the health care system money in the long term, and — most importantly — the individual with type 1 diabetes and access to a CGM will have a better health outcome and a better quality of life.

The Yukon government has already shown that they can be leaders in type 1 diabetes management, but what we're asking them today is to continue on that path and go further. In 2017, the Yukon government initiated a pediatric CGM pilot project and supplemented this with a second CGM pilot project for those ages 19 to 26. In 2018, the Yukon government funded the Yukon T1D support network and their efforts to host a diabetes expo, an event that registered at capacity within a 24-hour period.

Also in 2018, the Yukon government's own Department of Economic Development funded a short film to highlight the ways that employers can better support those with type 1 diabetes. Mr. Speaker, you can see that commercial often at the movie theatre before the movies start, and it has a very strong impact. It's important to know that there are things that

we, as employers, can do for those who we employ who have type 1 diabetes.

It is important that government continues in their effort to support the livelihood and health of those with type 1 diabetes. It is critical that CGMs be immediately funded as a central component in type 1 diabetes management.

We believe that the type 1 diabetes patient group has advocated loudly that they need to be present and have a voice in what drugs and devices work best for them. Type 1 diabetics should not have the cost of continuous glucose monitors be a barrier for healthier, safer lives.

We are asking today in our motion that government fund this now — that they don't wait into the future, that we don't investigate, that we don't research — because, like I have said, the research has already been done. What we're asking is for the Yukon government to fund the access to CGMs for all type 1 diabetics who need that equipment to be funded.

**Hon. Ms. Dendys:** I appreciate the Member for Takhini-Kopper King bringing this motion forward for debate and I acknowledge our guests here in the Legislative Assembly with us today.

As Yukoners know, our Liberal government is committed to a people-centred approach to wellness that helps Yukoners thrive — all Yukoners, Mr. Speaker.

I want to — before I go deeper into my comments — just to express to the Legislative Assembly my own personal connection to diabetes. My father suffered from diabetes for approximately the last 10 years of his life, and a couple of years ago, my father-in-law passed away from diabetes. There are other members of our team who certainly are impacted by diabetes. So I know the struggles personally, but I don't know the struggles of being a parent and trying to monitor this and to live in fear. I don't know that, and I can't imagine what it would be like to have to live with that type of stress or to see it debated by politicians on the floor of the Legislative Assembly, even.

We recognize that Yukon has a growing population and is home to an increasing diversity of individuals at different stages in their lives with different needs and different concerns when it comes to health and wellness. As this motion suggests, some Yukoners are dealing with type 1 diabetes are in need of insulin to help them regulate their blood sugar levels. Both type 1 and type 2 diabetes patients are eligible for 100-percent coverage of their insulin under the Yukon health care insurance plan. After they pay any required deductible up to a maximum of \$250 annually under the chronic disease program and the children's drug and optical program, there are no copayments for any clients and there is no deduction for pharmacare clients.

In terms of the cost to the health care system to provide this coverage, a number of factors contribute to spending on insulin. Just looking at the number of people with diabetes in the territory is insufficient, since patients have different needs when it comes to insulin. People with type 1 diabetes generally use more insulin than those with type 2. Some type

2 patients don't use insulin and manage their diabetes with oral medications only.

There are many types of insulin. Newer types of insulin have come on the market in recent years. Many of the newer drugs are older standard medications, but of course the insulin is only useful when you are aware that you need it. In order to know when you need insulin, you need to monitor the level of glucose in your blood system. This was traditionally done by drawing blood — usually by pricking a finger or other body part — and testing it to determine the glucose level.

More recently, as members know, continuous glucose monitoring, or CGM, devices have been developed that automatically track an individual's blood glucose levels around the clock. These devices are less invasive, since they work by way of a sensor that measures the glucose levels in the fluid between cells, avoiding the need to draw blood. The sensor transmits the information to a monitor — or in some cases, directly to a smart phone or tablet — so that an individual can more closely monitor their glucose levels.

It is clear that these CGM devices have the potential to make it much easier to manage type 1 diabetes. This is particularly true in the case of children who have type 1 diabetes, making it easier for families to manage the condition. The catch of course is that these devices are rather expensive, making it difficult for those with type 1 diabetes to use them. Our Liberal government recognizes the potential of these devices to help Yukoners with type 1 diabetes live healthier lives.

Last year, we introduced the type 1 continuous glucose monitoring pilot program. The program started January 1, 2018, and will run until March 31, 2020. This pilot program provides each individual family with one-time funding of \$10,000 to cover expenses such as sensors, transmitters, receivers, and other supplies and replacement of CGM devices. There are two groups eligible for the pilot: children 18 and under, and young adults 19 to 25. They receive funding through the type 1 diabetes support network. There are currently nine children and six young adults enrolled in the pilot program. I would note that all of those who wanted to participate in the pilot program were able to participate. No one was turned away, Mr. Speaker. These individuals are required to provide annual report detailing their experience with these devices to help our government understand the true potential of CGM devices and to help Yukoners with type 1 diabetes.

Given that the program is currently underway, we are in the process of gathering data from the participants to help us make an informed decision going forward. We are proud of the pilot program. We recognize that type 1 diabetes can be a difficult condition for Yukoners to manage, especially young Yukoners. Yukon families dealing with type 1 diabetes are under considerable pressure, both to monitor and properly manage the insulin levels of their family members and also to cover the cost of doing so, whether it be through traditional test strips and monitors or through the newer CGM devices. We want to help these Yukoners and Yukon families and ease the burden of this condition so that they can live healthier,

flourishing lives. We believe that the pilot program will provide us with useful information about how we can best support Yukoners with type 1 diabetes.

Our Liberal government is proud of the fact that we take good ideas, regardless of where they come from. The Member for Copperbelt South has been a proponent of these devices for some time and suggested such a pilot program in 2017. I am sure that the member and his colleagues in the Official Opposition were pleased when we introduced the pilot program in 2018.

I am not clear — when I was reading through everything — why the member opposite did not take the opportunity to introduce such a program when they were in government, but that is really beside the point, Mr. Speaker. Here we are, in 2019, and our Liberal government has a pilot program in progress. The fact that it is ongoing and will be until this time next year is important.

The current motion put forward by the new Leader of the NDP calls on the government to introduce permanent funding for continuous glucose monitors to include all Yukoners with type 1 diabetes. This is a noble suggestion, but I would suggest that it is a little premature given that we are in the process of gathering evidence around the effectiveness of these devices for Yukoners with type 1 diabetes. That is why I would like to propose a friendly amendment to the motion.

*Amendment proposed*

**Hon. Ms. Dendys:** I move:

THAT Motion No. 481 be amended by replacing the word “introduce” with the word “consider”.

By deleting the word “introduce” and replacing it with the word “consider”, it would read:

THAT this House urges the Government of Yukon to consider permanent funding for continuous glucose monitors to include all Yukoners with type 1 diabetes.

**Speaker:** I have had an opportunity to review the proposed amendment with Madam Deputy Clerk and can advise that the proposed amendment is procedurally in order. It seems to be relatively straightforward.

It has been moved by the Member for Mountainview, the Minister of Tourism and Culture:

THAT Motion No. 481 be amended by replacing the word “introduce” with the word “consider”.

The proposed amended motion would then read:

THAT this House urges the Government of Yukon to consider permanent funding for continuous glucose monitors to include all Yukoners with type 1 diabetes.

**Hon. Ms. Dendys:** I do hope that the Member for Takhini-Kopper King will understand why my colleagues and I consider this a friendly amendment. We are not opposed in principle to the idea being put forward. As I said, we are committed to a people-centred approach that helps Yukoners thrive.

At the same time, our Liberal government is committed to evidence-based decision-making. This pilot program is

providing us with real first-hand data from Yukoners and Yukon families who are dealing with type 1 diabetes, but the program is not over. It has roughly another 11 months to go, and we believe that it is prudent to let it finish so we can gather all the data before we make a decision going forward around continuous glucose monitors in Yukon.

Our plan was to introduce this pilot project precisely to generate the relevant local information so that we can make an evidence-based decision. This is the commitment that we made to Yukoners and we plan to deliver on it. Once we have the information, we can assess the information and consider how best to serve Yukoners who suffer from type 1 diabetes, including the possibility of permanent funding for continuous glucose monitoring.

I believe that the amendment I have proposed properly aligns with the fact that we are in the midst of a pilot program on the issue which will provide information required to make an evidence-based decision. As I said, this is a commitment we made to Yukoners, and frankly, Yukoners deserve no less from their elected representatives.

I will leave it at that, Mr. Speaker. I really look forward to hearing the views of my colleagues here in the House, and I hope we have the support for the amendment.

**Ms. White:** When the minister came to speak to me earlier and referenced a friendly amendment, I said at the time that I didn't view it as friendly. There are a lot of reasons why I don't view it as friendly. I understand where the government is coming from, but when we take away the language that talks about action now and we switch it and talk about "considering" — so possibly in the future, we may or may not move forward with this.

The challenge that I have right now is that the Government of Yukon — the Liberal Government of Yukon — is talking like they are the inventors of the continuous glucose monitor and that they don't quite have enough information as to whether or not it is effective in monitoring of blood glucose levels. The reason I have issues with that is that there have been countless studies — many that I have quoted from — done by people who are much more intelligent than me, who talk about the reasons — how important the CGMs are to people with type 1 diabetes.

In the initial speaking, I believe the minister was referencing type 2 diabetes, which is quite a bit different from type 1 diabetes. The motion that I have put forward talks about type 1 diabetics, which is not a lifestyle. It is not something that happens by any action of the person with type 1 diabetes. I have concerns when the minister talks about the pilot project only because it is very limited in age. The person who I referenced who is in their late 40s has had a kidney transplant due to complications of diabetes, has had parts of her feet amputated because of diabetic complications, has had complications, and is living with those complications.

In their own words, they said that in the time since the T1D support network — that is where they got the CGM because they can't afford it. It is not affordable for their family. If it wasn't for the T1D support network, they

wouldn't have access to that CGM at this point — that they would not be able to have this technology that, in their very own words, woke them up in the last few mornings when they would have slept through a low. This is the same person who had an ambulance called more than six times in seven months.

I hear what the minister has said, but this is not technology that has been invented by the Yukon Liberal government. This is technology that exists in the world. It has had countless studies. It has been researched. It has been tested. Those devices alone needed to be tested by the medical community before they could even be released to the public.

When the minister says that she hopes the Member for Takhini-Kopper King will vote in favour of this amendment, I can say with clarity — I can say right now: That is not going to happen. I don't believe that this amendment is friendly. It takes away from it being a concrete action to talking about into the future — and I disagree. The minister laid out all the reasons why we should be funding these for the territory, I believe.

As for the amendment, it is not something that I can support.

**Mr. Kent:** With regard to the amendment, the Yukon Party Official Opposition will not be supporting this amendment either, for many of the same reasons that my colleague from Takhini-Kopper King outlined.

This is an issue that she and I have shared as opposition members over the past 2.5 years and it is something that is extremely important to constituents of mine and to their families — as outlined by the Member for Takhini-Kopper King — in the volume of letters and signatures that came in and the work that the T1D support network put into getting those letters signed and those signatures attained so that we could have a debate here on the original motion that was brought forward by the Member for Takhini-Kopper King that suggested that we introduce permanent funding for continuous glucose monitoring equipment for all Yukoners who have type 1 diabetes.

After this amendment gets voted on and hopefully gets defeated, we can talk about the original motion or the motion as amended again. I will have some more comments at that point. Again, I agree with the Member for Takhini-Kopper King that a simple switch of the words from "introduce" to "consider" does introduce some uncertainty to whether or not this funding will be provided and this equipment provided to all Yukoners who have type 1 diabetes.

Just from personal experience: I was at a meeting with a few of the parents from the T1D support network and two of those parents had that equipment with their children. We were in the coffee shop and their phones were up, and they were monitoring the blood sugar levels of their kids who were at school at that time. When you see how important this technology is in person and can watch those parents interact but still stay focused on what their children's blood sugar levels are — it's something that certainly showed me and I imagine would show others the importance of this type of equipment for families with children. Of course, with the

examples provided by the Member for Takhini-Kopper King, it's also important for some of the older individuals who are able to lead a more healthy and active life because of this type of equipment.

Like the Member for Takhini-Kopper King, we thought we had a chance to make a difference here today in the lives of Yukoners who are living with type 1 diabetes by introducing that permanent funding rather than considering permanent funding, which again allows the government to kick the ball down the field a little bit further. Perhaps we will be back here next spring debating a similar motion with respect to this funding. It is disappointing that this amendment came forward as I felt we had a real chance to make a difference here this afternoon for Yukoners who have type 1 diabetes in their families, but it doesn't look like we will get that opportunity.

**Mr. Gallina:** I will briefly speak to the amendment. I didn't hear the government claiming to invent devices or be the experts on the devices that are in question today. What I heard the minister state is that there is a pilot project that is currently in effect.

I agree with the minister that the motion as presented is very important. I agree that it is premature in that we are in the process of gathering evidence around the effectiveness of CGMs for Yukoners with type 1 diabetes. I think it's prudent for us to continue to go through this process that we have started. This is concrete action. The Member for Takhini-Kopper King talks about concrete action. We funded support for a diabetes expo; I know that. We have provided funding for a video awareness campaign around diabetes. We have instituted this pilot program for two years. It is providing support to Yukoners, and I don't believe that there were Yukoners who were turned away from this pilot program.

As the minister also conveyed, we are not opposed to the idea of permanently funding these devices. We continue to be committed to evidence-based decision-making. This pilot program is providing us with real first-hand data from Yukoners and Yukon families. This trial will help us to understand how CGMs reduce stresses on caregivers and increase the quality of life for both children and families.

The pilot program has roughly 11 months to go, and we believe that it is prudent to let it finish so that we can gather this data before we make a decision of going forward. Once we have that information, we can assess the information and consider how to best serve Yukoners who suffer from type 1 diabetes, including the possibility of permanently funding CGMs.

I agree with the minister that the amendment proposed properly aligns with the fact that we are in the midst of a pilot program on the issue that will provide information required to make evidence-based decision-making.

**Ms. Hanson:** With respect, the last speaker was incorrect, and I think he knows it and I think the minister who spoke knows it.

We are talking about a motion that would provide continuous glucose monitors. The reason why the Member for Takhini-Kopper King brought this forward was because the very fact of the matter is that this pilot project, which the member previous just spoke to and which the minister spoke to, is restricted. You have to be under 25.

The evidence that was given here today was that there are people in this territory who have type 1 diabetes and who have — not because of the pilot project, not because of the largess of the Liberal government, but because of the support group — been able to access the continuous glucose monitor. Regardless of whether or not that pilot project continues — and I have no problem with the continuation of this pilot project — what we are saying is that those folks over 25 are not going to get it. As the minister said in introducing this amendment to this motion, it is simply going to say that, at the end of this pilot project, they will consider whether or not they will do it based on the pilot project. Well, if the pilot project is only based on a certain age group — too bad, so sad for anyone else who needs it. What my colleague from Takhini-Kopper King was bringing forward to this debate was information to back up and reaffirm that Yukon should not be fearful in taking this step, that there is a solid body of evidence, academic research and medical research to support Yukon taking this step toward providing a necessary life-saving piece of medical equipment.

I guess I question why the age discrimination in the design of the pilot project is there in the first place — recognizing that type 1 diabetes does not just go away when you turn 26.

All of us in this Chamber, if you think about it, members of our family or extended family who have diabetes — and in my situation, type 1 — I have watched kids struggle with this, and their parents — the terror they deal with.

I have to wholeheartedly support my colleague from Takhini-Kopper King and the work she did in collaboration with Yukoners living with type 1 diabetes in terms of trying to bring forward a reasoned discussion to the Legislative Assembly. It's disappointing to see, yet again, a government that will talk about it being evidence-based, it will talk about that good ideas come from every source, and then when somebody does bring forward a good idea, we punt it. We're going to punt it, but it's not even punting it with any certainty. It's punting it to say we may, but it's only up to us, and that's a difficult thing because it doesn't seem to reflect the fact that, on this side of the House, there are members elected by citizens as well, elected by more than the "less than a majority" percentage of Yukoners who elected the government. There should be a little bit of respect given to the fact that, when people bring these ideas forward, they're not bringing them out of personal but on behalf of many Yukon citizens.

As I said, I think there should be a concern within the government caucus that, as they have structured this amendment, they're potentially restricting access to continuous glucose monitors based on a pilot study that has an age limit to it. There is no indication from government

members opposite that, should they consider in a positive way the introduction of an accessibility of continuous glucose monitors for those folks in the Yukon with type 1 diabetes as a part of our publicly funded health care system, it would apply to anybody over the age of 25. That's absolutely unclear in how the amendment has been structured. We didn't structure it based on that, Mr. Speaker. The government introduced that notion in their speaking notes, in their response to the motion from the Member for Takhini-Kopper King.

It's unfortunate they wanted to restrict it that way. That's not acceptable. That's not evidence-based, because they have already acknowledged that people older than 25 have type 1 diabetes.

Mr. Speaker, we'll be voting against this amendment.

**Hon. Mr. Streicker:** First of all, I would like to start off by saying, like everyone who has stood in the Legislature here today, we are all concerned about type 1 diabetes. I think we're all looking to ensure that Yukoners can live healthy and happy lives. I don't think it's at all about which party we're from. I think that everybody here cares about that.

I don't believe that there needs to be any further research into the evidence of continuous glucose monitors. There is a wide body of evidence out there, and frankly, even though I have a specific background in engineering, I will always turn to my own department, to the engineers, to ask them engineering questions, so I will always turn to the Department of Health and Social Services to ask them questions about health issues and how they should be resolved. It is not because I belong to a party; it's because that is their job. They are professionals and I will turn to them.

I think that there was a comment that came from the Member for Takhini-Kopper King when she introduced the motion that I thought was completely valid and which I agree with, and that is that the parents and citizens who are dealing with type 1 diabetes need to be an essential part of this conversation. I agree with that. That is incredibly important. That is exactly what we're trying to do with the pilot study. They are meant to be an important part of it.

The Leader of the Third Party — I loved her comment earlier about the time-limited nature there — said that the study itself is limited, so there are a group of people who aren't getting access. That is a fair point. I think I would have to think about that. The point that I want to raise is that the pilot study is not about trying to decide if continuous glucose monitors work or not. The pilot is about trying to understand whether or not we establish criteria. There are some folks who are type 1 diabetics. Again, I'm not the expert on this, but I would turn to the families, those individuals who have type 1 diabetes and the health professionals and ask if the continuous glucose monitor is the best solution in all cases. As I look back at this — for example, in Ontario, they were trying to understand what criteria would be met and for which of those type 1 diabetics this is a good solution and those for whom it isn't. Hence the pilot study — that is what I think we are trying to do here, not decide whether continuous glucose

monitors are effective at all, but where we should apply them across the territory.

I don't think this is a partisan issue, but I do believe that the way we want to do this is fulfill the pilot study and do that work. I think we need to work with the families and with the citizens who have type 1 diabetes and figure out where the right threshold is. I've been listening to the debate today. I haven't heard the members opposite say where they think it should be, but even if I do hear that, where I want to turn is not to this Legislature but rather to the health professionals and the families. That is why I think what we're debating in this amendment is go now or collect that evidence. I think that there is evidence to collect.

I understand that the members opposite don't believe that we need to collect that evidence. That is fine and is their position, but I will not accept that there is a sense that one side of this House cares about this issue and one side does not. I think it is shared across all members of this House.

**Speaker:** Is there any further debate on the proposed amendment?

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. Ms. McPhee:** Agree.

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

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

**Mr. Gallina:** Agree.

**Mr. Adel:** Agree.

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

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

**Mr. Hutton:** Agree.

**Mr. Kent:** Disagree.

**Ms. Van Bibber:** Disagree.

**Mr. Cathers:** Disagree.

**Ms. McLeod:** Disagree.

**Ms. Hanson:** Disagree.

**Ms. White:** Disagree.

**Clerk:** Mr. Speaker, the results are eight yea, six nay.

**Speaker:** The yeas have it. I declare the amendment carried.

*Amendment to Motion No. 481 agreed to*

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

**Ms. Hanson:** In speaking to the main motion as amended — the House has essentially gone along with the government's proposal that we wait and then have the government consider the implications of the pilot project that is currently underway that will end in March 2020.

The House needs to be clearly on the record, Mr. Speaker, that this pilot project is limited, that it does not cover the broad spectrum of the community citizens in this territory — those citizens who are older than 25. We will be looking to the government to recognize that and to demonstrate that they recognize the implications of that.

There are a number of matters — members opposite said it was necessary to delay this further and not act on the experiences elsewhere or evidence from elsewhere or even the lived experience of those people in the Yukon who have both lived with this autoimmune disease as well as have done the research. Quite frankly, Mr. Speaker, the fact of the matter is that the Yukon doesn't have its own endocrinologist and doesn't have any diabetes specialists. We have people who have information and can give you guidance on diabetic diets, but there's not a diabetes specialist in this territory.

I just want to say one thing, Mr. Speaker: It was only in response to government members saying our Yukon government has done this and our Yukon government is doing this. That makes it partisan, Mr. Speaker. If we were talking about this as a non-partisan thing, then we wouldn't have to have government members telling this side of the House about what good things they're doing and how much they're spending or whatever on this or that. The evidence is there if the evidence is there.

In order to ensure that we do see an end point to this — so that we don't get this ongoing sort of cycle of how it's a process and we're just going to continue the process of talking about it and going to the next step and maybe then we'll consider whether or not we're going to implement something — I would like to move an amendment.

*Amendment proposed*

**Ms. Hanson:** I move:

THAT Motion No. 481 be further amended by adding the words “and report back to the Yukon Legislative Assembly by the end of the 2020 spring legislative Sitting.” after the word “diabetes”.

**Speaker:** I have had an opportunity to review the proposed amendment with Mr. Clerk, and can advise that the motion is procedurally in order.

Therefore, it has been moved by the Member for Whitehorse Centre:

THAT Motion No. 481 be further amended by adding the words “and report back to the Yukon Legislative Assembly by the end of the 2020 spring legislative Sitting.” after the word “diabetes”.

The proposed twice-amended motion would read:

It is moved by the Member for Takhini-Kopper King:

THAT this House urges the Government of Yukon to consider permanent funding for continuous glucose monitors to include all Yukoners with type 1 diabetes and report back to the Yukon Legislative Assembly by the end of the 2020 spring legislative Sitting.

**Ms. Hanson:** I don't intend to speak long to this. I just want to say that I think this does provide an opportunity for the government to achieve the objectives that it set out for itself by establishing this pilot project targeted for the two age groups — zero to 25 — as well as to allow the government to ask — to respond to the Member for Mount Lorne-Southern Lakes — the other costs that are associated with respect to type 1 diabetes and for the costs borne by the individual in terms of medical ill health and the resulting costs to the system as a result of having to respond to somebody with an autoimmune response that can't be controlled without something like this kind of device. Let's look at the costs. Let's compute, impute, and extrapolate the costs of foregone ambulance trips. As I recall, I think it is \$600 a shot for an ambulance — six or seven foregone ambulance trips a year. How many type 1 diabetics? How much money are we saving opposed to how much money are we spending? Part of our health care system is trying to avoid making people ill. We are trying to avoid creating more acute care health care situations. We are trying to work with citizens to be well.

I think it is a reasonable expectation that this government will have clear information — both own-source data with those folks who are participating as families with kids and young adults in the pilot project. They will have information from the type 1 diabetes support group. They will have their own data sourced from cooperation. Again, we know that this has proven a little bit difficult at times — to get the data exchanged between the Yukon Hospital Corporation and the Yukon Department of Health. But we believe it can be done — with respect to ambulance services from the government side and from the ER visits on the Hospital Corporation side.

We think that if the government is serious, then they will take seriously this motion, which is really just saying, “Let's get it on. Let's do it.” Let's find a way to bring closure to this process and to achieve objectives that this government has set for itself and that all Yukoners support in terms of health care — where you are, at the right time and at the right place. I don't know how many times I have heard this from the members opposite. We support that. What we don't support is not making a decision. What we don't support is potentially creating more disease consequences by not responding in the appropriate time with the appropriate tools when we know that the evidence is there that they do work.

Quite frankly, Mr. Speaker, if this government doesn't make a decision by the spring of 2020, we could well be in an election in the fall of 2020. The mandate of this government will expire in the fall of 2020. Citizens have a right to have some of these decisions made before they are asked to go to the polls. Every four years, Mr. Speaker — that is the Canadian democratic way.

So we would hope that this simple amendment will just ensure that we all keep this issue to the forefront — that we will, on this side, be monitoring and looking to see what kind of reporting will be available during the course of the pilot project. Additionally, we will be asking questions and looking to see what data is currently being collated on type 1 diabetes,

further to what has already been provided by my colleague, based on the research that has been done across this country.

I look forward to the support from all members of this Legislative Assembly to what we consider to be a reasonable amendment to the motion that would achieve the objectives of, I think, everybody here. We want to see a reasoned basis to make continuous glucose monitors available to those people who need them in the Yukon who have type 1 diabetes.

**Hon. Ms. Dendys:** I want to start by saying that of course, Mr. Speaker, we are serious about type 1 diabetes on this side of the House. I don't think that you have heard anyone speak today who is not in support of the well-being of those who are suffering from this really serious disease. It was never about delaying anything. The work is ongoing. It is happening now.

The objection that we had today was about being required to make a financial decision here on the floor of this Legislative Assembly. There is a process for that, and I think everyone in the House knows that.

We have work that is ongoing. We will consider all the facts. I think that the Minister of Community Services outlined the work that is ongoing with the pilot and some of the other facts that would be examined through this pilot project. We are agreeable with this further amendment to the motion today. I look forward to having those discussions with the minister, and I think that our Minister of Health and Social Services certainly takes this matter very seriously, which is why she brought this pilot forward when she did — and all facts are being examined, Mr. Speaker.

We are in support of the amendment.

**Mr. Kent:** I am going to be brief in speaking to this amendment. I thank the Member for Whitehorse Centre for bringing it forward. The Official Opposition will be supporting this amendment. As mentioned by the Member for Whitehorse Centre, it does bring some timelines into this situation.

With respect to what the Minister of Community Services said about not having to gather any additional evidence with respect to the effectiveness of continuous glucose monitoring machines — I am pleased that this isn't the work that will be undertaken in the balance of the pilot project that has been announced. I guess the one thing that perhaps the government will consider is — rather than moving an amendment on this, which could be defeated — I know our guests have been here for awhile here this afternoon as well — hopefully the government considers expanding this pilot project to include individuals who are over the age of 25. If it is the effectiveness of the treatment in allowing the experts in the Department of Health and Social Services to determine whether CGMs are effective in all cases or some cases — or whatever determination the government is looking to get out of the balance of this pilot project — hopefully they will consider some expansion of that project to individuals beyond the age of 25 for the balance of the 11 months. Then when they report back to the Yukon Legislative Assembly by the

end of the 2020 spring legislative Sitting, they perhaps won't have to initiate another pilot project for individuals who are over the age that is currently being considered.

Again, we are happy to support the amendment brought forward by the Member for Whitehorse Centre, but I would hope that the government members would consider expanding the pilot project over the next 11 months to include other Yukoners with type 1 diabetes so that they can get all the information that they are looking for when they make a final decision, which is hopefully to make funding for this equipment permanent for all Yukoners with type 1 diabetes.

*Amendment to Motion No. 481, as amended, agreed to*

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

**Hon. Mr. Streicker:** Mr. Speaker, I will just make a couple of very small points and leave it there.

I would like to thank the Member for Whitehorse Centre and her comments that a full look at this would also include the avoided cost — of course it will. I think it absolutely has to.

As well, I don't want to just talk in terms of cost, because there are also real human people — folks who are dealing with type 1 diabetes and their families. So we need to have that there too, which brings me back to the point the Member for Takhini-Kopper King raised, which is that we need that input and connection with the families.

One other comment that was raised, which I think is worth emphasizing, is that I believe — and I think the Minister of Health and Social Services believes — that prevention is a great model. When we leave problems until they become acute — I know I'm completely agreeing with this whole thing, and that's why I'm standing up and emphasizing the point — this is about prevention. That's why it's so important. Prevention is a great model and a great way to avoid those costs, avoid the acute situations where we're in a crisis.

That's why this is such an important thing and why I look forward to seeing this pilot complete. I thank the member opposite for her amendment which we have now approved which will get a report to us roughly a year from today.

I appreciate the motion coming forward and I'm looking forward to seeing the work of the pilot study and hearing from the families.

**Mr. Kent:** I'm going to be relatively brief in speaking to this motion as amended. I would like to first of all thank the Member for Takhini-Kopper King for bringing forward this motion, which has been twice amended now. We look forward to the report back to the Yukon Legislative Assembly by the end of next year's Spring Sitting.

I would also like to thank the individuals who are involved with Yukon T1D, the type 1 diabetes support network. They have been instrumental in providing background information to members with respect to the debate here this afternoon. I have mentioned this in the Legislature

before, but this issue around type 1 diabetes and CGMs and all of the work that is being undertaken by individuals in our community with respect to this health concern — it's something that came up for me on the doorsteps in 2016.

One afternoon in Wolf Creek, I met a young two-year-old boy who has type 1 diabetes, and his parents explained the situation with him and what it meant for their family in managing the disease. He now has a continuous glucose monitoring machine. By all accounts, it has made a world of difference for that family. I have mentioned before that his dad told me that afternoon that trying to manage their son's health was like trying to stand on a basketball 24 hours a day, seven days a week. I think we can all imagine how difficult that would be for anyone trying to manage that with a young child.

Campaigning through the riding, I met the Nash family on Alusru Way near the Meadow Lakes golf course and talked to them about some of the health challenges that their daughter Heidi was facing. It should be mentioned that Heidi was here yesterday for the tribute to the hockey teams. I know that her parents are doing a very good job of ensuring that she gets to lead a healthy and active lifestyle. Jill, who is here today, is one of the board members who I mentioned earlier. We sat down for coffee, and she was monitoring Heidi's blood sugar levels and glucose levels on a continuous basis, thanks to this technology.

It is an extremely important piece of equipment for those who are part of the pilot project. As I mentioned in my response to the amendment, I am hoping that, in order to gather additional information, the government will consider expanding that pilot project over the next 11 months so that, when they come back with the report, we can make a fully informed decision on establishing permanent funding for this type of equipment for Yukoners and the families who are living with type 1 diabetes.

One of the other aspects that I am hoping the government will consider is a report from the House of Commons Standing Committee on Health, which was done on May 16, 2018. The conclusion from this report is that "Diabetes Canada has developed a national framework for Canada to defeat diabetes. Supporting *Diabetes 360°: A Framework for a Diabetes Strategy for Canada* has the potential to enhance the prevention, screening and management of diabetes and achieve better health for Canadians. It will reduce unnecessary health care spending by billions of dollars, protect Canada's productivity and competitiveness, and improve the lives of millions of Canadians."

The committee went on to make a number of recommendations, but recommendation 7 is the one that jumped out at me and my colleague — the Member for Watson Lake — when she gave me this document earlier today. It is with respect to provincial-territorial coverage of diabetes-related medication, supplies, and equipment. The recommendation is "That the Government of Canada hold discussions with the provinces and territories to explore possible approaches to providing uniform coverage for diabetes-related medications, supplies and equipment across

Canada. A solution to provide Canadians with the medical supplies and equipment that they need to live with diabetes must be found."

I am hoping that at recent federal-provincial-territorial health ministers meetings, this committee report has been discussed, and if it has not, then I am hoping that the Minister of Health and Social Services will take it forward to the next FPT meeting on health to discuss this with her colleagues across the country. That recommendation and the other ones in here certainly would fit the bill as far as finding a way through some of the financial implications for the government with respect to this equipment. Of course, as I mentioned, those implications stand to be offset with reductions in unnecessary health care spending, as has been mentioned before.

I thank the individuals from the Yukon T1D support network for attending this afternoon. I thank the Member for Takhini-Kopper King for bringing this motion forward. We look forward to a positive result as we reconvene on this issue hopefully by no later than the spring 2020 legislative Sitting.

**Speaker:** If the member now speaks, she will close debate.

Does any other member wish to be heard on the motion as amended?

**Ms. White:** Mr. Speaker, I thank my colleagues in the House for agreeing that we can't just do research and considerations in perpetuity. By putting a timeline on it, what we signalled is that this is an important issue, and I appreciate that. We have talked before about the importance of timelines and we have talked before about the importance of end dates and this is no different. I do thank the members for agreeing that we did need to put a timeline on this because it does signal the importance then of making sure that this important medical technology is available to all Yukoners with type 1 diabetes.

I am not going to say much more than that. I am hopeful that by the end of May next year, every Yukoner who has type 1 diabetes for whom this technology will work will have access to it without barriers. With that, I thank my colleagues for the conversation today and I look forward to a year from now.

**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. Ms. McPhee:** Agree.

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

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

**Mr. Gallina:** Agree.

**Mr. Adel:** Agree.

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

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

**Mr. Hutton:** Agree.

**Mr. Kent:** Agree.

**Ms. Van Bibber:** Agree.

**Mr. Cathers:** Agree.

**Ms. McLeod:** Agree.

**Ms. Hanson:** Agree.

**Ms. White:** Agree.

**Clerk:** Mr. Speaker, the results are 14 yea, nil nay.

**Speaker:** The yeas have it. I declare the motion, as amended, carried.

*Motion No. 481, as amended, agreed to*

#### **Motion No. 484**

**Clerk:** Motion No. 484, standing in the name of Mr. Kent.

**Speaker:** It is moved by the Member for Copperbelt South:

THAT this House urges the Government of Canada to fulfill the spirit and intent of the *Protecting Canadians from Unsafe Drugs Act* (Vanessa's Law) by working with health care practitioners and administrators to improve reporting and mitigation of adverse drug reactions by taking the required action to:

(1) expand the definition of a "prescribed health care institution" in the *Food and Drugs Act* or its corresponding regulations; and

(2) expand the definition of a "serious adverse drug reaction" in the *Food and Drugs Act* or its corresponding regulations to include all adverse drug reactions.

**Mr. Kent:** It's a pleasure for me to speak to this motion that is important to so many Canadians and so many Yukoners.

As I move through my remarks here this afternoon, I am going to talk a little bit about adverse drug reactions, the introduction of Vanessa's Law as well as what has happened since that law was introduced. There are a number of personal stories that I would like to share as well through some of the media that I've researched with respect to this concern about adverse drug reactions. Then I will wrap up and hope that colleagues will support me this afternoon in this motion.

Just before I start — again, this is one of those issues that, coming into office in this Session of the 34<sup>th</sup> Legislative Assembly, I didn't really know very much about until I ran into a former high school colleague of mine downtown. It is something that he has suffered with for quite a while as far as having an adverse drug reaction to medications. I will share a little bit of his story later on, but it's his perseverance and his wife's perseverance that have really led us to what we're talking about here today, which is to send a message to the Government of Canada to fulfill the spirit and intent of the *Protecting Canadians from Unsafe Drugs Act* or Vanessa's Law and the subsequent parts of that motion which talk about expanding the definitions of prescribed health care institutions, as well as serious adverse drug reactions. Before I

start, I would like to thank the executive director of ADR Canada, Amani Saini, who started this organization after going through a personal experience with a family member who had an adverse drug reaction.

Just to give members of the House a little bit of background information with respect to ADRs — they occur when patients experience a harmful and unintended reaction to a normal dosage of a drug. They kill between 10,000 and 22,000 Canadians each year. It's a number that would place them anywhere between the third and fifth leading cause of death in Canada if they were recorded in the Canadian vital statistics death database, but too often experts have said that it is the result of an adverse drug reaction that is recorded as the cause of death rather than the ADR itself.

Hundreds of thousands of Canadians experience ADRs each year. The majority of course survive, but many suffer lasting damage to their bodies. No one knows how big the problem is. Health care providers can report ADRs to a national database, but experts say that it's currently drastically underused.

For example, only four percent of cases are reported there with respect to toxic epidermal necrolysis, or TEN. Again, only four percent of those cases are reported, according to a 2004 study from the University of Toronto. New federal legislation which was enacted in 2014, entitled *Protecting Canadians from Unsafe Drugs Act*, or Vanessa's Law, as we have mentioned, requires mandatory ADR reporting by health care institutions, but this will not be enforced until supporting regulations are published. That is the message that I'm hoping we are able to send to the Government of Canada here this afternoon.

In British Columbia alone, hospital emergency departments treat about 210,000 patients for ADRs each year, according to 2011 research from UBC. In 2015, another UBC study found that one in 12 visits made by children to a pediatric hospital in Nova Scotia was related to problems with medications, including ADRs. Such hospital visits, many of which are preventable, come with a significant price tag. It is estimated that ADRs cost the Canadian health care system more than \$13 billion each and every year.

The information that I just shared with members is from Adverse Drug Reaction Canada, and I would encourage all members, or anyone interested, to visit that website and talk to Amani — again, she is the founder and president. It is [adrcanada.org](http://adrcanada.org). It will certainly give you quite a bit of information with respect to the severity, some of the actions, and the advocacy work that this organization has been doing over the years since they were founded.

Mr. Speaker, I am going to talk a little bit about Vanessa's Law. This was brought in by then-Health Minister Rona Ambrose in Parliament. In the late fall of 2013, it was introduced to the House of Commons.

To quote from a CBC article on this introduction, it says: "New health legislation tabled in Parliament today would give the government more power to recall unsafe products and impose fines of up to \$5 million a day for leaving unsafe products on shelves. Tabled on behalf of federal Health

Minister Rona Ambrose, the bill is being named Vanessa's Law to honour Conservative MP Terence Young's daughter. She died in 2000 after complications arose when she was taking Prepulsid, a drug she was prescribed."

Again, this was speaking back then — so if the bill was to become law, it would: require mandatory adverse drug reaction reporting by health care institutions; allow the federal government to recall unsafe products; impose new penalties for unsafe products, including jail time and new fines up to \$5 million a day — which was an increase from the current \$5,000 a day; provide the courts with the discretion to impose even stronger fines if violations were caused intentionally; compel drug companies to revise labels to clearly reflect the health risk; and compel drug companies to do further testing on a product, including when issues are identified with certain at-risk populations such as children.

Before that bill was tabled, Member of Parliament Terence Young did an interview with CBC and spoke about the need to make these changes, including greater penalties for drug company executives. Minister Ambrose at the time said that Vanessa's Law "... would protect Canadians and help ensure no drug that is unsafe is left on the store shelves."

That gives a little bit of a background with respect to the introduction of this legislation. I have spoken with individuals who were involved as staffers for one of the federal health ministers, and they said it was essentially the very dogged determination of Member of Parliament Young that led to the development of this legislation and what it is intended to accomplish, which is to address a very serious issue of adverse drug reactions.

After the 2015 election, there were some serious concerns raised by individuals that the new Liberal government in Ottawa had essentially moved away from what the spirit and intent of this legislation was. When the Governor General did sign off on the bill in November 2014 — at that time, Terence Young said that he felt that his battle was over. Unfortunately, fast-forward to a couple or three years later to 2017 in a *Global News* article, and he says that it's not even close. There are a handful of measures that he says are critical to the bill's efficacy that have yet to be enacted, and that's what we're here to talk about today.

Specifically, Mr. Young says that Health Canada is not going to require the reporting of all serious adverse drug reactions, which was a measure that he felt was at the heart of the bill that Parliament passed. It appears instead as though the government is poised to regulate only acute care hospitals — rather than including things such as long-term care facilities and clinics, for example — and that they would only be required to report unexpected adverse reactions to prescription drugs, rather than all reactions.

What Mr. Young felt was that scaling back the requirement that Parliament intended meant that Health Canada wouldn't be in a position to better understand what prescription drugs are harming — and killing — Canadians. His concerns were shared by others within the Conservative Party, but also the NDP health critic at the time, Don Davies — he may still be the NDP health critic — but he did share

Mr. Young's concerns in a telephone interview with *Global News* at the time.

Again, what the motion asks us to do is to expand the definition of a "prescribed health care institution", as I mentioned. Right now, it only includes acute care hospitals rather than other important health care facilities, such as long-term care facilities and clinics. That is an important distinction that we would like to send to the federal government, if we are able to pass this motion here this afternoon.

The second part of the motion speaks to expanding the definition of a "serious adverse drug reaction". That is currently limited to a reaction that ends in prolonged hospitalization or is life-threatening. Again, what this means is that it is only required to be reported if the patient ends up in the hospital or if the reaction causes death.

It is estimated that 95 percent of ADRs go unreported, so I think that there is obviously some work here that we can do. What we are trying to accomplish here this afternoon is getting the support of the members of this Assembly to work with the Government of Canada. We are aware that there is a federal election this year, so it may be a topic that we could see raised with the next federal Member of Parliament for Yukon, whether it is a new individual or whether it is the current Member of Parliament, and that is why we put forward this motion — hoping to start with Yukon to open up a discussion and bring some additional light to the need for changes that could significantly improve drug safety for all Canadians.

Before I ask for comments from colleagues in the Legislature, there are just a couple of other things that I wanted to talk about. That is really to talk more about some of the personal stories that have come up.

The individual I talked to — the gentleman I went to high school with here — sent me an e-mail last fall. Doing an awful lot of background on this issue since last fall and bringing it to the floor today has certainly been an eye-opening experience as I have talked to ADR Canada and have corresponded with Mr. Young and others. This individual said to me that he can accept the injury, but the way it has been handled and treated is ridiculous. Pretending that it doesn't happen is not helping patients, and he felt that he could have been back to work already if individuals were up to speed on it instead of keeping him in a severe state of what he called "poly-pharmaceutical dementia" for three years.

This is a real struggle that a Yukoner is facing on a daily basis. I have to thank him and his spouse for their patience with me getting this to the floor of the Assembly — and the news release that we issued yesterday in partnership with ADR Canada to talk about this motion that we brought to the floor here today.

I have just a couple of other stories that I wanted to share that I found in the media just to bring more of a personal aspect to this. The first one is — the title of the article is "BC woman advocates for genetic testing after her sister nearly dies of adverse drug reaction".

Again, this is Amani's sister, and this led her to form ADR Canada. After a severe drug reaction that almost killed

her sister, a Vancouver woman is fighting to bridge the gap between researchers and policy makers to make genetic testing part of the Canadian health care system. In 2010, her sister, a 19-year-old anthropology student at the University of British Columbia, came down with a common cold and went to see a doctor at the university hospital. The doctor told her to get some rest and gave her a sample of Advil cold and sinus to ease her symptoms. She went back to her residence and took the pill. When she woke up the next day, she had massive blisters all over her body and her eyes had turned red. She went to see an eye doctor at Vancouver General, who tried to find a dermatologist to see her, but there were none available. The doctor, however, reassured her that it wasn't a big deal, but she went home and got even sicker overnight.

With her condition getting worse, she was rushed back to the ER, where doctors finally realized she was experiencing an ADR to the medication she had taken. It turned out she was suffering from something called toxic epidermal necrolysis, and she likely had just days to live. The family was obviously shocked by the news. This is somebody who is 19 years old and very healthy, said her sister — somebody who should have been studying for her mid-terms but was now in intensive care and was being told she is going to pass away soon.

Her sister spent the next three weeks fighting for her life in the intensive care unit, but some health practitioners at the hospital still advised the family to start preparing for the funeral. Miraculously, her sister beat the odds and made it through the ordeal. However, she is still dealing with the side effects. It destroyed her tear ducts, said her sister. She now has to see an eye care specialist at least once a month and put extremely expensive eye drops into her eyes.

That's a real story of an individual and her family we have talked about here when bringing this motion forward today.

The second story I wanted to share that I found online today was on CBC British Columbia's website, entitled "Dangerous mix of medication leads to faulty Alzheimer's diagnosis". The subscript line is: "Up to 1 in 5 dementias are caused by bad combination of medications in Canadian seniors, expert says".

I'll read some excerpts from this article as well.

"After spending hours online reading up on drug reactions," — Betty — "Wallwork realized her mix of medications wasn't improving her health, but making it worse."

Three years ago, she "... was taking a long list of drugs. Some to help her heal from a cataract operation, another to ease the pain of an earache, and others to treat a swollen ankle and help get rid of a lingering chest cold.

"She's now warning others about what could happen when the wrong medications are mixed, after she was diagnosed with Alzheimer's. 'I was losing my temper, walking around the house in a daze. I was saying stupid things, I was having arguments with people. I was so sick I didn't know I was sick,'" said the now 85-year-old Ontario woman.

It goes on to say, "Experts say the wrong mix of drugs can cause unexpected cognitive side-effects in seniors, including confusion, memory loss and aggression: symptoms that may be misdiagnosed as Alzheimer's disease."

In this lady's case, she took her concerns to her family doctor. "I said to the doctor, 'It sounds like Niagara Falls in my head.'"

But instead of looking at her medications, her doctor gave her an Alzheimer's test, which she failed, and her driver's licence was taken away.

She left the doctor's office angry, confused and in tears and then took matters into her own hands and decided to prove that there is nothing wrong with her. "I looked up every drug I had ever taken," she says. After spending hours reading up online on drug reactions, she realized that her mix of medications wasn't improving her health, but was making it worse. She said, "It wasn't until I stopped taking all these medicines that I looked back and thought, 'Oh! Did I really say that or do that?'" She said that she wasn't herself.

A scientific adviser with the Alzheimer Society of Canada, Mr. Larry Chambers, wasn't surprised to hear what had happened to her. He said that up to 20 percent of dementias could be due to a bad mix of medications. Some of the antihistamines are very dangerous for cognitive impairment. The other really big one is benzodiazepines, which are used for helping people sleep, he said. It's not just prescription medications that can lead to cognitive issues; over-the-counter ones can too. Three really big ones are omega-3 fish oil, aspirin and garlic. These are known to be contraindicated and cause problems with cognitive functioning, leading to dementia if taken with some heart medications that a physician may prescribe. In these cases, says Mr. Chambers, the dementia can be reversed once the medication is stopped or adjusted. That is why he encourages seniors and their families to track all prescription and non-prescription drugs and share all that information with their doctors and pharmacists.

I think it's very admirable that this lady from Ontario, Ms. Wallwork — a very elderly lady, as I mentioned; she was 85 years old in 2016 at the time that this article was authored — would take her health care into her own hands. Unfortunately for some seniors, that opportunity doesn't exist for them or they don't have family members who are at their side and able to provide support to them when they are experiencing an adverse drug reaction or are taking multiple medications for a number of different ailments that together might not be healthy for them or lead to problems for them.

Mr. Speaker, I am just going to wrap up now and recap what we're hoping to accomplish here today. What we would like to see is mandatory reporting for all adverse drug reactions in Canada to improve our knowledge of the drugs that are offered to Canadians and the risks that may come with them. This was the main goal of the *Protecting Canadians from Unsafe Drugs Act* or Vanessa's Law. This needs to start with expanding existing definitions under the *Food and Drugs Act* and its corresponding regulations which again are contained in the motion that we brought forward today.

Overall, we believe that any adverse reaction to a drug in Canada should be reported as it contributes to and improves our knowledge of the drugs that are currently on the market. Expanding these definitions and closing the existing gaps in reporting would significantly help mitigate the risks of any drugs available in Canada. At the very least, it would improve the information and safety surrounding these drugs.

As I mentioned, right now, Health Canada's mandatory reporting on adverse drug reactions is limited to within acute care facilities like hospitals and only on serious reactions that cause hospitalization or death. Less serious reactions or anything outside of a hospital is not required to be reported.

Simply put, this means that the information that we have on drugs available in Canada is limited as a result — information that has the potential to save lives or, at the very least, to improve drug safety for Canadians. Vanessa's Law was passed by the federal government in 2014. However, the spirit and intent of the law passed is to include any and all reactions, no matter how serious. This has yet to be fulfilled due to the definitions that are in the regulations, specifically on serious adverse drug reactions and prescribed health care institutions.

Just to reiterate, what we want to see changed is an expanded definition of "prescribed health care institution" so that it is not just hospitals required to report, and an expanded definition of serious ADRs so that is not just ADRs that end with someone being hospitalized or killed that are reported.

The motion was specifically worded to include collaboration with health care practitioners and administrators. That means working with health care professionals to not only broaden these definitions to benefit all Canadians, but also to make their job easier when it comes to achieving the goal of protecting the health of Canadians.

We are hoping to send a message here this afternoon to the Government of Canada to take a look at these expanded definitions so that the spirit and intent of this legislation can be honoured and implemented to the fullest extent possible to protect Canadians going forward from adverse drug reactions, no matter the severity of those reactions.

With that, Mr. Speaker, I look forward to hearing comments from other colleagues here this afternoon.

**Hon. Ms. Dendys:** I am pleased to speak to Motion No. 484 today regarding Vanessa's Law. Our government will be supporting the motion as proposed today. In fact, we are interested in working with the mover of the motion to write to the Government of Canada outlining our support for the proposed changes.

Last night, while I was reading up on this legislation, it was very compelling to me. I read a lot of stories as well. I thank the mover today for putting some of those on the record. I won't repeat all of the information that the mover of the motion has put on the record regarding the unfortunate circumstances that led to the creation of Vanessa's Law. I will simply note that, in 2014, the Government of Canada passed the *Protecting Canadians from Unsafe Drugs Act* or Vanessa's Law.

Mr. Speaker, Adverse Drug Reaction Canada is a national non-partisan not-for-profit organization that educates and raises awareness on how we can prevent adverse drug reactions in Canada. They bring together patients, families, policy-makers, scientists, researchers, health care providers, and academics to develop policy solutions and advance research to prevent adverse drug reactions across Canada. According to Adverse Drug Reaction Canada, there are an estimated 200,000 severe adverse drug reactions in Canada each year. Although it is estimated that 95 percent of ADRs are not reported, they cost the Canadian health care system billions each year and kill up to 22,000 Canadians each year.

I am not aware of any correspondence from the Official Opposition to the Minister of Health regarding this issue. This is the first time, as well, that the issue has been raised on the floor of this House. Nevertheless, we are prepared to support the motion and work with the opposition on a letter to forward to the Government of Canada. As part of this process, we will work with the Department of Health and Social Services and the Yukon Hospital Corporation to determine the prevalence of this issue here in Yukon.

**Ms. Hanson:** I am just rising to speak in support of the motion that came from the Member for Copperbelt South. This motion is asking us, as Members of the Legislative Assembly, to urge the Government of Canada to fulfill the spirit and intent of the *Protecting Canadians from Unsafe Drugs Act* and, particularly, to focus on improving the reporting and mitigation of adverse drug reactions. I think that the key parts are expanding the definition of "prescribed health care institution" in the *Food and Drugs Act* and/or its corresponding regulations and to expand the definition of a "serious adverse drug reaction" in the act or corresponding regulations to include all adverse drug reactions.

I think the Member for Copperbelt South clearly set out some of the implications with respect to the adverse drug reactions. I just wanted to focus on a couple of things. I can recall when this legislation was being brought forward because anybody who has had a kid who has an illness and then has a bad reaction — none of us would expect their daughter to die as a result of being prescribed a medication that in fact Health Canada knew there had been adverse reactions to. There had been documentation of adverse reactions to that medication. Can you imagine the forbearance of that father to decide to get involved in politics and 14 years later — after his daughter's death — to finally see a piece of legislation come forward — but then to see, even five years later, that many of the necessary regulations haven't been fully given the kind of life that they require?

One of the things that one does is one goes to government websites — because that is what one does as a legislator — and so I looked at the federal government's "what we heard" responses to the public consultation, entitled *Toward Mandatory Reporting of Serious Adverse Drugs Reactions and Medical Device Incidents by Health Care Institutions*. This is one of the key elements of the Member for Copperbelt

South's motion here today, which is really urging the government to expand that definition.

The Government of Canada's report on "what they heard" when they did this broad consultation — they say that this legislation — "... including a new requirement..." — in the legislation — "... for certain health care institutions to provide Health Canada with information on serious adverse drug reactions... and medical device incidents..." — because prior to this legislation, only the manufacturers were required to report to Health Canada. "The central objective of this new authority is to improve the quality and increase the quantity of..." serious adverse drug reactions and medical device incident "... reports, thereby ensuring that there is sufficient data to detect safety problems. Improving the knowledge base on product safety will empower Canadians along with their health care providers to make better, more informed decisions regarding their medical treatment and support overall patient safety."

This is where the government noted that, even though Vanessa's Law — which is what we're referring to here — received royal assent in November 2014, nothing would happen until they had made changes to the food and drug regulations and the medical device regulations.

In order to do that, Health Canada does what governments do — they sought feedback from health care institutions, health care professionals, patient advocacy groups, provinces and territories, other stakeholders, and any interested members of the public regarding the proposed regulatory amendments as outlined in this — and it's underlined, so it must be in quotes — *Toward Mandatory Reporting of Serious Adverse Drug Reactions and Medical Device Incidents by Health Care Institutions — A Consultation Paper to inform the design of the regulations.*

The consultation paper was posted to Health Canada's website for 45 days, and it sought advice and input from stakeholders in five areas: which kinds of health care institutions should report; what types of serious adverse drug reactions and medical device incidents should be reported; which health products should be reported on; what information should be included in the report; and what timelines for reporting should be in place.

Then there were a number of non-regulatory matters on which feedback was received. They received responses or submissions from six provinces and territories; they received from biomedical engineers, health care professionals, consumer patients, the pharmaceutical industry, medical devices industry — not surprising — patient advocacy groups, and health care institution associations.

"The vast majority of respondents were in support of mandatory ADR/MDI reporting, although there were varying degrees of concern among some groups regarding the parameters that Health Canada has proposed..."

What they found was that "The consultation paper..." that the Government of Canada put out "... proposed that reporting requirements apply only to hospitals that provide acute care services." That's what we see today. "The rationale for this was that hospitals that provide acute care services are

considered to be more likely to treat patients with..." serious adverse drug reactions and medical device incidents, "... and are therefore well-positioned to make and report these observations." Health Canada said, "Hospitals are also more likely to have the infrastructure and multi-disciplinary teams to effectively support the documentation of complete information for a report."

Although Health Canada said there was strong support for the position set out in their consultation, "Approximately a third of stakeholders... recommended broadening the scope beyond hospitals that provide acute care, now or as part of a future amendment. While acute care hospitals would be the most likely institution to treat serious..." adverse drug reactions or medical device incidents "... this may also occur at chronic care and extended care hospitals." This is relevant to the territory.

"It was also suggested that mental health facilities and long-term/palliative care facilities be included. Some stakeholders noted the lack of clarity around what constitutes 'acute care'."

Mr. Speaker, clearly Health Canada was aware that there was a significant body of professional knowledge and concern that limiting the scope simply to acute care facilities eliminates a number of settings where people are being prescribed and are taking pharmaceuticals that may or may not cause adverse drug reactions. So I think that is one of the reasons why it is important that this Legislative Assembly conveys the message that members of this Legislative Assembly support expanding the definition of a "prescribed health care institution" and that we would like to see Health Canada reflect that in the regulations.

The consultation paper proposed to limit the scope of the mandatory reporting requirements to information about pharmaceuticals — prescription and non-prescription — biologic drugs — excluding vaccines — radiopharmaceuticals, disinfectants, and medical devices. They did exclude certain therapeutic products.

I think we have to note that Health Canada noted in its discussion paper about the consultation that they conducted on this that natural health products could not be included in the scope of this regulatory proposal, as a therapeutic product is defined under Vanessa's Law to be a drug or device or any combination of drugs or devices, but does not include a natural health product within the meaning of the natural health products regulations.

Although there was support for this position with 45 percent of the respondents, there were also many respondents — 53 percent — who felt that the scope should be broader and extended. In a subsequent question, 80 percent of respondents indicated that they did not support the alternative approach of limiting the reporting requirements to a targeted subset of higher priority products. Frequent comments among those — there was a concern that this proposal would result in important adverse drug reactions and medical device incidents being missed.

Mr. Speaker, I think it's important that work be done on expanding the definition of a "serious adverse drug reaction".

There are — and there has been over the course of the five years since this legislation came into effect — a significant amount of academic research. You can find a host of legal opinions on various aspects of this. There has been a legal challenge to it in terms of research — a successful legal challenge to Health Canada's refusal to disclose what they had called "proprietary information" in terms of research that was being done on adverse drug reactions. There have been academic reviews — in terms of looking from a provincial and territorial health reform analysis on the implications of this act.

It is clear that the regulations, as they are to date — and they seem to be going on in an ongoing evolution, because when you go to the website, you will see that there have been amendments to them over the last couple of years. I think it is important that we do signal that wherever there are pharmaceuticals or the drugs that are covered under this legislation — we want to ensure that, at all places where they are being prescribed — potential recipients of them are safe.

I just wanted to say, Mr. Speaker — in response to the minister's comments about sending a letter — it seems to me that the past practice in the Legislative Assembly has been that — presuming there is unanimous consent for the Member for Copperbelt South's motion this afternoon — that the motion would go from this House to Parliament. I'm not sure if that had to be drafted into it. In the past, sometimes it has; sometimes it has not. It seems to me that the way to one Legislative Assembly and to another Legislative Assembly signifying our unified support of an initiative is fairly strong. It signals that it is from the whole of the Legislative Assembly — I'm not trying to diminish it — not simply from the Government of Yukon, but from all members.

Just to reiterate then: We stand in support of this motion.

**Hon. Mr. Streicker:** I will just add a few more comments. Not having passed one of these motions in the past, I am not sure about the process — if it comes from this Assembly, that's great.

I have a couple of things to add to the discussion today. One of them is that the last motion was complex for me just because of the subject matter. This one was much more complex. Similar to the Member for Whitehorse Centre, I went online and started researching the history of the bill and the act, the "what we heard" report, and the various issues.

I don't claim to be an expert. Human beings are complex. Our physiologies are complex. Our responses to varying pharmaceuticals are complex. Combining those things just gets even more complex. While I think we are going to end up with unanimous support here today, and while I support the spirit or intention of the motion from the Member for Copperbelt South, I still hope that we turn as well to someone like the chief medical officer of health or someone like that to get their comments on this and to put it in the context of the Yukon for us. I want us to use that expertise in drafting the letter.

I am standing to say that is how I think it would be good to achieve this — that, in drafting a letter like that, we turn to

the government officials, especially — again, not in a role of a partisan nature but in a role that they have expertise around this. I think that would be very useful. I am not trying to direct in which way the letter goes from us, under which signatures — I look for however that has been done typically in the past for how we would do it here. But I think it is important that we inform ourselves with that expertise.

I completely agree with the notion that we want to gather more evidence, that we want to inform ourselves about adverse drug reactions so that we can learn and do better and prevent some of the tragedies that were discussed as anecdotes. One of the ones that I heard being discussed was around a combination of drugs, and one of the things that I think is worth noting is that is one of the reasons why I think it is important that we move to a more patient-centric model of care — collaborative care — because when you bring together specialists and they're working with a patient and it's around that patient, rather than the patient going off on a hub-and-spoke model, then some of that cross-dialogue happens. Sometimes I think we do know when drugs are contraindicated and how they would work adversely with respect to each other, so I think it is really important that information — that the specialists come together around the patient.

I also just don't know, but I assume that because there is so much adverse drug reaction information that is not being collected, but that it would necessarily mean that Yukoners are also affected by it. Again, that is why I would want to try to turn to the expertise that is here in the territory.

In general, I am totally supportive of a letter of support for the principles of protecting Canadians with the unsafe drug act, Vanessa's Law, and I think it is important that we do this work. I thank the Member for Copperbelt South for bringing it forward. I just want to not be overly prescriptive about the specifics about what this says. I think we should be working to encourage Canada to expand their regulations. I also, when I landed in my role, have seen the challenges when we have acts that don't have regulations in place — that means we are not moving forward as fully as we need to.

I am supportive in principle. I think it would be a smart thing to at least have that dialogue with the specialists in the territory, and I just assume that the Minister of Health and Social Services would — if there was a letter drafted — run that letter in front of them to get their comments to make sure that we are doing this in a constructive way.

### Speaker's statement

**Speaker:** I just have a brief comment. I spoke briefly to the Clerks-at-the-Table and I am advised that if there was support from the members of this House to have a letter come from this House, it may require this motion to have some operative words. I agree with the Minister of Community Services that I don't think we have had this type of a motion in the 34<sup>th</sup> Assembly yet.

I'm not sure if much turns on this or you want the Clerk's Table to spend five minutes to see if there's some quick wording that could be inserted and a member could move it,

or if that's not important to the House at this time, we can move forward.

**Ms. Hanson:** I'm not sure it's on a point of order. I just wanted to ask if I can speak on this. I just want to clarify what my past experience on this would be, if I could.

**Speaker:** I'll provide you the floor briefly.

**Ms. Hanson:** I just want to say that, yes, I understand that the wording of the motion — and sometimes we have had it when there has been a unanimous motion, that motion would indicate that we would have that sent by either the Speaker or somebody to the Speaker of Parliament.

I guess I just was reacting to the notion that I have never heard of a motion having a letter, because then it takes it away — in my view, as I tried to express — of it coming from the Legislative Assembly. The intent, if we're doing it on behalf of the Legislative Assembly, would be through the mechanism of the Speaker.

**Speaker:** One moment, please.

Thank you for your indulgence. The quick opinion I have from the Clerks-at-the-Table is that the motion can likely be — if it's the wish of the Assembly — the wish of the House — can likely be adopted as is, if that's the wish ultimately. It would still be open — if it were the wish of the Assembly — for the Speaker, the senior presiding officer, to transmit the motion.

That's the advice I have so far.

If the member now speaks, he will close debate.

Does any other member wish to be heard on Motion No. 484?

**Mr. Kent:** I appreciate comments from members here this afternoon on this motion on what is, as the Minister of Community Services said, a somewhat difficult subject to wrap your head around with all of the research and information that's available with respect to it.

There are some individuals outside of this Legislature I would like to thank, as well, for their assistance and support. I should mention that the Minister of Tourism and Culture talked about a letter — the Member for Pelly-Nisutlin, who also has a friendship with the gentleman I talked about, sent a letter to the federal Minister of Health on that which we're still trying to track down and will provide a copy to members if we're able to track that letter and the response from the minister down.

There has been some correspondence with the federal government from our offices. I know the Minister of Health and Social Services and the Premier and others have been in conversations, particularly with the Member for Pelly-Nisutlin, about the specific situation for this individual.

I would like to thank — and I'll mention — Mike Sawastky and his wife Cheryl for all of their work in helping me get to the place where we are today where we're able to debate this motion. I would also like to thank Amani Saini, the founder and president of ADR Canada, for her help — of course, Mr. Young, the former Member of Parliament in the Government of Canada, whose daughter this law was named after — Vanessa Young, who passed away due to an adverse

drug reaction. I would also like to thank former ministers of Health Rona Ambrose, who tabled this legislation in the House of Commons, and Leona Aglukkaq, who also worked on developing the legislation before a Cabinet shuffle gave the responsibility for it to Ms. Ambrose. Those are some of the individuals I would like to acknowledge and thank.

Hopefully, this leads to better reporting of ADRs and another step in the right direction so we can reduce the number of deaths that are associated with ADRs throughout our country. As was mentioned, there's an estimated 200,000 severe ADRs in Canada each year. We have talked about the fact that 95 percent of them are not reported, so if we can find ways to provide additional reporting, I think that's great.

I have talked to colleagues, and what I'm hoping we do is — if this motion passes unanimously today, which I hope it does — have the three party leaders just sign a brief letter to the federal Minister of Health, all three of them, with a copy of this motion in the letter so we can express what we would like to see the Government of Canada do.

With respect to the Minister of Community Services' comments about involving health care professionals — that was certainly the intent of the motion. When we brought it forward, it was specifically worded to include collaboration by the Government of Canada with health care practitioners and administrators. That means that they would work with health care professionals to not only broaden these definitions to benefit all Canadians, but also make their job easier when it comes to achieving the goal of protecting the health of Canadians. While I certainly welcome conversations with the Yukon Medical Association, registered nurses, and our chief medical officer of health, I am hoping that the Government of Canada would do the heavy lifting on that in working with health care practitioners from across the country with respect to finding the best way to bring these expanded definitions into force.

Again, I thank members for their comments this afternoon. I look forward to unanimous consent on this motion and I thank those individuals who brought this important issue to my attention so that we could have a conversation about it here in the Yukon Legislature this afternoon.

**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. Ms. McPhee:** Agree.

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

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

**Mr. Gallina:** Agree.

**Mr. Adel:** Agree.

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

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

**Mr. Hutton:** Agree.

**Mr. Kent:** Agree.

**Mr. Cathers:** Agree.

**Ms. McLeod:** Agree.

**Mr. Istchenko:** Agree.

**Ms. Hanson:** Agree.

**Ms. White:** Agree.

**Clerk:** Mr. Speaker, the results are 14 yeas, nil nays.

**Speaker:** The yeas have it. I declare the motion carried.  
*Motion No. 484 agreed to*

### Motion for the Production of Papers No. 19

**Clerk:** Motion for the Production of Papers No. 19, standing in the name of Ms. McLeod.

**Speaker:** It is moved by the Member for Watson Lake:

THAT this House do issue an order for the return of the results of the non-governmental organization review done by the Department of Health and Social Services, including any and all documents regarding recommendations as well as any documents regarding possible cuts to non-governmental organization funding.

**Ms. McLeod:** I rise to speak to this motion for the production of papers. This motion for the production of papers speaks for itself. The government campaigned on being open and transparent with Yukoners. To do that, it must be willing to provide documentation to support the decisions that it makes on behalf of Yukon residents.

This Liberal government made the decision to freeze funding for non-governmental organizations in the Yukon. Then the Deputy Minister of Health and Social Services told media that a review had already been completed of non-governmental organizations and that it was this review that caused the initial freezing of NGO budgets at the 2017-18 budget levels. The deputy minister told media that there is documentation from this review; however, it is not public documentation. Well, it should be public documentation. Yukoners deserve to see the results of this NGO review, and so the Liberals should not hide it.

Questions arise, obviously: Was the review for all NGOs or was it only for health and social services NGOs? What were the reasons for the NGOs that were selected for the review?

This budget we have been debating doesn't show increases for most NGOs, but Health and Social Services found a fund of unattached money quite suddenly, which could provide a two percent-increase for health NGOs after the NGOs protested the funding freeze. So was that recommended by the review?

Other departments, such as the Women's Directorate, provided generous increases for some of their NGOs and zero increases for others. Was this recommended by the review?

I sincerely urge the government to release all documentation pertaining to the decisions made to freeze funding for NGOs. Transparency and openness should extend beyond the election campaign and not shelved when the

government realizes that it may come with some burdensome obligations.

We have spoken at length in the House about non-governmental organizations, their funding, their services and their importance to Yukoners. I think it's time for the government to come clean about decisions made regarding funding levels and about the future of those organizations, and I hope the government will deliver on this promise for transparency.

**Ms. White:** I have a bit of a different approach to this motion for the production of papers. I think that any time a minister references a document or a study that has been done, it's only fair that members of the opposition should be able to see how decisions are being made, based on that document. It has been referenced in this House before — that research was done with NGOs. We would also like to see that document, so we look forward to that being tabled.

**Hon. Ms. Dendys:** I appreciate the opportunity to rise in the House to speak to the Motion for the Production of Papers No. 19, as brought forward by the Member for Watson Lake. The motion reads:

THAT this House do issue an order for the return of the results of the non-governmental organization review done by the Department of Health and Social Services, including any and all documents regarding recommendations as well as any documents regarding possible cuts to non-governmental organization funding.

Our government is committed to improved transparency in government operations and finances. When our government modernized Yukon's badly outdated *Access to Information and Protection of Privacy Act*, we did so to increase transparency around government decision-making. We believe government information should be available to citizens. We also believe Yukoners' personal information needs to be properly safeguarded. The safeguarding of private information is an important tenet to open dialogue and trusting relationships between government and stakeholders. We are balancing Yukoners' rights to open and accountable governance with the requirement to safeguard information that has been shared by non-governmental organizations with the Department of Health and Social Services in confidence.

I would like to take a moment to talk about the NGO review and its role in an open and accountable government. As my colleague the Minister of Health and Social Services has mentioned on the floor of this House before, the Yukon Financial Advisory Panel recommended that the Department of Health and Social Services conduct a comprehensive health review. It also recommended that Health and Social Services review all of the NGOs that receive funding from the department. The scope of this included reviewing health's current agreements with non-governmental organizations and assessing the patient/client needs, the gaps, the performance outcomes, client volumes, costs, and relationships with other non-governmental organizations serving similar client needs. In brief, this review is about addressing the financial issues

and concerns that NGOs experienced and working with them to improve client outcomes while making the best use of our financial resources.

As part of this review, the Department of Health and Social Services worked with local NGOs that provide health and social service-related programs to better understand their demands, their clients, and their client needs. We assessed 33 not-for-profit organizations and two for-profit organizations which received a total of \$15 million annually. As a government, we believe that it is important to exercise financial responsibility with taxpayers' money. I believe that extends to the organizations that government supports. That is why we support the Department of Health and Social Services' efforts to work with NGOs so that the government has a clear understanding of what NGOs need and how they will use the money provided.

I appreciate that there is interest in seeing the outcome of this review. We are prepared to provide the results of the review once the Department of Health and Social Services has compiled that information. As the members opposite can appreciate, this will take some time. Mr. Speaker, given the sensitive nature of some of the information collected, members opposite can appreciate that not all of it can or will be made public.

I will repeat: We are committed to providing the results of the review as the motion requests. Bearing that in mind, I will move the following amendment.

*Amendment proposed*

**Hon. Ms. Dendys:** I move:

THAT Motion for the Production of Papers No. 19 be amended by removing all of the words after the word "Services".

**Speaker:** I have had an opportunity to review the proposed amendment to Motion for the Production of Papers No. 19 with Mr. Clerk and can advise that it's procedurally in order. Therefore, it is moved by the Minister of Tourism and Culture:

THAT Motion for the Production of Papers No. 19 be amended by removing all of the words after the word "Services".

Therefore, the proposed amended motion would read:

THAT this House do issue an order for the return of the results of the non-governmental organization review done by the Department of Health and Social Services.

**Hon. Ms. Dendys:** I will keep my comments brief. It is correct that the motion will now read:

THAT this House do issue an order for the return of the results of the non-governmental organization review done by the Department of Health and Social Services.

Mr. Speaker, I feel that the amendment being proposed today honours the spirit and intent of the original motion, balancing the public's right to information and our commitment to a transparent and accountable government

with the responsibility of protecting and safeguarding the trust of our stakeholders.

I look forward to hearing from other members on this important subject and am happy to speak to it today.

**Ms. McLeod:** It's pretty clear that the Liberal government has something that it's trying to hide within this documentation that has been requested in this motion for the production of papers. I can't guess what that might be, but I'm sure that NGOs will be very interested to hear that the government is trying to do their best to not disclose information that would be of interest to NGOs.

In the spirit that the minister referenced of being accountable for taxpayers' dollars — certainly taxpayers are always interested in how their money is being spent. I am sure the Liberal government will push this through with their Liberal majority, so I have no further comment.

**Hon. Mr. Streicker:** There are two points I just want to make.

To respond to the opening comments, I think that it is important that we should be public with our documents and that we should share them. I do think it's important to be open and fair, and that is what we're looking for.

The two points that I want to raise on the amendment — the first one is that one of the reasons we want to check back is to share with the NGOs themselves — "Here's the information that we have, and this is what we're sharing out there. Make sure that there is nothing that you feel might be sensitive" — as a concern, even as a matter of courtesy.

It's not about keeping information from them; rather, it is being respectful to them.

The second point is the simple point that within the wording of this motion — we just want to make sure that, when something comes to the minister as a privileged piece of information, that it upholds the whole notion of the system — that the overriding notion is to share, but when we're in the elements under access to information — and I'm sure the Minister of Highways and Public Works will get up and speak to it in a moment — but the whole notion is that we are not using this motion to circumvent that whole Cabinet privilege piece. So if there are recommendations, we allow them to come to the minister without this notion that they will be shared because they would compromise the frank and open ability of the public servants to provide those recommendations. That is all.

The rest of it — the review and the work done by the Department of Health and Social Services — all that work around the NGOs — we will share it just after we make sure that the NGOs themselves are okay with it or are aware of it so that we are being respectful to them.

**Mr. Cathers:** Mr. Speaker, I wasn't going to speak to this and I will be very brief in addressing this motion. I do want to note that parts of this amendment proposed by the government — not only does it gut the motion, but it removes the reference to where my colleague the Member for Watson

Lake asked the government to provide any documents regarding possible cuts to non-governmental organization funding. If the government isn't contemplating cuts, why do they feel that they have to hide this information?

So the question is: What are they hiding? This government has talked a lot about finding efficiencies in NGOs, which we know is code for "cuts". We don't know what cuts they may be contemplating, and that is why my colleague the Member for Watson Lake proposed this motion. NGOs are asking — they are concerned about whether this Liberal government is looking at cuts to their funding.

The Minister of Community Services indicated that this amendment was — as he claimed — about respecting NGOs, but a lot of NGOs aren't feeling very respected by this Liberal government. They are not feeling like they are being valued as partners. We have seen a long list of NGOs that had their funding frozen while their pressures go up. Again, the parts of the motion that the Liberal government wants to remove are focused on any documents regarding possible cuts to non-governmental organization funding. The simple question is: If they really don't want that information to be made public — which clearly they don't — what are they hiding?

**Speaker:** Is there any further debate on the proposed amendment?

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. Ms. McPhee:** Agree.

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

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

**Mr. Gallina:** Agree.

**Mr. Adel:** Agree.

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

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

**Mr. Hutton:** Agree.

**Mr. Hassard:** Disagree.

**Mr. Cathers:** Disagree.

**Ms. McLeod:** Disagree.

**Mr. Istchenko:** Disagree.

**Ms. Hanson:** Disagree.

**Ms. White:** Disagree.

**Clerk:** Mr. Speaker, the results are eight yea, six nay.

**Speaker:** The yeas have it. I declare the amendment carried.

*Amendment to Motion for the Production of Papers No. 19 agreed to*

**Speaker:** Is there further debate on the motion for the production of papers as amended?

**Hon. Mr. Mostyn:** Mr. Speaker, I am happy this afternoon to speak to Motion for the Production of Papers No. 19 as amended.

This is a fairly specific motion asking for information relating to a review of non-governmental organizations done by the Department of Health and Social Services. The Member for Watson Lake has taken an interest in this subject; I applaud her for that.

The Member for Lake Laberge has said that we want to gut the motion. Well, Mr. Speaker, nothing could be further from the truth, as I will soon discuss. We are not interested in hiding, as the member —

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

#### Point of order

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

**Mr. Cathers:** I think the minister is confused in speaking to the amendment instead of the motion. He made reference to me saying the Liberals wanted to gut the motion. They have already gutted the motion through the vote we just took, so I would suggest that the minister should be directed to speak to the motion we're actually discussing, as he appears to have gone into the ditch again.

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

#### Speaker's ruling

**Speaker:** I don't need to hear from the Government House Leader on this. It's fine.

All I would say to the Member for Lake Laberge is that, in all fairness to the Minister of Highways and Public Works, although he may have had a tangential start, the start has been very brief. So I'll certainly allow the Minister of Highways and Public Works to redouble his efforts. I'll listen carefully.

**Hon. Mr. Mostyn:** We're not interested in hiding, Mr. Speaker. This is a concept the Member for Lake Laberge raised that provides a window into the mind of the Member for Lake Laberge — a window into something I do not understand. He also raises the spectre of cuts — that's a detour into baseless fear, raising the fear index.

I say again, and I have said it a few times this afternoon: Yukoners deserve accurate information from their elected officials, not baseless hypotheticals, not fear — courage, Mr. Speaker, never fear.

So let's go. This issue — this motion as amended — touches on a much broader subject: transparency in government and the protection of information. Our government is committed to both. We support the provision of more information to our citizens, information like the recent review of NGOs conducted by the Department of Health and Social Services. We support the provision of more information to our citizens. This institution — this government, Mr. Speaker — is a product of our citizens; it represents our citizens; it serves our citizens; it is owned by our citizens; and the information it produces is information owned by our citizens.

So except in fairly strict circumstances, that information should be accessible to the people of the Yukon. We firmly believe that on this side of the House. It's an important principle. Information is critical to making good decisions. It is important in understanding fairly complicated issues. Information is critical in understanding how our institutions and not-for-profits serve our citizens. That is important if we are to understand how well they are serving our citizens. That information is critical if we are to understand how well those NGOs and other agencies of the government — or that serve the government — are serving our citizens. It's also critical to deciding whether we change the way we work together. Think about that for a moment, Mr. Speaker — we need to assess how things are working together.

The world is changing; the way we work is changing. We have tools that allow us to work from home or from Ontario or from other places far and away — all hours of the day. Our workplace is changing. The services our citizens need are changing in the face of technology. They are changing in the face of reams of data we are collecting. These changes are altering medicine. They are altering social services. They are altering policing — as my colleague the Minister of Tourism and Culture could tell you.

So it benefits us all to review the way we do things — to take a fresh look — to review our NGOs, for example. That is what my colleague the Minister of Health and Social Services has committed to do. In our opinion, the people of the territory deserve to see that information. Here is my rule of thumb: If the *Access to Information and Protection of Privacy Act* would permit the information to be released to the public, it should be made readily available to citizens. They shouldn't have to apply to get the information.

The trick, Mr. Speaker, is that access to information and protection of privacy is still not well-understood in the territory. There is a lot of information and not a deep understanding of how to get it into the people's hands. People are worried about releasing the wrong stuff at the wrong time to the wrong people.

Our new act and the changes in approach to access to information and protection of privacy within government should help alleviate some of that confusion, certainly over the next years — that is coming — but today, we are talking about NGOs and a review and about making information available to our citizens — the citizens who own that information, who own this government, and who this government serves.

We support that provision of information, but there is a flip side to this conversation, and that is the safeguarding of information, which is an important tenet of free and open conversations, to trust between government and its stakeholders, and also to the decision-making process.

Let's unpack that a little bit this afternoon. We, as a government, want to have candid conversations with our citizens about important issues. If the people involved in those conversations with us believe that those conversations will be made public, they become guarded and they don't tell us the same things that they might otherwise. It is not good for our

government, it is not good for our society, and it's not good for our citizens.

The *Access to Information and Protection of Privacy Act* provides a needed balance and, as a government, we have to make decisions. We need clear, candid information to make those decisions. If the civil service believes that everything they say will be made public, they too may become guarded. So there are restrictions on that information being released. The *Access to Information and Protection of Privacy Act* lays out that balance.

Cabinet needs to make decisions — to have candid conversations among ourselves about subjects. So again, the *Access to Information and Protection of Privacy Act* provides that balance.

As much as I want to provide information to people — and I have sought to do so throughout my professional life. I know that there is a balance to be struck. That balance lies at the heart of the *Access to Information and Protection of Privacy Act* — heck, it's outlined in its very title — and that balance lies at the heart of this amendment. So we find ourselves at the crux of a sliver of disagreement — a tiny sliver. It is in no way a huge chasm. These are not the days of famine when it comes to information — those days are gone. These are days of plenty and, given the smorgasbord before them, the good folks on the opposition benches want everything. We, in government, want to provide as much as we are able, given the protections spelled out in the *Access to Information and Protection of Privacy Act*. To break it down, we want the public healthily informed without destroying the ecosystem. That is the balance.

The Yukon Financial Advisory Panel recommended that Health and Social Services perform a comprehensive review. That is underway. It also recommended a review of the NGOs that it funded. The scope included reviewing agreements with non-governmental organizations with an eye to patient/client needs, gaps, performance outcomes, client volumes, costs, and relationships with other organizations serving similar needs.

Improving service to clients while making the best use of finite budgets — that is at the crux of this review — and my colleague's department assessed 33 not-for-profit and two for-profit organizations that in total received \$50 million a year. That is important work. It is important work in a changing world. We are prepared to share that information.

We are prepared to share most of it, but not all of it, Mr. Speaker. We have to balance the provision of information with the protection of privacy as spelled out in the legislation. We will do that. The amendment has assured that.

I look forward to hearing from other members on this important subject.

**Mr. Cathers:** You know, it's really unfortunate here that we are in a bit of an age of newspeak or doublespeak from the Liberal government. They claim to be more transparent while they are less transparent. They in fact, with changes to the *Access to Information and Protection of Privacy Act*, broadened their ability to refuse to release

recommendations prepared for not just the minister, but for a public body.

Despite claiming to be interested in hearing good ideas from wherever they come from, we have had the same experiences as the Third Party has — that when we bring forward constructive suggestions or amendments to motions or to legislation, the government has — virtually without exception — rejected every single one when we have brought forward these constructive suggestions and amendments that — in the case of the amendments that we proposed to ATIPP, which they voted down — would have improved transparency for the public.

We have seen a situation here where the Liberal government is finishing — or hopefully finishing — we have seen in the last few years that, during their time in office, NGOs have felt very unsupported, especially in the area of health and social services. While there may be a few exceptions to that, there is a long list of NGOs that have been very frustrated with seeing their funding frozen. We have seen the case of NGOs such as the Yukon Women's Transition Home Society facing such a tough financial situation that they resorted to having to go public on the front steps of the Legislative Assembly to talk about the problems they were having because this Liberal government was turning a deaf ear to their needs.

We know that there has been a review done by Health and Social Services of non-governmental organizations, but this motion was prompted by the fact that when the government announced that this review had occurred — when media requested a copy of it, the government flat out refused to provide it. They didn't say that they would provide some of it. They flat out refused to provide it.

In this area — the assertion being made by the government as the reason they brought forward the amendment, which they rammed through with their majority, was because it was somehow respecting NGOs. But again, a key part of the wording they stripped from the motion was asking for documents regarding possible cuts to NGOs.

It would seem to me a reasonable assumption that, if there were no documents about planned cuts to NGOs, why would they have a problem with releasing 100 percent of that information? If there is nothing there, there wouldn't be anything to hide. So it seems that clearly this Liberal government is hiding something — we just don't know what.

NGOs are concerned.

We do appreciate that the government has indicated that they will provide some of the results of the NGO review, but much as with what we see with the content in government budgets, we have seen the details stripped down to talking points, effectively. The level of detail and transparency being provided to the public has reduced under this government. I was surprised and pleased this week to hear the Leader of the NDP taking issue with the government's new website and the fact that, as a Member of the Legislative Assembly, it's harder to find the information that we rely on, on those websites. It's harder to find — on the new Yukon government website —

the information that used to be clearly available under the previous department websites.

Under the guise of more transparency, we're seeing more secrecy by this Liberal government. In the area of NGOs that are funded by Health and Social Services — as referenced in this motion for the production of papers — those NGOs that depend on Health and Social Services for their funding are concerned about the future. The government has held most of them on short-term agreements — in some cases as little as a few months — and they do not have the certainty that they require to provide services, to keep staff or to maintain their operations. It appears to be a case of the government simply not understanding or caring about the importance of these organizations.

This afternoon, we have heard a lot of rhetoric coming from the government side. We have seen the situation where the government has talked a very good line about increasing transparency, but when it actually comes down to voting on whether to be transparent or not, they ram through an amendment, gutting the motion and taking out any reference to transparency around cuts to non-governmental organizations. Again, Yukoners are left wondering — we are left wondering — what the government has considered, what they're now considering, and the future of funding for NGOs looks even more uncertain under this Liberal government than it has been in the past.

I want to emphasize again the fact that, contrary to the position that seems to be taken by the Liberal government where they pay lip service to NGOs, we regard the NGOs that provide the services to Yukoners as very important partners and recognize that, in the case of a great many — including the Yukon Women's Transition Home Society, the Child Development Centre, Teegatha'Oh Zheh, Challenge — and the list goes on — these NGOs provide very valuable services in a manner that is more cost-efficient and cost-effective than the Yukon government. In fact, Yukoners depend on the high-quality services that they provide.

There are a few others — and I'm not going to get into an exhaustive list, of course — that includes Victoria Faulkner Women's Centre, the Skookum Jim Friendship Centre, and Many Rivers — for which the interruption in service contributed to by the government's lack of certainty provided to that NGO around their funding picture. These have all been areas where we have seen that when NGOs do not have certainty around funding and we see a real-world impact as a result of this Liberal government's decision to repeatedly kick major decisions down the road while they commence more expensive reviews, such as the Financial Advisory Panel, which ironically went \$58,000 overbudget. We have seen as well their health care review which has repeatedly shifting timelines. The government has chosen to punt out the decision to review an increase in medical travel and other areas in need of action until their another-year-down-the-road health care review, which may be in the twilight days of this Liberal government, depending on when the election is called.

Again, we see a situation of a government that talks a good line, but when it comes to action, we do not see the

action that Yukoners deserve, and we do not see the transparency that Yukoners deserve.

**Speaker:** Order, please.

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

*Debate on Motion for the Production of Papers No. 19, as amended, accordingly adjourned*

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

**The following sessional paper was tabled April 24, 2019:**

34-2-94

*Yukon Law Foundation Annual Report — November 1, 2017 to October 31, 2018 (McPhee)*