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34th Legislature

HANSARD

Tuesday, October 24, 2017 — 1:00 p.m.

Speaker: The Honourable Nils Clarke

YUKON LEGISLATIVE ASSEMBLY

2017 Fall Sitting

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

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| Hon. Ranj Pillai | 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 |
| Hon. Tracy-Anne McPhee | Riverdale South | Government House Leader Minister of Education; Justice |
| Hon. John Streicker | Mount Lorne-Southern Lakes | Minister of Community Services; Minister responsible for the French Language Services Directorate; Yukon Liquor Corporation and the Yukon Lottery Commission |
| Hon. Pauline Frost | Vuntut Gwitchin | Minister of Health and Social Services; Environment; Minister responsible for the Yukon Housing Corporation |
| Hon. Richard Mostyn | Whitehorse West | Minister of Highways and Public Works; the Public Service Commission |
| Hon. Jeanie Dendys | Mountainview | Minister of Tourism and Culture; Minister responsible for the Workers' Compensation Health and Safety Board; Women's Directorate |

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Yukon Party

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

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New Democratic Party

| | |
|-------------------|---|
| Liz Hanson | Leader of the Third Party Whitehorse Centre |
| Kate White | Third Party House Leader Takhini-Kopper King |

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Yukon Legislative Assembly
Whitehorse, Yukon
Tuesday, October 24, 2017 — 1:00 p.m.

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

Prayers

DAILY ROUTINE

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

Tributes.

TRIBUTES

In recognition of the Wolf Creek research basin

Hon. Ms. Frost: I rise today on behalf of all members of this House to pay tribute to an important milestone. This year marks the 25th anniversary of the Wolf Creek research basin. The Wolf Creek research basin was established in 1992 as part of Indian and Northern Affairs Canada's Arctic environmental strategy, in partnership with Environment Canada's National Hydrology Research Centre.

Located just south of Whitehorse, the basin's drainage area spans 192 square kilometres of diverse watershed, from rocky mountaintops to thick boreal forests. Initially, the project focused on the water cycle in northern climates. Over the years, research expanded into multiple sciences, including climate and climate change, vegetation, forestry, fisheries and wildlife. Southern models of this kind of research do not exist in the north. Knowing this, leading minds of the world of hydrology, including our very own Ric Janowicz, established this research hub.

Since its inception, the Wolf Creek research basin has helped to forge new paths of understanding for hydrology and biophysical processes. Today, the basin is an internationally renowned climate change research area, recognized by the United Nations University Institute for Water, Environment and Health. Scientists from across the world gathered in this corner of Yukon to discover how to adapt their work to northern climates. The basin is one of Canada's leading research observations for studying cold climate environments.

Current research, supported by the Water Resources branch of Environment Yukon, McMaster University and the University of Saskatchewan, is focused on developing better northern hydrological models and related hydrological processes as well as ecosystem and climate science. Data from Wolf Creek is used across the globe. One example is the cold regional hydrological model, which estimates watershed runoff and stream flow and is used throughout the cold regions of the world. The model was started and largely developed at Wolf Creek. Research studies in Wolf Creek also pioneered the first data-gathering arctic research drone 20 years ago. These drones are now used around the world to study water environments.

In Yukon, the research is used to understand and plan for climate change. This impacts many different development

projects across the territory, including mining, road development in permafrost regions and construction of hydroelectric power utilities.

Research from Wolf Creek has been used to design streams crossing the Dempster Highway that are more responsive to effects of climate change. It has also contributed to the design of remediation work at the Faro mine site. This is a local science success story that highlights how Yukon and Yukoners are helping lead the way. It demonstrates Yukon government's commitment to evidence-based decision-making.

Celebrating the 25th anniversary of the Wolf Creek research basin is important. The work we do now, and for the next 25 years, to study the effects of climate change will help provide Yukoners and Canadians with a sustainable, healthy and prosperous place to call home in the future.

I encourage all Cabinet colleagues to recognize the 25th anniversary of the Wolf Creek research basin and acknowledge those who have worked so hard to make this a special place.

In recognition of the Great Yukon ShakeOut earthquake drill

Hon. Mr. Streicker: I rise today, as well, on behalf of all the members of this Legislature to pay tribute to Yukoners who practised the "drop, cover and hold on" earthquake drill this past Thursday, October 19. That was the day of the Great Yukon ShakeOut, and every year on October 19 we practise the Great Yukon ShakeOut. We had a great reminder in May of this year when two earthquakes — the biggest one was 6.3 on the Richter scale — hit the Yukon. I think many of us will remember where we were at that moment. I was just waking up and I remember talking to my wife about it. Right away we were on the phone — well, texting — to the deputy minister, and he was texting back already that they had pulled together the emergency response team.

One month before October 19 — this past Thursday — when we did the Great Yukon ShakeOut, there was a tragedy in Mexico — a 7.1 magnitude earthquake hit. It was on September 19, and there was a lot of loss of life. I think it was several hundred people who lost their lives and there were many more injuries. I remember 30 years ago to that day when there was a massive earthquake in Mexico. Our hearts and thoughts go out to those places that are faced with environmental disasters.

While earthquakes are not an everyday occurrence in our part of the world, they do happen, and it is important that we are all prepared. October 19 is set aside to remind us to be prepared. ShakeOut is an earthquake drill practised by millions of people around the world. At 10:19 a.m. on the 10th month and 19th day, over 5,000 Yukon students, families and employees practised what to do during an earthquake. In the event of an earthquake, we may have only seconds to protect ourselves before strong shaking knocks us down or something falls on us. The ShakeOut drill reminds us to drop to the ground, take cover under a sturdy desk or table and hold on to it until the shaking stops.

These instructions — drop, cover and hold on — work best in offices, classrooms and legislatures. But as we have learned from recent earthquakes felt in Yukon we may find ourselves in bed, in the car or outdoors. Check out the www.ShakeOut.org website for recommended safety actions for different locations and for people with disabilities. I encourage all of us honourable members and all Yukoners to be familiar with the ways to protect ourselves and our families. Increased awareness about what to do during an earthquake reduces injuries and deaths and limits the number of people requiring immediate assistance from first responders.

I would like to thank some organizations that help prepare us for, and protect us from natural disasters: the Emergency Measures Organization, which brings out the ShakeOut drill, leads the government's emergency preparedness and coordination planning; building safety and standards enforces the National Building Code to ensure structural stability in the buildings in which we live, work and play; and the Department of Highways and Public Works and the Department of Education undertook school seismic mitigation programs to keep our children and educators safe.

Together we are contributing to a healthy and safe community.

Speaker: Introduction of visitors.

INTRODUCTION OF VISITORS

Hon. Ms. Frost: I would like to ask my colleagues to join me in acknowledging a special guest in the gallery today — Ric Janowicz. Ric has worked for Yukon government for more than 35 years. Thank you, Ric, for your dedication, your passion, your vision and your commitment. It played a critical role in establishing the Wolf Creek research basin and making Yukon a leader of northern science.

I would like to also acknowledge David Barrett and Tyler DeJong, McMaster University staff who are here, along with Brian Milligan and Heather Jirousek from Environment, Aynslie Ogden from the Executive Council Office, along with Shirley Dawson. Welcome and thank you.

Applause

Hon. Mr. Streicker: In my past life, I worked with many of the colleagues who are here today and I just want to acknowledge some of the research work that has gone on. Aynslie is our science advisor to the territory and I know she has done amazing work over decades now. I wanted to say that the Wolf Creek Basin and some of the research that happened there — I have been at international conferences presenting on behalf of the Yukon and I have seen that research put in front of people — for example at the Arctic Climate Impact Assessment — a tremendous amount of circumpolar research that was done — and the Wolf Creek research was held up as a strong ideal of community-based research and it's worth acknowledging.

I just wanted to say thank you for their work.

Applause

Hon. Mr. Streicker: I just noticed that a colleague, Ms. Bev Buckway, past Mayor of the City of Whitehorse and the executive director of the Association of Yukon Communities is in the gallery today — if we could just welcome her here.

Applause

Speaker: Are there any returns or documents for tabling?

TABLING RETURNS AND DOCUMENTS

Hon. Mr. Streicker: I have for tabling a legislative return in response to questions that were raised — and I guess suggestions — during Bill No. 7, entitled *Act to Amend the Dental Profession Act (2017)*, for the Member for Lake Laberge.

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

Reports of committees.

Are there any petitions?

Are there any bills to be introduced?

Are there any notices of motions?

Is there a statement by a minister?

MINISTERIAL STATEMENT

Arctic National Wildlife Refuge

Hon. Mr. Silver: I rise today to speak with members about the troubling news from Washington, DC regarding the Arctic National Wildlife Refuge.

It has been a long-standing goal of many Republicans to open up ANWR for drilling, and with the recent change in government in the United States, this is unfortunately closer to becoming a reality.

I would like to take some time today to reaffirm the long-standing commitment of this Assembly. We support the protection of the Porcupine caribou herd calving grounds in the Arctic National Wildlife Refuge on the Alaskan coastal plain. We are adamantly opposed to ANWR being opened up for drilling.

This spring, all members of this Assembly from all parties voiced their opposition to drilling when we passed a unanimous motion here in this House. In recent weeks, Mr. Speaker, there has been a renewed push by Republicans in the United States Congress to open ANWR's coastal plain to oil and gas development. The Republicans are making progress on a US federal budget in Congress. However, unlike past budgets, the current draft budget from the Senate includes instructions to the Senate Committee on Energy and Natural Resources to contribute \$1 billion in federal revenue. This establishes a path to raise revenue by lease sales in ANWR's coastal plain.

Mr. Speaker, the budget process that is being used by Republicans supportive of drilling ANWR provides means to open ANWR with less Senate votes than other legislation. I wish to inform members that the Yukon government officials

are working very closely with Vuntut Gwitchin First Nation, environmental NGOs, and partners in both houses of Congress to coordinate efforts aimed at protecting ANWR and the Porcupine caribou herd.

We have signed an agreement with the Vuntut Gwitchin First Nation to continue the government's financial support of the lobbying work that they do with passion and with determination. We are meeting on Thursday with representatives from the Gwich'in Nation, both within Yukon and the Northwest Territories. I have raised this issue with federal ministers on several occasions, ensuring that Ottawa is aware of the importance of protecting ANWR.

While in Washington this past June, I raised Yukon's strong position on ANWR and had the opportunity to meet with some of our key allies on this cause, including Senator Markey, a Democrat from Massachusetts who is proposing a bill to specifically protect the Arctic National Wildlife Refuge and designate the calving grounds as wilderness. Mr. Speaker, on that trip, I also met with Alaska senators Murkowski and Sullivan and Congressman Young to share with them our commitment to keep the calving grounds closed and to protect this important region. In July of this year, Minister Frost also travelled to Washington, DC, advocating for the protection of calving grounds alongside the Vuntut Gwitchin First Nation and our NGO partners.

For those seeking to open ANWR for drilling, there are many, many steps still required and the Yukon government is committed to fighting against this at each and every step.

Senator Lisa Murkowski is the architect of the current challenge to ANWR, and she has estimated that drilling may still be many years away. This does not provide comfort, Mr. Speaker, as we do not believe this area should be opened up at all, and we will continue to fight to keep the Porcupine caribou calving grounds protected. This government will use every opportunity available to stop efforts to drill in this important area, and we will keep members informed as the situation evolves.

Thank you, Mr. Speaker.

Mr. Istchenko: Thank you, Mr. Speaker, for the opportunity to rise today on this issue. I want to thank the Premier for his remarks and I do look forward to hearing what the Third Party has to say as well.

As you know, Mr. Speaker, this House unanimously passed a motion in the spring, expressing our support for the Vuntut Gwitchin on this issue. That was a strong sign of support from this House and I felt we had a very good discussion that day on the topic.

This area is of great importance to the Vuntut Gwitchin, both culturally and historically, and that is something important that we all agree on in this House.

I thank the Premier for updating us on what the Yukon government officials are doing on this file. That is very helpful to us. I am hoping if, in his response, the Premier could provide some more insights on specifics. As you know, Mr. Speaker, the Premier provided opposition MLAs with a briefing on the current negotiations surrounding the *North*

American Free Trade Agreement and what Yukon's position is on this file. At the briefing we asked officials whether or not ANWR and Yukon's position on this was something that the Yukon told the federal government that we wanted on the table as part of the NAFTA negotiations. Canada has stated that they would like an environmental chapter to be part of the new trade agreement, so we were interested to know if Yukon asked Canada to include protections of ANWR as part of NAFTA. Unfortunately, of course, officials were limited in what they were allowed to reveal to us, so we did not get an answer. If the Premier would be able to provide a bit more clarity around the question in this response, that would be helpful for us. We would like to know whether or not Yukon has asked the federal government to include ANWR as something we want protected as part of the environmental chapter of NAFTA.

Further, Mr. Speaker, if the Premier would be willing to provide the opposition parties with a more fulsome briefing with officials on the topic with respect to what the Yukon has done to date and what its strategy is going forward, we would be interested in that.

The Official Opposition supported in the spring the unanimous motion to support the Vuntut Gwitchin in their efforts surrounding ANWR and the protection of the Porcupine caribou. I would like to reiterate that support again today in this House. This was an important issue for us to be unified on in the spring, and it is just as important today. I want to thank the Premier for updating the House today on this issue. I look forward to his response.

Ms. Hanson: I thank the Premier and the Member for Kluane for their statements.

The Yukon New Democratic Party stands in solidarity with the Vuntut Gwitchin government as they actively pursue all options to fight the attempts by the current US administration to allow oil and gas exploration and development activities in the sacred calving grounds of the Porcupine caribou herd situated within the coastal plain of the Arctic National Wildlife Refuge. This is sadly not the first time that there have been attempts to disturb the Porcupine caribou herd, its sensitive habitat and the food, and the cultural and spiritual security of the Gwich'in Nation. But, as the Premier said, given the unstable political scenario in the United States, this time, all Yukoners along with all Canadians — indeed those concerned with the integrity of our circumpolar regions — are compelled to both stand with the Gwich'in and to block all attempts to open the Arctic National Wildlife Refuge.

Almost five years ago, the former MLA for Vuntut Gwitchin stood in this House to pay tribute to the 52nd anniversary of the establishment of the Arctic National Wildlife Refuge that was done in 1960. It was a prophetic action by the US government of the day, one that stands the test of time. He also spoke at the 1988 Gathering in Arctic Village when the Gwich'in Nation came together and agreed unanimously to speak in one voice in opposition to oil and gas development on the coastal plain of the Arctic National

Wildlife Refuge. He quoted the oldest Gwich'in elder at that gathering, who said: "When you speak around the world to protect our caribou, you do it in a good way and don't harm anyone." So over the course of the intervening years, delegation after delegation of Gwich'in people have done just that. They have travelled to Washington to repeat the case for the preservation of the calving grounds of the Porcupine caribou herd. They have patiently trod the halls of power, quietly educating the decision-makers so far-removed from the lived experience of the Gwich'in and the life based on the land, and they have done it in a good way.

We stand united with the Gwich'in people, along with the millions of other people who understand that destruction of sacred places like the calving grounds in order to access a few months' global supply of fossil fuel is folly.

Hon. Mr. Silver: Thank you to my colleagues across the way for their comments here today, and I will reassure the Member from Kluane that any opportunity to discuss ANWR on the national level, whether it be by me, the Minister of Environment or our department officials — we always take up the opportunity to speak about ANWR, whether it be at the Council of the Federation, the First Ministers' meetings, or the federal-provincial-territorial meetings.

The member opposite also asked about what else specifically we are doing. We are working with our federal partners now to learn more about how we can best support our efforts and have a coordinated response from the people of the Gwich'in, the governments all across the northern area, the Yukon government and also the Government of Canada. Additionally, the department of Intergovernmental Relations is working hard on an action plan to support further efforts with the Gwich'in people to preserve the calving grounds of the Porcupine caribou. We have and will continue to support those efforts through an annual and financial contribution that the member opposite is very much aware of.

We will be drafting a letter to the Minister of Environment, Catherine McKenna, to reaffirm our support. We're working with the federal government to determine a targeted letter campaign addressing key Congress people in the United States who can help as well, and I urge everybody in this Assembly to reach out to those key Congress people as well.

The Minister of Environment will be attending the ministers of environment meetings next week in Vancouver and will be bringing up the issue at that table as well.

We are working on developing a stronger, coordinated political approach between the Government of Yukon, the Gwich'in Nation and the Government of Canada to further press our concerns and ensure the continued safety of the ANWR and the calving grounds of the Porcupine caribou.

Speaker: This then brings us to Question Period.

QUESTION PERIOD

Question re: Medical travel

Ms. McLeod: During health debate on May 31, we asked the Minister of Health and Social Services to give us a breakdown of how much money is spent on medical travel inside and outside of the territory. At the time, she indicated that she did not have that information in front of her but would get back to us shortly with those numbers.

As it has now been almost five months, I'm wondering if the minister would be able to provide us with those numbers. If not, when can we expect to receive this information?

Hon. Ms. Frost: Just as a note, in the supplementary adjustment that was provided to this House, the discussion around the expenditures on the invoices that we received post — the end of the fiscal year — the data assessments from those invoices are still being compiled.

I do believe the question was asked around specific numbers and allocation, and I tabled a document a few days ago that really gives some specific information — maybe it was yesterday — and some details around what and how the funds were expended and broken down very specifically. I'm hoping that the member opposite has had an opportunity to review that document, and if that's not sufficient, I would be happy to provide more details.

Ms. McLeod: I thank the minister for that; however, I believe the information that she's referring to had to do with doctor visits and not specifically travel.

Many Yukoners in the territory are required to drive from their communities to Whitehorse in order to receive medical treatment. The current rate of reimbursement for patients who are required to do this if they drive is 30 cents per kilometre. In contrast, the reimbursement rate for Government of Yukon employees who travel for work is double that — it's 60.5 cents per kilometre.

Mr. Speaker, with inflation and with the government working to implement a carbon tax, which will increase the cost of travel, Yukoners will soon find it most unaffordable to get that medical treatment that people in Whitehorse receive.

Will the government commit to increase the in-territory medical travel reimbursement rate?

Hon. Ms. Frost: I do want to highlight the services that are provided for patient travel. The demand for care is certainly something that we've taken into consideration. I highlighted a lot of that yesterday in my presentation around mental wellness strategies, the Hospital Corporation and the work that we're doing with the communities, so we're really trying to do what we can to provide services to individuals and citizens where they reside.

The question about whether we're going to increase medical travel fees — at this point in time, I can say that is not something that we are considering. Thank you.

Ms. McLeod: We have also heard from Yukoners who are concerned about the current daily reimbursements for medical travel. I believe the current rate is set at \$75 a day, starting on day 2. For someone who is sent to Vancouver for medical travel, it's somewhat more expensive than \$75 per

day. The situation is much the same for someone coming to Whitehorse from the communities.

Would the minister commit to reviewing the medical travel rates to ensure that Yukoners are not losing money when they are required to travel for medical purposes?

Hon. Ms. Frost: The department has actually taken a close review and assessment on medical travel, looking at other jurisdictions in Canada. I can affirm that Yukon has one of the highest reimbursement rates for medical travel and we do work with our partners in ensuring that clients are supported where needed. At times, there is support for the services to be received in the community or in Whitehorse.

We have expanded specialized services at the Whitehorse General Hospital to try to bring the services from external specialists, say, from Vancouver, BC or Alberta, and bring those services to the Yukon to thus eliminate the costs for medical travel. We know how difficult that is for Yukoners and elders who come from our communities and sometimes have difficulty travelling outside of Yukon. It's easier to bring services to them in the Yukon or in their respective communities. That's our goal. The goal of this government is to really look at a collaborative health care model in Yukon. We are not just looking at medical travel, but looking at the whole spectrum of care for all of the citizens of Yukon.

Question re: Pharmaceutical costs

Ms. Van Bibber: Yesterday, the Minister of Health highlighted that last week she was in Edmonton for a meeting with health ministers. According to the communiqué that the minister agreed to in Edmonton, it states that she has instructed officials to develop options to pursue greater access to and affordability of prescription medications.

With respect to this work that the minister has instructed officials to work on, what options are Yukon officials considering, and can she provide a timeline as to when this work to provide greater access and affordability of prescription drugs will be completed?

Hon. Ms. Frost: I'm happy to respond to the member opposite on where Yukon is at — where we are — given that the health ministers meeting really talked about national strategies looking at the bilateral discussions around pharmaceuticals and affordable access to pharmaceuticals, which is key. It's a key pillar for Canada and it is key for the provinces. We are looking at models and right now — that was a mere five days ago. In five days, I cannot give specific answers, but we are working with other jurisdictions in Canada, and we are looking at our model in the Yukon to ensure that we maximize the opportunities and of course reduce as much as we can the expenses that are associated with very, very expensive and high-cost drugs. It is very important that we look at a national model and we work together as national ministers.

Ms. Van Bibber: Another item that the Minister of Health discussed at the health ministers meeting in Edmonton was pharmaceutical industry transparency. The communiqué that the minister signed on to states that the minister, along with her colleagues, is exploring options to strengthen

transparency on the ability of the pharmaceutical industry to provide payments to health care practitioners and organizations.

Can the minister provide more detail regarding these discussions? Is there a problem here in Yukon and will she be consulting with medical professions as part of this work?

Hon. Ms. Frost: I would like to thank the member opposite for the question. It's certainly a great question.

With regard to all of the discussions that were held and conversations at the provincial-territorial table, the consideration given to the unique circumstances of the north, the remoteness factors around service delivery, I'm happy to advise that never before in my time — in my time in the private sector and in my time representing Yukon First Nations and in my time in government — have I seen documentation where the federal government is committed to providing services to the north with consideration for the unique circumstances of the north, the remoteness factors associated with delivery of programs and services, and the costs associated with very expensive services.

In federal policy and in a federal context, we were successful in aligning ourselves across the north with the northern territories to deliver that message and get it in writing. We then had all of the provincial and territorial ministers sign off on that with the federal minister committing to look at a collaborative approach across the country to maximize opportunities, but deliver with the remoteness and unique circumstances considered.

Ms. Van Bibber: I don't think that was what I asked.

Another issue that the minister discussed last week was anti-microbial resistance, or AMR. Anti-microbial resistance to our antibiotics is one of the most serious health threats facing the world today. In Edmonton last week, the minister agreed to support the development of an action plan to support the implementation of a pan-Canadian framework on AMR.

Could the minister update this House on what our government is doing to address AMR? What contributions is the Yukon making to this framework on AMR?

Hon. Ms. Frost: The very specific details around the pilot project are things that the department is working on — and has been working on — with our colleagues from across Canada. At this point in time I'm not able to give very specific detailed information as requested because that's complex. It's far beyond my pay scale and far beyond where I am at as a minister. I will take the advisement and the direction around best practices across the country, so it's certainly not something that I can advise in the House today but, as things evolve, I will be happy to provide that detailed information as the evolution of that initiative happens.

Question re: Lobbying legislation

Ms. Hanson: The Yukon New Democratic Party has long been an advocate for lobbying legislation in this territory. It was an honour for me to continue the work of my predecessor, the late Todd Hardy, and to advocate for greater transparency by tabling a lobbying act in the 33rd Legislature.

Yukon is one of the very few jurisdictions without any lobbying legislation and it's time to catch up. Last Friday, the Premier indicated that he believes lobbying legislation would be important, and yesterday, one of his MLAs tabled a motion to create a publicly disclosed lobbying registry.

Can the Premier confirm that it is his government's intention to make this government more transparent and to adopt lobbying legislation?

Hon. Mr. Silver: I could tell by the member opposite's enjoyment of the conversation yesterday that this would be a question today in the Legislative Assembly.

In order for citizens to have the confidence in government decision-making, they need to know who is meeting and who is working with government officials and what is being discussed. I agree with that, with the NDP.

We are committed to making interactions between our government officials and third parties — not this Third Party, but third parties — more transparent. We are reviewing the experience of other jurisdictions to examine the effective options for Yukon to achieve the objectives of a lobbyist registry.

Interestingly enough, when individuals and companies do come to the Yukon, they are looking for this registration. It's something that other jurisdictions have, and we're still scratching our heads as to why the previous government thought that this is not something that we need in order to promote an open and transparent government.

I appreciate the question from the Leader of the Third Party. Again, we are committed to making interactions between our government officials and third parties who visit the Yukon, or are from the Yukon, and those conversations more transparent.

Ms. Hanson: That's very encouraging, and it's certainly a step forward from the "Lobbying? What lobbying?" approach from the past government.

The Conflict of Interest Commissioner has repeatedly suggested the need for lobbying legislation in Yukon. The Premier has just mentioned, and I would recall, that in 2014, I tabled lobbying legislation entitled the *Paid Lobbying Act*. Guy Giorno, a specialist on lobbying laws who is also a prominent Conservative political advisor, praised the bill we tabled. I said it then, and I will say it again, that the creation of lobbying legislation does not have to be a partisan issue. It is something we can work on together.

So is the Premier willing to work collaboratively with us to create a new version of the lobbying act by the next Fall Sitting of this Legislature, with the government's support?

Hon. Mr. Silver: Just to elaborate a bit on the NDP's private members' bill on the lobbyist registration — that was in April 2014. It did provide a comprehensive administrative structure and enforcement regulatory regime. It was similar to a national registry. It seemed that where the NDP was going on this was they were taking from the national perspective and trying to adapt that into a territorial registry.

Now, this bill was never called for debate from the NDP so we, on this side of the House, would relish the opportunity to have a fulsome conversation about lobbying registration.

Again, Yukon is only one of a handful of jurisdictions in Canada that doesn't have a legislated lobbying registry. New Brunswick, Prince Edward Island and the three territories are the only jurisdictions left in Canada without that legislation. The registries, in this government's opinion, are intended to provide a public record of what is being discussed between the government officials and those people who are paid to lobby for legislation, contracts and programs.

Questions have been raised periodically about meetings and about interactions between governments and individuals — particularly with resource development projects and other special interests. So again — making sure that the potential influence of private discussions is out there for the general public to understand.

Ms. Hanson: As the Premier well knows, tabling bills from the opposition has its challenges, and it's because of that — and I know that the Premier has said that he wants to work in collaboration. The kind of collaboration we are suggesting is not commonplace in Canadian politics, and that is unfortunate. Yet there is hope.

The new BC NDP government announced last week that it would offer opposition parties access to government legislative drafting teams to help draft private members' bills. It is possible to do things differently, and I want to encourage the Premier to consider working on lobbying legislation in a truly collaborative way.

Lobbying legislation is about transparency, accountability and honesty. Simply put: Will the Premier commit to going off the beaten path and to working with the opposition in a concerted way to bring lobbying legislation to Yukon?

Hon. Mr. Silver: Again, we have committed on this side of the Legislative Assembly to work on a lobbyist registration and I always encourage conversations from the members opposite about how they would want to move forward in these particular areas.

I think the examination of options suitable for Yukon is very important at this point, to involve defining how paid lobbyists are registered and devising a system that is administratively suitable for Yukon to move forward on. I think that is a very important question and I would absolutely be interested in working with the opposition on these pursuits.

But again, the Yukon Liberal government believes that for citizens to have confidence in government decision-making, they do need to know who is meeting and working with government officials and what is being discussed. We are very much committed to making interactions between our government officials and third parties more transparent. We are reviewing the experiences of other jurisdictions to examine effective options for Yukon to achieve those objectives. I look forward to opening up those conversations to members opposite if that is their intent as well.

Question re: Permit hunt authorization

Mr. Istchenko: On July 6 of this year, I wrote to the Minister of Environment outlining concerns with respect to the permit hunt authorization — the PHA system. In order to alleviate a number of issues surrounding the permit process, I

encouraged the minister to secure an independent audit of the system and process. In her August 31 response, the minister committed to speaking with stakeholders to identify problem areas and then, later, setting up a working group to mitigate them.

Can the minister please identify which stakeholders were approached to take part in this discussion, who will be taking part in the working group, and when?

Hon. Ms. Frost: The question posed by the member opposite — the response letter really talked about the need for engagement, and clearly that is something we are proposing to do and something that the department is working on. On the very specific details requested as to when, where and who, I will provide that information, because right now, I don't have it in front of me. I can certainly provide the details that are being requested.

I can say that we have gone out and consulted with the Outfitters Association. We have done various consultation engagements around various management plans — be it the grizzly bear hunt options and recommendations. We have talked about domestic and wild sheep. We have taken various approaches to working with the Yukon Outfitters Association and the renewable resources councils. As we are going out, my staff and I are having these discussions. As things evolve, I am sure we will have more details in terms of the very specific language that the member is looking for.

Mr. Istchenko: The minister stated that an internal review has begun. However, a third party — and I will say again that a third party would provide greater transparency and peace of mind to the hunting community — all of them. In the minister's follow-up correspondence in October, she outlined three groups who have been contacted as stakeholders: the Yukon Fish and Wildlife Management Board, the Yukon Fish and Game Association, and the Wild Sheep Foundation. There was no mention by the minister until today about the Outfitters Association or renewable resources councils, but she still didn't mention the Trappers Association. I am a little uncertain on who she has contacted.

Can the minister explain — all the groups that are going to be able to provide input and feedback to the review process of the PHA system? If not, will she commit to consulting all of them and giving me a list?

Hon. Ms. Frost: Just as a segue into a response, the *Umbrella Final Agreement* has very specific language that defines our relationship. Our consultative processes around legislative changes define our relationship, and the RRCs are clearly partners that we're obligated to engage with, along with, in some circumstances, the Yukon Outfitters Association where they reside or occupy traditional territories or lands of the indigenous peoples of this territory. So most definitely, our engagement will be far-reaching. The department will ensure that this happens. I don't think we intend at any point not to engage with the Yukon Trappers Association, the Fish and Wildlife Management Board, the RRCs, or any of the organizations that would be impacted. Clearly, we want to look at ensuring that we reach out as far as we can and engage where necessary. If facts are made known to us or indications

are brought forward that there are concerns, certainly we would want to sit down with those interest groups as well, be they individual trappers or First Nation governments.

Mr. Istchenko: The reason I brought that up was because, in her correspondence, she didn't have the resource councils or the Yukon Outfitters Association or the Yukon Trappers Association. Due diligence was for me to bring it up as the opposition.

The main concern I had when I outlined this issue to the minister was the need for a third party outside of the organization to complete the review of the permit hunt authorization. Rather than acknowledging the need for an outside review, the minister said that the government's internal review has begun. I think regular internal reviews and gathering feedback from stakeholder groups are good things. However, a large number of the concerns I have heard from constituents and Yukoners have been around the need for a detailed audit of the permit process to be undertaken by a third-party organization.

Can the minister in this House today commit to an independent third-party review of the permit hunt authorization system to make recommendations on the future of how the permits are authorized in the Yukon to ensure the process is fair and impartial?

Hon. Ms. Frost: Certainly I would like to thank the Member for Kluane for the recommendation. We'll have that consideration taken in with our discussions. Right now, the need for a third-party, independent auditor advisor or assessment, I don't think, is relevant. We're going through our due diligence. The due diligence will reveal strategies and next steps. We'll certainly include all of the considerations, all of the organizations as defined under the *Umbrella Final Agreement* but also the associations that are defined to manage the resources in the Yukon.

If there's a need in the future, perhaps that will be taken into consideration but, at this point in time, I can advise that is not our intention. We are looking at using the boards that have been established — the Fish and Wildlife Management Board, the Fish and Game Association. We access the hunters and outfitters associations. We look at getting feedback and we will do our due diligence through that process.

Question re: Housing programs

Mr. Istchenko: Thank you, Mr. Speaker. Last week, I asked about the wait-list for social and seniors housing and how many were in Whitehorse and how many were in the communities. The minister was unable to provide those numbers at that time, so I'm wondering if she can provide us with those numbers here today.

Hon. Ms. Frost: I am not able to provide those very specific numbers today, but I will endeavour to get the information that the member opposite requires.

Mr. Istchenko: I thank her and I am looking forward to seeing those numbers.

During the spring budget debate, we ran out of time before any Committee of the Whole questions could be posed

about the Yukon Housing Corporation budget. The 2017-18 capital estimates for social housing is \$7.663 million.

Can the minister please tell us what the money is earmarked for and if she is on track to spend it all in this fiscal year?

Hon. Ms. Frost: I would be happy to sit down with the member opposite to provide the specific details, but at this point in time, I'm not able to do that. I don't have my budgets in front of me, but we do have a long-term strategic plan working with the Yukon Housing Corporation. We're working on a strategic plan for the Housing Corporation, which, by the way, expires in 2018. With new funding and new resources coming in, we're looking at implementing a Housing First model in the Yukon, putting some action and some teeth around the housing action plan, and working with our poverty reduction strategy groups. We're looking at assessing our needs in the Yukon and broadening into rural Yukon.

Certainly there is a very complex arrangement in Yukon Housing Corporation — very complex in terms of our partnerships, working with our communities, working with the municipalities, looking at rental construction agreements, looking at municipal matching grants — lots of opportunities to look at addressing some of the challenges or some of the housing shortages in Yukon.

I will provide the specific details requested at a later date.

Mr. Istchenko: I thank the member opposite for letting me know what the money is earmarked for.

Last week the minister said — and I quote: “In 2015, as the member opposite would know, a six-plex was built in Mayo. We have a 34-unit building on 207 Alexander Street. We have a 48-unit building on Front Street in Whitehorse.”

On this side, we would like to thank her for highlighting some of the good work the previous government did to address seniors housing needs in the Yukon. We're proud of the money that we invested between 2011 and 2016 to provide social and seniors housing to around 140 individuals or families.

Does the minister know how many units the Liberals will be building during their mandate?

Hon. Ms. Frost: I am going to go back to the previous question. I think that the very specific details — I'm sure we will have a great debate in Committee of the Whole on the budgets for Yukon Housing and the other departments.

How many units will we build? We have proceeded to work with the communities and the municipalities. We are working on trying to address the needs in rural Yukon and move away from expensive facilities — we put all our resources into the Whistle Bend facility here in Whitehorse and didn't attach O&M expenditures — so balancing a budget and trying to meet Yukoners' needs in rural Yukon is our priority and so that's what we aim to do.

We aim to look at reaching out into Yukon, working with our partners and not spend any more money needlessly, but with a well-thought-out strategic alignment with needs in rural Yukon.

The question asked is: How many units are we building? That will be defined by Yukoners.

Speaker: The time for Question Period has now elapsed.

Notice of opposition private members' business

Mr. Kent: Pursuant to Standing Order 14.2(3), I would like to identify the items standing in the name of the Official Opposition to be called on Wednesday, October 25, 2017. They are Motion No. 139, standing in the name of the Member for Lake Laberge, and Motion No. 162, standing in the name of the Member for Porter Creek North.

Ms. White: Pursuant to Standing Order 14.2(3), I would like to identify the items standing in the name of the Third Party to be called on Wednesday, October 25, 2017. They are Motion No. 170, standing in the name of the Member for Whitehorse Centre and Motion No. 169, standing in the name of the Member for Takhini-Kopper King.

Speaker: We will now proceed to Orders of the Day.

ORDERS OF THE DAY

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

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

Motion agreed to

Speaker leaves the Chair

COMMITTEE OF THE WHOLE

Chair (Mr. Hutton): Order, please. Committee of the Whole will now come to order.

Motion re appearance of witnesses

Committee of the Whole Motion No. 3

Hon. Ms. Frost: I move:

THAT from 3:30 p.m. to 5:30 p.m. on Tuesday, October 24, 2017, Brian Gillen, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of Yukon Hospital Corporation, appear as witnesses before Committee of the Whole to discuss matters relating to the Yukon Hospital Corporation.

Chair: It has been moved by Ms. Frost:

THAT from 3:30 p.m. to 5:30 p.m. on Tuesday, October 24, 2017, Brian Gillen, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of Yukon Hospital Corporation, appear as witnesses before Committee of the Whole to discuss matters relating to the Yukon Hospital Corporation.

Committee of the Whole Motion No. 3 agreed to

The matter before the Committee is general debate on Bill No. 203, entitled *Second Appropriation Act 2017-18*.

Do members wish to take a brief recess?

All Hon. Members: Agreed.

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

Recess

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

Bill No. 203: *Second Appropriation Act 2017-18* — continued

Chair: The matter before the Committee is general debate on Bill No. 203, entitled *Second Appropriation Act 2017-18*.

Hon. Mr. Silver: It is a great pleasure today to rise to speak to Bill No. 203, *Second Appropriation Act 2017-18*. I want to welcome the officials from the department who are joining me today — Chris Mahar and Katherine White — and thank all of the public servants in the Department of Finance for their excellent work in getting this supplementary budget ready for us here in the Legislative Assembly. As I said in my opening remarks on October 10, this is the smallest supplementary budget in the last five years. As the amount is smaller, so too are the number of specific items that we have before us today to consider in Committee of the Whole.

As I stated before in my previous comments, this government takes the tabling of supplementary estimates very seriously. You will see that this supplementary budget consists of emergent items that could not have been forecasted at the beginning of the year, such as forest fires and further contamination on the old F.H. Collins site. It also contains new or revised cost-recovery agreements, such as the Yukon Resource Gateway project, and the carrying forward of projects that could not be completed last year — for example, the Salvation Army Centre of Hope.

We also have some savings to show. The 2017-18 main estimates forecasted an annual surplus of \$6.5 million. I can report today that our revised forecast now shows a \$3.1-million surplus. The decrease in the surplus is a result of the unexpected changes that occurred after the preparation of the main estimates, further details of which my colleagues and I will be speaking to shortly.

Although we are still forecasting a surplus budget, we are still projecting financial difficulties ahead. It bears repeating that the last decade of Yukon government budgets basically can be summarized by two key points. One is that the government's spending had grown to an average annual rate of 2.5 percent while revenue growth was lower, at 1.7 percent. Also, the difference in the average annual growth rate is significant because its persistence meant that the last government had slowly but steadily weakened the Yukon's overall financial position.

Our government is being proactive and working toward rigorous fiscal management to put Yukon on a solid financial footing moving forward. To demonstrate that, we conveyed the Financial Advisory Panel to listen and to discuss with

Yukoners options about how best to move forward. This process was a key first step to ensuring that Yukoners remain active participants in determining our collective financial future.

Mr. Chair, we appreciate the very hard work of the panel. They have travelled all across Yukon to listen to what Yukoners had to say. They also engaged online for those who couldn't make it in person to these meetings across the Yukon, which further added to the quality of this consultation. We are looking forward to reviewing their feedback, which will weigh heavily in our deliberations and also on our actions and what actions we're going to take following the completion of the panel's report.

Mr. Chair, with that being said, I'm now going to turn to the details of our supplementary budget content. I stated in second reading that operation and maintenance costs have increased by a total of \$3.7 million. Four departments have increased, totalling \$6.7 million, while four others have decreases that totalled \$3 million. Of the \$3.7-million increase, \$1.2 million is related to adjustments to cost-sharing agreements; \$900,000 will be recovered from Yukon or third parties; and the remaining \$300,000 will be paid by Yukon government. I will go into more detail on these agreements a little later as I summarize the changes to the departments' operation and maintenance.

Overall, recoveries in operation and maintenance have decreased by a total of \$87,000. I just mentioned an increase in recoveries so you may be asking why there is an overall decrease. This is because of a \$1-million loss of funding from Indigenous and Northern Affairs Canada, INAC, which is no longer reimbursing Yukon government for the First Nation portion of the Yukon child tax benefit credit. To be clear, we are not discontinuing the child tax benefit credit but, in order to continue to fund this credit, it will result in an additional annual fiscal pressure on this and future budgets.

To provide a clear picture of all operation and maintenance challenges, I will continue by explaining increases in operation and maintenance in this supplementary budget followed by savings and deferrals.

Mr. Chair, the Department of Community Services faces an increase in operation and maintenance costs due to multiple fires in Dawson and Old Crow over the summer. To account for these costs, Wildland Fire Management requires an increase of \$3.8 million. We appreciate and acknowledge the hard work of our territorial firefighters here in Yukon and in assisting our neighbours to the south as well.

The Department of Education is also seeking an increase of \$1.8 million based upon projected staff allocations at École Émilie Tremblay to deliver French first language education in Yukon. This is fully recoverable from the Commission scolaire francophone du Yukon.

I would also like to confirm that this funding will not result in additional FTEs. As enrolment is adjusted in Yukon's English language schools, FTEs will be reallocated based upon enrolment numbers. We are proud to continue to support French first language schooling in the Yukon. Education is also seeking to reallocate \$67,000 from individual school

accounts to combine it into an investment toward territorial-wide school growth planning.

The Department of Energy, Mines and Resources supports numerous programs, projects and agreements to help grow and to diversify Yukon's economy. This includes an increase of \$400,000 toward the mining lands improvement initiative and the mineral development strategy to improve processes in the assessment and licensing of quartz mines. Energy, Mines and Resources has a number of full or partially recoverable agreements included in this supplementary.

Mr. Chair, I'm sure everyone in the Legislative Assembly is aware that, on September 2, Prime Minister Trudeau and I announced \$360 million in combined federal and territorial funding to be invested to improve road access in two mineral-rich areas: the Dawson Range in central Yukon and the Nahanni Ridge road in southeastern Yukon. The Yukon Resource Gateway project will provide better road access to these resource-rich areas of Yukon. It will help Canadians and local businesses take greater advantage of the economic potential of Yukon's natural resources and set the stage for long-term development of the territory's growing mining sector.

The Government of Canada has committed to contribute up to \$247 million under the national infrastructure component of the New Building Canada fund, and Yukon government's portion will be just under \$113 million. The Yukon Resource Gateway project is in the initial planning phases and we look forward to fruitful discussions with our First Nation and community partners. The reason I am bringing this up, Mr. Chair, is that to support the initial planning stages, this supplementary budget includes \$600,000, of which \$400,000 will be paid for by the Government of Canada.

The first step in this project is to develop project agreements with affected First Nations and complete environmental and socio-economic reviews. Specific projects and the timing of those projects will be decided, but only after project agreements are in place. There is also a capital investment in Highways and Public Works to establish a project office and begin environmental and socio-economic planning, which I will speak to shortly.

Another valued program Energy, Mines and Resources delivers is its Growing Forward 2 agricultural agreement, which supports agricultural initiatives in the territory. The Yukon government invested a total of \$21,000 and the Government of Canada contributed \$31,000 for a total of \$52,000. As the current agreement expires at the end of March 2018, we are starting negotiations shortly with Canada on the Canadian Agricultural Partnership framework agreement, which is the successor funding program to Growing Forward 2.

To support our First Nation communities in their desire to seek alternative clean energy sources, Energy Resources Canada is investing \$187,000 this year for a Yukon First Nation biomass capacity enhancement initiative.

As well, Indigenous and Northern Affairs Canada is providing \$411,000 toward First Nation energy assessments

that will expand the opportunity for solar energy on First Nation buildings.

Indigenous and Northern Affairs Canada is also providing \$60,000 to the Pembina Institute for the Renewables in Remote Communities Conference that will be held in Whitehorse this month — it is happening as we speak, I believe. This conference will focus on financial capacity and human capacity facing renewable energy deployment in remote indigenous communities across Canada. We are proud to be a partner with First Nations and communities in seeking clean energy solutions.

Finally, the Government of Canada is investing \$150,000 to complete targeted geological projects in Yukon. Similarly the Department of Environment has secured a number of cost-sharing agreements. Expenditures under all of these agreements total \$805,000 with 100-percent recovery; \$96,000 of this recovery was received last fiscal year under the *Inuvialuit Final Agreement* with a commitment from Yukon government to carry out the obligations under the agreement this fiscal year.

Further funding under the *Inuvialuit Final Agreement* was provided to increase core implementation funding for the Wildlife Management Advisory Council for the North Slope. That includes Herschel Island traditional parks operations and supports a 10-year review of the Herschel Island Territorial Park management plan. The total increase to the *Inuvialuit Final Agreement* is \$512,000.

The fish and wildlife recoveries from renewable resources councils seek increases to complete the following projects: the Mayo and upper Klondike Highway moose survey, Porcupine caribou herd satellite monitoring, and ecological and land classification training. The total increase is \$145,000.

We are halfway through a two-year agreement with the Government of Canada for the development of a Yukon operational flood forecasting system. A further \$148,000 was received to implement this agreement. The past floods that we experienced in Marsh Lake, Rock Creek and Mayo are not ones that we would like to see affect our communities again. This forecasting will give early warning to residents and will inform future actions that need to be put in place for the prevention of flooding events and mitigation of other impacts.

The Department of Health and Social Services has a mix of new recoverables and non-recoverable increases. I will begin with the recoverable items.

The department is receiving \$100,000 from the Government of Canada to cover some of the extra costs related to a sentenced youth offender who requires intensive rehabilitation and supervision in custody.

Beginning this fiscal year, \$100,000 in 2017-18 will provide services through the Smokers' Helpline to assist Yukoners to stop smoking. The congenital anomalies survey began in 2016-17 and the survey will be completed this fiscal year with \$15,000 from the Public Health Agency of Canada. The survey findings will assist the medical profession in their research.

Unfortunately, not all new increases in Health and Social Services are recoverable. We are preparing now for the

opening of the new Whistle Bend continuing care facility. Four new recruitment officers and a resident care manager have been hired at a cost of \$509,000 to ensure fully trained staff are ready to welcome residents in the care facility upon opening next fiscal year. The Children's Assessment and Treatment Services has seen increased demand for its services and requires additional overtime and auxiliary-on-call positions. These staffing costs are expected to be an additional \$869,000.

We are pleased that an agreement has been reached with the Yukon Medical Association. The association ratified this five-year agreement on September 14 and it was effective as of April 1, 2017. The agreement maintains a focus on a number of areas, including collaborative care and greater access for patients. It retains the collaborative care initiative working group that will create multi-disciplinary teams. These teams will further the work on integration of nurse practitioners into the health care system and further discussions on the regulation of midwifery in Yukon. It reduces some fees paid to physicians and repurposes under-utilized funds to ensure better use of these resources. The estimated total of the agreement is \$6.9 million over its five-year duration. The cost for this year is expected to be \$517,000. The volume and complexity of insured health services benefits continues to increase and this year is no exception; therefore, \$466,000 is required to cover these additional services.

Mr. Chair, there are not only increases to operation and maintenance; there are also savings and reductions included in this supplementary estimate. The 2017-18 main estimates included \$5.5 million for the annual pension solvency funding needs of the Yukon Hospital Corporation and Yukon College. In addition to this annual funding, our government provides support by guaranteeing letters of credit for the two pension plans solvency funding obligations. In June 2017, Canada changed pension regulations related to letters of credit and these changes increased the portion of a solvency deficit that could be funded by a letter of credit as opposed to cash. This means that approximately two years of cash payments to backstop solvency deficits have been eliminated and resulted in current fiscal year savings of \$2.3 million between Education and Health and Social Services.

The Department of Energy, Mines and Resources has reduced operation and maintenance costs and recoveries by \$3.1 million to reflect the new cash flows for the Clinton Creek and Faro mine remediation work. This change is due to revised work plans that have been approved by the Government of Canada.

I do have a lot more notes to go over as far as the update, so what I will do is sit at this time and allow for some opening statements from the members opposite. I will ask them to indulge me as I add to this record some important details about the supplementary budget when I get back up on my feet again after the members opposite have their time to speak.

Mr. Cathers: I would like to begin by thanking the Premier for those introductory remarks and thank the officials

as well for attending here today to provide expertise here in the House as well as for the informative briefing.

I would like to begin, in speaking to this in my capacity as Official Opposition Finance critic, by again reminding the Premier — I know the Premier has had challenges in managing the territory's finances, but I do have to be so rude as to point out a few of the key facts as the Premier has been forced to acknowledge in the budget and his own press releases — indicating as well in his press release issued on October 2 that said — and I quote: "... the 2017-18 Main Estimates indicate that the Government of Yukon held \$93.4 million in net financial assets at the start of the fiscal year..."

So again, the Premier needs to be accountable for the spending decisions that this government makes, and to attempt to blame your own spending choices on previous governments is something that may work for a little while during the honeymoon period, but Yukoners are quickly catching on to the facts and realizing that the choice of this government to table the largest budget in history and to increase spending in a number of areas is in fact a choice to increase spending.

The increase of 202 FTEs, or full-time equivalent employee positions, that are contained within this year's budget, according to the Premier's own statements in the spring, are decisions that government must be accountable for.

With respect to the individuals who stepped forward to serve on the Premier's Financial Advisory Panel, we continue to be of the view that there is little value in spending \$250,000 or so in bringing in outside experts if you're not going to allow them to look at the same level of detail in the books that ministers have access to. While it is possible that these people could, if provided access to the books and details, identify areas such as where administrative costs could be reduced, service delivery improved, and many other areas that could be achieved through finding minor efficiencies rather than more dramatic tools that the Premier tasked them to consult with the public on — in fact, we view this as not a good expenditure of taxpayers' dollars. If it is simply — as it appears to us — an attempt to avoid having to answer for some of the tough questions and the potential tools that the panel is floating, it is something that — unfortunately for the Premier, those chickens will come home to roost.

In beginning my remarks here this afternoon, I would like to note as well that the Premier told the House on May 9 — and I quote — as Hansard will find in Hansard for May 9: "This budget reflects a clearer picture than any previous budget."

Now we have seen that this, in fact, is not the case.

A few of the notable examples of this include the \$10.2-million capital lapse in the Department of Education due to delays on its capital projects. We see increased costs under this government's watch for the Salvation Army construction. We understood that there are delays in lot development at Whistle Bend, and we know that the government has failed so far on its oft-repeated promise to hire 11 new mental health workers.

We have seen, as well, ministers refusing to answer important questions about key financial matters in their budget during Question Period. The Premier may say that they didn't know the answer rather than a refusal to answer, but whether the ministers didn't know the answers or refused to answer, neither fully meets the standard that Yukon citizens expect ministers to be held to when they are asked questions during Question Period.

The Premier and his colleagues do need to remember that whether they like members of the Official Opposition and the Third Party, or like the questions that we ask or our manner of asking them, when we ask legitimate questions these are questions that we are asking on behalf of our constituents and other Yukoners. Even if they would rather not provide members of a different party with that answer, the public deserves that information.

Another example of ministers already during this Fall Sitting — almost a year into this Liberal government's time in office — in addition to the example that I gave about ministers not knowing the answer or refusing to talk about the \$10.2-million capital lapse in the Department of Education, we have seen as well the Minister of Health and Social Services refusing to answer questions about funding to cover the Hospital Corporation's \$5.2-million funding shortfall.

I would note for members and for the interest of those listening that, as is shown in Hansard, if members choose to flip back to May 15, 2017, the minister herself acknowledged that the Hospital Corporation requested a four-percent increase. The minister said — and I quote: "We have enhanced their budget by one percent." The minister also specifically acknowledged during debate on that date that the hospital had asked for \$5.2 million more than the government had chosen to provide them. When we returned to that question this fall during Question Period, an area that had seen debate in the spring and an area of one of the most important service-delivery sections that are offered by the Yukon government and its corporations — that being hospital services — the minister either did not know the answer or felt that members and the public did not deserve the answer to that question.

We appreciate the fact that these numbers are actually in the supplementary budgets and that department officials gave us a clear explanation to those questions that those two ministers should have known and should have answered if this Liberal government believes in ministerial accountability. I would ask the Premier, when he gets up, to let us know whether ministers are still required to sign their budgets before they are submitted to Management Board or if that part of ministerial responsibility has been eliminated during his time as Premier and Finance minister.

If ministers do indeed still have to sign their budgets, why are they not expected to answer questions or remember the content of that budget when asked about it?

I will move to another area. I received something in my mailbox this fall that I assume was similar to that received by a number of other Yukoners. In fact it was likely sent out to all mailboxes in the territory. I received a document with the

Premier's smiling face on it, entitled 2016-17 Report to Yukoners, a message from — the Premier's name — noting a brief introduction and then going through the year in review according to, apparently, this government's own assessment of the highlights of that year. In this two-page document outlining what the entire Liberal Cabinet has been working on for the past — almost a year since they were elected — we see on the front page a total of six things that they list as having achieved and several commitments to take other actions.

Of their self-proclaimed review of the people-centred approach to wellness that supposedly will help Yukoners thrive, two of the six commitments relate to amendments to one piece of legislation. One relates to providing naloxone kits, which, again, is a valuable initiative, but if that's a highlight of your year in office, it is not exactly overwhelming action.

The fourth one brags about having increased tax rates. The fifth one refers to the delayed Salvation Army Centre of Hope that was completed in July 2017 and expected to open this fall. That is an initiative not only started by the previous government but was allowed to experience delays and go overbudget due to this government's failure to manage the project appropriately.

The sixth and final highlight outlined in the government's successes and deliveries in their people-centred approach to wellness is expanding the free HPV immunization program to include grade 6 boys and older at-risk males. From these elements, a re-announcement of a project started by the previous government and an increase to taxes, a program to provide naloxone kits and expansion of an immunization program — not exactly anything to write home about, let alone to write home to all Yukoners as the highlights of page 1 of your report to Yukoners.

I will move on to the back of this report to Yukoners, entitled "Our strategic investments build healthy, vibrant, sustainable communities". Our work so far — again, according to the Liberal government's self-styled report to Yukoners —

Some Hon. Member: (Inaudible)

Point of order

Chair: Mr. Silver, on a point of order.

Hon. Mr. Silver: As much as I am happy that the member opposite is reading into the record our own brochure that we sent out to all Yukoners, I'm not sure how this relates to Committee of the Whole general debate on the supplementary budget, and I would ask the member opposite to keep his comments to the issues at hand today.

Chair: Mr. Cathers, on the point of order.

Mr. Cathers: On the point of order, Mr. Chair, I believe my comments in question are well within the historic boundaries of general debate on budgets here in this Assembly during a survey of the past 15 years.

Chair's ruling

Chair: While we are in general debate, and it is fairly broad, there is certainly an issue with reading at length from a

document, even if it's only two pages. We don't want the entire two pages read to us, so if you could proceed.

Thank you, Mr. Cathers.

Mr. Cathers: Thank you, Mr. Chair. The reason that I'm reading from this — and I will, of course, respect your ruling, Mr. Chair, but just for the Premier who seemed confused by this — is that when the government chooses to issue a report to Yukoners — which I assume was paid for with taxpayers' dollars and mailed out with taxpayers' dollars — reporting on how they've used all the resources that are provided to them by the public, once elected as the Government of Yukon — in noting that their report on almost a year in office seems pretty underwhelming, it may not be what the Premier wants to hear.

But the point that I'm making is one that my colleagues and I have heard from many Yukoners — that there are a lot of grand commitments made by this government in the last election that they feel they've seen very little action on. So we're bringing forward these concerns from Yukoners and doing our job as the Official Opposition in identifying areas where we feel that the government has not lived up to commitments, such as its central campaign commitment to "Be Heard", which certainly, as we saw through the recent debacle involving the *Public Airports Act*, clearly did not apply to that piece of legislation.

With other legislation, as well, we have been critical of short consultation periods or failures to consult in any reasonable length of time. Again, when we refer to what the government claims and identifies as the deliverables that they've made in the year to Yukoners, as I noted before, it seems to me not much to write home about, let alone something to write home about to all Yukoners.

In referencing this document as well, I would note that, in the list of deliverables on the back, the Premier's document talks about reducing energy costs and greenhouse gas emissions through building upgrades — again, an action commenced by the previous government. They talk about expanded online services, some of them mentioning in fact initiatives that were started by my colleague, the Member for Kluane. This is in terms of initiatives such as permit hunt applications, harvest reporting and other environment-related online services.

Some Hon. Member: (Inaudible)

Point of order

Chair: Mr. Silver, on a point of order.

Hon. Mr. Silver: I do apologize for getting up again, Mr. Chair, but I don't think the member opposite heard your ruling. He has gone back to reading from the exact document that you told him to stop reading from. Again, if the member opposite could please leave the questions, comments and concerns to the supplementary budget in general debate, we would really appreciate that. Also, if he would listen when the Chair gives him a ruling, it would also be advantageous to the debate and democracy in general.

Chair: Mr. Cathers, on the point of order.

Mr. Cathers: Mr. Chair, I believe I did listen to your ruling and it seems that the Premier just attempted to instruct the Chair what he should be doing, which I don't think is appropriate.

Chair's ruling

Chair: You are absolutely correct. I will not take instruction from members on either side of this House, but I thought I was fairly clear about reading from the document as well. Debate is general, but we are talking about the supplementary budget, not consultation and a number of other things — if you could focus on the budget please, Mr. Cathers.

Mr. Cathers: Thank you, Mr. Chair. I will respect that ruling. I am a bit surprised by it, but of course that is your prerogative so I will note that, Mr. Chair.

Again, what I want to — the Premier seems to see this as a laughing matter.

Chair's statement

Chair: Mr. Cathers, I would ask that you do not comment on rulings of the Chair please; they are not debatable. Thank you. Continue.

Mr. Cathers: I will ask the Premier, if I may, Mr. Chair: In the supplementary budget, is funding contained or was it included in the mains for this year to pay for this report to Yukoners? If so, how much of taxpayers' money was spent on completing that report and sending it out?

I am going to move on to other areas that are within this supplementary budget. I would note that we have seen promises this spring for the hiring of 11 mental health workers. We have recently seen a breakdown of where these workers are supposed to be located, but we have heard that none have been hired. The Third Party has also raised the issue about the lack of action in this area. I would have to ask the Premier how many, if any, of the promised mental health workers have actually been hired? If those positions are vacant, when are they expected to be filled?

Secondly, in that area we see, as the media also noted, that the choice of what, for lack of a better term, would be characterized as a "four-hub" approach to providing mental health services to Yukoners has notably seen that the Premier's community of Dawson is one of the hubs for services. I would ask the Premier: Who made that decision? Was that made at a Cabinet level or at a departmental level?

I would also go on to note that we had some debate during the spring about the Yukon's debt cap. The Premier, as he will recall, and I will just refer to Hansard for his specific comments about it, but the Premier told the House of Commons finance committee on April 4 — the Premier made reference to a desire to change the debt cap for the territory.

The Premier said — I am just looking for the specific reference so I don't misquote the Premier. I'm not finding the specific reference, but I will get that the next time I rise. I would note that the Premier stated that they are looking to remove power from the debt cap.

During the spring the Premier went on during debate to assure me on May 11. The Premier said, as recorded in Hansard — and I quote: “We’re not planning on taking on more debt. It’s as simple as that.” So my question is twofold: Has any change been made to the Yukon’s debt cap? Secondly, has the Premier requested any changes to the Yukon’s debt cap?

I will close with those comments and look forward to hearing more from the Premier in response to the list of questions that I have provided.

Hon. Mr. Silver: Mr. Chair, a lot to unravel there and a lot of time in between questions, so you’ll have to indulge me here with answering responses to the member opposite.

We can go back and forth about what kind of financial situation we have been left with and the member opposite’s words of being responsible for our actions — we are. We are providing more fiscal scrutiny than the previous government did. The bottom line is the bottom line. Ten years of spending more than you make — that is the Yukon Party legacy. So again, we are trying to get away from that. Was Rome built in a day? No, but this is the intent and this is the money spent from the Yukon Financial Advisory Panel. It is due to the fact we inherited a certain situation.

The member opposite can talk about specific quotes or specific things that he finds as evidence to the contrary, or I urge Yukoners to read the 100-page report of the Yukon Financial Advisory Panel. It is third party. It’s a third-party review and that third-party review, we believe, was a good investment so that Yukoners can actually hear from a non-political stance.

Now, when the member opposite says that somehow he believes that the independent financial analysis wasn’t there, well we take huge issue with that because we reached out again to the Yukon Financial Advisory Panel and we asked them: “Was there anything you needed from these departments? Did you have any road blocks?” The answer was: “No.” They were very happy with how open and accountable this Yukon Liberal government was to allowing them to reach into the departments and work with the departments to come out with their report.

To also paint this as an Outside-only pursuit — that is just insulting to the Yukoners who are on the Financial Advisory Panel, which begs the question, Mr. Chair: Why would we be going down a road of seeing whether or not from the members’ opposite perspective this panel did or did not have open access — they did. Were there Yukoners on board? Yes, there were. Did they reach out and consult? Yes, I believe there were over 60 different meetings in communities — 68 different meetings in communities — and so you have to ask the question: Why? Why all the scrutiny? Well, because they are critics and they are in the opposition and that is their job. But also, maybe it’s the fact that we weren’t left in as rosy a situation as the member opposite still hangs on to.

Again, what it comes down to is that you can take a look at certain financial anchors and you can take a look at one moment in time as far as our debt-to-asset ratios, but if you take a look at the trend — a 10-year trend — you can’t spend

more money than you earn — you can’t. We are going to do our best to reverse that trend.

We have been criticized by the Official Opposition a few times about actually answering the questions, which is quite interesting. We have done more legislative returns in the first nine months than I believe the Yukon Party did in the last five years. When you have a new government, to think that we would automatically be able to come in and know everything about our departments — nobody expects that. What we’ve decided is if we don’t know the answer to the question, we’re going to provide the answer. I guess that’s what the confusing part is for the Yukon Party.

During Question Period, we would ask the questions and we wouldn’t get answers. It’s interesting to hear the member opposite from Lake Laberge say we’re representing question from Yukoners. I believe those were my words when I would get up and be compared to a Timbit hockey player from the members opposite — being insulted by bringing up the questions from Yukoners from all the constituencies. They didn’t give us legislative returns; they gave us attitude.

What we’re doing now is we’re giving the legislative returns because this government is very interested in making sure that Yukoners can see past the opposition’s perspective when Yukoners bring their legitimate questions and concerns to their door. I want to say that is the democratic process and we encourage criticism, but again, when those criticisms come forward in the form of questions, we are trying our best to provide the answers that Yukoners deserve.

Another example of how open and transparent this government is and how we’re trying to change the business of the Legislative Assembly in general debate, my ministers are here, ready, willing and able to answer questions that are specific to their departments. I will ask the member opposite if his team in this position in general debate were afforded that option or were — because we weren’t aware of that. In general debate the questions went directly to the Minister of Finance. Now, because we do have a hodgepodge of questions from the Member for Lake Laberge that go all over from the kitchen sink all the way forward to the Magna Carta, we have all our ministers ready, willing and able to ask specific questions that came to his desk from Yukoners, so another way that we are being more accountable.

The member opposite also mentioned the Salvation Army — kudos to the members opposite for their work on the Salvation Army Centre of Hope. For years, the Salvation Army was the only game in town, for better or for worse. They have done so much for the homeless population of Yukon. Absolutely — congratulations to the member opposite and his team for getting that project as far as they did. The problem was: Who is going to be in that building and what is going to be in that building? Those questions were not answered.

When you take a look at the overall strategy and when you take a look at all the shareholders who have worked in the NGO community and in the municipality, the First Nation governments and their vision of what we need to be doing with our homeless and marginalized population — lots of

questions were still going begging when we came into government. Yes, there were a lot of conversations that we had to have to make sure that building and that facility was whole, and I have to give credit to the Salvation Army.

I know that they have had some amazing conversations and meetings with this government and with other governments here in Whitehorse, and they are so willing to move forward on a collective ideology when it comes to how we are going to work with our most marginalized citizens. We will take the criticism if the member opposite wants to take all of the credit for the Salvation Army — that is great. We will take the criticism because from here on, it is our responsibility, and we will make sure that the services and programs that weren't developed under the Yukon Party are developed moving forward and that there is space in that building, not just for one particular model, but a plethora of models.

Again, my deepest respect goes out to the people who are running the Salvation Army here in Whitehorse for their willingness to move forward with us on that vision.

We hear this a lot — the member opposite will pinpoint specific things that he has found, or a piece of paper here or there and say: "Aha — look at what the Yukon Liberals are doing." We just heard it in his opening remarks. He said that we are increasing taxes. Mr. Chair, I need to correct the record here. Sure, we are increasing the tax on cigarettes, but we are doing that for health reasons. If you take a look, we are also decreasing small-business taxes and the corporate tax rate. I would believe that the amount of money collected in each of those pales in comparison. Again, if the member opposite doesn't think that we should encourage young people not to smoke, well then I would like to hear why he would think that we shouldn't raise this tax. I believe his government has raised this tax in the past, so it does run a little bit in the face of his party's initiatives over the years when it comes to cigarette taxes.

For the record, we are actually reducing Yukoners' taxes. We have reduced the small-business tax. We have reduced the corporate tax. But again, Mr. Chair, when the Member for Lake Laberge does his research, there is definitely a theme here.

We keep on hearing about consultation on one specific piece of legislation when really this summer was a record of consultation. We had the most engagement in Yukon history on a particular piece of consultation. I am not even going to bring up aviation. We have spoken so much in the Legislative Assembly about the aviation legislation. I am just really thankful for the wherewithal of the Highways and Public Works department and the minister to look past the headlines and make sure that the industry is made whole. We have seen that today with comments from the aviation industry about how they are happy with the conversations — the engagement that has happened with the industry and this government. We heard that as of today in the media. Again, the working group that "shall" meet is a very important step and I am proud of the consultation. We will put our record on consultation up against the Yukon Party's record on consultation any day.

There were some specific questions about mental health workers. Again, we have seen it in the Legislative Assembly today and it is hard not to get a little bit emotional on this — five years of bringing to the Legislative Assembly the fact that there were only two mental health workers for all of the Yukon communities under the Yukon Party government — two.

To talk about the travel schedule alone for the mental health nurse who was in Dawson, whose responsibilities went from Old Crow, Dawson, Stewart Crossing, Mayo, Pelly and Ross River — one mental health worker. I'll say here — and I really want my Minister of Health and Social Services to speak to the specifics of the hubs and the plan that we have, but I will say this: Yes, recruiting is hard, but the Yukon Party wouldn't know that because they didn't recruit. They relied on two mental health workers.

I'll even go as far as to say, one was even very, very — well, in the conversations that I have had with the mental health workers, it was hard for them to even talk because they didn't want to even bring this up because they knew there was a lot of pressure on the Yukon Party government because there weren't enough mental health nurses in the communities. But I am so happy — both the NDP and I — fought tirelessly to bring this to the Legislative Assembly and I want to thank Jan Stick for her tireless lobbying of the government to do more for mental health in the communities. We are working. It's not going to happen overnight and we are working very hard. It's hard to do the recruitment and we're working on it, but that is the difference — we are working on it.

The member opposite asked me if I had anything to do with the hubs in the communities. No, I did not have anything to do with the hubs. My Department of Health and Social Services is who is moving forward on having hubs in the communities. I would ask the member opposite: Does he not think that where we have a hospital we should use that area, whether it be Watson Lake, Dawson City or Whitehorse as a hub for mental health? Is that a bad idea according to the member opposite? I think that it's a lot better than having two mental health workers for all of rural Yukon.

The member opposite is reading from a report to Yukoners. I would urge him as well and everybody here in the Legislative Assembly, on or before October 31, the Public Accounts will have a full accounting of where our government is spending our money, and so we will look forward to that debate when the Public Accounts comes out and shows the full accounting of the past government's spending. We will then be able to take a look at the big changes that we're making — coming up in the next few budgets — as the Public Accounts roll in and we continue debate on those issues.

The member opposite asked about changes in the debt cap. No, there have been no changes to the debt cap. No changes to the debt cap have been registered. No changes to the debt cap have been granted. But, again, when the previous government has spent half of the debt cap already, we will have the conversation about what do we do when federal money comes 25 cents to a dollar on a lot of different funds

and on a lot of different infrastructure projects. These are some tough decisions to be made moving forward, but to answer the member opposite's question: Have we touched the debt cap? No. Do we want to? No, we don't want to. We want to make sure that we work inside of our means, which might be new to the member opposite.

I just want to continue with some of the items that are in the supplementary budget, which we're supposed to be talking about here today, so I'll get back to the supplementary budget.

Public Service Commission estimates for employee future benefits — that estimate decreased by \$1.5 million since the last actuarial study. The Yukon Housing Corporation has identified a reduction of \$256,000 to its operation and maintenance budget as a result of the delay in the construction of the 42-unit affordable housing project in Whistle Bend. Da Daghay Development Corporation has a rent supplement agreement with Yukon Housing Corporation that supports the corporation to provide lower rent to Yukon Housing Corporation's social housing clients. Payment from Yukon Housing to supplement the lower rents is not required until the building is occupied, which isn't anticipated for another year.

The French Language Services Directorate has identified a \$5,000 decrease to its operation and maintenance expenditures to offset the same increase to capital to enable the directorate to purchase new computer workstations. This summarizes the highlights of changes to operation and maintenance forecasts.

I will also now move to highlight some of the changes in capital in my time here.

Six departments seek increases to their capital vote, totalling \$6 million, while capital decreases total \$9.6 million. These increases and decreases consist of projects delayed last fiscal year and projects that need to be deferred to next fiscal year. Capital recoveries total an increase of \$3.2 million.

The Department of Education requires an additional \$595,000 to complete the technical education wing of F.H. Collins school due to an increase in hazardous materials found. The work on this wing has now been completed. Unfortunately, other projects planned for the site of the old F.H. Collins school have been delayed due to the discovery of increased contamination. The Department of Education is deferring over \$10 million in capital projects to next year.

The F.H. Collins track and recreation sites and the final completion of the new F.H. Collins school cannot be completed until testing demonstrates that the site is clean of contamination. For these projects, the department is deferring \$3 million to next year.

\$7.2 million for the francophone secondary school is also deferred to a future year while planning continues this fiscal year. The Government of Yukon will receive a financial contribution totalling \$7.5 million over the next two years from Heritage Canada for this project. A half-million dollars of the total is expected this year to offset a portion of the \$750,000 cost this year for planning.

The Department of Environment increases in capital are fully recoverable. Changes to the *Inuvialuit Final Agreement* support increases of \$25,000 in capital core implementation

funding. The Canadian Northern Economic Development Agency is providing \$55,000 to support the building of hiking trails at Wolf Creek and Pine Lake campgrounds. The Department of Health and Social Services capital increases are primarily to continue work on projects that could not be completed in the last year.

I only have a minute left here and I do have a lot more to add. I will just put a few more on the record now and get back to my comments at another time.

Supplementary funding will ensure that these projects can be completed this year. We are also proud to announce the opening of the Salvation Centre of Hope; \$745,000 is included for the completion of that much-needed project. The recovery for the project will be available this year. The Salvation Army is contributing \$1.1 million, and Canada, through Yukon Housing Corporation's affordable housing initiative, is contributing \$1.2 million.

I will leave with one more point. The McDonald Lodge demolition was delayed last year due to a discovery of hazardous materials. An additional \$360,000 in this supplementary budget will move the project forward from here.

I will keep it at that for now and open it up to questions from the members opposite.

Mr. Cathers: I appreciate the Premier confirming that there hasn't been a change made to the debt cap. He used two specific terms. One of them was "registered", and I would just ask the Premier again to rise and confirm whether or not he has requested a change to the debt cap. He said that one has not been made, but I will ask him to clarify that specific point.

Secondly, I would ask whether or not — just to recap, in the spring, during debate with the Premier, he confirmed that the total amount in borrowing and long-term debt was still at \$201.5 million, which is the amount shown in the 2015-16 Public Accounts, most of which, for the record for those listening, is actually to do with Yukon Energy assets, the largest being Mayo B, and some of the older amounts actually predate the Yukon Party's time in office. So again, if he could confirm that the total is still \$20.15 million in total long-term debt, with \$195.5 million remaining in borrowing capacity.

I would just also go on to note that the Premier made a few specific points including about legislative returns and the increase of them by this government. I would commend the government for the increase in that. Also, I'm compelled to note the three primary reasons why that has happened. The first is that this Cabinet has a habit of not answering questions during Question Period, and certain ministers are notorious for saying, "I don't have those details at my fingertips" question after question, after question. If we're lucky, we get the information later in a legislative return.

The second primary reason is that we are doing more written questions than the previous Official Opposition or Third Party did.

Of course, the third reason is simply a choice of style. I would again acknowledge and thank the Minister of Community Services for the very expeditious reply that he provided — and I thank officials as well for that — regarding

specific questions I had asked about Wildland Fire Management costs from this fiscal year. The minister provided that by way of legislative return. In the past, it would have been — as a matter of style perhaps, I personally — and I know a number of my colleagues — would have tended to do that through a letter to the member. Either way is acceptable and I do appreciate that information. I thank both officials and the ministers.

The Premier likes to pretend that money in the bank isn't money in the bank but, unfortunately, \$93 million in net financial assets being spent down according to the Premier's plan to this fiscal year by burning through over \$80 million in cash is a fact, as noted in their own budget documents.

I would also note, in reference to the budget documents, that after claiming to be more transparent, the Premier chose in the spring to reduce the budget highlights providing explanation to the Yukon public from a previous total of 11 pages during the previous Finance minister's — then-Premier Pasloski — budget down to a mere four pages of highlights in his budget, heavy with pictures and infographics and very light on content.

Mr. Chair, I believe that considering the time of the expected witnesses from the Hospital Corporation — to expecting adjournment shortly — but I would just put one more thing on record here. I would just note as well that we were disturbed in the spring to hear the Minister of Health and Social Services confirm that the Hospital Corporation requested \$5.2 million more than this government saw fit to provide them. We were disappointed to hear that they were held to a mere one-percent growth when, in fact, they had requested four percent — again confirmed by the minister herself — and we are concerned about the cost pressures at the hospital. I look forward to hearing from witnesses in those areas.

Finally, I would note that, with the \$1.22-million reduction in costs for the Hospital Corporation as a result of the change to booking of the pension solvency deficit, I am disappointed that the Finance minister and the Minister of Health and Social Services did not see fit to provide some of that cost-savings as an increase to cover the hospital's cost pressures.

With that, seeing the time, I move that you report progress so that witnesses can appear.

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

Motion agreed to

Chair: Pursuant to Committee of the Whole Motion No. 3, adopted earlier today, Committee of the Whole will receive witnesses from the Yukon Hospital Corporation.

In order to allow the witnesses to take their places in the Chamber, the Committee will now recess and reconvene at 3:30 p.m.

Recess

Appearance of witnesses

Chair: Pursuant to Committee of the Whole Motion No. 3, adopted on this day, Committee of the Whole will now receive witnesses from the Yukon Hospital Corporation.

I would ask all members to remember to refer their remarks through the Chair when addressing the witnesses, and I would also ask the witnesses to refer their answers through the Chair when they are responding to the members of the Committee.

Witnesses introduced

Hon. Ms. Frost: I would like to begin proceedings today by welcoming the witnesses to this Chamber. Appearing before Committee of the Whole are Brian Gillen, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation. I know this is the first time the chair has been on the floor of this Assembly. The CEO has been here before, and having been here many times before, you understand the procedures. I look forward to today. On behalf of the government, I want to thank both witnesses for appearing today and for their work over the years — Jason — and to Mr. Gillen, for your last year of contribution.

As a government, we strongly believe that representatives from arm's-length corporations such as this one appear annually to answer questions about their actions and activities. In the spring, the Yukon Energy Corporation and Yukon Development Corporation were here and representatives from the Yukon Workers' Compensation Health and Safety Board were here just last week. We are, like every other jurisdiction in Canada, dealing with stretched resources and increased demand on our health system. The witnesses see that every day and do their best to ensure that patients receive the best possible care. This is a daily challenge. In the expansion of the Whitehorse General Hospital and the recent construction of the new facility in Dawson City and improvements in Watson Lake, you can see the scale of the job that these two individuals have on their plates.

With that introduction, I believe the chair of the board has an opening comment. We just want to thank you both for appearing today.

Chair: Would the witness like to make opening remarks?

Mr. Gillen: Thank you, minister, for your introduction.

Mr. Chair, I would like to thank you, the members of the Legislative Assembly and all Yukoners for the opportunity to speak on behalf of Yukon's hospitals today.

Earlier this year, I had the pleasure to accept the appointment as the chair of the Yukon Hospital Corporation after more than three decades in federal public service, all here in the Yukon. I was involved in the final and self-government agreement negotiation process with Yukon First Nations as well as extensive work to transfer federal programs and services to Yukon First Nation governments and establish funding relationships between Canada and those governments. It is my honour to work in service for Yukoners once again. Here with me today is Jason Bilsky, chief executive officer of

the Yukon Hospital Corporation. We are here to represent our organization and its dedicated team.

The Yukon Hospital Corporation is an organization established pursuant to the *Hospital Act*, which sets out that the corporation is independent of government. We are not a government department, nor are we part of the Department of Health and Social Services. We are overseen by our board of trustees, which is comprised of representatives from communities across the territory as well as representatives from Yukon First Nations, our medical staff, public service and the public at large. We also speak on behalf of more than 550 staff members and volunteers, whom our patients tell us are among Canada's best health providers. I thought I would share some of what Yukoners have said about their care in their own words: "The whole team should be applauded for the care they provide to our community. I am sure this one of the best places in Canada to receive care."

We also operate within a specific mandate to provide quality hospital care and a number of health services in our hospitals, such as diagnostics, specialist care, therapeutics and patient support services to name a few. But we recognize our obligation to work with other health care system partners including the Department of Health and Social Services, physicians, continuing care, EMS, professional organizations and many others. The hospitals play an important role in your health care journey. Whether you come for a visit, a test or treatment, we want it to be the best care possible. This is our privilege and it is our responsibility.

Hospitals are very complex and sophisticated organizations within a larger, multi-faceted health system with different people, systems, standards, technology and much more, having to work together to provide critical health services.

Over the past year, we have made significant strides in providing safe and excellent hospital care right here at home, while at the same time managing significant complexities and pressures to ensure a hospital bed and/or service is available to you when you need it.

We are proud to say that the Whitehorse General Hospital expansion construction is complete, on time and on budget. The hospital's new emergency department is on track to open on January 8, 2018. The two-storey, state-of-the-art wing at Whitehorse General features a new emergency department and critical care unit, expanded ambulance bays, a data centre for advanced information systems that will support patient care, and upgrades to the hospital's power infrastructure and mechanical needs. There is also shell space to meet the Yukon's future health needs.

Why did we expand? The primary reason is quality and safety. The expansion creates modern treatment spaces designed to national standards in patients' safety and comfort, infection control and security. It not only provides more direct access to emergency care and an enhanced working environment for our staff, but also creates an improved healing space for patients. The project represents the first major enhancements to Whitehorse General in nearly two

decades and was only possible through a \$72-million funding package from the Government of Yukon.

We were also successful in getting local businesses involved in this project. Nearly 100 Yukon-based companies and specialized trades helped to ensure that this new facility was quality built from the ground up.

In emergency situations every moment matters. That is why right now, with construction completed, staff are working diligently to run practice drills, familiarize themselves with new equipment and protocols, prepare for transition, and ensure that they are comfortable in the new facility in order to provide great care when the doors open to the public.

Expansion all started with the addition of the MRI unit — the first in Canada's north — again with support from the Yukon government and the Hospital Foundation. About 2,200 Yukoners receive this important test here with reasonable wait times.

Our hospitals continue to experience significant overcapacity and demand for services keeps growing. We continue to strive to make best use of resources to manage these pressures.

Yukoners expect their hospitals to provide quality and safe care, and we take this role seriously. We are experiencing limited bed availability because, in many cases, some of our admitted patients out of Whitehorse General no longer require hospital care, but are awaiting a spot in another level or type of care, such as long-term care. Some 30 to 35 percent of our patients should be in another type of facility.

The organization's mandate is high-quality hospital services. However, as I mentioned, many times demand surpasses our mandate and capacity, and in turn we experience ongoing pressure to live within the resources we receive.

The numbers speak for themselves. We have, on average, 34,000 visits to the Whitehorse emergency department annually. That works out to roughly one visit by each Yukoner to the hospital each year. There are about 3,100 and 2,400 ER visits in Dawson City and Watson Lake respectively.

We welcomed nearly 400 newborn Yukoners last year. Approximately 10 percent of moms were from outside Whitehorse. We performed more than 2,500 surgeries — those are day surgeries and inpatient surgeries. We conducted around 28,000 lab tests and 34,000 imaging scans at Whitehorse General. Those numbers do not include diagnostics done on patients in the hospital.

In the community hospital, Dawson performed about 2,500 diagnostic tests and Watson was 2,100. We provided 2,200 MRI scans. We offered more than 800 chemotherapy treatments to Yukoners in need of cancer care here at home — roughly two to three individuals every day.

What's more, the average occupancy at Whitehorse General this past year was 96 percent. This means that more than half of the time, we did not have beds to meet the demand. You should know that the optimal hospital occupancy is approximately 75 percent. Despite this pressure, we have only postponed seven surgeries this year due to

occupancy. A deferred surgery is never taken lightly, but it is done to ensure patient safety.

We have also been able to maintain reasonable wait times for diagnostic tests and scans, as well as emergency department visits. In the face of this pressure, our team worked diligently to provide the best care and, many times, we collaborated with system partners to ensure that Yukoners have the right care, at the right time and in the right place.

We have completed, or started, several other initiatives with our system partners to alleviate pressures and ensure timely appropriate care. For example, following minor renovations to existing space in the Thomson Centre, 10 additional continuing care beds were made available in the fall 2006. Our team continues to explore ways to standardize and further enhance discharge planning and coordination so patients can safely transition back home or to another, more appropriate level of care.

We have also added permanent and temporary nursing staff at a cost of more than \$1.5 million in 2016-17 to help manage pressures and safely care for patients. In addition, we have extended housekeeping hours to prepare beds as soon as possible for use whenever they become available and maintain a comfortable and safe environment around the clock.

We are looking at opportunities to better utilize all hospital system beds in Whitehorse, Dawson City and Watson Lake. Following a thorough assessment of a patient's care needs, including access to personal support systems, Yukoners may be cared for at any one of our three facilities and can expect to receive quality care regardless of where.

Throughout the past year, we continued to focus on integrating systems and processes across the hospital system, so that our patients receive the same heightened standard of care at each of our sites. We also share space within the hospital buildings to create community health care hubs. Many of our community partners are co-located inside our community hospitals, including medical clinics and public health centres. Having multiple services in the same location, such as emergency care, physician appointments, lab services and First Nation health programs builds capacity and value in the health care system by fostering collaboration among partners and creating a more seamless health journey for Yukoners.

Yukon's hospitals and our people also achieved a number of significant milestones and achievements, which made a mark on the national stage, advanced care here at home and engaged the community as partners in health care.

Our territory's demographics are changing with the number of older adults on the rise. This means that our hospitals have had to look at how we can better meet the specialized needs of seniors. We were selected to join a national initiative called "acute care for elders" to learn and use practices that have been developed and shown to work in other Canadian hospitals.

We have introduced the first hospital volunteer program north of 60 as a way to enrich the great care. Today, we have 50 volunteers and the number continues to grow.

As part of Yukon's e-health initiative, Whitehorse General achieved another Canadian first with the first interjurisdictional electronic transfer of health information when certain lab orders and results were processed and transferred electronically between the BC Centre for Disease Control and the hospital. This reduces the time to receive results and enhances patient safety. We have also added new technology and further strengthened safe medication practices with the introduction of new automated drug-dispensing cabinets. These high-tech devices, now in Whitehorse General's emergency department and inpatient units, provide the hospital with an advanced tool that not only securely stores medication, but also offers additional safety measures.

A national program, Nourish, to harness the healing power of food, has taken root in the hospital. Health care providers, including ourselves, were selected to look at new ways to use food to enhance the patient experience and community well-being. This effort will provide insight on how other centres use food in the healing process and allow us to share some of our own made-in-Yukon successes.

First Nation, Inuit and Métis people represent one-third of our patients. An essential component to care is our First Nation health program where staff strive to ensure that patients who self-identify feel welcome and culturally safe and have the support to heal physically, emotionally, mentally and spiritually. This year, the First Nation health program team continued to be a strong advocate for our patients here in the Yukon as well as a leader to organizations across Canada and the world.

Our medical staff also participate in research initiatives focused on improving patient care. They have worked to bring innovative treatments to Canada for injuries such as frostbite. They work collaboratively with other Yukon health practitioners to practise skills and be prepared.

Health care is provided by many individuals and organizations across our territory, but Yukoners see one health care system and expect us all to work together. For example, due to bed pressures in the hospital, we work with our partners to facilitate the seamless and safe transfer of patients moving between facilities or returning home. We have also partnered with Yukon government and CYFN to prevent colon cancer through awareness and screening. This allowed us to invest in new lab equipment and staff resources to offer new screening tests here at home. Naloxone kits were made available to all at-risk patients in our hospitals, along with other community and public health centres.

Many of the significant advancements in care would not be possible without the support of the Yukon Hospital Foundation, which, over the last 11 years, has provided some \$5 million toward the purchase of leading-edge equipment. Most recently, the foundation reached its goal of raising \$600,000 toward the purchase of a fluoroscopy machine, which will be installed later this month.

After speaking with, and listening to, our stakeholders, partners and individual Yukoners, we renewed our five-year strategic plan and have set out a vision of: "A journey together. The best care every time."

We received more than 650 survey results. Yukoners told us they want to be more involved in their care, so it is centred around their needs and values. They also want the health system to be more integrated with fewer silos and increased alignment. They also want us to grow hospital services and use our resources wisely.

What do the next five years have in store for Yukon's hospitals? At Whitehorse General, we will continue planning for the next phase of hospital development, to use the vacated and shell space created by expansion to deal with the territory's highest priority needs. We will look to advance concepts such as health equity by removing barriers to care and creating culturally safe environments. We will strive for continuous system collaboration, innovation and increased alignment with our partners to ensure a seamless and safe health journey for Yukoners. We will work to engage patients as partners, bringing them closer and keeping them more involved in their care, and we will strive to ensure the hospitals keep pace with new processes, treatments, medical equipment and technologies — for example, updating our health information systems to ensure Yukoners receive the most up-to-date treatment we can deliver.

In closing, Mr. Chair, I would like to thank you and all of the members of the Assembly for allowing this time to share some of the most significant progress we have made, the challenges we face and the opportunities we have as a corporation to provide safe and excellent hospital care.

I would also like to thank our entire team, employees, volunteers and medical staff for the work they do and to Yukoners for continuing to place your trust in us.

Thank you very much for your time and attention, and we would now be pleased to answer any questions you may have.

Ms. McLeod: I want to thank the witnesses for appearing today. I am going to begin with a few questions regarding the MRI scanner.

Can the witness confirm for the House what the current wait times are for MRI scans?

Mr. Bilsky: The current wait time is categorized by, and triaged into, urgency levels. There are basically three urgency levels: we have the very urgent, we have semi-urgent, and then certain types of protocols that aren't urgent. Currently our targets for those are: seven days for urgent, 30 days for semi-urgent, and 90 business days for non-urgent. Right now, we are meeting all of those standards. Immediate, or urgent, standards are met almost immediately — probably about five business days for semi-urgent and 63 days for non-urgent.

The MRI has been in operation now for about two years. We're looking at probably 2,200 MRI scans per annum right now and, at this point in time, we are essentially meeting what we would consider to be national standards or national benchmarks across Canada for the wait times and for the number of prescriptions we should be doing per 1,000 in the territory.

Ms. McLeod: A few days ago, we had a discussion with the Workers' Compensation Health and Safety Board, which seems to send a number of their clients out to other

jurisdictions for MRIs. I'm wondering: is there any thought to being able to push those WCB clients through the system faster?

Mr. Bilsky: Thank you for the question. Certainly we've had discussions with WCB and we are willing and able to take clients through based on priority sequence as much as we possibly can. My understanding is there are probably in the neighbourhood of 50 MRIs that WCB does per year and certainly we will continue to work with WCB to make sure that if we can, we will see those procedures done here.

Oftentimes though, with WCB, those procedures are accompanied by having to be seen by other specialists, so there are often reasons why they are sent south versus being done here.

Ms. McLeod: Can the witness please tell us how many MRIs are carried out on an average day? I understand there are over 2,200 done over the course of a year. I'm curious how many hours each day MRIs are performed and how many staff are trained to perform the scans?

Mr. Bilsky: Today, we operate on extended hours Monday through Thursday, so approximately 10 hours a day on those days and that's to meet some off-business hours for certain clientele who can make it at that time. We have one full-time technician to run the MRI and I believe we have another technician who can actually also operate the MRI, plus one administrative staff.

The total number of MRIs that are done each day are approximately eight to 10, depending on how many can be fit in and what the particular procedures are, because some procedures are 20 minutes and some procedures are longer.

Ms. McLeod: In 2015, the corporation confirmed that they were not thinking of extending the total number of operating hours for the MRI scanner, but instead it created, as you mentioned, extended hours and shortened the number of days in the week that the scanner was operational.

Can the witness confirm whether the number of operating hours has risen since then — and I gather that it has not — and whether the potential to offer more days at extended hours has been explored?

Mr. Bilsky: Thanks for the question. The MRI today operates on the basis that we try to achieve: (a) a balance between wait times, and (b) the appropriate number of prescribed procedures per capita here that we have.

Certainly from a utilization of resources perspective, it's our job to make sure these resources are available when they need to be but not overutilized — because obviously it is an expensive system that we operate.

As of today, as an example, the national average standard would be approximately — our utilization rate should be between 58 and 60 per 1,000 per capita and right now we are operating at about 58. That varies across Canada, somewhere in the 30s up to the mid-60s. We're at the higher end of what you would see in Canada as far as prescribing practice in Canada and we're maintaining what are relatively good wait times for any other publicly funded institution that has an MRI, so from that perspective, at this point, although we

could vary hours, there is not a need to vary hours beyond what we have today.

Ms. McLeod: My next question was going to be whether or not we could offer more, but I'm hearing you say that is not something that you're contemplating due to maintaining a national average and also trying to rein in costs. So if the Hospital Corporation were to add more staff or add another shift to increase the services, what is the estimated cost of that?

Mr. Bilsky: That's a difficult question to answer. There are several parts that go into the cost. There is the cost of the staff and there is actually the cost of the radiologist to actually read the images. I would have to get back to — I mean, it's all dependent on, basically, how many procedures would be done at any particular given point in time. That would determine what the cost is, so I can't answer that directly at this point, I'm sorry.

Ms. McLeod: So I'm just going to move on. I have a couple of questions with regard to chemotherapy treatment at the hospital. Can the witness confirm the cost of chemotherapy drugs this year and provide a comparison, perhaps, to this year over previous years?

Mr. Bilsky: Do you mind if I ask for a repeat of that question, just so I'm clear?

Ms. McLeod: My question was: What is the cost to the Hospital Corporation for chemo drugs this year? I'm assuming it comes out of your budget, but you might need to clarify that with me — and whether or not you have a comparison year over year.

Mr. Bilsky: Certainly the cost of chemotherapy drugs and what we administer here — it is something that we pay for. It comes out of our budget. Yes, it has escalated significantly over the past several years. The cost of just the drugs alone is — we estimate this fiscal year, it will probably be in excess of \$2 million for the drugs. That has probably increased by double over probably a three-year span. So looking back three fiscal years, it would have been about half of that.

The explanation for that really is that there is a slight amount of volume increase, meaning that, because of earlier diagnoses of cancer and the treatments that are involved, there is a slight increase in the volume, for sure, and the number of patients who are going through. But the majority of that cost escalation increase is due to the complexity of the drugs and the cost of the drugs that are being used in chemotherapy treatments these days. They are very targeted, specialized drugs that come through protocols that are given to us by the BC Cancer Agency and it has escalated significantly over the past several years.

Ms. McLeod: That was very informative.

Can the witness comment on the current staffing levels for chemotherapy nurses in the Yukon and whether the Hospital Corporation could benefit from adding positions to provide more staff to, say, Karen's Room and to provide support for existing staff?

Mr. Bilsky: Thank you for the question. Today, the entire chemo program that we have has expanded significantly

over the past, I would say, 10 years. I would look back many years ago and say that there has been one chemotherapy nurse working part-time administering IV only. That has grown significantly over the past many years — I would say five to six years. Today, there are actually four GP oncologists who support chemotherapy patients here in the territory. There is a dedicated pharmacist to support the chemotherapy protocols. There are actually two half-time nurses — it's probably slightly more than half time, but two half-time nurses — who administer the chemotherapy, and then actually a cancer care coordinator who actually also has the capability of administering chemotherapy.

From its evolution, we have gone from a place where sometimes it was maybe difficult to make sure that we had the people in place to now, where we have several people who are cross-trained to be able to administer chemotherapy.

Ms. McLeod: Is it possible for a patient in Watson Lake or Dawson City to receive chemo treatment in their home community?

Mr. Bilsky: Not at this point in time would it be possible to administer chemotherapy in Watson Lake and Dawson City.

Ms. McLeod: I have a few questions relating to the ongoing concern of bed pressures at the Whitehorse hospital and about how things are going in that regard.

Over the last couple of years, steps have been taken to mitigate the issue in the short term. For the long term, the previous government had initiated the construction of Whistle Bend place to not only relieve pressure on the hospital, but to relieve pressure on other local facilities as well. I'm pleased to see how close we are to having that facility completed.

The chief of medical staff's annual report for 2016-17 states that Whitehorse General Hospital continues to experience significant pressure on bed use. It is reported that about 60 percent of daybed occupancy was equal to or greater than 100 percent, and sometimes as high as 118 percent. This is a little hard for people to understand, and the math doesn't work for me.

Can the witness explain what is meant by the statement in further detail? Particularly, can we find out how many days the hospital was at over 100-percent bed usage?

Mr. Bilsky: I think what was being stated there, just to paraphrase, was obviously that there is a significant number of days. I think it was stated in there that it was 60 percent of the total days over that period of time. At some point in time in the day, we had peaked over 100 percent of the total beds that we can utilize within the facility. That creates pressure on the system, for sure.

I don't know if I have answered the entire question. I might have to ask for clarification.

Ms. McLeod: Thank you for that. That's an excellent clarification. So about how many days is the hospital at over 100-percent bed usage?

Mr. Bilsky: To be exact on the number of days — I wouldn't know the number of days offhand, but I would say that over the last at least nine months, it is an accurate statement to say that for 60 percent of the days, we peaked

over 100 percent. We are a 24/7 operation, so it would be the full 60 percent of those days that we would be over 100-percent occupancy.

Ms. McLeod: Can the witness confirm how many patients were sent to rural hospitals from Whitehorse, their approximate length of stay, and, further to that, how were they transported to and from rural hospitals?

Mr. Bilsky: On average, at this point in time and probably for the last four months, we have been transferring probably two to four patients per month. I would estimate two to each community over the past three to four months. Certainly we have escalated that practice over the past several months. The strategy has two benefits: one is obviously to decrease some pressures here in Whitehorse from an occupancy perspective, but also it is a more fulsome utilization of Dawson City and Watson Lake and it maintains some professional staff competencies and scope there.

We have developed criteria for the transfer of patients to and from Watson Lake and Dawson. The average length of stay is probably anywhere between three and six weeks. When we look at patients who transfer, we are looking at situations where we are ensuring that they still have safe and proper care, no matter what. We know that it's a challenge for certain patients — most definitely. Oftentimes, though, patients do go there and they may stay even longer than three to six weeks if they are satisfied with the care and it is a therapeutic environment for them.

Ms. McLeod: I didn't hear how they are being transported. I am just curious. Are they put in an ambulance or sent with support by air, or does it vary? I am not quite sure how people are transferred from one hospital to another.

Mr. Bilsky: I missed the last part of the question, and I am sorry about that. My understanding is that the majority, if not all, are medevacs by air. Depending on the patient's state — meaning if they have improved significantly — they could come back on a scheduled flight, but the majority are medevacs by air to and from the communities.

Ms. McLeod: I have just a bit of a further question on bed pressures. How much of the average volume of bed use — and I am talking about Whitehorse here — is comprised of patients designated as ALC, or alternative level of care?

Mr. Bilsky: In Whitehorse, it fluctuates day by day, for sure. We would estimate that it is between 30 and 40 percent of the total number of beds that are being utilized by patients who we would consider to be ALCs, or alternative level of care. What that definition means is that they no longer require acute care. That means that they are probably either waiting for long-term care or a transfer to another facility — maybe down south for a different type of care — and possibly could be better cared for at home, but the home supports have to be established for that.

Ms. McLeod: With respect to the Whistle Bend place, it has been reported that the expected opening of the facility will partially relieve the bed pressures that the hospital experiences.

Can the witness speculate as to whether adding more beds to the facility — and I am talking about the Whistle Bend

place — in the future would help relieve the pressures that the hospital probably should expect in the future?

Mr. Bilsky: Our goal at Whitehorse General would be to operate at, as the chair of the corporation said, probably about a 75-percent level of total occupancy. One of the things that is hampering that right now is obviously the number of ALCs that we have in the facility. We would want to achieve about a 10-percent or less ALC level in hospital. Right now we can average anywhere from 14 to 20 ALCs in hospital. That means going down to about six ALCs in hospital, which is a reduction on average of at least 10. Our expectation is that when Whistle Bend does open up — and we will work with our partners to make sure that we safely move and transfer patients — it will create some relief for a period of time in the future. How long, we don't know and that is really dependent on the demographics in the territory.

Mr. Gillen: The question of ALC patients in Whitehorse General is a challenge that hospitals across the country are facing. Almost every hospital has a challenge with greater numbers of ALC patients than they had anticipated or they had planned for. Not wishing to point fingers at anybody, but the whole question of appropriate places for elderly patients — ALC patients — is something that communities and governments have struggled with for years. I know that back in the mid-1980s, when the Piers McDonald government was in power, the Minister of Health at the time asked their deputy, "What's your biggest challenge?" The deputy said continuing care. And that was 30 years ago. We still have that problem here, but again, it's something that we have across the country. As populations age, it's something that needs to be addressed.

Ms. McLeod: It has been confirmed by the Minister of Health and Social Services in the House that once the Whistle Bend continuing care facility opens, Macaulay Lodge will be shut down. Macaulay Lodge has been a long-standing part of the community, offering intermediate residential and respite care for seniors and adults. Considering that the minister has confirmed plans to house these seniors in the facility that was originally meant to be dedicated as a continuing care facility, this would take up almost one-third of the 150 beds that will be available.

Does the Hospital Corporation have any thoughts on how this will affect the current bed pressures at the Whitehorse General Hospital?

Mr. Bilsky: Certainly it is our expectation that the opening of Whistle Bend and the increase in the inventory of long-term care beds will create relief, hopefully almost immediately, at Whitehorse General. How long that relief will last, we don't know because that is really dependent on an aging population in the territory.

What I can say is that I definitely know the board and our organization supports an aging-in-place strategy and being able to possibly increase the inventory of long-term beds in the territory. Where and how? That is a decision that is yet to be made and will be made with everybody's best interests in mind.

Ms. McLeod: So part of the plan is to provide beds to patients requiring mental health services at the Whistle Bend place and it has been confirmed that the services provided at this facility will only be provided to seniors. The minister has stated that this wing will not open until 2020.

Is the hospital currently capable of providing care to patients in short-, intermediate- or long-term situations and will the hospital be able to continue to offer care to those patients who do not meet the age requirement to receive services at the Whistle Bend place in the future?

Mr. Bilsky: Currently, today, Whitehorse General Hospital has — we operate what is called a secure medical unit, which includes five beds, plus two seclusion rooms. The purpose of this isn't as a psychiatric hospital, nor does it provide psychiatric programs. Its purpose is to provide a safe environment for acute mental health patients while we assess and stabilize and provide basic interventions.

Essentially, you are stabilizing patients and trying to determine what the best transition is to other forms of care, whether it's in the community or somewhere outside the territory.

At this point in time, Whitehorse General, as I said, isn't a psychiatric hospital and doesn't provide psychiatric programs.

Ms. McLeod: In the chief medical staff's annual report, there is a proposal that will be forwarded to government regarding the need for enhanced mental health services. I would be interested to find out the details of the proposal and would obviously voice my support for the expansion of mental health services in the territory.

Can the witness provide any details about when this proposal will be put forward to the government and whether any discussion surrounding this proposal have been discussed with the government to date?

Mr. Bilsky: Just to explain this a little bit further, at this point in time we have done a needs assessment and some very initial functional planning as to what to do with the second floor shell space that's on top of the expanded emergency department. Through this needs assessment, it has been proposed that the highest priority need for this space is to accommodate the move and upgrade of what I just explained to you, which was the secure medical unit and to improve its operations from a safety-of-patient perspective and safety-of-client perspective.

One opportunity that may be added to that — and it's yet to be scoped out because it is only at the conceptual phase — would be to potentially increase the services that are available. Again, it won't be a psychiatric hospital by any means, but it could increase the services provided to mental health patients and improve some of the transitions to care that are available to them. At this point in time it's purely conceptual. We have only had very what I would call initial conceptual conversations with the Department of Health and Social Services about this.

The needs assessment that was done in the functional planning again proves that this is probably one of the priorities that we should be looking at. From this point forward, it gets

down to detail planning — detail planning from a functional perspective and detailed planning from a service and program perspective. We expect to be doing that sometime over the next six months and hopefully have some detailed information that we can provide to our partners at that point in time.

Ms. McLeod: Thank you for that. So the repurposing of the old emergency department may accommodate expanded secured care for some patients. Is the hospital also looking to expand services for procedures, labs, medical imaging — that sort of thing — into that space?

Mr. Bilsky: I didn't catch which exact space you're talking about. I heard the services, but I didn't catch the space, if you don't mind.

Ms. McLeod: I was referring to the old emergency department.

Mr. Bilsky: The existing emergency department, as you know, will soon be vacated as a result of the development of the improved ED. Part of the needs assessment that I just spoke about included all of the vacated spaces that will result as of the expansion. The identified need for the ED space at this point in time is to look at repurposing that space to expand what we call the "OR hub" or everything that circulates around the OR hub. Essentially, it's based on the need that we have due to increased pressures on the whole OR system that we have. As an example, we have just seen a new orthopedic surgeon come into the territory, which is going to increase the number of services provided in the OR. That means creating more efficiencies in that whole OR hub, from reprocessing to storage to post-anesthetic recovery areas and things like that.

The intent of that area of the vacated ED space will be to expand and increase the OR services that we have and make better use of the space that we have there.

Ms. McLeod: So the proposal surrounding the potentially enhanced mental health services at the general hospital — while I understood you to say that it would not be a psychiatric hospital, are there plans to provide any kind of psychiatric program in that space?

Mr. Bilsky: At this point in time, as I've said, all we've completed is a needs assessment and some very initial functional planning to see if it's feasible within the space that we have. Certainly, we're looking at the existing secure medical unit that we have and the service that we provide, and we're trying to address some very immediate needs that we have — safety concerns for patients, zoning patients, separating patients — i.e. separating aggressive and violent patients from other vulnerable patients — including some other deficiencies that we might have in that space — some areas for the times of programming that we have now, like maybe dining spaces and some patient flow areas. It has yet to be determined what additional programming could be delivered through there. Those will be discussions that we will have with the Department of Health and Social Services.

Ms. McLeod: I was going to ask you about whether or not discussions have taken place with government about expanding mental health services in either of the two rural hospitals — and you can correct me if I'm wrong, but I gather

from your statements that it's much more complex than just having the idea that there may be some building space alterations that would go with that. You can just comment on that when you get up next.

The report from the chief of medical staff refers to adverse events in hospitals that occur and may result in patient harm. Can the witness give some examples of what adverse events might occur and some of the recommendations that have been made on system changes that would reduce the risk and mitigate against these harmful events?

Mr. Bilsky: I will categorize the majority of adverse events that happen in a hospital system into probably three. As I said, these make up the majority of adverse events that patients might see. They include: medication errors, or medication adverse events; any type of falls that you might have in the hospital system; and any type of hospital-acquired infections that you might incur.

Certainly, it's our goal not to cause any harm to any patients. Patients come to us because they obviously want us to heal them and not harm them. In our case, we strive every day — because these are metrics in level and instance that are looked at, even with scrutiny at the board level to ensure that we maintain the best we can.

As some examples: safe medication practices are things like the pharmacist double-checks that might be done; certain types of lettering where transcription errors are eliminated through computerized management systems that we have. There are a number of things that we do and we are vigilant at always looking at best practices across Canada to make sure that we reduce the number of errors and harm that happen on any given day. What I can tell you is that I think we have a very good track record so far of ensuring that, when errors do happen and when harm potentially does happen, we take every opportunity to learn from any mistakes that we make or any harm that we have. To date, any harm that we have incurred has either been minor or of no harm — basically, what we would call near-misses from that perspective.

I'm proud of our hospitals from the perspective of ensuring that we don't cause any harm, but we are extra vigilant always, every day, to ensure that we are doing the best we can.

Mr. Gillen: At the last board meeting, our CEO gave us a document that talked about harm in Canadian hospitals. The costs of that are staggering. I don't have the numbers with me, but they are in the billions of dollars — the number of people, the costs to employers, the cost of employment, the cost to the hospitals themselves to treat the harms caused by people. Certainly, every month, the CEO's report to the board breaks down for us falls, medication errors, and there are several other metrics that we look at. Certainly, the board takes very seriously the number of errors that occur by our staff. Some of those — we talk about them being errors, but they are simple things like a nurse giving a patient a pill and then turning and leaving without seeing the patient take the pill. That's an error. It's not the procedure. The procedure is that the nurse is supposed to see the patient take the pill. But those are some of

the things. Then, of course, you go to the other range where patients fall and there are injuries.

But our hospital is striving. As Mr. Bilsky said, information comes to the board every month. We look at that and we question and query why this is happening. I know that some in our executive are not really happy with some of their subordinate staff who are missing some of these key points.

Ms. McLeod: As I was getting ready for today's discussion, I asked a number of people what their experiences have been with the Hospital Corporation, and I have to say that I have a 100-percent thumbs-up from patients who have used the hospital. I am very happy to share that.

Currently, we understand that five nurse practitioners have privileges to access Whitehorse hospital programs and services. It stated that new guidelines are being developed in order to allow for nurse practitioners to participate in patient care. Can the witness specify which programs and services nurse practitioners are currently able to participate in, and what aspects of patient care they will be able to participate in upon the revisions?

Mr. Bilsky: Last time we spoke here in this room, there was the issue that NPs could provide care under the direction of a responsible physician. That deferred authority, required of NPs, has been revised by our medical staff rules and has been changed so that it is no longer required. Having said that, at this point in time, where they can participate in care is actually mostly through the diagnostics — in ordering lab tests, ordering imaging and other diagnostics. However, we still have a ways to go when it comes to revision of our bylaws in terms of NPs directly participating in patient care, meaning admission to and discharge from the hospital. Our chief of staff is working really hard with our medical staff to take a look at how this can happen. We have consulted with nurse practitioners. We have consulted with YRNA and we have consulted with YMA to see how we can evolve the programs in hospital and the bylaws in hospital to accommodate this. It will still be a process that we will have to go through, and it is yet to come. At this point in time, I am not exactly sure how long that will take.

Ms. McLeod: While this work goes on, or at the end of the day when the bylaws are updated and these additional responsibilities are added in, is there going to be any effect on hours of work or wages?

Mr. Bilsky: I just have to ask a clarifying question — hours or work and wages for whom?

Ms. McLeod: On behalf of the nurse practitioners.

Mr. Bilsky: I just want to be sure. Is the question about the introduction of nurse practitioners into the system and how that will impact it?

Ms. McLeod: Yes, I suppose it is. When we talk about this, I am assuming that there are nurse practitioners, but now, as I recall, the minister probably said that they work in an administrative role by and large. Does the hospital have any nurse practitioners working with patients? Maybe I should start there.

Mr. Bilsky: I will answer the direct question and then maybe I will make another comment. No, there are no nurse

practitioners currently working within the hospital system, either as employees or as independent practitioners. That leads to the second comment.

Nurse practitioners can be enabled to work in two ways. We can employ nurse practitioners to work within the system in a health care delivery model, or they could be independent practitioners and work and be privileged to work within the hospital system. Those are the two possible ways that they can be within the system of the Yukon Hospital Corporation.

Ms. McLeod: Thank you very much for helping me get that clear.

The report states that the Yukon Hospital Corporation, in conjunction with Health and Social Services, continues to look for opportunities to improve visiting speciality services and reduce wait times. The notes say that the specialist clinic has 45 active visiting specialists, covering 14 different specialty areas. The report lists barriers to adding more visiting specialists are budget constraints, available space, available OR time and extra resources required.

Will the expansion of the ER — will that allow some of these barriers to be addressed and remedied perhaps, in order to expand the specialist clinic and is there any consideration given to having specialists attend to the Watson Lake Hospital and Dawson City Hospital to treat patients in their home communities?

Mr. Bilsky: The visiting specialist clinic, as it exists today, has actually 12 specialties — it had 13 up until recently — but with the introduction of a paediatrician into the territory, that visiting speciality actually moved off-site to an independent location. It is certainly always our goal to bring these specialties closer to home so that people don't have to travel when it's not necessary, but it's also an issue of the numbers that we have and the space availability we have. Today we are constrained by space. There is no doubt about that and that limits the number of clinics that can be hosted here and the number of specialists that come through.

That physical constraint has caused us to either limit the number of specialists we have here or potentially see some of the wait times vary. I'm very happy to say though that with the introduction of a new orthopedic surgeon and a paediatrician into the territory, that has opened up a significant amount of clinic space within the operations that we do have, and we're looking right now as to how to best utilize that and what are some of the priorities for some of those visiting specialties. We are concentrating on the specialties that we do have right now. We're not necessarily looking at introducing new specialties, but that is always open for discussion. There is a joint committee that exists between Health and Social Services, Yukon Hospital Corporation and YMA that is continuously looking at specialty services that we have.

In the future, yes, we are going to look at what potentially could happen out in the communities, but again it comes down to the volume and how we can sustain something in the communities from a specialty perspective.

Ms. McLeod: The Yukon Hospital Corporation previously said that there would be an additional seven

treatment spaces added with the new emergency department, bringing the total number of treatment spaces to, I believe, 17.

Can the witness confirm how many additional treatment spaces will be added with the new emergency department and how many full-time employees will be added to staff the additional spaces?

Mr. Bilsky: We're very proud of the expansion that we've undertaken here. As the chair has said, we're finished construction actually and we're in the operational readiness stages, which means that it's our goal to make sure that everybody is very comfortable in this space and that we're providing excellent quality care on day one in there, which is January 2018.

Just to confirm, the current ED has 10 spaces — what we would call treatment spaces — and some of these spaces are at this point in time less than ideal and don't meet standards that we would expect in today's standards. The new ED space has 17 appropriately sized spaces for what today's standards would be, plus an additional four of what we would call critical care units. It's increasing the total number of treatment spaces that can be used there up to 21.

It addresses many quality and safety concerns so the improvements are significant — things such as: distances from front entry; distances from ambulance bays to emergency department; and universality of the rooms, meaning that all the rooms are set up to be universal rooms and are all very similar in nature, which really helps when you're in an emergency situation. You don't have to look for things — where things are situated in the room — or if there might be itinerant people coming from outside the territory.

Triage is the first point of access for people coming into Emergency. You will notice that, similar to what you would find down south, this Emergency is now standalone. It's the entrance itself. You don't have to walk through the main entrance to the hospital and then go toward Emergency. It's the first point of contact.

There are safer treatment spaces for intoxicated patients requiring acute care, safer treatment spaces for any mental health patients who require acute care, decontamination areas, better security and access control. I'm quite proud of the improvements that are being made and more predicated on safe and quality care than it is necessarily on the volume of rooms that are being opened up.

To answer the question specifically about the total increase, we're looking at a total of 8.5 FTEs and that's a combination of some nursing staff and some support staff, meaning some facility staff, to actually operate the new building. That's what we expect on day one.

Ms. McLeod: The witness mentioned medical detox or that type of care being available in the new spaces — the care rooms. What's the capability of our rural hospitals to handle medical detox?

Mr. Bilsky: Both of the rural hospitals in Dawson City and Watson Lake are equipped with the ability to go through acute medical detoxification. Again, I stress "acute". They're not long-term substance abuse or detoxification centres — "acute" meaning that they're making sure that they're no

longer in a situation where they're in an emergency situation. Things such as standards and protocols are there as well as things such as seclusion rooms if necessary.

Ms. McLeod: Thank you very much for that.

Can the witness provide us with any kind of comparison for the last year and previous years when it comes to lab and medical imaging numbers and what sort of increases we are looking at?

Mr. Bilsky: I ask for your patience for just a minute while I look this up. I believe the question was about labs specifically and medical imaging. For the past fiscal year ending in March — and I believe we are consistently on track with that for this fiscal year — we looked at between 28,000 and 29,000 laboratory visits or procedures that we put through. On a year-over-year basis, that is approximately a 2.5-percent increase, if that was the question. In imaging, we look at about 35,000 procedures per year going through imaging. That increase is about four-to-five percent per annum on the total number of images that we do.

Ms. McLeod: Can the witness tell us what the age of the existing version of Meditech is that the hospital is using and confirm whether or not the government has indicated whether it is considering the hospital's request to upgrade Meditech?

Mr. Bilsky: What is being referred to as Meditech is our hospital information system. We are currently operating on what is called the "Magic" platform of Meditech. Unfortunately, that is probably the oldest platform of Meditech that is in use. It is probably in excess of 20 years old. The hospital information system is still functional, still usable, but we have difficulty with what is called the user interfaces at the moment. It continues to be supported by the vendor, although the version now — what it really means is that there are some delays in upgrades in performance or availability of some of the user interface improvements. We do have this on the radar screen as far as what we expect on our capital improvement plan overall. We continue to bring it forward as something that needs to be improved from a capital perspective. We have done a significant amount of planning for it; however, it is not something that has been approved yet.

Ms. McLeod: It sounds somewhat urgent. How long has it been put forward through the capital plan? What is the estimated cost to upgrade?

Mr. Bilsky: I would say that it has had visibility through the capital plan over at least the last five years. We had brought it forward in true earnest in — I'm going to say 2013. At that point in time, it was not approved as necessary to go forward as we had presented. I could be incorrect — it was either 2013 or 2014. At that time, it wasn't approved to proceed. At that time, we were on the very cusp, within the next six months, to proceed with WGH expansion.

At this point in time, it's not something that we would take on just from being able to digest a changed management effort that big until we finish the expansion project that we're under now, which is a large changed management effort in itself.

The platform upgrade of Meditech was estimated to be \$4.2 million at that point in time.

Ms. McLeod: I gather we can expect a somewhat higher amount going forward. That was two or three years ago.

I just have to raise this, of course. The government has refused to consider placing Wi-Fi services for patients and visitors in the Watson Lake and Dawson City hospitals. Can the witness tell the House what sorts of issues, from their perspective, may be preventing the Watson Lake and Dawson City hospitals from being outfitted with Wi-Fi services, and whether there are specific problem areas that could be addressed to enable the government to bring in Wi-Fi for the patients and visitors?

Mr. Bilsky: Just to explain a little bit about Wi-Fi — Wi-Fi is currently provided at the Whitehorse General Hospital. That is primarily due to the generosity of Northwestel, and the Yukon Hospital Foundation, in its origins, contributed significantly to the capital cost of instituting Wi-Fi.

At this point in time, it's true — we don't have plans to install a Wi-Fi cable system in both Dawson City and Watson Lake. Primarily, that is due to the cost of installing Wi-Fi and operating Wi-Fi in those two locations. Certainly we know that, in some perspectives, patient experience can be enhanced with Wi-Fi, but it's not a critical care need in either of the facilities, nor is it a critical care need in Whitehorse itself. Other options exist for clientele or for patients to access the Internet. They can access the Internet through cellular infrastructure if they choose to do so. That includes Watson Lake and Dawson City.

What I might say is that, certainly, if we had to prioritize expenditures, it would be about direct patient care that we would be prioritizing our expenditures — which we do every day today.

Ms. McLeod: I'll just go out on a limb here and say that there is already Wi-Fi and Internet operating in the hospitals. I'm sure the staff and the doctors enjoy those services. If I'm wrong on that, I stand corrected. I do understand there may be a bandwidth cost but, as far as a capital cost — let's call it — I would appreciate comments on extending that service when it is already run into the building.

Mr. Bilsky: At this point in time, actually, we don't have an enterprise system — I'll call it a business system, or a hospital-run system — of Wi-Fi in either location. It's not an issue of just extending or segregating a network for public use. We would actually have to install infrastructure there into both locations — there is a cost of capital there — and then we would have to actually operate it on an independent network, bringing the traffic into the system to and from, which is an additional operating cost every month to supply Wi-Fi. That is essentially the issue that we're facing.

Ms. McLeod: I gather from both government and the Hospital Corporation, then, that there is no real appetite to extend these services to patients. It was actually quite a surprise to me to find out that patients did not have access to Wi-Fi, because it was a Whitehorse patient who was sent to

Watson Lake on palliative care and this fellow had nothing to do. That's when it came to light that these services weren't available, as they are to patients in Whitehorse. But it continues to be a concern for those patients. I think it goes a long way for patient care. I understand that it's not a matter of acute care, but it still speaks quite loudly to the patient experience in our hospitals.

Can the witness confirm whether or not both rural hospitals are currently fully staffed both in regard to medical professionals and administrative staff?

Mr. Bilsky: I can confirm that there are vacancies that exist, both in terms of nursing staff and in terms of administrative staff — specifically in Dawson City, the administrative leader. Having said that, I can also say that we're not short-staffed from the perspective that we either find nurses who come in on a temporary basis or nurses who come from Whitehorse and fill spots in both locations. As far as administrative leadership, we continue to ensure that we overlap and provide good administrative leadership in both locations and we work very collaboratively with the medical staff, meaning the physicians, in both locations to ensure there are no gaps in care and to ensure that we have safe and quality care in both locations.

Ms. McLeod: I have heard numerous reports of rural patients who have been medevaced to Whitehorse and then released from the hospital with no supports and no way to get home. These are patients who have been transported, in some cases, in the middle of the night. They have no money, they have no coat, they have no vehicle, and then they are released at 5:00 a.m. because they're fine. Obviously this leaves some patients out in the cold — there you go.

Can the witness explain whether there is a protocol to follow to ensure that these rural patients are released from the hospital safely and with the necessary supports they require to return home?

Mr. Bilsky: Certainly we work very diligently with all of our system partners to ensure that appropriate discharge planning is in place and that protocols are followed. Having said that, different parts of the system are responsible for different pieces of that — an example is that medevac falls under Community Services or EMS, community nursing is under Health and Social Services. As I said, we work very hard and diligently to ensure appropriate discharge planning is in place.

It's unfortunate if something does slip through the cracks and certainly if there are instances of that, we do our darndest to learn from those and improve.

Ms. McLeod: Can the witness confirm the size of the budget for the operating room equipment and whether the Hospital Corporation feels that the budget is adequate? If the Hospital Corporation feels that an increase is required, is this for a specific piece of equipment or is this just generally for the operation of the operating room?

Mr. Bilsky: I really apologize. I didn't hear the middle part of the question, so if you wouldn't mind repeating.

Ms. McLeod: Thank goodness I have these written down or I wouldn't remember the question.

The question was regarding the size of the budget for the operating room equipment and whether or not the Hospital Corporation feels that the budget is adequate.

Mr. Bilsky: It's always — and I think this rings true across Canada — going to be a struggle to make sure that we apply limited resources to what I would call unlimited needs and make sure that wherever we're applying those resources, it's the greatest need that we might have. Certainly if we could, we would spend more in various areas including the operating room.

We spend a significant amount of money definitely in the operating room equipment. To be very specific, this year, we're adding two brand new anesthetic machines and, in conjunction with the expansion, there is telemetry and physiological monitoring equipment, not to mention that there is a plethora of things like scopes and drills and things like that, which we have to add to the OR.

Again, it's part of a larger system and it's always our intent to work with our partners and our funders, being the Yukon government, to ensure that they are fully apprised of what the needs are and what the pressures are and that we're delivering on what our main objective is, which is quality acute care.

Ms. McLeod: My understanding is that the Hospital Corporation asked for a four-percent increase in the operations budget this year and the minister agreed to a one-percent increase. I'm just going to guess that this must have placed some financial pressure on the services. How did the corporation address this and were there any specific areas where belts had to be tightened in order to accommodate this shortfall in funds?

Mr. Bilsky: I think as I answered the previous question — and I will say it again — obviously it is our job as stewards of the resources that we have to ensure that they are applied in the highest priority areas that we have. Yes, we can always do with more. There is no question about that, and I think that would apply to almost any organization that tries to serve the public.

For us, we work very diligently with our partner — the Yukon government — to ensure that we are meeting the demands that we have. I would like to say that at this point in time, yes, we are meeting those demands. I think we spoke about some of the pressures that we have already, and those come in the form of occupancy pressures of running at over 100 percent. That really translates into things such as supplies and people costs, because you need more people to take care of more people. Those are some basic pressures that I think that anybody in this room could extrapolate from what we are talking about.

Some of the other pressures that we have spoken about — again, chemotherapy would be another major pressure that we have. We are working with the government on that to see if and how that can be addressed. It is a real challenge to try to deal with some of these situations — there is no doubt about that. In certain circumstances, yes, we have to defer some non-critical O&M and capital, and I say defer because yes, in the future we will have to spend some money on those areas

that we defer. We put a hold on some discretionary spending. We look for every opportunity to create efficiencies, both inside our organization as well as with some of our system partners. Contracting and procurement opportunities — getting the absolute best value we can for money when we can get it. Training and education opportunities — are there ways that we can bring those closer to here and do them en masse or maybe do them online? We are continuously looking at and reviewing operations for efficiencies, and I think that is what is expected of us on an ongoing basis, and we will continue to work with the government to make sure that nothing slips through the cracks as far as the overall provision of acute and quality care.

Ms. McLeod: I do want to congratulate the hospital board and staff and contractors — everyone involved with getting this new emergency room expansion done on time and on budget. That is always good news for everyone. I wish you luck with that.

I want to thank you for appearing today as witnesses. At that, I am going to turn it over to my colleague.

Ms. White: I thank my colleague from Watson Lake. Of course I invite the officials to have this awkward back and forth as I am not supposed to make direct eye contact, but just with the Chair. Of course, I acknowledge the officials from Health and Social Services in the gallery.

The first thing I want to touch on is that when we were going through the list of services at the beginning, there was the mention of 800 chemotherapy treatments. When we were talking about the staffing levels for the chemotherapy room, there was the mention of the cancer care navigator. It is my understanding that currently there is not a cancer care navigator. Can the officials confirm or dispel that please?

Mr. Bilsky: Actually, I believe as of recently we have just recruited. It has been a difficult recruitment, there's no doubt, and we actually have changed the position slightly to be cross-trained with our chemotherapy nurses to create more capacity there as well as to provide the cancer care navigator.

I'm hoping to see that position up and running and fully staffed right away, if not already.

Ms. White: That's fantastic news because, when there was a note on the door saying to go to Karen's Room to ask the nurses, I can only imagine having a new diagnosis of cancer and having to have a conversation in front of a group of other people going through chemotherapy would have been like. I'm happy to hear that.

Nurse practitioners in other jurisdictions have been recognized with a broad scope of practice. I'm trying to understand what systemic issues are at play that see Yukon lagging behind in utilizing the services of nurse practitioners. For example, nurse practitioners have been active in acute service — for one example, the University of Alberta hospital in Edmonton — since 1998. They are responsible for a variety of areas of acute care, for example, the cardio-thoracic surgery, specifically in the Intensive Care Unit.

Given our size, one would expect and hope that Yukon would have greater nimbleness and flexibility in terms of accepting more effective, and cost-effective, service

approaches. Can the witness explain why, 20 years after nurse practitioners have been incorporated into all other areas of health care, including acute care, across the country, why is there resistance in expanding the scope of nurse practitioners within the Yukon Hospital Corporation?

Mr. Bilsky: My impression is — I'm not certain that there's resistance within the Hospital Corporation about expanding the care. I'm certain that there are certain regulations and bylaws within our system that we have to ensure are in place. In working with our medical staff and our other partners, we want to make sure that health care delivery is the best designed delivery that we can have within the territory.

There aren't actually very many nurse practitioners currently operating in the territory, and of those, they're finding certain practices that suit their skillset the best. Some of the specialties that were just cited — such as thoracic — are very specialized areas, which we obviously don't have. Nurse practitioners in certain parts of the country actually do specialize in things like renal replacement therapies and things like that, and obviously we don't have some of those in the territory. You're looking at a certain type of nurse practitioner in the territory. We would like to continue to work to evolve nurse practitioners in the territory, and we will continue to work with the government to enable that so that all practitioners in the territory can work to full scope.

Ms. White: I thank the witness for the answer. I understand that I used a very specialized example but they have worked in acute care.

In a previous answer about nurse practitioners from my colleague from Watson Lake, when mentioning bylaws, the witness said that they would be reviewed. My question is: When will those bylaws be reviewed to allow nurse practitioners to work within the hospital?

Mr. Bilsky: They are currently being reviewed at the moment and, as I said earlier, we've had consultation with YRNA, nurse practitioners, YMA and our medical staff within our facility itself to see how best to construct bylaws.

Ms. White: Is there an estimated time of delivery on that review?

Mr. Bilsky: At this point, no, I can't give you an end date on that. I can tell you that there have been, as I said, many discussions and revisions of the bylaws but, to ensure that health care delivery is designed appropriately, it may take a little bit of time.

Ms. White: I hope that the review will be completed soon.

Speaking of reviews, understanding that the government will hopefully be tabling legislation about midwives — I'm hopeful that it will be soon, maybe in the next calendar year — has the hospital contemplated how they will have to change their bylaws to add midwives so they would have privileges in the hospital? When might that review be completed?

Mr. Bilsky: Right now, we're taking the Government of Yukon's lead on this. They are working toward regulating and publicly funding the profession of midwifery. After that, we will look at the associated model of care. The government

has established its Midwifery Advisory Committee to provide guidance and professional expertise, and we have been invited to participate. We're fully participatory in that, and it's at its very early stages. After that, we will start considering what the changes are in model of care and how it will affect our operations.

Ms. White: I look forward to the day when midwives can participate fully in the hospitals.

I recently had a birthday earlier this year and I turned 40. My mother and my father lived in Dawson City in 1977. My mother was medevaced to Whitehorse to give birth to me. As you can imagine, every time that the hospitals appeared in this Legislative Assembly, we have asked: At what point in time will women, both in Watson Lake and Dawson City, be able to have babies in their community hospitals? When I was born, there was no hospital but there is a hospital now in Dawson City, so at what point in time will women be able to give birth in communities?

Mr. Bilsky: To date, currently Whitehorse General Hospital is the only hospital equipped to do planned deliveries. Certainly both the community hospitals can do emergency deliveries but, as I said, those are on an emergency basis only.

The feasibility of a planned labour and birth in both Watson Lake and Dawson City was considered on a best practice recommendation from the Society of Obstetricians and Gynaecologists of Canada and looking at the current practice in the NWT. At this point in time, it has been determined that there is insufficient volume of deliveries in each of those two communities to sustain planned births in those two communities.

Certainly, models of care and standards of care have changed over the last 20 years — there is no doubt. From an acute care perspective — and when we speak from an acute care perspective — there would have to be a significant amount of resources applied to ensure that there are no unintended consequences in any situation of birthing in the communities. At this point in time, we are willing to explore all options to look at it but, from an acute care model, it's very difficult to sustain birthing in the communities and not have any unintended or adverse consequences.

Ms. White: I appreciate the answer but, understanding that babies are born around the planet without acute care hospitals, one would hope that soon, at some point in the near future, women will be able to have babies in Watson Lake and Dawson City.

There was a nursing review and assessment dated August 17, 2017 that was looking at how to reduce the costs in the hospital, looking at the nursing situation primarily at Whitehorse General Hospital. In the assessment, there were 43 recommendations made. How will this report and the recommendations be implemented in the near future?

Mr. Bilsky: Yes, that is correct. An experienced, independent third body gathered some information and conducted an objective analysis of WGH nursing and benchmarked it against other jurisdictions. We were looking for potential opportunities of operational efficiencies, and we

were looking at how other jurisdictions operated and why and how we might be different and whether we should be the same. In moving forward with any recommendations, organizers will have to find the right balance between the resources we have and what can be surfaced through this.

Certainly moving forward with any of the recommendations, these are what I would call directional, meaning that it takes a deep level of analysis to understand the recommendations as to whether we will even move forward with any of these recommendations, and it informs our whole planning process.

I consider this to definitely be a longer journey. Just because there were 43 recommendations doesn't mean that they all get implemented. We might consider some of them, implement parts of them, maybe none of them, or maybe some of them in whole, depending on the merits of each and every recommendation, but it will take collaboration from all of our team to make sure that, whatever we choose to do, the recommendations are well-informed and done from an evidence-based perspective.

As I say, we'll use all the recommendations to inform our planning process over the next several years as to how we move forward.

Ms. White: I do appreciate that. Have any of those recommendations been highlighted as first steps — as ones that will be targeted in the nearer future, not necessarily today or tomorrow — but ones that will be the first ones to come off the list?

Mr. Bilsky: Thank you for the question. There were certain recommendations that were brought forward that actually confirmed some of the directions that we are actually going in.

Just to highlight a couple of them — it had to do with nursing leadership and taking certain positions that were term and making them permanent because nursing leadership required that in certain situations. That is one recommendation.

Other recommendations that we were already moving forward with and were more predicated on the expansion were things like the way we might schedule some nursing staff in certain areas of the hospital. Those are some of the recommendations that I would say actually just confirm some of the directions that we are going in — so some of those will be acted on sooner rather than later. There are other recommendations, though, as I said, that are either long term or will take a significant amount of consideration before they will even be considered.

Ms. White: It must feel good to know that some of the direction you have been going toward has been confirmed by an outside party.

How will nurses be involved in the directions and the decisions that will be made based on that report?

Mr. Bilsky: That is a very good question because definitely we consider ourselves at the Yukon Hospital Corporation to be a team of people. It is one of our strategic pillars — to ensure that we have an engaged team all driving toward the delivery of health care. With any changes that we

make — and not just from the recommendations from this, but any changes that we make in the hospital — and any improvements, we look for a high level of engagement and planning from our staff right to the front lines.

An example is with the expansion that we have going on. We have multiple different teams that span across the hospital at different levels ensuring that we are ready and set to open that and do it in a way that everybody is comfortable with, and in a way that we are giving the best-possible patient care. Back to the recommendations themselves, it is my expectation — and I think the organization's expectation overall — that, as we move through and we analyze any of these, the staff are paramount. That includes medical staff, meaning physicians, nurses, support staff — they are all being involved in how we move forward. They know best how to deliver care, so they are going to be involved in any changes that we make. That holds true, I hope, today and holds true in the future.

Ms. White: I am very hopeful with that answer and that direction. I hope that it continues in that vein.

Something that was noted in this report was that there were a number of individuals having appointments with their family physician at the hospital when the doctor was working in the emergency room. We have certainly heard this from constituents and, in some cases, first-hand. What is the difference in pay when this is the method used by physicians versus seeing them in their clinics — between the emergency room and clinic visits?

Mr. Bilsky: I cannot comment on the pay. That actually falls under a different jurisdiction from us. We don't actually see how physicians are compensated. I have heard the odd comment about that. We are somewhat vigilant about that with our chief of medical staff. I can't tell you numbers, but I would like to say that it is rare that it happens — but I am not saying that it doesn't happen.

Ms. White: I will just broadcast that to the officials — that when I see you here for the budget debate, it will be a question.

The new strategic plan that I have right here is pretty thin. We could replace Yukon hospitals and it could say Alberta hospitals, New Brunswick hospitals or the Atlantic provinces' hospitals because I would hope that what is being suggested in the report would be followed in any hospital across the country. What I don't see are goals or timelines or how there will be measurements of outcomes. I am curious as to what the cost to produce this document was to the hospital.

We're talking about staff time. I don't see our goals or timelines or how there will be measurements of outcomes, so I'm curious as to what the cost to produce this document was to the hospital. We're talking about staff time, honoraria for board members, facilitation and the production of the document. What was the cost of "A journey together: Yukon Hospital Corporation Strategic Plan 2018–2022".

Mr. Bilsky: Off the top of my head, I can't actually comment on what the cost was. This is a brand new document that was just formulated over the past six to eight months, and I'm not sure that I've tried to pull together the entire cost.

A couple of comments, and I think my chair has probably got something to say about this. One comment I have is, on the one hand I'm confident, because we don't look different from a lot of hospitals across Canada, meaning that we're focused on very similar — the same — things because those are evidence-based and good practice. On the other hand, I would like to also say that we did a very broad level of consultation in regard to the strategic plan. I would have to say that our staff uses the strategic plan in earnest, actually. They live and they breathe it to a great extent, and it does give us great direction on where we need to go. A lot of the detail we're speaking about comes into operating plans, and we're still working on some of the high-level metrics. That is a brand new plan that we're talking about here, so we haven't developed all the outcomes and all the metrics — that's yet to come.

Our organization is very much taking the strategic direction the board gives us to heart and making sure we apply it in everything we do every day.

Mr. Gillen: This strategic plan is a continuation, to some degree, of the previous strategic plan, which has been around for the last five years. We tweaked parts of it; we modified parts; we added things we heard from our 650 survey responses. We heard from Yukoners what they wanted and we adapted the existing plan accordingly to this new plan.

This new plan was finalized at the last board meeting, which was the last Wednesday in September, so it has been around for about three weeks. There is a lot of work still to be done to operationalize it. For example, we talk in there about health equity and cultural safety — how are we going to do that? That's what staff will be working on over the next several months — to take those words and put them into practice, to put them into actual ways in which we will do that.

This is a high-level document. Coming down from that are all the various things we have to do to breathe life into it, and that will happen.

Ms. White: I appreciate that answer and look forward to the life-breathing document that I can look at and see the measurable goals.

One of the things that I have a hard time reconciling is how the document that was released just this September would fit with the plan from 2010 — the Stantec Whitehorse General Hospital strategic facilities plan and master plan — which was a lot more specific with a lot more measurable goals. I wanted to know how those two come together to continue into the future.

Mr. Bilsky: The 2012 facilities plan is actually that; it's a master facilities plan. It was generated from the perspective that the decision-makers wanted to understand how best to develop the facilities going into the future and how best to use the hospital campus as it is, and that was supposed to be based on the needs looking forward for 10, 20 and 30 years.

Really, when you're looking at that Stantec plan — the one that was generated not just by Stantec but throughout the organization — it was meant to inform us as far as what we might be doing in the future and help us make some decisions

going forward with how we might develop facilities. It definitely wasn't a commitment by anybody to say "This is exactly how it is going to go". It was more to say, "If you are going to develop, let's make sure that we're making some informed decision about how that might be done in the future".

There were some elements of that have been used over the years, including this most recent strategic plan — the elements of the needs assessment — meaning that there are some demographics that are included in there, there are some operational and functional planning that is used to inform the strategic plan, but the strategic plan itself is a different document focused at the delivery of health care and how we align to that and what the pillars are, so it's not a facilities plan per se.

Ms. White: I do appreciate aspirational documents because sometimes we just have to look to what we want as opposed to exactly what it looks like on the ground.

I'm going to change topics entirely. One of things that we've talked about often in this Legislative Assembly is the requirement for dialysis. There are people who literally have to leave their homes in Yukon to move out of the territory because we do not offer dialysis in the territory.

What committee determines what new programs or services will be offered in Yukon hospitals and when was the last time dialysis was considered? What data does the Hospital Corporation collect on dialysis demand in Yukon? Are there numbers for how many patients are required to go Outside to receive these lifesaving services?

Mr. Bilsky: Ultimately, it's a collaboration between ourselves, the service delivery and providers, and the Government of Yukon Health and Social Services, for the most part, to develop and expand services where it's necessary. Ultimately, it's the minister who gives final approval. Obviously, as an independent body, it's our board and our operations that try to determine where best we can provide and expand services.

Specifically with hemodialysis, there are essentially two types of renal replacement therapies. One is called peritoneal dialysis — another one hemodialysis — and renal or kidney transplant. To address some of the numbers, peritoneal dialysis and home hemodialysis are currently available in the territory. In-centre — meaning in-hospital — hemodialysis is not available in the territory.

From the numbers that I have, it's one Yukoner who is receiving home hemodialysis, and that's supported by the BC Provincial Renal Agency, and there are six receiving peritoneal dialysis. To our knowledge, there are probably less than five Yukoners we know of who may travel to BC for hemodialysis. Over the years — probably over the past, I would say, five to six years — that number has been around possibly five to seven who require hemodialysis. I can't say those numbers for sure because they are patients we typically wouldn't see in our system.

Having said that, we look at a threshold — and again, in collaboration with Health and Social Services — given to us by BC Provincial Renal Agency guidelines, and that threshold

is probably about 65 to 75 patients requiring hemodialysis before you can establish a sustainable service in the territory. By sustainable, I mean we would face the same issues that we may have faced quite awhile ago with chemotherapy when the numbers were lower — the cost to do it, the skilled people and retaining those people who are skilled to be able to do it — and you need a nephrologist in-territory — and being able to have the volume to support that.

I can clearly understand that, if you're in need of any service, whatever it is, in the territory, you want it closer to home and travelling is never convenient and is difficult, but that's what we're faced with, as far as expanding this particular service at this point in time.

Ms. White: We unfortunately know Yukoners who have died because of the lack of this service, and we also know Yukoners who have had to leave the territory — and consider themselves Yukoners, even though they no longer reside in the territory because of the lack of services. I also know two individuals who have had home dialysis — whatever the term was — and I thank the witness for that — including that I have a number of friends who have had transplants, so luckily they are no longer using those machines.

It's something I would love to put in a plug to whichever committee talks about what we should look at in the future, because it also hinders people's ability to visit the territory, and that could be part of a larger picture.

There have been a lot of questions about dental services available in Dawson City, particularly in the community hospital. Is this still the plan that dental services will be available? If so, when will this occur and how much do we expect the set-up for that to be?

Mr. Bilsky: The responsibility for overseeing dental services is actually the responsibility of Health and Social Services. The Hospital Corporation actually doesn't provide the dental services nor fund the dental services. We did a space review that was conducted in Dawson City in order to determine suitable space, and certainly there are some options within that hospital facility to provide the dental space. There are some costs, and depending on the space, those costs can range anywhere from \$20- to \$90,000 to fit up the space and make it adequate for providing dental services there. That was proposed to the government and I believe those options are being reviewed as well as spaces that are outside of the hospital. I can't comment further because, again, it falls under a different jurisdiction.

Ms. White: That is a pitfall of being a new critic to the area. There are so many more questions. Before I run out of time, though, I will pass on a compliment. I was told recently by the new Deputy Minister of Health and Social Services that he has never seen a project managed as well as the ER expansion. He complimented the full aspect, from the management of the board to the hospital staff, and the rest of it. I want to make sure that I said something nice among everything else that I have asked today. So compliments. Maybe the rest of government can look toward the Hospital

Corporation for project management. I wanted to make sure that I got that in.

There seems to be a large discrepancy between the numbers of doctors who are in Dawson City and Watson Lake — five being the number that I think was said earlier in Dawson City and two in Watson Lake. Knowing that they have similar populations, why is there such a difference in the number of doctors for those two jurisdictions?

Mr. Bilsky: The acute care services and hospital services in Dawson City and Watson Lake — our requirement is to have on-call doctors 24/7, so when I comment, I am commenting from that perspective, not commenting from a primary care perspective. Right now I think that is correct. There is probably a cohort of five doctors in Dawson and one resident doctor in Watson Lake, although, from our perspective, there has never been a lapse of care, or a lack of doctors in Watson Lake, in spite of the fact that there is one resident doctor there. That's because the Government of Yukon has kept up with ensuring that there is a roster of doctors going out well into the future that locum in and out of Watson Lake and ensuring that we have what we need, which is on-call doctors 24/7 who are privilegable, meaning they are qualified to work in that setting and sustainable.

Ms. White: Are these two community hospitals able to manage patients presenting in a mental illness crisis?

Mr. Bilsky: We have a hospital system here and as I stated earlier, anybody presenting with any type of illness is going to be treated within that system. We will go through proper procedure and protocol when it comes to treating somebody from an acute care perspective — stabilizing them. Depending what their needs are, they may be medevaced to Whitehorse to receive a higher level of care and then possibly even further from there to a tertiary care centre in the south. Depending on the type of mental illness they have, none of our hospitals in the territory are actually qualified or have long-term psychiatric facilities or psychiatric programs.

Ms. White: I thank the witness for that. I do appreciate that and did hear the explanation earlier. It was more specifically around an immediate crisis. I guess I was wondering if there were rooms that were lockable from the outside to make sure that people couldn't self-harm or leave the space.

In the 2016-17 budget, it said that there were 32,995 visits to Whitehorse General Hospital through the ER, which is astounding. I wanted to know if there has been an increase or decrease that we think for the 2017 — there was a headache there that said no, Mr. Chair.

One of the questions that I really wanted to get to is: Does the Hospital Corporation see a lack of family doctors or access to family doctors? Is it still a symptom of the high numbers through the ER?

Mr. Bilsky: Just to clarify on that earlier question, there are secure rooms — secure observation rooms — in both locations. They're fairly new facilities within the last couple of years, and that was part of the design centre that was being brought forward there — and as well in the new WG

expansion. I thank you for the comments about the expansion. I really appreciate the comments that were brought forward.

In particular about the ER visits and the volume of ER visits — and I think the other question was just the access to primary care. The ER visits — you're correct in that it's between 32,000 and 33,000 per year. That has been relatively stable over the past, I would say, four to five years. There was a significant step in the volume in about 2010 to 2011, where it increased by probably, I would say, 25 percent from the neighbourhood of maybe 25,000 visits a year to about 32,000. It has been stable since.

At that time, it was thought that was access to primary care but, since that point in time, it has been fairly stable. So I can't speculate as to whether access to primary care has improved, but I can tell you that, at this point in time, the number of visits going through the ER has been relatively stable over the past three to four years.

Mr. Gillen: When I became the chair, I looked at some of these numbers and I was astounded to learn that there were approximately 30,000 visits to ER. I have pondered and I have asked the questions, "Why?" Is it people who don't have family doctors? Is it people who can't get to their family doctor during the day? Is it mom bringing little Johnny at 7:00 at night because he has a cough? — and these sorts of things.

There are ways that this can be addressed and have pure emergency cases dealt with one way and the people who could deal with a walk-in clinic dealt with another way. There are those sorts of things that can be done. But again, the numbers astounded me and continue to astound me.

Chair: Order, please. I would like to thank the witnesses for their attendance here today.

The time is now 5:30 p.m. and the time designated for the questioning of witnesses, pursuant to Committee of the Whole Motion No. 3, has now expired. Thank you to the witnesses for appearing today.

Witnesses excused

Chair: The Chair will now rise and report to the House.

Speaker resumes the Chair

Speaker: I will now call the House to order.

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

Chair's report

Mr. Hutton: Mr. Speaker, Committee of the Whole has considered Bill No. 203, entitled *Second Appropriation Act 2017-18*, and directed me to report progress.

Also, pursuant to Committee of the Whole Motion No. 3, witnesses appeared before Committee of the Whole to discuss matters related to the Yukon Hospital Corporation.

Speaker: You have heard the report from the Chair of Committee of the Whole.

Are you agreed?

Some Hon. Members: Agreed.

Speaker: I declare the report carried.

Hon. Ms. McPhee: I move that the House do now adjourn.

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

Motion agreed to

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

The House adjourned at 5:34 p.m.

The following legislative return was tabled October 24, 2017:

34-2-66

Response to matter outstanding from discussion with Mr. Cathers re: Bill No. 7, *Act to Amend the Dental Profession Act (2017)* (Streicker)