Yukon Legislative Assembly

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DRAFT
BLUES

Monday, November 9, 2026 — 1:00 p.m.

Whitehorse, Yukon

Speaker: The Honourable Yvonne Clarke

NOTE

This document, referred to as the “Blues”, is the preliminary issue of the Hansard of the Yukon Legislative Assembly and has not been edited fully. It may be used as a reference only with the understanding that it will be superseded by the final, edited version, entitled “Hansard”, at a later time.

Draft Segment 001-014

Monday, November 9, 2026

Speaker: I will now call the House to order.

We will proceed at this time with prayers.
Prayers

Withdrawal of motions

Speaker: Prior to proceeding with the Daily Routine, the Chair wishes to inform the House of a change made to the Order Paper. Motion No. 28, standing in the name of the Member for Porter Creek South, has been removed from the Order Paper as the action requested has been completed.

DAILY ROUTINE

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

INTRODUCTION OF VISITORS

Speaker: Introduction of visitors.
Visitors introduced

Speaker: Tributes.

MEMBERS' STATEMENTS

Statement — National Nurse Practitioner Week

Hon. Brad Cathers: I rise today to recognize National Nurse Practitioner Week and thank nurse practitioners who care for Yukoners. They bring advanced clinical skills and provide primary care to Yukoners in places including the Alliance Health Clinic, Constellation Health Centre, and the Kwanlin Dün First Nation Health Centre.

Since January of this year, through successful recruitment of more nurse practitioners and doctors, the Yukon's wait-list for a doctor or nurse practitioner has been reduced from 4,606 to 1,482.

Nurse practitioners diagnose illnesses, prescribe treatments, manage health conditions, and help patients access care. Their work supports not only patients but healthier families and communities. This week, we recognize and thank nurse practitioners for the important role they play in the health and well-being of all Yukoners.

Statement — Cellular network connectivity

Linda Moen: Bell's plan for two new cellular service sites in Whitehorse is fantastic news. Yukoners made this happen. For years, Yukoners reported dead zones, dropped calls, and failed connections to 911. Yukoners contacted Bell and the CRTC and demanded better service. In 2015, one resident told CBC that she was paying $90 for nothing after losing service near Whitehorse. More than a decade later, Yukoners were still asking.

I first raised this issue in the House on December 9, 2025. Since then, the Yukon NDP has continued pressing the government about the safety concerns we heard from Yukoners. Today, I want to thank Yukoners. You called, filed complaints, and refused to let this issue be ignored. Your voices made these new sites happen.

This is an important start. Rural and remote Yukoners are still waiting and will keep fighting until every Yukoner can call for help when they need it.

Statement — Rock Your Mocs Week

Debra-Leigh Reti: November 8 to 15 is Rock Your Mocs Week. This annual event sees community gatherings and a wide variety of events hosted by Yukon University and local schools and communities. I know first-hand how popular it is with students and staff.

This day was founded in 2011 to empower First Nation people to express their culture. Starting as a social media event, it has grown since into a week-long celebration. Moccasins carry so much ancestral history and cultural significance. For my people, true traditional Gwich'in footwear is made from home-tanned caribou, and the beadwork is extravagant. So many moccasins I see are real works of art and comfortable too.

I can't wait to see everyone rocking their mocs this week in here as well.

Statement — Naming of Bailey Way in Mount Lorne

Hon. Jen Gehmair: I'm proud to stand today and share that a new road sign has officially been installed at Mount Lorne, bearing a name that means so much to the Mount Lorne community: Bailey Way. This road leading to the Mount Lorne transfer

station has been named in honour of Mike Bailey, a remarkable Yukoner who has dedicated 30 years to serving the community. What began as a local transfer station became something much more under Mike's care — a gathering place where neighbours connected, stories were shared, and friendships were formed. Through many seasons, Mike showed up with a helping hand and a friendly conversation and a genuine love for his community.

Earlier this year, Mike retired, but his contributions will not soon be forgotten. I want to recognize his family and the Mount Lorne community for championing this meaningful tribute to marking his path. Roads connect places, but people like Mike connect communities. Thank you, Mike, for your dedicated service, your kindness, and the community spirit you have inspired. Your name will now be forever part of the community you helped build.

Statement — Stéphanie Bourgetel, BC Aviation Council scholarship recipient

Justin Ziegler: I rise to celebrate Stéphanie Bourgetel, a Yukoner, a francophone, a woman in aviation, and now the recipient of the BC Aviation Council's largest pilot scholarship.

When I was executive director of Northerners Taking Flight, Stéphanie walked into the school one day. I knew her outside of aviation, and she told me quietly that she was maybe thinking about flight training. I knew right then she would become a pilot, and she did. While working as a flight attendant, some mornings she would show up to the school straight from London, other times from Brisbane.

Stéphanie grew up here, trained here, and she is now very close to her commercial licence. Only one in eight new commercial pilots in Canada are women. Stéphanie is showing young Yukoners and especially young women that they belong in the flight deck.

Stéphanie, nous sommes très nombreux à être fiers de toi et de ta réussite. J'espère que tu continueras à raconter ton histoire, pour faire rêver et créer des vocations. Bons vols.

Statement — Royal Canadian Legion 100th anniversary

Tyler Porter: 2026 marks the 100th anniversary of the Royal Canadian Legion.

In 1925, 10 national veterans organizations and dozens of local societies came together to create what would become the Canadian Legion, which was incorporated the following year in 1926. Over the past century, the legion has become much more than an organization. It has been a gathering place for veterans and their families, a champion for those who served, and a guardian of remembrance for future generations.

Here in the Yukon, Royal Canadian Legion Branch 1 in Dawson and Branch 254 in Whitehorse have proudly served veterans and their families for decades. They have been at the heart of remembrance activities, community service, and support for local veterans. As we reflect on this milestone anniversary, we recognize not only the history of the legion but also the dedicated volunteers, ladies auxiliary members, and legion members whose efforts have kept the legacy alive.

On behalf of the Yukon Party caucus, I congratulate the legion on its 100th anniversary and thank all those past and present who have devoted their time and service to supporting veterans, strengthening our communities, and ensuring we never forget.

TABLING RETURNS AND DOCUMENTS

Hon. Scott Kent: I have for tabling the second report of the Yukon external independent review panel on the education system.

Hon. Jen Gehmair: Pursuant to section 16 of the *Liquor Act* and section 15 of the *Cannabis Control and Regulation Act*, I have for tabling Yukon Liquor Corporation's 2025-26 annual reports for liquor and cannabis.

I also have for tabling, pursuant to section 103 of the *Education Labour Relations Act*, the Yukon Teachers Labour Relations Board 2025-26 annual report, and pursuant to section 101 of the *Public Service Labour Relations Act*, the Yukon Public Service Labour Relations Board 2025-26 annual report.

Hon. Brad Cathers: Pursuant to section 13 of the *Hospital Act*, I have for tabling the Yukon Hospital Corporation 2025-26 year in review and audited financial statements for 2025-26.

Additionally, pursuant to section 6 of the *Health Care Insurance Plan Act* and section 7 of the *Hospital Insurance Services Act*, I have for tabling the Health Care Insurance Programs annual report for 2025-26.

Speaker: Are there any committee reports to be presented?

Are there any petitions?

Are there any bills to be introduced?

Are there any notices of motions?

Is there a statement by a minister?

This then brings us to Question Period.

ORAL QUESTION PERIOD

Question — Firearms advocate role and funding

Kate White: When a government decides where to direct Yukoners' money and limited staff resources, it's a choice. It shows people where the government's priorities are, what matters, and what doesn't.

In the last year, this Yukon Party government has made a lot of interesting choices. They chose to cut a half-million dollars from youth mental health. They refused to fully fund a full-time shop teacher in Dawson City. They refused additional funding for the substance use health emergency, even as the death toll continues to rise under their watch. They have clearly indicated that these aren't their priorities.

They have told Yukoners they have to make hard decisions because of the challenging fiscal situation. But while there is no money for these important programs for Yukoners, there are money and resources for a firearms advocate. Can the Premier explain to Yukoners why the firearms advocate role is a priority over all the emergent needs of Yukoners?

Hon. Currie Dixon: I'm pleased to respond to this question on behalf of the government.

Of course, as the member rightly points out, when we were elected last year, we faced a very difficult financial situation. The trajectory the government had been on under the previous leadership of the Liberal Party and the NDP had set us on a path that was very difficult. We were spending more than we should have been, and we were relying increasingly on debt to service the operations of Yukon Government. That's not a sustainable trajectory, and that's why we've begun to adjust things to make sure that we can put ourselves back on a path of balance.

Now, when it comes to the commitment we made to bring forward a firearms act here in the Yukon, that was something that we committed to in the last election. It's a priority for many Yukoners. We have more PAL holders in Yukon per capita than any other jurisdiction. Their voices matter, and that's why we have brought forward that piece of legislation that will help ensure that those values are reflected in legislation here in the Yukon.

Kate White: The Minister of Justice held a press conference last month on the *Firearms Act* that included two gun enthusiasts who posed for photos and spoke to the media. Yet they both have very different views on what this legislation will do. One said that the firearms advocate would — and I quote: "Be an intervener between the federal government and myself. If I'm having an issue, they will intervene on my behalf." And the other suggested that the role would be a lobbyist for Yukon gun owners in Ottawa. But the "what we heard" report includes a section called — quote: "Confusion about the role of the advocate and the Government of Yukon." This section says — and I quote again: "Responses also included a sense of misunderstanding around the territorial government's jurisdiction and what the role of the advocate can do in opposition to the federal government's policies or legislation."

Here's an opportunity for the minister to clear up the confusion. Will the minister tell Yukoners what the firearms advocate will and will not be able to do for them?

Hon. Laura Lang: Thank you, Madam Speaker, and thank you to the member opposite for the question. It's a very good question to ask. What will the advocate do? Well, if we go back to recall what is it that we said we were going to do, we said the Government of Yukon supports the rights of legal firearm owners and responsible Yukoners in our territory and supports an approach to gun control that helps protect public safety. We also said in our mandate letter the government committed to protecting responsible firearms owners and to ensure policing resources are focused on priority areas.

What we also said we were going to do was to table the *Yukon Firearms Act* to establish a new firearms advocate position for the Yukon. As I have said many times, this position is one of our multiple ways of approaching the federal government on bringing the northern voice to the federal tables and to represent what Yukoners are saying about the current federal firearms program.

Kate White: The confusion continues. Yukoners have a lot of questions about the firearms advocate role, but very few of those questions have been answered as this government continues to push this piece of legislation through the House.

Yukoners keep asking how much this new role will cost and when it will start. At a time when this government cut funding for baby boxes, transit programs, youth mental health, and full-time shop teachers, this feels particularly relevant.

To date, the Minister of Justice has been unwilling to give Yukoners a number or even a range of how much she expects to pay this person. She has said funding for this person will be included in the spring budget, but she has also said that this position could start immediately, as soon as this legislation passes. Yukoners are wondering how both of those things can be true.

When does the minister expect the firearms advocate to start and how much will it cost?

Hon. Laura Lang: What I have said is that part of our debate will continue in the spring 2027 budget exercise, where anybody is able to ask a question regarding the Department of Justice budget, including how much money we have allocated to this position.

I've also said that if we are able to provide this position to be put in place before April 1, that is something that I'm open to doing. As a reminder, I've also said that this position will be a very modestly supported position for the time that it is needed to be in place.

Question — Use of AI-generated images

Justin Ziegler: On October 14, I asked the Premier about the Yukon Party's use of generative AI images. He told this House — and I quote: "If that practice is going on, I'll have a look at the policies that we have in our office and I'll make the necessary changes." He also said he would report back.

It has been a few weeks now, and it seems those changes have not been made as the Yukon Party has continued to post AI-generated images, including during Small Business Week, which is an opportunity to hire and celebrate the photographers, designers, and illustrators who make a living from this work in the Yukon. At a bare minimum, they should follow the Yukon Party's own policies, and they aren't even doing that.

Can the Premier tell this House what he found when he reviewed the policies, what changes he made, and why the Yukon Party is still using AI-generated images?

Hon. Currie Dixon: The short answer is I don't believe that we are using AI-generated material anymore. Earlier this summer, I directed staff internally to cease the use of AI-generated materials from the Cabinet Office. The photo that the member is specifically referencing was not one that was generated with AI. It was a stock photo that was done and managed by a human being, a creative designer who applied the picture and added the Yukon Party logo to it.

I don't believe that we're using AI-generated material anymore. If we are, I'll certainly look into that and correct it. But the policy that we've instilled within the Cabinet Office is to no longer use AI-generated material.

Justin Ziegler: The Premier said he would have to review the Yukon Government policies. Well, I can help him. The Government of Yukon adopted a generative AI directive that took effect on May 25 of this year. The AI image guidelines were developed by the Executive Council Office, the Premier's own department. It requires that any AI imagery be clearly cited as AI.

That is the bare minimum, and many Yukoners feel it does not go far enough. But the Yukon Party does not even meet that minimum. It posts AI images with no label at all, even after the Premier told Yukoners he would make changes. Yukoners expect their government to follow the standards they set for others.

Will the Premier table his government's AI image guidelines, and will he commit today that any AI-generated image posted by the Yukon Party will be clearly marked as such?

Hon. Currie Dixon: As I just said, I don't believe that we are using AI-generated material anymore. If we are, I'd be happy to correct that. But the policy that I have instilled is simply don't use AI-generated images. I don't know why the member would need that to be tabled.

But when it comes to these issues, we've given clear direction to our communications shop. The member has cited a specific photo that my understanding was not generated with AI, and so I don't believe that there's a problem here. If there is an issue or an instance where we've used one against the policy that I've instilled, I'd be happy to have it pointed out, and I would be happy to correct it. But at this stage, we've instilled the policy of not using AI-generated material out of the Yukon Party caucus office.

Justin Ziegler: This government's directive allows AI images as long as they are labelled. It talks about efficiency, but it says nothing about the photographers, graphic designers, and illustrators who lose work when government chooses a generated image over a real one. AI is a real risk to our local arts community. These are Yukon small business owners, and many of them depend on public contracts. As leaders, we need to be standing in support of real Yukoners instead of putting the money in the pocket of AI corporations.

The use of generative AI directive written by the Government of Yukon will be reviewed by May 2027. Will the Premier commit to consulting Yukon artists in that review?

Hon. Currie Dixon: The member started off with the questions about the policies that we have within the Yukon Party caucus office, and I've been very clear about what that policy is. I don't believe we need to consult on that. I don't believe that we need to table it because the policy is quite simple. We're not going to use AI-generated images.

When it comes to the government's broader policy for the public service, we'll consult with the Public Service Commission and the Executive Council Office and whatever other departments we need to determine how best to proceed with that.

But when it comes to engaging with the local business community about these policies, we're happy to have feedback from business organizations, from individual businesses or entrepreneurs who have opinions about our current policy network. If the policies need to be reviewed, we're happy to review them.

Question — Salmon recovery and Porcupine caribou herd management

Debra-Leigh Reti: I'd like to ask a few questions to the Minister of Environment on wildlife protections that are important in Old Crow. Last month, I was happy to share in this House that I had heard that 17,000 chum salmon were counted at the Porcupine River sonar this fall, over 8,500 more than last year. These are hopeful signs, but one good season is not full recovery. In April, Canada renewed the Pacific Salmon Strategy Initiative with more than $400 million.

Can the minister update this House on this year's salmon returns in the Porcupine River and what his department is doing to access that federal funding for salmon recovery in the Yukon?

Hon. Wade Istchenko: Thank you, and I thank the member opposite for the question. Salmon are so important to the Yukon and to the First Nation people and Yukoners as a whole.

In 2024, the Canada-Alaska agreement — the agreement the member opposite is talking about — is to increase Canadian-origin chinook salmon returns to at least 71,000 over seven years and close all the chinook fisheries until rebuilding targets are met. It was positive to see the numbers. I believe I saw a post from the member's First Nation about it, and it's good to see that.

The federal budget just came out. There's money in the budget for the salmon accord, and, of course, this department is working with all the key players like we have been, I think, for generations when it comes to our Yukon River salmon. When I get an update on the actual accord, I will pass that on to the member opposite.

Debra-Leigh Reti: In June, Vuntut Gwitchin and four other First Nation and Inuvialuit governments called for protection of Porcupine caribou habitat across the herd's whole range, including its wintering grounds. The herd has dropped from 218,000 animals in 2017 to about 143,000. This is still in the green zone, but it's a concerning trend.

What is the Department of Environment doing to act on this call to protect the Porcupine caribou habitat?

Hon. Wade Istchenko: We're aware of the recent Porcupine Caribou Technical Committee's report that indicates the Porcupine caribou herd population has declined from its peak in 2017. While fluctuations in the population size of migratory caribou herds are part of their ecology, climate change, of course, is making the frequency and magnitude of these changes less predictable. But the key thing here is where we remain engaged in working with the Porcupine Caribou Technical Committee to monitor and manage the health of the herd and their habitat as well as working with the Porcupine Caribou Management Board and First Nations affected.

Debra-Leigh Reti: This winter, the Porcupine caribou herd is wintering in the Northwest Territories. That is good news for our relatives there, but harvesters in Old Crow have to travel farther and spend more to feed their families. With the price of gas and the general cost of living, it can be hard to get out on the land, but it's more important than ever.

We have heard a lot in this House about outfitter quotas but less about harvester supports. What is the Department of Environment doing to support Indigenous harvesters and to help young people learn the skills to harvest on the land?

Hon. Wade Istchenko: I am aware of where the Porcupine caribou herd is. I did make it up north this year to meet with some of the organizations. I haven't made it to Old Crow yet, but I'm looking forward to getting to Old Crow. One of the conversations, obviously, we would have up there would be about the caribou.

When it comes to this government, Chapter 16 in all the land claims negotiations talks about food security basically through the inherent right of First Nations to harvest and having a sustainable amount of animals for everyone to harvest, especially First Nations, because it's something that they negotiated.

We continue to work with our First Nations, our renewable resources councils, the Fish and Wildlife Management Board, and use science and data to make sure that we're working on our populations to keep them at sustainable levels, so everyone has something to harvest.

Question — Residential propane contracts and consumer protection

Carmen Gustafson: In April, the Member for Watson Lake-Ross River-Faro brought forward Motion No. 127, urging the government to — quote: "Examine residential propane contract terms to increase consumer choice and protections." The motion passed unanimously. In a press release following the vote, the member pointed to the difficulties Yukoners faced accessing propane during the December cold snap and the need for greater choice and protection during the winter.

We supported that motion and expected the government to act. Now residents are contacting our office asking what came of it, but there has been no public update on the work completed or what the government plans to change. What action has the government taken to protect Yukoners from unfair residential propane contracts?

Hon. Currie Dixon: The member is quite correct that we heard about this issue throughout the course of last winter from a number of folks around the territory who had expressed concerns related to the nature of their contracts with propane suppliers. That's what prompted the motion brought forward by my colleague and the debate that happened in the House earlier this year. We were happy to see that motion passed.

Following that, we asked the Minister of Community Services to take a look at the current suite of protections that are available through legislation in the territory, including the *Consumers Protection Act*. I believe that it's possible that the *Consumers Protection Act* could be the vehicle by which we can address some of the concerns, but we have work underway and policy analysis is underway as we speak. Unfortunately, I don't have an update beyond that today, but we believe that there could be the possibility of legislative, regulatory, or policy changes to address that concern.

Carmen Gustafson: A Riverdale North resident told us that their propane contract automatically renews for another five years unless they provide six months' notice. These contracts make it costly to leave and restrict customers from turning to another supplier when they are waiting for delivery. Residents are also reporting a new temporary war fuel premium appearing on their bills without clear advance notice.

In contrast, under Québec's *Consumer Protection Act*, companies generally must give at least 30 days' written notice before making a permitted unilateral contract change. Customers may reject changes that increase their obligations and can cancel certain contracts without penalty.

Yukoners deserve clear terms, proper notice, and real choices. With winter setting in, what action can Yukoners expect from this government to protect residential propane customers?

Hon. Currie Dixon: I appreciate the member bringing forward that concern. I hadn't heard that particular angle from her constituent, but we have heard similar concerns, including the additional levy that's being placed on propane consumers as a result of global circumstances, including the war. We know that is driving up costs for a variety of different fuels across the territory, across the country, and across North America.

When it comes to the specific legislative changes that are needed, obviously we didn't table changes during this Sitting, and we aren't able to now, so there won't be a change in effect during this Sitting. However, we are looking at the landscape of policy changes across the country. We're looking at other jurisdictions to see what they do, and I'm interested to learn more about what's happening based on the member's question. I'll be sure to look at that and consider that in the context of possible upcoming changes to either the legislation, the regulations, or the policy associated with propane contracts.

Carmen Gustafson: I appreciate the Premier's answers on this so far. The Yukon Party brought forward the motion and every member of the House supported it. Yukoners reasonably have expected that commitment to have led to action by now.

Instead, we continue to hear from residents still dealing with restrictive contracts, unexpected charges, and uncertainty about accessing another supplier when deliveries are delayed. These are not new concerns, and another winter is already here. Yukoners don't need another motion reminding government to address the problem; they need a firm commitment, a public timeline, and protections they can rely on. When can customers expect stronger protections for residential propane customers?

Hon. Currie Dixon: I agree with the member opposite. We don't need another motion. We don't need further prompting. We understand that this is an issue; that's why we agreed to the motion earlier this year, and that's why work is underway to look at the possibility for changes to either the legislation, regulations, or policies associated with propane contracts.

The Member for Watson Lake did indeed bring this issue forward because she had heard concerns as she had noted in her speech to that motion, and members on this side of the House — and I believe all members — voted in favour of that motion, because we all heard it over the course of last winter.

We know that there's something there. We know that there are changes that are needed, but when it comes to the specifics of that, we don't yet have a clear path to specific legislative amendments that are necessary. Instead, we're looking at a range of different options, including legislative, regulatory, and policy changes to address that issue.

Question — Federal funding for Yukon energy projects

Patti McLeod: Last week, the federal government tabled budget 2026, which includes investments in energy infrastructure. Can the Premier update this House on what this could mean for Yukoners?

Hon. Currie Dixon: For the better part of the past year, we have been consistently delivering a very clear message to Ottawa that energy is an urgent and pressing concern for Yukoners and is our top priority for support from the federal government. We have spent countless hours meeting with federal ministers, officials, and partners across the country, advocating for investment that would strengthen Yukon's electrical grid and support future growth. We made it clear that without additional energy capacity, many of the opportunities Yukoners want to see — whether in housing, economic development, or community growth — simply cannot move forward.

That is why it was so encouraging to see that the federal budget specifically identified the Whitehorse power-generation project, upgrades at the Mayo Dam, and the Atlin Hydro expansion. These projects are investment-ready, shovel-ready, and capable of delivering real benefits to Yukoners.

While we still need to review the details and timelines associated with the funding, it is very clear that the federal government has heard Yukon's message. We will continue to advance these projects in order to build the reliable energy system that Yukon needs for the future.

Patti McLeod: The federal budget identifies both the Mayo hydro facility upgrades and the Atlin hydro expansion project as priorities for federal support. These projects are central to Yukon's long-term energy future. Yukoners want to know whether this funding can translate into real work on the ground in the near term.

Can the Minister of Energy, Mines and Resources tell this House what was announced in the budget and how prepared these projects are to move forward?

Hon. Ted Laking: As indicated by the Premier, over the past year, we've taken every opportunity to advocate for investment in Yukon's energy system. Our message has been simple: Yukoners cannot shoulder the cost of these nation-building energy projects on their own. In fact, just a few weeks ago, I told Yukoners what it would mean for electricity rates if the federal government did not offer funding to support Yukon's energy projects.

That's why we're so pleased to see budget 2026 specifically identify Mayo hydro and Atlin hydro as priorities for investment. Mayo, of course, is to stabilize 15 megawatts of clean energy, and Atlin is to provide us eight megawatts of new clean energy. It's encouraging to see the hard work of our government over the last 11 months pay off, as the federal government has heard our message and responded with support for these priorities.

Just as important, as the member asked, is that these projects are shovel-ready. The planning, the engineering, and the regulatory work have been done or are underway, and work has actually already started on the Mayo project. While we're still working out the details with the federal government on the contribution agreements, we are ready to get the projects built. This announcement brings us significantly closer to delivering the reliable, affordable electricity our growing territory needs.

Patti McLeod: Now, budget 2026 also identifies support for the Whitehorse Power Centres project through a separate federal funding stream. This project is a key piece of Yukon's long-term energy plan and will play an important role in maintaining reliability as demand for electricity continues to grow.

Can the minister tell this House what the budget announcement means for the Whitehorse Power Centres project and what happens next?

Hon. Ted Laking: I should just note that this is all part of what our government's been advocating for, which is called the Arctic sovereignty grid plan, which is a realistic shovel-ready plan that would effectively double the territory's electricity generation capacity.

Budget 2026 identifies the Whitehorse Power Centres project as a priority under the federal Build Communities Strong fund. This project is critical to ensuring Yukon has dependable winter electricity during periods of peak demand and the reliability needed to support growing communities, businesses, and industry. It is also an important part of creating the flexibility needed to bring more renewable energy onto the grid in the future.

The project is shovel-ready. Project sites have been identified. A preferred transmission route has been selected. And Yukon Energy has entered the environmental assessment process. The next step is to finalize the funding agreements and implementation timelines with the federal government.

What matters is that for the first time, our energy needs have been recognized by the federal government as priorities for significant investment. The projects are shovel-ready. The groundwork has been laid, and we are ready to go. Budget 2026 puts us in a strong position to deliver the reliable, secure electricity that our growing territory needs for decades to come.

Question — Abandoned vehicles on Yukon highways

Brent McDonald: In 2023, Highways and Public Works acknowledged an excessive number of abandoned vehicles in highway rights-of-way. At the time, Yukon Party MLAs called these vehicles a hazard for travellers and pressed the former Liberal government to remove them. Abandoned and wrecked vehicles still remain along Yukon highways.

How many abandoned or wrecked vehicles are currently located within Yukon highway rights-of-way, and how many have been removed this year?

Hon. Linda Benoit: This has been raised as an issue. I'm aware of its history. Our department has been working hard to remove abandoned vehicles. There is quite the process depending on what the situation in which the vehicle was abandoned was. I don't have a number for how many we've removed this year, but we are getting them moved. I can see if we actually have a number for the member opposite, and I can bring it back.

Brent McDonald: A wrecked vehicle becomes even more dangerous in winter. Snow and ice raise the risk of another vehicle leaving the road in the same spot, and wreckage left alongside the shoulder interferes with plow crews.

Under the *Highways Regulation*, a vehicle left on a highway for 72 hours is considered abandoned. The *Highways Act* also lets the minister recover all expenses for moving and storing that vehicle from its owner. How many vehicle owners has the department billed for removal under the *Highways Act*, and how much money has been recovered by doing so?

Hon. Linda Benoit: I thank the member opposite for their question. I don't have those numbers with me. I can say that recovering funds from those who have abandoned their vehicles is often easier said than done. It's dependent largely on them being willing to pay or going to renew a registration here in the Yukon. It's not always as easy as it seems. I can see if we have some of those numbers that I can compile for the member opposite.

Brent McDonald: Yukoners would like to know who takes responsibility for ensuring abandoned vehicles are recovered and those sites are completely cleaned up. Abandoned vehicles can leak fuel, oil, coolant, and other harmful materials onto roadside soil and nearby waterways. Broken glass and vehicle parts can also remain scattered around the site. Wrecked and abandoned vehicles also create an environmental risk. Removing the vehicle without cleaning up the surrounding debris and fluids leaves part of that danger behind.

When a wrecked vehicle presents both a highway safety risk and an environmental risk, which department is responsible for coordinating its removal?

Hon. Linda Benoit: Highways and Public Works is responsible for removing vehicles from the right-of-way per the *Highways Act*. As the member mentioned, we do prioritize if we're aware of a vehicle that could pose an environmental risk. Obviously, vehicle owners are responsible first for any damage that their vehicle does, but Highways and Public Works ensures that any environmental liability is dealt with.

Question — Support for students with individualized education plans

Linda Moen: When the current Minister of Education was the Opposition critic, he regularly critiqued the previous government on the lack of supports for Yukon students with individualized education plans, or IEPs.

I know the minister has received e-mails from some families about children who had funded supports and now have been cut back or removed. I know this because I received those e-mails too. Families of children with distinct requirements written into their IEPs are now being told those supports are gone.

How many students had their supports in the individualized education plans cut, reduced, or removed this school year?

Hon. Scott Kent: The Department of Education continues to strengthen supports available in Yukon schools through investments in staffing and expanded specialist services. Student Support Services works with schools to create inclusive and neuro-friendly spaces, both as stand-alone facilities within schools and throughout school environments.

The Department of Education recently recruited an itinerant teacher for autism to support neurodiverse students. We've also recently recruited two registered nurses to support students with complex medical needs. Since 2025-26, there have been just over 45 full-time-equivalent positions added to Yukon Education schools, including learning assistance teachers, EAs for Yukon Education schools, as I mentioned, 14 additional educational assistants for shared resource programs, and two registered nurses.

We'll continue to make these investments in staffing when it comes to supporting those students who require inclusive educational supports.

Linda Moen: I was asking about the cuts and the numbers.

An individualized education plan is not a wish list. Under sections 15, 16, and 17 of the *Education Act*, a student with specialized educational needs is entitled to a special education program, and an IEP is how that program is set out. Access to full supports can mean the difference between a student's ability to attend full days of school or only a few hours. This means parents may miss work and children miss out on valuable parts of their education. That is not right.

Cutting requirements of IEPs is against the provisions of the Yukon *Education Act*. How does this minister justify these cuts with his department's obligations under the *Education Act*?

Hon. Scott Kent: As I mentioned, since 2025-26, there have been 45 full-time-equivalent positions added to the Education Authority schools, including 9.1 learning assistance teachers, with three of those supporting shared resource programs, 20 educational assistants, 14 educational assistants for shared resource programs, and two registered nurses. We've also increased funding for a wellness specialist position for First Nation School Board staff, and we continue to make investments.

Certainly, there's more that we can do, and we continue to work with individuals that have concerns with respect to their IEPs or student support plans or behaviour plans, and we'll continue to do that. But as you can see, we're continuing to make investments across the staffing allocations for schools when it comes to inclusive education supports.

Linda Moen: When these families ask for answers about changes to their child's individualized education plan, the department has pointed them to the Education Appeal Tribunal. However, section 17(2) of the *Education Act* says that while an appeal is underway, the students keep their supports until the tribunal decides. Families are being told to appeal the cuts, yet the needed supports have already been taken away.

When will the minister reinstate every one of the IEPs' required supports that have been cut this year?

Hon. Scott Kent: Again, for the members opposite, I'll reiterate the investments that we're making when it comes to inclusive education supports. The member opposite is correct: the Education Appeal Tribunal is the correct place to go.

We've talked in this House before about ensuring that there's no political interference in the education system. It's something that the panel recommended when they provided their status report in June, and it's something that I think we all have to take very seriously. There are proper processes for individuals to follow.

Again, as I've mentioned, we've made significant investments in inclusive education supports throughout the system, and we'll continue to look for other ways that we can supplement those investments.

Question — Independent education review panel interim report

Doris Anderson: The independent education review panel has released its fall interim report. Can the Minister of Education update this House on the key findings of the report?

Hon. Scott Kent: The interim report provides valuable insight into how we can strengthen education outcomes and put Yukon students back at the centre of our education system. It identifies opportunities to improve accountability, strengthen supports for First Nation learners, deepen collaboration with Yukon First Nations, and better support educators and school staff.

The report is focused on accountability and student success. The panel emphasizes the importance of clear roles and responsibilities, stronger use of data, and better monitoring of outcomes so that we can understand what is working and where improvements are needed. These are important conversations, particularly as we work to close achievement gaps and improve outcomes for all learners.

Many of these themes align with work already underway, including improvements to student outcome reporting, ongoing collaboration with Yukon First Nations through the joint education action plan, and investments in inclusive education supports,

educator recruitment, and student well-being. I appreciate the work of the panel and look forward to its final recommendations later this year.

Doris Anderson: Can the minister tell this House how feedback from the panel process is helping to shape a stronger education system for Yukon students?

Hon. Scott Kent: The feedback gathered through this review is helping identify practical ways to strengthen our education system and improve outcomes for students. Yukoners have told the panel they want stronger accountability, better communication, stronger relationships with Yukon First Nations, and more consistent supports for learners. They have also highlighted the importance of attracting and retaining educators, supporting student well-being, and ensuring students have access to the services they need to succeed, regardless of where they live.

Those perspectives are helping inform the panel's recommendations and are reinforcing work already underway. We are strengthening partnerships with Yukon First Nations, improving how we measure and report student outcomes, supporting educator recruitment and retention, and continuing efforts to enhance inclusive education supports in schools across the territory. As we move toward the panel's final report, our focus remains on building an education system that is responsive, accountable, and centred on student success.

Doris Anderson: Can the minister update this House on the next steps in the review process?

Hon. Scott Kent: The panel's work is now entering its final phase. Over the coming weeks, it will continue reviewing what it has heard through engagement, surveys, research, and previous reports, before bringing forward its final recommendations.

But the reality is that this is not the first report to identify serious challenges within our education system. For years, students, families, educators, and Yukon First Nations have been calling for improvements. Yukoners expect better, and they deserve better. That's why we launched this independent review, and that is why we are committed to acting on its findings.

We're not waiting to start that work. Efforts are already underway to strengthen accountability, improve supports for students, build stronger partnerships with Yukon First Nations, support educator recruitment and retention, and improve how we measure student outcomes.

When the final report is delivered, we will shift our focus to implementation, because our goal is clear: A stronger education system that delivers better outcomes for students and gives every Yukon learner the opportunity to succeed.

Speaker: The time for Question Period has now elapsed.

We will now proceed to Orders of the Day.

ORDERS OF THE DAY

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

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

Motion agreed to

Speaker leaves the Chair

COMMITTEE OF THE WHOLE

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

Committee of the Whole Motion No. 3 — Appearance of witnesses from the Yukon Hospital Corporation

Hon. Brad Cathers: I move that from 3:30 p.m. to 5:30 p.m. on Monday, November 9, 2026, Pamela Hine, Chair of the Yukon Hospital Corporation Board of Trustees, and Tiffany Boyd, Chief Executive Officer of the Yukon Hospital Corporation, appear as witnesses before Committee of the Whole to answer questions regarding the operations of the Yukon Hospital Corporation.

Chair: It has been moved by the Minister of Health and Social Services:

THAT from 3:30 p.m. to 5:30 p.m. on Monday, November 9, 2026, Tiffany Boyd, Chief Executive Officer of the Yukon Hospital Corporation, and Pamela Hine, Chair of the Yukon Hospital Corporation Board of Trustees, appear as witnesses before Committee of the Whole to answer questions regarding the operations of the Yukon Hospital Corporation.

Are you prepared for the question?

Are you agreed?

Motion agreed to

Bill No. 11 — *Yukon Firearms Act — continued*

Chair: The matter now before the Committee is continuing clause-by-clause consideration of Bill No. 11, entitled *Yukon Firearms Act*.

Do members wish to take a brief recess?

All Hon. Members: Agreed.

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

Recess

Draft Segment 015-026

Chair: Order. Committee of the Whole will now come to order.
The matter before the Committee is continuing clause-by-clause consideration of Bill No. 11, entitled *Yukon Firearms Act*.
On clause 3 — continued

Chair: Is there any further debate on clause 3?

Carmen Gustafson: I believe we had left off at subsection 3(1)(c) information about firearms. I did just want to give the minister an opportunity to introduce her officials before we get started. I'll let her do that.

Hon. Laura Lang: To my right, I have Ian Davis, the ADM for Justice, and to my left, I have Drew MacNeil, who is the Director of Policy and Communications for Justice.

Carmen Gustafson: As I said, we had left off at section 3(1)(c) about dissemination of information about firearms to the public. This is an inclusive provision, so it includes information about proposed legislation and policies, and their likely effect on firearms use, ownership, and possession. But there's also just sort of a general disseminating information about firearms to the public.

I was just hoping that the minister could give us some examples or the intention behind just this general disseminating information about firearms to the public, what that's intended to capture.

Hon. Laura Lang: General dissemination of information to the public will look like a variety of different components. For example, this position will be able to speak to the federal firearms program and any changes that might be happening or revisions that we are anticipating, particularly since we know activities like the Supreme Court case have started today on firearms. I could suspect something like that being communicated out to the public by the advocate.

We also know that safety and education were a key component of what we heard pre our election, during the election, and then during our engagement. I suspect, again, this advocate will take great consideration on how to convey opportunities for further education on firearms — whether that is through PAL courses that are being offered, whether that's through HEED courses that are being offered, or any new programs or services that the government does bring online, both in partnership with the CFO, other federal initiatives that are underway to bring to Yukoners' attention, or things that we arrange with other ministers or organizations.

Then, of course, at the end of the year we will see the advocate's report tabled in this House, and there may be opportunities to speak to the public pre and post that as well.

Carmen Gustafson: The minister spoke about the role of the advocate in communicating with public officials and in the education components. Those are two separate provisions that are here. I'm specifically talking about the disseminating information about firearms. In the "what we heard" report, one of the priorities that was indicated by some Yukoners was for the firearms advocate to advocate for handguns and wilderness carry permits. Is this the sort of general information about firearms that the advocate would be disseminating to the public under this section?

Hon. Laura Lang: During our engagement and the subsequent "what we heard" document, on page 6 we know that there is a chart that describes pretty much what Yukoners were saying were their priorities. The very first priority is on firearms safety training and education. I can imagine that as we go forward and we find the individual who will take on this position and we set what those priorities are going to be. Given the response rate on this and knowing what we've heard from Yukoners over a number of years now, this will be a key area of focus. When I think about the dissemination of information, again, this will be a key area that the advocate will be working on.

When I look at all the other categories, including handguns and wilderness carry, it is closely followed by support for range clubs, shooting, and infrastructure, which is then followed by support for mental health services, suicide, and domestic violence prevention. I can imagine that as Yukoners become more accustomed to having this position in the Yukon, what those priorities are as outlined here may shift in terms of importance. We will learn this also in conjunction with the advocate that we choose to bring on, with that individual's skill set as well, and as we also are hearing more from the federal government in terms of what directions they're taking their programming toward.

Carmen Gustafson: I guess my issue or my question is about how broad the provision is in subsection (c), and whether that advocating for handguns and wilderness carry — whether the minister thinks that does fall under that section.

Hon. Laura Lang: I believe that I have actually already answered this question, but again, as I just said a few minutes ago, we will prioritize the key areas of focus for the advocate once the advocate is hired, based on what we already know to be true,

which includes that area of key focus, which is safety and education, as well as the federal programs that have been put in place for which we are taking great concern with.

I look forward to finding an individual in the Yukon who is willing to take on this role and is interested in really working with Yukoners to understand not just what we believe to be the priorities but also as the year evolves, how that might shift.

Carmen Gustafson: Within this subsection (c), and then recognizing that in subsection (2)(d), there are sort of broad activities that the advocate could undertake. In the disseminating of information, will there be funds available for the advocate for things like promotional items and to attend gun shows and events and for draw prizes, that sort of thing? Will that funding be there for disseminating information in that manner?

Hon. Laura Lang: I already answered this question last week, but given we're on a new week, I will remind the Legislative Assembly that the advocate's operational budget will need to be developed in parallel with finalizing more detailed implementation planning and priority setting for the advocate, as the two will need to align.

Carmen Gustafson: Perhaps the minister could explain what the sort of official lines of communication from the advocate would look like for how they would be disseminating information.

Hon. Laura Lang: This is a question that is largely operational, and, as with most operational positions, they need time to figure out what this is going to look like. I can commit to, with great excitement, working with the advocate on what that individual feels is the most appropriate for this position. Again, I would remind us that we don't need those types of details to be outlined in a piece of legislation. That is what a good operational working relationship ought to consider.

If I were to muse on that for a moment, I could imagine that it would include opportunities to engage with the firearms community, to engage directly with Yukoners in a variety of different formats, including rural community events, events here in Whitehorse, and, of course, through social media. Again, I look forward to working with the advocate to learn more about what this could look like in his or her imagination, and I look forward to also learning from Yukoners what it is that they are looking for.

Carmen Gustafson: I can understand that the minister understands these to be operational matters. I do think it's important. This is a position that exists nowhere else — according to previous debate, we have not seen it in any other jurisdiction. I just got this legislation at the beginning of the Sitting, and we've been able to come up with some scenarios and questions that we want answered. It's somewhat surprising that so many of these questions about things like the cost and what the advocate's actually going to do don't appear to have been thought through or have answers to them.

Generally, if a public servant is doing communications, they work through communications. There are channels for approving their messages. Will the advocate be required to follow those same sorts of procedures and protocols, or will they be acting in their independent nature in terms of their communications and the information they are disseminating?

Hon. Laura Lang: Again, I recognize that this is a unique position. I recognize that there is no other jurisdiction in Canada that has been enabled to have a position like what we have and I appreciate that there's going to be many questions, not just now, but over the many months and the years ahead, and we will all be learning more about what it is that we need to really focus in on, as anything that is new needs a bit of time to evolve. I appreciate the patience of the members opposite as we work through some of these details, noting that while I may not be prepared to speak to all those details on the floor of this Legislature, it doesn't mean I haven't put great thought to what those elements look like or that my Cabinet colleagues have not been advised.

As I think through this position again, the oversight is through the Minister of Justice, and I believe that I just answered that working with the advocate and learning what the advocate's perspective is in the establishment of this role and with Yukoners is critically important. While this legislation outlines with broad strokes the powers of the advocate, the advocate does report to me, and we will be having conversations with the advocate — once appointed — to discuss not just what the priorities are, but how we are going to approach that work under the framework of the bill that we have in front of us to debate. Again, I am really looking forward to finding that right person and working with that person to establish that right process.

Carmen Gustafson: I can hear that we won't get an answer to whether the advocate is going to be using official government channels or the way that a public servant would be able to communicate out from the government. It may be that way or the advocate may be doing so on their own.

I do continue to have a challenge with the conflict between this act that sets up an independent but accountable body and one that is controlled by the minister. These two things seem to continually conflict. I will continue to ask questions about it.

I'll move now to subsection (d) that talks about promoting public safety. It sounds like this is a priority that many people, many Yukoners, the minister, myself, we share as a priority potentially for the advocate. This section does include providing or facilitating the provision of education respecting firearms use, ownership, and possession. Previously, the minister said that she didn't envision that the advocate would be delivering education programs.

Could I just get a clarification if subsection (d) does allow for the advocate to deliver firearm safety education programs?

Hon. Laura Lang: As I've said already, as we learn more about who takes on the advocate role, I will be far better positioned to be quite deliberate in a very clear and defined yes or no to what the advocate will be doing. As I can imagine, this position will not be providing training, which is what I have already conveyed. That is what I'm currently imagining.

I also imagine though that they could also be seeking opportunities to facilitate additional education in the Yukon. Here's an example: Imagine that the advocate realizes that additional firearms education is needed in rural communities. That individual could work with the municipalities or the First Nation governments to actually facilitate the provision of a course in a rural community. They may also bring additional training to the Yukon that is nationally available that perhaps we haven't explored fulsomely. While I recognize that the PAL program is something that we do very well here in the Yukon, there may be other types of programming that we just simply haven't brought in. They may get awareness of that for which they can then orchestrate that relationship between that program being brought into the Yukon and Yukoners attending it.

Again, I'm really looking forward to bringing this advocate on and working out all these details.

Carmen Gustafson: Under this subsection, could the advocate also do things like programs providing trigger locks or other equipment to promote public safety respecting firearms?

Hon. Laura Lang: That provision does enable that.

Carmen Gustafson: Sometimes it's hard to hear across. Was that a does or doesn't? Just a clarification.

Hon. Laura Lang: It does.

Carmen Gustafson: There was also earlier some discussion about interest in education in schools or other settings like that. Who would the firearms advocate be consulting regarding bringing that education into schools or other youth programming?

Hon. Laura Lang: This is something that we heard at great length both during the engagement that translated into the "what we heard" document, as well as during our campaigning for the 2025 election, and, of course, over the previous years. We've heard from many Yukon families there is some level of interest in what this could look like for youth. I suspect that the advocate will be engaging with Yukoners in a way that may also see this come up, and if that does, I'm assuming that too will be part of communication to me.

I would then in turn work with the Minister of Education to determine whether or not that level of involvement is an appropriate step forward for us. And we will continue to work with Yukoners to hear what exactly they are looking for within the education system that might not be currently offered in a way that represents again further understanding of subsistence living, safety on the land, et cetera. Again, I really do look forward to this advocate coming online and then learning what it is that is most important to Yukoners.

Carmen Gustafson: In paragraph 3(2)(a), it talks about conducting or facilitating research respecting firearms, including collecting and analyzing data respecting firearm use, ownership, and possession, as well as some engagement activities. I'm wondering: What kind of data will the advocate be collecting, particularly with respect to firearm owners?

Hon. Laura Lang: Recognizing that there is already publicly available information in this area, I would suggest this is an area that we will be waiting to see what else is necessary, and, of course, this will be largely guided by what the public interest is in this area. But again, the protection of data that is collected is covered through ATIPP.

Carmen Gustafson: This person is not a public servant; I understand that they are covered by ATIPP. We will get to questions about that later. But in terms of storing data, this would be an office that's independent of the department.

Where and how would that data be stored, and who would be responsible for it?

Hon. Laura Lang: Right now, I do not envision that we are collecting sensitive data. However, if this were to happen, we would work with the advocate to put in place the appropriate infrastructure that would see the data properly secured in accordance with what Yukoners expect through our territorial government approach.

Carmen Gustafson: Does the advocate, through any sort of professional standards or by virtue of this act, have any duty to confidentiality of the information that they collect?

Hon. Laura Lang: As I've already stated, this piece of legislation must adhere to ATIPP, and under ATIPP, that piece of legislation prevents disclosure of personal information.

Carmen Gustafson: Would the information be able to be shared with somebody like the RCMP or the Chief Firearms Officer?

Hon. Laura Lang: This aspect is not being contemplated at this time, but as my colleagues and I have just agreed, if this was needed, then we realize that additional work would be needed, and that would be something that I would be having conversations with the advocate for, and we would put that through the appropriate processes.

Carmen Gustafson: As I also am thinking through this, I could very easily see a situation where a firearm owner was coming to the advocate with information, for example, that they may not be in compliance with current law, and that information, if it's collected in some way, like notes or things like that, casework sort of thing, I think that those firearm owners would definitely want that information to be confidential, just information that's collected about individuals in the course of the firearm advocate's work, similar to other professional bodies like a lawyer's office, a doctor's office. I think if the advocate is to do the things that are set out here, that may be an important consideration that the minister could turn her mind to.

Just on to section 3(2)(c), "communicate with a chief firearms officer or any other public official". This specifically names the chief firearms officer. In the engagement period, it would have then been the CFO based out of BC for the Yukon, or federally, I suppose, but was there engagement with the chief firearms officer about this and what this engagement might look like?

Hon. Laura Lang: I have previously provided this information to members opposite, and so as a reminder, the Director General Kellie Paquette, who is in charge of this program, the CFOs across Canada, is a person that I have engaged with multiple times and is well aware of Yukon's position as well as our intention to explore other opportunities outside of a CFO. It came as no surprise following the "what we heard" report that an advocate was desired by most Yukoners.

Carmen Gustafson: In that engagement with the director general, was there any feedback or discussion about sort of limitations or constraints on that communication, or what sort of areas that communication with the CFO would cover and maybe would not cover with the advocate?

Hon. Laura Lang: We had some wonderful conversations about what the future could look like in terms of the operational rollout of both the new CFO for the territory and the other two territories, as well as a prospective advocate position, as well as a sincere commitment to continue working together on ensuring that these roles are working well for Yukon and for bringing information to federal tables, as well as to look for opportunities for further ways to showcase that working together.

Carmen Gustafson: Is it anticipated that there would be a memorandum of understanding or some sort of protocol agreement between the two positions?

Hon. Laura Lang: An MOU is not something we are anticipating at this point, but again, upon the hiring of the advocate's position and once the advocate meets with the territorial CFO, if that is something that they deemed an area of value for our territory, then that is something I'd be very happy to hear about.

Carmen Gustafson: Just going back to that collection of information or data, would the firearms advocate have any obligation to disclose if the advocate was made aware that any laws were being broken? Would they have an obligation to disclose that to anybody?

Hon. Laura Lang: As we grow with the advocate's role and the new CFO's role, of course, things are subject to change. But as it stands, we do know for certain that the Chief Firearms Officer for the three territories is the individual that is authorized to enforce the federal firearms legislation.

Kate White: I have a question around 3(1)(d), talking about the promotion of public safety respecting firearms, and I wanted to know if within this clause, the minister imagined, for example, advertising campaigns. She had mentioned social media before, but I'm curious if it's bigger than that. For example, is there the idea that this office would be funded to be able to do advertising or education campaigns, depending on how that's viewed?

Hon. Laura Lang: As I read 3(1)(d): "promoting public safety respecting firearms, including by providing, or facilitating the provision of, education respecting firearms use, ownership and possession."

As I conveyed earlier, I think this is an area that will evolve once the advocate is spending time with Yukoners, learning what it is that this area could look like. This will then be brought to my attention, including what the potential approaches could be, and that may include me working with the Minister of Education and perhaps other colleagues within the government to determine what is the best approach at this time and how we go about it.

Kate White: I do appreciate it. I guess one of the concerns I have is that there's been the repeated nature of that the firearms advocate is going to decide what's best for their job going forward. Although I can hear that, I still don't fully understand how that works, and I'm just trying to get a sense of what these clauses enable.

In looking to section 3, the functions and powers of the firearms advocate and clause 2 within that section — whether it's engaging with the firearms owners and other members of the public or communicating with public officials and others — has it been thought for the firearms advocate entering a legal proceeding on behalf of Yukon firearms owners, either against Yukon Government, against others, or any kind of legal proceeding?

Hon. Laura Lang: I've already answered those questions.

Kate White: I appreciate that my colleague has just asked about the storage of private information just because it talks about data collection, and so I think the one thing I'll note is that the minister has said previously that Yukoners won't see what the job description is. Partially in asking questions about these different clauses in line-by-line, it's trying to get a sense of what that could be. I maintain that the questions I've asked are valid, and I appreciate that the minister has said she's responded already, but I may ask them again.

I think in asking them, we're just trying to get a sense of clarity. What does this position do? What will this position do? What can this position do, or what can't it do? I appreciate that the minister has answered before, but I'll ask again: Is the firearms advocate able to start any kind of court proceedings?

Chair's statement — Unnecessary repetition

Chair: The Chair just wants to remind members of Standing Order 19(c), which warns against unnecessary repetition, and so I only bring this at this time to remind people that this section exists for a reason.

Bill No. 11 — *Yukon Firearms Act* — *continued*

Hon. Laura Lang: Madam Chair, in the spirit of that: I did answer this question in detail last week, and I would invite the members opposite to check Hansard for my response.

Chair: Is there any further debate on clause 3?
Clause 3 agreed to
On clause 4

Carmen Gustafson: As in the previous sections, the first question that I have is if the minister can walk me through her understanding of what this section does.

Hon. Laura Lang: Section 4 describes eligibility for the advocate role. More specifically, it lists individuals who cannot be appointed as or continue to serve as the firearms advocate. This includes the chief firearms officer and firearms officers appointed under the federal *Firearms Act*, members of the Yukon or federal public service, and members of the Yukon Legislative Assembly, the Senate, or the House of Commons.

Carmen Gustafson: Well, I am disappointed to read that I would not be eligible to be the firearms advocate; I think I'd do a great job.

I do have a question about why the ineligibility under 4(b) was included — so, why the firearms advocate could not be a member of the public service of Yukon or Canada.

Hon. Laura Lang: We originally produced the role of the advocate on the premise that this individual would be independent from the public service, and that is how the whole structure has been created. It's as simple as the intended independence is the reason.

Carmen Gustafson: I note that the next section, section 5(3), specifies that the *Public Service Act* doesn't apply in respect of the advocate. My reading is that's how the firearms advocate becomes not a public servant. But it also included that a public servant couldn't also act as the firearms advocate. Is that the intention of 4(b)?

Hon. Laura Lang: Section 4(b) says "a member of the public service of Yukon or the public service of Canada" cannot be an advocate. That I've already described is necessary for that independence.

In subsection 5(3): "The *Public Service Act* does not apply in respect..." is because that position is independent of the public service; therefore, it doesn't apply.

Chair's statement — Relevance to clause under consideration

Chair: Order, please. I would just remind the members to keep track of what section we're debating at the current time. At this time, we have clause 4 under discussion. It is not in order to be referencing other clauses.

Bill No. 11 — *Yukon Firearms Act* — *continuation*

Carmen Gustafson: Under section 4, there are three subsections that say who is not eligible to be a firearms advocate. Why was the decision made to not include who would be eligible to be a firearms advocate?

Hon. Laura Lang: I believe that I have answered this question multiple different ways over the course of the last few weeks, and that includes describing how we would be ascertaining the need for the position as well as what their duties and responsibilities would be. I believe that this is the way that this bill has been drafted.

It is very clear in its articulation of who cannot be included, while it still provides me as the minister the flexibility I need to make the determination of the right fit for this role, particularly as we reflect on what we've heard from Yukoners as their key areas of priority.

Carmen Gustafson: I just ask that because in many other pieces of legislation where somebody is appointed to a position, there are often additional qualifications or things that you need to look for in a position. For example, in the *Child and Youth Advocate Act*, there are some specific requirements of that person. But I understand the minister's response that she has the discretion to appoint under this position.

Going back to the public service piece of it again, would a public servant who is on leave — or could they take leave — to be the firearms advocate, or does paragraph 4(b) preclude that?

Hon. Laura Lang: If a person is on leave from the public service, they are still part of the public service, so it precludes them.

Draft Segment 027-037

Carmen Gustafson: Earlier, when I asked about the independence and the creation of the corporation sole, the minister explained that the reason for that was essentially so that the advocate would be able to enter into contracts not under their name but as the advocate. But now, when I'm asking about why somebody who's part of the public service couldn't be the advocate, it's because of the independence of the position.

Is there something that the advocate would be doing or a way that they would be working that's not consistent with being a public servant?

Hon. Laura Lang: I think over the course of the last few weeks, I've been pretty clear about the independence of the office; therefore, if you follow that line of consideration, the provision for the exclusion of a public service member — whether of our territorial government or the Public Service of Canada — it ensures that independence is maintained.

Carmen Gustafson: Would the advocate be able to have another job, perhaps a job that was related to firearms? That doesn't seem to be excluded here. Would they be able to have another job, as well, related to firearms?

Hon. Laura Lang: I answered this question, and I would suggest referring to Hansard from last week.

Chair: Is there any further debate on clause 4?
Clause 4 agreed to
On clause 5
Clause 5 agreed to
On clause 6
Clause 6 agreed to
On clause 7

Carmen Gustafson: I note that this section allows the minister to provide financial assistance and other support. Could the minister explain why specifically this provision includes providing financial assistance — why the term financial assistance is used in this section?

Hon. Laura Lang: Section 7 literally means I can provide some funding, as approved through the appropriations budget in 2027-28.

Carmen Gustafson: The reason that I was asking why it refers to financial assistance is because I couldn't find that used in a similar act anywhere. So, I wanted to know why that term "financial assistance" was used as opposed to "funding", as the minister said.

Hon. Laura Lang: This was the mechanism developed by legislative counsel to provide the necessary funding.

Carmen Gustafson: Section 7 says: "other support to the Advocate". Could the minister specify what other support would be captured by this section?

Hon. Laura Lang: This could include a variety of different elements. For example, in-kind support could be something that the Department of Justice provides to the advocate, as exampled earlier in this debate this afternoon, on data. If management is necessary, advice could be provided through the Department of Justice to the advocate on how to proceed with the infrastructure that would be required.

Carmen Gustafson: Just to clarify that other support could include support from the department — personnel support, secretariat sort of support from the department?

Hon. Laura Lang: I did not say that; what I said was that it could look like in-kind support through the provision of advice. If a situation like the need to manage data and that management requires infrastructure, advice could be given. This is done by many departments across our government on a daily basis to outside agencies, including not-for-profit organizations, the other roles that are at arm's length from the government, and I can imagine our advocate at times needing to have advice on how to proceed on something.

Carmen Gustafson: I apologize for misunderstanding the minister. Now it sounds like that support looks more like advice and not departmental staff or things of that nature.

I just wanted to ask the minister about the interaction between section 7 and section 6. In section 6, the minister may do things by order, and in section 7, there's more broad discretion. Can the minister specify what would be done within an order and what would not fall within an order?

Hon. Scott Kent: Madam Chair, seeing the time and that we are welcoming witnesses from the Yukon Hospital Corporation at 3:30 p.m., I move that you report progress.

Chair: The Government House Leader has moved 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 at 3:30 p.m. 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

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

Appearance of witnesses from Yukon Hospital Corporation

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

All members and witnesses are reminded to refer their remarks through the Chair. The time allotted for opening remarks by the witnesses is five minutes in total. But first, I believe that the Minister of Health and Social Services will introduce the witnesses.

Witnesses introduced

Hon. Brad Cathers: I'll be very brief in the introduction. I'm pleased to introduce here this afternoon Pamela Hine, Chair of the Yukon Hospital Corporation Board of Trustees, and Tiffany Boyd, Chief Executive Officer of the Yukon Hospital Corporation.

Chair: Would the witnesses like to make opening remarks?

Pamela Hine: Madam Chair, Minister Cathers, and Members of the Legislative Assembly, thank you for the opportunity to speak today about Yukon Hospitals and the work we are doing to provide safe and excellent care for all Yukoners. My name is Pamela Hine, and I'm honoured to serve as Chair of the Yukon Hospital Corporation Board of Trustees. I'm joined today by Tiffany Boyd, our chief executive officer.

Before we begin, I would like to respectfully acknowledge the traditional territories of all Yukon and trans-boundary First Nations, and recognize that Yukon Hospitals operate on the traditional territories of Kwanlin Dün First Nation, Ta'an Kwäch'än Council, Tr'ondëk Hwëch'in, and Kaska Nation, including Liard First Nation, Kaska Dena Council, and Ross River Dena Council. This recognition is part of our commitment to understanding and respecting Indigenous people, their history and stewardship of this land, and advancing truth and reconciliation.

I would like to begin by acknowledging the tremendous efforts of the people who make our hospitals work every day: Our dedicated staff, medical teams, and volunteers. They continue to show up with passion, professionalism, and resilience, even as pressure on our health care system grows. They are the heart of hospital care in the territory.

We know the health care environment remains under significant pressures. Hospitals across Canada are managing increased demand, workforce shortages, rising costs, and greater complexities. These challenges are felt acutely here in Yukon, where our teams and facilities are often stretched beyond capacity.

Despite this, there has been meaningful progress. Guided by our operational plan, our priorities are focused on five areas: putting patients and family at the centre of care, supporting and strengthening our health care teams, advancing quality and safety, planning for future capacity and infrastructure, and being transparent about our progress and challenges. We have strengthened front-line support, including charge nurses and health care security, advanced planning for Whitehorse General Hospital expansion, and continued investment in quality, safety, and culturally safe care.

We are also committed to sharing performance information, the outcomes of our medical device reprocessing review, and our recent accreditation survey. We believe accountability means being open about where we are making progress and where more work is needed. These priorities are grounded in our commitment to truth and reconciliation, decolonization, and indigenization, and in our responsibility to work alongside Yukon First Nations and all the communities we serve.

I will now pass it over to Tiffany to speak about the health care landscape and the work underway and the challenges and opportunities ahead.

Tiffany Boyd: Good afternoon, Madam Chair, Minister Cathers, and Members of the Legislative Assembly. It's a privilege to be with you today. At the heart of our work is a simple responsibility: When Yukoners need hospital care, they need to know that the people looking after them are supported, that the systems and equipment are safe, and that decisions are being made in their best interests, and that patients are driving their care.

The demands on our hospitals are growing. At Whitehorse General Hospital, we need approximately 100 inpatient beds to meet the current demand. Presently, we have 79. We reached 146-percent occupancy during the first quarter of this fiscal year. These pressures affect patient flow, emergency access, and our teams. This is why advancing the expansion of Whitehorse General Hospital is so important; the need is here today.

Over the past couple of years, we've made meaningful progress. We've strengthened our front-line nursing leadership through charge nurses, added nursing supports in our community hospitals, expanded our cancer care team, worked to build more resilient physician coverage in our inpatient and emergency services, and invested in critical infrastructure and equipment.

We've also made significant progress in medical device reprocessing. Following last year's issues, we brought in external expertise, implemented dozens of recommendations, strengthened quality assurance and backup processes, and are advancing

important equipment and infrastructure improvements. We've been open about these challenges and our progress and remain committed to sustaining the improvements and maintaining the highest standards of patient safety.

Following our recent supplemental Accreditation Canada survey, our accreditation status was affirmed. Of the 29 previously unmet criteria reviewed, all but one relating to air exchange have been addressed. This reflects a considerable commitment of our teams. Quality and safety require attention every day, not just at the time of a survey. We are committed to being transparent with Yukoners about our performance, challenges, and improvements. We want to hear your feedback, learn from your experience, and continually improve.

We are also working to better showcase our people and connect the care they provide with our communities. The recent naming of our inpatient units is one example of recognizing the culture, history, and identity of the communities we serve. Our commitment to truth and reconciliation, decolonization, and culturally safe care is fundamental to this work. It means listening, building relationships with Yukon First Nations, respecting the knowledge and experience of Indigenous peoples, and continuing to make changes so that our hospitals are safe, welcoming, and responsive to everyone.

None of this work happens alone. Our partnerships with the Government of Yukon, Yukon First Nations, physicians, community organizations, and communities we serve are essential. We need to continue to work together to strengthen services and respond to the needs of Yukoners.

There is more work ahead. Expanding capacity, strengthening our medical workforce, modernizing infrastructure, and sustaining improvements in quality and safety are significant undertakings requiring time, investment, and sustained commitment. But we should also recognize how far our teams have come. Over the past two years, we've maintained essential services under considerable pressure, made important investments, strengthened clinical and operational supports, addressed significant quality and safety issues, and advanced plans for the future of hospital care in Yukon. I'm proud of that progress and equally conscious of the work that remains.

To our staff, physicians, leaders, and volunteers across Yukon hospitals: Thank you. I see the commitment, professionalism, and care you bring to your work, often under very difficult circumstances. The progress we're talking about today is, frankly, because of you.

We know that trust is earned through what we do, not simply what we say. Our commitment is to keep doing the work, to be open about our progress and challenges, and to remain accountable for the care and services we provide. We are proud of our hospitals and the people who work in them. We are committed to making them stronger, more resilient, and better able to meet the needs of Yukoners today and into the future.

We thank the government for their partnership, commitment, and ongoing support that enables Yukon Hospitals to provide safe and excellent care. Thank you, and we look forward to your questions.

Kate White: To start off, I'd like to welcome the witnesses for being here, recognizing that what they do is challenging and busy, and so taking the time today is important.

My first question is: Can I get the number of staff who work across the Yukon Hospital Corporation, and if they have it, the number of volunteers who work within the three hospitals?

Just to ease the stress there — this didn't necessarily need to be specific. I just wanted to make sure, when I thanked the hundreds of people who work so hard to make sure that Yukon hospitals run, that I had a good idea of what that number is. I think from the outside, most Yukoners don't understand the full scope of the number of people who work within a hospital. You see the nursing staff and you see the doctors, but you don't see every single other person that makes it run.

It doesn't have to be a concrete number, but it was just to get more of an idea so that we can pull back the curtain a bit to get an idea of what that number is. I didn't mean to stress out the witnesses with the first question. It was just so I could fully say thank you to those who make Yukon hospitals run.

Tiffany Boyd: Thank you, Madam Chair, and thank you for the question.

We have approximately 753 employees across all three of our hospitals and approximately 50 volunteers. The 753 employees represent full-time, part-time, casual, and term employees at Yukon hospitals.

Kate White: I appreciate getting that number for Yukoners. Just understanding — that means that there are 753 folks who work in Yukon hospitals — whether it's in Watson Lake, Dawson City, Whitehorse. I think that's a reminder we sometimes need, that hospitals don't just happen, that there are large teams behind them. I especially recognize the 50 volunteers. I have seen them myself at Whitehorse General Hospital and appreciate that. I just wanted to make sure today when we start this conversation or we talk about Yukon hospitals that it's grounded in the fact that it's Yukoners serving Yukoners, and sometimes with outside support when we need it. Understanding that there's the 753 plus I think is an important context.

I was hoping that today in our conversation we could maybe do a virtual walkthrough of the Whitehorse General Hospital in terms of what exists now and what we envision for the future. I say this knowing that on my recent tour there was a lot of walking through what exists now but knowing what it needs to be in the future. I'll note that when you walk into the front doors of Whitehorse General Hospital — so, not into the emergency room on the right but straight forward — on the left-hand side there's a long hallway. There we have the cancer clinic, we have the specialist clinics, and others.

I was hoping the witnesses could walk us through what exists now, the number of patients who are seen in that area, and some of the challenges that the Hospital Corporation is faced with in that current setup.

Pamela Hine: I can at least start to give a little bit of a reflection on the increase in the clinics — so, from our visiting specialist clinics. Since 2018-19, annual clinic volumes have increased by nearly 70 percent, while the clinic has continued to operate with essentially the same staffing complement and physical footprint.

Tiffany Boyd: Year over year, we're seeing a tremendous increase in the number of Yukoners needing to access the services down the visiting specialist clinic hallway. As Ms. Hine shared, we're anticipating that this year, in the clinic that was designed to see 2,000 people per year, we anticipate 15,000 visits to our visiting specialist clinic.

Further down that hallway, we have our cancer care services, where patients receive outpatient services for chemotherapy and other treatments related to cancer care. We continue to see a year-over-year increase with respect to access to cancer care. This year, we're seeing 2,000 visits as opposed to 982 last year in terms of accessing care in our cancer care space. We have seven chairs through which we provide cancer care services to all Yukoners, and at present, those chairs are regularly full throughout the duration of service availability throughout the week, which is presently Monday through Thursday. We're actively working with our partners, both with Yukon Government and YMA through YukonDocs, to recruit an additional GP oncologist to expand services to include Fridays, and we look forward to being able to extend that service and serve more Yukoners as required.

Medical day care visits for this year are projected to be 1,893, which is up from 1,450 visits last year. To give a sense overall, we're seeing an unprecedented increase year over year for access to the services provided in our visiting specialist clinic, our medical day care, and our cancer care services.

Kate White: One of the reasons why I wanted to start down that hallway — for any Yukoner who hasn't had to be down there for the specialist visits, I'm grateful that you haven't; but having supported and participated in that and understanding the difference between 2,000 per year and 15,000 per year — the reason why I was asking about the kind of pressures that hallway faces is because when it is at its busiest, it is really busy. I'm trying to get a sense of understanding that initially that visiting specialist area was designed with the expectation of 2,000 patient visits per year, and now we're expected to see 15,000 this year.

Can the witnesses share what areas those visiting specialists specialize in, kind of the numbers if they're able to break it down per specialty, and then I'll have other questions.

Tiffany Boyd: I hope I understood this question correctly, but I can offer all of the specialty services that are offered through the visiting specialist clinic and offer the targeted wait time and the existing wait time for those services presently in Yukon.

We offer cardiology. The proposed or target wait time for that is three months, and the current average wait time is eight months. We also offer internal medicine. The proposed target wait time for that is three months, and the current wait time is three months. For EMG, three months is the target wait time, and the current wait time is three months. For general neurology, the target wait time is six months, and we are on target at six months for that. For physiatry, the target wait time is 12 months, and we're at 10. For gastroenterology, the target wait time is six months, and we are at six months. For nephrology, the target wait time is three months, and the current wait time is five months. For dermatology, the target wait time is three months, and the existing wait time is nine months. For cataract evaluation, the target wait time is four months, and we're at four months. For general ophthalmology, it's four months, we're at four months. For ortho, the target wait time is six months, and we are at six months. Apologies, as I may mispronounce this next specialty. We also offer otolaryngology. The target wait time is three months, and we're currently at 36 months wait time on average.

Kate White: First of all, congratulations to those — understanding that we are meeting the target wait times for some of those specialty clinics. For cardio, I believe that the targeted time was three months, but the existing wait time is eight months. Some others that had that delay were dermatology, I believe it was nephrology, and the last one that I cannot pronounce and I don't even know what it does, but the targeted time is three months, and what we're seeing is 36 months.

Can the witnesses walk Yukoners through what's required to make sure that the targeted wait time is the existing wait time? And how do we change the wait times that are beyond what the targeted times are?

Tiffany Boyd: We've done substantial work to look at how to ensure that we're maximizing existing efficiencies within our hospital services and within our teams, and the folks on the ground do an exceptional job working with the specialty services as they come to Yukon.

Overall, what is required to increase the throughput is to expand the space available to provide services. Presently, we cannot be more efficient with our existing space. Ideally, we would like to provide more clinic rooms, which would enable us to have more specialists here at the same time. For example, an existing specialist could bring a colleague or a resident, and we could see double the people. For the same duration of visit, we could see more people. Effectively, what is required at this time is more clinic space to optimize the use of time to be more efficient as our visiting specialists come and visit us in the Yukon.

Kate White: I do appreciate that. I also appreciate the team who has just clarified that I could just say ear, nose, and throat specialist for the one that I cannot spell or even begin to imagine.

Understanding that one of the things that we need to be able to meet that targeted timeline is an expansion of space, and understanding from touring the hospital recently, that space is actually not something that exists, is there a plan or a vision or a wish for where that expansion would take place, and what that could look like?

I'll note within the specialist clinic rooms, and due to my senior friends, I'm very familiar, for example, with the cataract clinic and what that looks like. I'll say that there's a chair in the middle of the room, and everything is jammed out on the outside of the

rooms for different things. But when you're there for eye appointments, you sit in the middle of a very crowded room. It's very tight, and it's very quick — things move very quickly there.

When we talk about that expansion of space or that desire for that expansion to be able to meet the targeted wait times, what does that look like? How does the hospital expand when every room is already being used?

Pamela Hine: The Yukon Hospital Corporation is working very closely with the Department of Health and Social Services to look at all possible options to see how we can expand the specialist clinic and other demands that we are facing. Obviously, our preference would be to have something that would be available on campus, because the specialists also provide services to some of our inpatients, and they also take advantage of our different services within the hospital — so, having a location within our campus. We are working closely with the department to see if we can find a solution.

Kate White: Can the witnesses walk us through what the Whitehorse General Hospital campus footprint is? Obviously, it's easy to imagine the hospital, but there's a lot of buildings up Hospital Road.

Can they walk us through what the existing footprint is of the Hospital Corporation, whether it's buildings that they own or lease, et cetera, just to give us an idea of what our options might be?

Tiffany Boyd: The hospital campus, for those that are familiar, starts at No. 1 Hospital Road with the Crocus building, where we have several agency staff who have residences when they're working at the hospital. No. 2 and No. 4 Hospital Road are also on Yukon Hospitals' campus, and, of course, the main Whitehorse hospital itself and the adjoining Thomson Centre are part of campus. Then behind campus, which many folks — unless you work at the hospital — probably don't see, is a large staff parking lot, and that effectively up to the hill and the road informs the boundary as well as the buildings and spaces on Yukon Hospitals' campus in Whitehorse.

Kate White: I will eventually get us to the hospital expansion, because I think that's an important thing for us to discuss, but when we talk about expanding the existing space for visiting specialist clinics, knowing now that it starts at No. 1 Hospital Road, which is the Crocus building, and goes up, is there an ideal space or a space that the corporation is hoping to honestly move into — hoping to have changes so that visiting specialists are removed from that hallway where they currently operate in Whitehorse General Hospital?

Tiffany Boyd: In the interest of maintaining those services on campus for proximity, both for patients and providers, the ideal location would be No. 1 Hospital Road, where there would be patient parking and a relatively new building, anticipating that potential renovations would be required to support the clinical spaces and meet the building code requirements. That is the building that we would explore first as an ideal alternative site to expand the visiting specialist clinic.

Kate White: I thank the witness for that answer. Have there been any really preliminary looks into what renovations would be required for No. 1 Hospital Road to be able to host the specialist clinics, or is that too far away at this point?

Tiffany Boyd: We're working very closely with our partners to look at what that opportunity might mean and explore options, including No. 1 Hospital Road into the end of this year and looking into next fiscal year. We're at the very preliminary stages.

Kate White: Thank you, Madam Chair, and I appreciate that response from the witness. When we talk about that, initially, the visiting specialist clinic was designed for 2,000 patient visits a year, and we're at 15,000, that alone indicates that there's a need for that growth. I appreciate that there's been an indication of where on campus that might be. What would the Hospital Corporation then envision for that existing hallway? I note that we had a conversation about the cancer clinic that currently has seven seats and the possibility of hiring another oncologist to have it also opened on the Friday.

Can the witnesses walk me through if the specialist clinic was able to be relocated, for example, to No. 1 Hospital Road, the Crocus building, what could happen then in that existing space where the specialist clinic is right now?

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Pamela Hine: It would be our intention to look at the existing specialist clinic as an opportunity to expand our cancer care clinic.

Kate White: Can the witnesses tell me what an expanded cancer care clinic could mean? I'll note that my understanding is right now that there, for example, is no privacy for folks. Within the treatment rooms, the chairs — well, you're in a room with other people, and if you're having a particularly challenging time, there's not a lot of other places — you can't really hide. Could they walk me through what an expanded cancer care clinic could look like, what it could mean for different people, including the staff who work so hard to support folks who are going through that really hard time?

Tiffany Boyd: Our goal would be to expand the existing cancer care space from seven to up to 15 chairs, allowing for more treatment time and space for patients. One of the really incredible outcomes of advances in medical sciences is that we are seeing better outcomes with respect to cancer care treatment, which means that folks with cancer are living longer and receiving treatment for a longer duration. It also means that when somebody who was previously treated for a particular cancer may have required two hours of chair time for cancer treatment, sometimes they are now receiving multiple modalities of care — immunotherapy,

chemotherapy, for example — and requiring double and sometimes triple the amount of time in chairs. The ability to expand from seven up to 15 chairs would mean that we'll continue to meet the needs of Yukoners and continue to provide the best quality care as well as the latest technology and recommended treatment options.

We're also very sensitive that some cancer treatments — things like, for example, a bladder instillation — should require and be provided privately to ensure that we're providing respect and dignity for the provision of that treatment.

Another critical thing to be aware of is that the adjacency of our cancer care space is critical that it be close to our pharmacy, which is directly proximal and across the hall. A number of our chemotherapy or cancer treatments need to be mixed at the point of treatment and be administered within 15 minutes, and so that would enable us to provide the care in that location and maintain that adjacency.

Kate White: Looking at what that future could look like — for example, the expansion from seven to 15 chairs — what would that mean for Yukoners who are currently accessing cancer treatment? Again, I'll note that the hallway is busy, it's cramped, and the cancer treatment room is at the end on the left — that's Karen's Room. What could that new space look like? What would that mean for Yukoners who are accessing care?

Pamela Hine: With all patients, we strive to make sure that we provide the best care possible, even in the cramped location as it currently exists. If we were able to expand, our priority would be to increase our services from that seven to the proposed 15 chairs. Again, as we have said earlier, the increased chairs would also allow us the opportunity to provide that privacy that the member is speaking about. We would continue to provide the services in a caring manner as well.

Kate White: I never meant to say that it was not caring or sensitive now — just understanding the limitations based on that space. Has the Hospital Corporation looked at the cost of this expansion — understanding that this could be multi-step if it were renovations to No. 1 Hospital Road — but has there been a look at what the cost of changing that specialist hallway would look like?

Tiffany Boyd: We've been supported with $200,000 within our capital allotment as part of the WGH expansion work to do site investigation with respect to renovations in the visiting specialist clinic and eventually subsequently to look at costs of renovating WGH. We'll have a better understanding of what those costs might be and are in the early stages of looking into what that will mean. We anticipate releasing an RFP to support us to determine those costs soon.

Kate White: I appreciate that. I will note, from my perspective, any care we can offer closer to home is not only better care but more affordable care. I look forward to having a better understanding of those numbers.

One of the areas that the witnesses talked about was the medical day care, and I believe it was 1,893 — actually, I'm not going to worry about the number — but the medical day care. Are there any limitations currently, for example, to surgeries or to procedures that Yukoners can access due to the space limitations of the medical day care?

Tiffany Boyd: Presently, our medical day care, for context, has four chairs where we provide infusion services, and so you would see things like potential iron infusions or treatment for folks battling multiple sclerosis in that space. The relocation — just referencing back — of the visiting specialist clinic — could mean expanding the number of chairs available, increasing the care that we're able to provide. Presently, the biggest opportunity or perhaps potential limitation is that because we only have four chairs, we triage and prioritize the most critical care necessary in a small space.

However, if we were to expand the total number of chairs, it would mean that we'd be able to decant a number of things that are currently provided in our emergency department — things like, for example, IV antibiotics when folks need to come for multiple courses and can only receive that through the hospital system. It would enable us to provide care that is more scheduled and more comfortable and decant the pressures from a very busy emergency department, and so it just enables us to provide better care overall by expanding the number of folks and the types of treatments we can provide in that space.

Kate White: I appreciate that clarification from the witnesses. I did not stick my head into that room because there were people in it, and I did not want to overstep. Now I understand more, and it turns out I would know people who are accessing infusions. The one reason why I'm asking about what we have and what we're looking toward is trying to get a handle. The witnesses said that we need a hundred beds, but we only have 79, and that has led to challenges as well.

I will say here and I've said it in other public places, but I'll say it again. I just have so much gratitude that the Hospital Corporation has communicated very honestly about the challenges they have had with space, and I'll note that there have been press releases talking about not ideal spaces and some of those constraints.

Can the witnesses walk me through how they have dealt with the above capacity at the Whitehorse General Hospital and how they have kind of risen to try to meet those challenges, understanding that we currently have 79 beds, but we need 100? How have they juggled that, and what does that look like?

Pamela Hine: I will start and then I will pass it over to Tiffany. I appreciate the acknowledgement of the movement of the Yukon Hospital Corporation being open and transparent and talking about our capacity and being overcapacity. However, having said that, we're always concerned about doing that, because our number one priority is that people actually come to the hospital and seek the care that they need. We're concerned that sometimes when we say that we're overcapacity that might turn people away. Again, I just want to encourage everyone that if you need care to come to the hospital to seek the care.

We don't turn people away. There is a triage protocol as to how people are processed and how people are seen, and with that, I'll just hand it over to Tiffany so she can maybe give some of the details.

Tiffany Boyd: Sure, I'll start by offering some context in terms of the data around what we're experiencing and seeing and then offer some of what we do on a daily basis, some of our immediate actions, and some of our longer-term planning.

We certainly have seen inpatient volumes continue to grow. This year, based on our Q2 performance and our WGH patient days, we anticipate that we're projected to reach approximately 29,894 patient days in 2026-27. Just to orientate that relative to last fiscal year, we saw 25,367 patient days — so, a meaningful increase year over year.

In terms of what we're doing to meet the increase in inpatient bed capacity needs, Yukon Hospitals is pursuing, as I mentioned before, immediate capacity increase and longer-term infrastructure planning. Actions and proposals include our recent in the last year opening of the Fireweed Mental Health Unit, which increased the total number of mental health beds from five to eight for the territory, which has been meaningful and supportive to provide care for Yukoners requiring mental health support.

We've also, this past July, opened eight additional beds. Those were where the former secure medical unit was. At the time, there were five inpatient rooms, and we've renovated that to increase the total number of beds from five to eight, which has been a meaningful addition to support care. Those beds are full acute care beds, and that's a critical distinction. It means that things like wall gases and suctions are available so that our most critically sick folks can receive the care in the way that they need.

We're also looking at how we can work closely with our partners to maximize the use of the existing beds in the Thomson Centre, balancing the need for long-term care as well as acute care and how to balance the use of those beds into the future. Of course, necessarily as folks are aware, we're undertaking work to advance the WGH expansion project, looking at very detailed projections and the total number of beds we would need and planning for that.

We also use and have set up a number of spaces for overflow beds. There are six additional beds in Thomson Centre 1 that we use for overflow. We also have additional spaces in our emergency department, and when necessary, we'll convert meeting rooms for inpatient beds. We do our best to ensure that we're supporting dignity and maintaining the quality of care for all the folks that we care for. I'll reiterate, as Ms. Hine indicated, that it's really important for us to let Yukoners know that we will always find a way to care for you. If you need hospital care, please do not hesitate to come to the hospital. That is what we're there for — it's to care for you.

Kate White: I appreciate that reminder from the witnesses that folks should go if they need care. I think that's super important, and I appreciate it. I also recognize that as the Hospital Corporation faces the challenges of additional stays and that, within those overflow spaces, they have found space, but that has been challenging. Meeting rooms sound like meeting rooms, but when the witnesses referred to the six overflow beds in Thomson 1, can they walk Yukoners through what that looks like and the challenges that space faces?

Tiffany Boyd: The six additional overflow spaces are non-standard spaces. They are in a space that was formerly a dining room in Thomson Centre 1. We are using beds and we have created partitions between those beds to offer the most amount of privacy that we can for patients in those spaces. They are separated by a curtain and are fairly small spaces.

Our access and flow team does the best that they can to ensure that we are pairing patients with the bed to provide the care in the best way possible. Ideally, that is your last stop on your way out of the hospital, and our goal is to move people through those beds as quickly as possible and home as soon as it is safe to do so.

Patients in that space, when they are in a bed in the overflow space in Thomson Centre 1, share a single washroom, and we do our best to ensure that we are supporting folks to make it as comfortable as possible and supporting a safe and efficient discharge home.

Kate White: I appreciate that response from the witness. That flows very well into the next part, which is the Whitehorse General Hospital expansion and the desire for that.

When the witnesses initially laid out the campus footprint, there was a discussion toward the parking lot in the back, and so maybe if the witnesses could walk us through what they're aiming for the Whitehorse General Hospital expansion, what would be included in it, the number of beds, surgical suites, any information that could help Yukoners understand what it is that the Hospital Corporation is aiming for.

Pamela Hine: Again, this is the planning, so we're still in the planning stages, but the planning includes 56 new inpatient beds — 32 of those would be medical and 24 would be surgical — four new operating rooms, and 12 ICU beds, along with support services improvements for programs such as laundry, food services, material management, and others. This will result in 55 net new inpatient beds, four net new operating rooms, and eight net new ICU beds, and the capacity to repurpose previously used spaces for new purposes.

Kate White: Understanding that it's in the planning phase, can the witnesses tell us where they are in that planning phase? Whether we are talking about costing — I know that the minister has indicated that there has been a substantial transfer of funds between the Yukon Government and the Hospital Corporation for this purpose. I understand again that we're planning, and I'm optimistic this is where we end up, but could they please kind of give us more of an idea where we are in that planning stage?

Tiffany Boyd: A comprehensive business case has been submitted to Government of Yukon, as has been noted previously this past summer. The current total project capital estimate is approximately $1.1 billion, and this represents three phases of

construction: early works; phase 1, which is the main expansion construction; and phase 2, renovation of vacated spaces. It also accounts for increased recruitment efforts for the increase in positions that will support an expanded Whitehorse General Hospital.

Yukon Government has included $14.4 million in its 2027-28 fall capital budget for the early works phase, which includes the City of Whitehorse water main relocation, parking site preparation, and maternity unit renovations, which we plan to commence this spring. As part of this initial phase of project planning, site investigations, early work design, and pre-procurement are all underway, and the broader project remains subject to required government approvals and funding decisions.

Kate White: Understanding that it's three phases, if everything went smoothly in the best-laid plans, which we all recognize don't necessarily work that way, when would be the hopeful completion of the expansion?

Pamela Hine: With a construction project this significant, we're anticipating that the construction will take between five and seven years from the start to completion for occupancy.

Kate White: In the design phase, will parts of the new space be usable during other construction, or will it not be usable until full completion?

Pamela Hine: We anticipate that it will be everything at the end, at full completion.

Kate White: I guess we had better not delay then if it's a seven-year outlook. One of the things the witnesses had talked about was the Fireweed Mental Health wing, which I appreciate that it went from the secure medical unit that had five beds, and now Fireweed currently has eight. Is that the full capacity or is there room for growth in the Fireweed Mental Health Unit?

Pamela Hine: The Fireweed Mental Health Unit was designed with capacity for 12 inpatient beds. Eight are currently in operation. The other four spaces are what we call "shelled in" and need further planning before they can be operationalized.

Kate White: I think there was a note in the beginning of the year in review for 2025-26 about the increased challenges faced by Yukoners when it comes to accessing mental health supports.

Currently, Fireweed Mental Health has eight rooms, but there are four shelled-in rooms. What would be required to get those four shelled rooms into service or usable for patients?

Pamela Hine: I guess the answer to that would be increased O&M. We would need increased staffing to be able to operate the additional beds, and there would be some modest work that would be needed to be done to fit up the rooms, but there would be fairly modest work there. It would be the O&M and the staffing.

Kate White: The witnesses understand the needs of community better than someone like me. Is there the belief that those four rooms, for example, are needed and could be of service to Yukoners in the nearer term?

Tiffany Boyd: I'll share some of the data around utilization and trends that we're observing, as well as our anticipated planning with respect to when we anticipate we will need to open the additional bed capacity in the Fireweed Mental Health Unit.

Just to go back, the new Fireweed Mental Health Care Unit opened for patient care in September of 2025, and as previously noted, includes eight inpatient beds. It also includes three safe spaces and four additional rooms, as we noted before, for future growth. We are seeing that inpatient demand is steadily growing. On average, Fireweed is operating at about 87-percent occupancy. Based on our quarter 2 year to date, Fireweed patient days are 27 percent higher than we projected for this current fiscal year. Projected inpatient days are based on a straight-line projection based on inpatient trend — just to give a sense over the past three years — and that's how we come to that data.

The current utilization growth and demand indicate that the remaining capacity will be required within the next one to two fiscal years. When there's no bed available in the Fireweed Mental Health Care Unit, which is not often but can occur as trends fluctuate, we're able to care for people in our emergency department. This, of course, isn't ideal; however, we move folks as quickly as possible to an appropriate bed in the Fireweed Mental Health Care Unit.

In terms of some of the trends that we see in the territory, for the rate of hospital stays from harm caused by alcohol, the national rate is 277, and the Yukon rate is 985, which represents 3.56 times the national average. For the rate of hospital stays for harm caused by substance use, the national average is around 528, and in the Yukon, it's 1,269, which represents 2.4 times the national rate — just to give a sense of some of the comorbidities or some of the challenges that we see sometimes present with folks who require support and care in our Fireweed Mental Health Unit and how those folks present, and what we see coming through our emergency department associated with that care.

Kate White: I think those are pretty hard statistics to hear when we talk about data, understanding that there are people behind those numbers.

Understanding that the witnesses talked about how there will be need for those inpatient beds in Fireweed Mental Health within the next one to two fiscal years, has there been an ask for that increased O&M and those small capital increases to fit out those rooms? Is there a hope of a gradual roll-in? Perhaps it's not four rooms to start, but it's one to two rooms and then three to four? Because if we're looking at needing all four of those rooms in the next two years, is there a plan to roll them into operation?

Pamela Hine: There was not a request put in our budget. As Ms. Boyd was talking about, the trends are higher than what we were anticipating, so we are monitoring the trends and the need on a day-to-day basis and continuing to work collaboratively with the Department of Health and Social Services should the need arise to move faster on bringing the additional beds online.

Kate White: Well, I'll note that we've had the conversation here, and so I hope, as required, that the request is made and that it's responded to in a positive way, understanding that Yukoners need that support.

Going to the hospital, period, in Whitehorse, is being able to understand and recognize the pressures that space faces. I'm not the only one in the Chamber who was born at the Whitehorse General Hospital, not in its current iteration, but in its current building — at least one wing. In addition to me, I think the Minister of Education for sure, possibly the Premier, and others were born in that same space. Looking at how the Whitehorse General Hospital is currently trying to use space — there's different carts in hallways and there's lots of people — if there was one message to send out right now — not just to those of us in the room but to Yukoners — what are the needs of the Hospital Corporation? I haven't even touched on the Watson Lake or the Dawson City hospitals yet.

Care doesn't happen without people, and people have requirements — right? — in many different ways. So, if the Hospital Corporation was to be able to lay out their vision — so, seven years from now, we're going to have an additional capacity for operating suites and that — but how does Yukon support the Hospital Corporation now to make sure that they're able to continue providing the service? I understand that they are doing it now, but I also understand that people are spread quite thin and are quite tired. In an ideal world, what is required? If we have 753 staff who are across many different staffing models — whether it's full-time, part-time, or term positions — what is required to be able to support the Hospital Corporation and the work that they do?

Pamela Hine: That's a good question and one to stop and reflect on. It's obvious that health care is a very complex and dynamic service that we provide. When we at the Yukon Hospital Corporation are looking at what needs to be done, we're looking at this from the long term, which is the actual Whitehorse General Hospital expansion, and looking at what we need and how we can incorporate our needs into the expansion. But we also are looking at the day-to-day operations. What do we need today? Because we can't just sit back and wait to see a new expansion that's going to be somewhere between five and seven years into the future.

We've already made commitments of helping our front-line staff by including charge nurses, which has been very positively acknowledged and received. We've looked at increasing the nursing lines, and we've talked a lot about Whitehorse General Hospital, but we've increased nursing lines in both of our community hospitals as well. We continue to engage with our staff and our volunteers and our public. Part of that is our new strategic planning process which is just getting underway, and it will include an opportunity for public engagement, because we also want to hear what the public believes is required to make our level of care and the services we provide to them better. We have the commitment of the teams that are currently working in the health care system, but we also need to learn, listen, and be able to respond to what the public is seeing as well.

I will see if Ms. Boyd would like to also add to the response.

Tiffany Boyd: I think we've highlighted a number of the areas where there are increasing pressure and demands. Whether we look at our inpatient pressures, as we look across the system, there are some consistent themes that impact every service area. I'll do my best for the benefit of our teams and people and the people we care for to highlight some of those realities. Trends, in terms of both a growing and aging population and advances in health care sciences — not dissimilar to the response provided before with respect to how cancer care is changing, it's happening across the board. We are seeing folks who are presenting much more sick and requiring much more care in our hospital system, and that means that we need to continue to evolve and wrap around to provide that care. What it means on a practical day-to-day basis is that our teams and our front lines are stretched. Folks providing care — for example, some of our outpatient services — whether it be our lab or imaging — get redirected to our inpatients and our most ill patients to ensure that care is provided and triaged appropriately, which means that there can be pressures, demands, and wait times for folks in some of our outpatient areas. This too is true for services like our physiotherapy and occupational and broadly our therapy services — again, ensuring that we're providing care to folks and triaging the most urgent needs.

The hospital is a really complex system. When all of our inpatient beds are full and we're seeing an increasing trend in the number of folks who we deem are what we call ALC, which means alternative level of care — which effectively means somebody who no longer requires acute care but doesn't have a safe discharge option. Often those are folks who require long-term care or perhaps home care. Our rate has increased to 20 percent of our patients and bed days that are ALC patients, and what we want for those folks is to ensure that they're getting the care in the best way, and a hospital isn't the best setting for that.

Across the board, those are some of the pressures you see, and that impacts, of course, the emergency department. When you can't admit patients from the ED into an inpatient unit, it means that service ends up backed up and the impact results in terms of longer waits in our emergency department waiting room.

That being said, I do want to offer that as we continue to look at our data and trends, we continue to see that we continue to provide better care than most of Canada. Our wait times are less than the rest of Canada in most places. In our emergency department, the average wait time is 3.2 hours, and I think nationally it's at least six, if not more.

But it's not just what care we provide, but as Ms. Hine said, it's how we provide that care, and so I'll just reinforce that as we engage both on a renewal of our strategic plan and the renewal of our operational plan, we're really taking time to engage with our front-line service providers who know best how care can be improved, as well as our public in terms of — in addition to the data and trends and the things we've already identified in terms of space — how we work with our partners and First Nations to ensure

that the care that we provide is the care that Yukoners need and desire, and that it's informed from folks who provide that care — be it our front-line staff or our physicians and medical staff. I would just use this opportunity to highlight that we encourage folks to engage in that process to help inform those outcomes.

Kate White: Thank you, Madam Chair, and I appreciate the response, but I also recognize that resources are required for some of those things, and so I'll ask more questions about that. I note that the witnesses talked about how 20 percent of patients, I believe, or bed days, are used by alternate level of care patients, so those seeking, for example, continuing care.

Is there even a ballpark number currently of folks who are at Whitehorse General Hospital who are waiting for the ALC space — whether it's continuing care, or as the witnesses said, increased levels of home care? I'm just trying to get a sense of how many people are in the hospital who really would be better off in a different space.

Pamela Hine: On average, the alternative level of care — I'll just give you stats for how it's grown. For fiscal year 2024-25, it was 13.3 percent. It increased to 18.4 percent in 2025-26 and further increased to 21 percent as of Q2 of this fiscal year, and 21 percent would equate to about 15 people.

Kate White: Can the witnesses give us a sense of average time that a patient is at the hospital waiting for space — so maybe an average and then what is the longest number? Has it been days or has it been weeks or has it been months? I'm just trying to get a sense of what else is required for care in Yukon.

Tiffany Boyd: We don't have that explicit data. We would be happy to come back and provide it.

What I can offer is that each patient's journey is very unique and circumstances are always unique. Sometimes that wait is about access to care in the territory. Sometimes that's about access to care out of territory for things, for example, like rehab services. But we would be pleased to come back and provide that data.

Kate White: I appreciate the willingness to return with the data, but maybe I could ask for an e-mail to members or to the minister to be recirculated. I only say that because, although I would love the witnesses to come multiple times a year, I get you one time. It's just trying to get a sense of what supports are needed. I understand that every individual case is individual, but it's also trying to get a sense, as our population ages — I'll note that every senior I know told me that it's not really the golden years because you get forgotten at a certain point in time — it's about making sure we put measures in place.

That is a good entry into the next question I have about the Whitehorse hospital and support. I know that there is a plan from Yukon Government to build a continuing care facility in Watson Lake, but what currently is offered at the Whitehorse General Hospital for residents in Watson Lake and surrounding areas so that they do not need to come into Whitehorse?

Tiffany Boyd: While we continue to see increasing demand for services in Watson Lake Community Hospital, the addition of a third RN line in both of our community hospitals, including Watson Lake Community Hospital, means that we're able to provide a higher level of care. That means that some of the folks who would have otherwise needed to come to Whitehorse for care now can stay in community and receive care in Watson Lake.

We're not in a position with our inpatient beds where we're at an over-occupancy position at this time. The number of beds is appropriate for the acute care services being provided in Watson Lake.

Additional services that are provided to the community hospitals, including Watson Lake and Dawson City Community Hospital, include things like some outpatient lab and imaging services. We also provide an ultrasound service that comes to Watson Lake and to Dawson at regular intervals to provide services in community. There's also a telehealth space that enables patients to access things like some rehab, physiotherapy, or otherwise remotely to stay in community. We do the best that we can to ensure that we can care for folks closer to home and reduce the burden or any of the barriers around accessing care, particularly in our community hospitals and, of course, here in Whitehorse as well.

Kate White: When an individual from rural Yukon is brought into Whitehorse through a medevac, how does the Hospital Corporation support that person to get back to their home community? Is there a role for the Hospital Corporation or is that a Yukon Government responsibility?

Tiffany Boyd: Whenever a patient is admitted to hospital, including in the circumstance of a medevac from a community into Whitehorse, our goal is always to ensure that we get somebody well and home as quickly as appropriate. To that end, we have an access and flow team that starts to work on how to support a warm and smooth discharge from the point of admission to the point of leaving. Each patient journey is quite unique in terms of circumstances, need, aftercare, and the community that they're coming from.

In terms of medical travel that falls outside of the jurisdiction of Yukon Hospital Corporation and may be something that falls under Insured Health Services or NIHB, depending on the individual requiring support, we do our best to work with both organizations to support patients for a smooth and safe discharge.

Kate White: I appreciate that response. Heads-up to the minister that I'll have questions about discharges going forward, especially with medical travel or medevacs into Whitehorse.

One of the questions we had been attempting to ask the minister was whether or not the Hospital Corporation's financial ask for the 2026-27 year had been answered in its entirety. One of the challenges is that we were told that we weren't allowed to know

the number that had been requested. So, my question to the witnesses is what amount of funding was requested in the 2026-27 fiscal year and was it granted by the Yukon Government?

Pamela Hine: For the fiscal 2026-27 year, the Yukon board of trustees approved a deficit O&M budget, including $165.9 million in revenue and $164.4 million in expenses, with a shortfall of $2.5 million. The projected deficit from that budget included employee costs, the inflationary costs, and chemotherapy pressures.

Our approved capital budget for fiscal 2026-27 is $13.9 million, which includes $5.2 million for medical device reprocessing, $4.6 million for maintenance capital, and $4.1 million for YHC expansion.

Our supplementary funding that was supported does bring us back to a balanced budget.

Kate White: I appreciate what I think I understood, which is that the board approved a deficit budget. But my question was: Was the ask that was made to Yukon Government the same as what the budget for 2026-27 was?

Did the Hospital Corporation ask for the same number that they received or did they receive a different number than what they asked for?

Hon. Brad Cathers: Madam Chair, I would point out that the members would be —

Some Hon. Member: (Inaudible)

Point of order

Chair: Official Opposition House Leader, on a point of order.

Lane Tredger: Previous Chairs have ruled that questions should be asked of the witnesses, and that members of the Cabinet should not rise to answer those questions or ask questions unless all other members have taken their seats and no longer have questions.

Chair's ruling

Chair: I'm not clear on what the member was rising for at this point, so I can't find for the member on the point of order.

Appearance of witnesses from Yukon Hospital Corporation — *continued*

Hon. Brad Cathers: Thank you, Madam Chair. I was just going to note that, as members will be aware, in the budgetary process there are some Cabinet confidences in place related to it, and I think that the question the member was asking was very political and should be directed toward the minister, not toward officials.

Some Hon. Member: (Inaudible)

Point of order

Chair: Opposition House Leader, on a point of order.

Lane Tredger: As I believe it has become clear that the member was rising to give his opinion about the question, I think I would raise my point that members of the Cabinet have not been allowed by previous Chairs to ask questions or answer questions during witness questioning.

Chair's ruling — Witness responses to political questions

Chair: I would advise the witnesses that, if they believe the question is of a political nature, they can defer that to the appropriate minister. If the witnesses choose to answer the question, they may do so.

Appearance of witnesses from Yukon Hospital Corporation — *continued*

Pamela Hine: As I previously have stated, the board of trustees did approve a deficit O&M budget for 2026-27, but with the approved budget and the approved supplementary funding, our budget has now come into a balanced budget. As far as additional asks, there are budget processes that would be followed as in any other department, and I would deem that it would be on a political basis and would defer that to the minister at the appropriate time.

Kate White: I appreciate the response from the witnesses, and I'll note that the question has been asked before. I'll also just say in my closing time here that I do believe that fully funding health care is actually a political decision. I just want to say that I appreciate what the Hospital Corporation has done and the changes and the growth that we've seen, recognizing, of course, the importance of that clear communication when things have been hard, because pretending that hospital beds aren't in meeting rooms isn't helpful to the full understanding of what's happening in the territory.

There are a million other questions I have and compliments I would like to give, and so if I have time after the Member for Vuntut Gwitchin, I will finish. But for now, I thank the witnesses for appearing, and I look forward to seeing the expansion in five to seven years, including the changes in the interim that could bring about some really important supports for Yukoners.

Debra-Leigh Reti: Madam Chair, just to start, I just want to welcome and thank you for coming today.

Chair: Order please. I will just remind the member to refer comments through the Chair.

Debra-Leigh Reti: It's hard — I feel like I'm disrespectful to put my back to them, but I understand.

I just want to thank the Hospital Corporation for coming and say how much I appreciated the tour that we had a couple of weeks ago. It really opened my eyes to the conversations that we're having here in the House, and it also brought forward a lot of questions and concerns of how we can help and how we can bring forward the right questions.

I just want to ask the first one, if the Hospital Corporation can share: What is still unfunded from your capital maintenance list, and what are the most urgent items that are still waiting?

If it just helps, for the sake of time — just an idea of what the most urgent items are that are still waiting.

Tiffany Boyd: I'll provide a little bit of context around our capital planning process, our asset base, work underway, what we're supported in, and where the most urgency is, to answer your question.

Yukon Hospital Corporation's capital assets have a reported value of approximately $262 million, including more than $200 million in buildings. Replacing these assets today is actually expected to cost significantly more than their reported value, for context.

In terms of our overall capital, we maintain a five-year capital plan and we update it on a quarterly basis to guide investments in building and equipment. The current five-year capital plan represents about $63 million, which is also inclusive of some of our existing projects that are ongoing and currently funded.

In terms of work that has recently been undertaken and is ongoing — I think it's worth highlighting that, but before I do, I would offer that given the size of our asset base and our maintenance needs, we estimate that we require about $4- to $5 million a year in ongoing funding for ongoing capital maintenance, and that's for basic capital maintenance and isn't reflective of discrete funding for larger initiatives. This year, in 2026-27, Yukon Hospital Corporation received $4.6 million in capital maintenance to upgrade its building and equipment. There is a significant amount of work that is both underway and required going forward, and we need to be very planned and mindful around how we do that work in terms of how much work we do at one time that we can sustain and do well and to avoid disruption to services. That's all part of the planning in terms of what we undertake and what we do.

Things that I would highlight — which I believe do answer the question, because this is some of what has been most urgent that is either recently completed or underway: The laboratory modernization renovation was a significant piece of work that was required, and significant investment was undertaken in the electrical, plumbing, and HVAC infrastructure required to support the modernization of laboratory services at WGH. We were very pleased to launch and go live with our new chemistry analyzers earlier in October, which was very critical work.

We're also undertaking steam and water system upgrades. This includes the replacement of the main WGH condensate tank, new piping, filters, new water softeners. Additional upgrades to our steam and water system are currently underway, and this will support allowing our organization to get to a place of isolating our water system to the point of achieving the standard known as critical water for our MDR system. That work is underway and is being guided by a comprehensive engineering and comprehensive review of our steam and water system, and it is planned over the next 12 to 18 months to support completion.

Advancing work around improving cultural safety in our space is also critical, and to that end, we were pleased to open a new community fire space at Whitehorse General Hospital this past month. We've also done building assessments over the past year. We've conducted roof, lighting, electrical, and boiler system assessments to understand the conditions required to support investments and to better update and provide better estimates with respect to our five-year capital plan.

We're also undertaking very critical work with respect to an electrical infrastructure upgrade, and I would say that this is one of the most critical capital requirements which is presently supported in our budget. It's a multi-year major infrastructure renewal project to replace the primary electrical distribution system at Whitehorse General Hospital. Beds were part of this plan and represent the eight new beds on our old secure medical unit, now renamed the Dandelion Unit.

Largely, it's those sorts of work that are underway. The most critical work is currently underway, and in our five-year capital plan, we continue to prioritize on urgency from priority 1 to 4, priority 1 being the most urgent to undertake to avoid a service disruption within the next 12 months or so, with reducing urgency through priorities 2 to 4. Then we further striate our capital plan based on maintenance, growth, or strategic investments.

Debra-Leigh Reti: Thank you to the witness for that detail. I had a greater appreciation for the work with the lab disinfecting everything and the process that's involved when I got the tour. Then also when I was at a hospital in Richmond this weekend, I was really watching what they were doing, thinking about the tour and everything that was explained about all the work. I greatly appreciate that explanation.

Can the witness share if they are having to defer any of the capital maintenance or divert capital funds to cover operations?

Pamela Hine: At this time, we are not transferring or deferring capital maintenance for operations.

Debra-Leigh Reti: I just have a question in regard to the hospital expansion. I had heard earlier on with the conversation with my colleague in regard to how, once the 55 new beds are open, more staff will be needed to run them. Does the witness have an idea of how much more staff will be needed and if there's a staffing plan for that, given the current vacancies we're dealing with already?

Pamela Hine: Current planning estimates that approximately 500 net new FTEs will be required to operate the expanded hospital at full operations out to 2045. This includes nurses, other clinical professionals, as well as diagnostics, allied health, facilities, and corporate and support staff. It is anticipated that on opening day the new expansion will not be operating at full capacity, so staffing needs will be increased over time.

Recruitment will be a major component of operational readiness. The current planning includes dedicated HR recruitment capacity and funding for recruitment, relocation, housing, education, and training. We expect many specialized professional positions will need to be recruited from outside of Whitehorse, so this work will begin well in advance of the expansion becoming operational.

The Yukon *Health Human Resources Strategy* will support the expansion through a multi-year focus on recruitment, retention, learning, and workforce development to attract the staff required to operate the expanded Whitehorse General Hospital.

Debra-Leigh Reti: That comes to my next question. I was trying to remember if on the tour we had talked about accommodation that's going to be needed for all the new staff. I know that it will come in phases, but given the state of things here in the Yukon with affordability, accommodation, the high rent, what's the plan for supporting this new staff over these phases?

Pamela Hine: We acknowledge that when you're looking at a recruitment as significant as 500 net new FTEs, there are significant pressures, and that's why we plan at the early stages to rely on the Yukon *Health Human Resources Strategy* to support the recruitment and expansion. The recruitment part would also be looking at where they would be staying when the staff are hired, so we will be looking at that as part of the strategy.

Debra-Leigh Reti: Thank you to the witness for that. We will sure welcome more staff, more doctors, more nurses into the Yukon for sure.

I just have a few questions here too about travel agency nursing, because that is a huge one for us in my community of Old Crow, and also when Vuntut Gwitchin citizens and residents up in my community come to the hospital here in Whitehorse. Can the witness share, if they have this information, how many agency or travel nurses are working at each of the three hospitals right now?

Tiffany Boyd: While I can't give a discrete number in terms of the total number of agency staff that we have presently, what I can offer is our current vacancy rate as it relates to nursing in our three hospitals, as well as share information on our spend last year and year to date on agency pressures.

In terms of overall vacancies, as of October 13, 2026, Yukon Hospital Corporation had a permanent nursing vacancy rate of 15 percent. That represents 35.75 full-time-equivalent permanent vacancies across all three of its hospitals. We have 237.95 nursing FTEs in total. The vacancy rate has been consistently trending downward since 2023, when a multi-pronged recruitment and retention strategy was introduced.

While progress is being made, filling vacancies and maintaining a sustainable workforce continue to be our priorities. In terms of how that's felt and distributed across our three sites: We see the majority of the nursing vacancies in Whitehorse with 29.25 FTEs vacant; in Dawson City Community Hospital, we have 2.5 FTEs vacant; and in Watson Lake Community Hospital, we presently have four FTEs that remain vacant.

In periods when we need to upstaff because we've got occupancy pressures or to offset things like vacancies and leave, we do use agencies to support ensuring that we're providing appropriate care. To understand what the order of magnitude of that is: Last fiscal year, 2025-26, there was $13.9 million spent on agency staff. From April to September of 2026-27, $9.6 million was spent. Just to understand that figure better, 12 percent of these agency costs are related to travel and per diems.

Debra-Leigh Reti: Thank you to the witness for that information. For the sake of time, I'm just going to jump to a couple other questions I have here that are very important for my community. It's regarding the First Nation awareness and cultural safety training. The minister of health had shared with us some information in regard to the cultural safety that's mandatory for all the YHC staff. Is this mandatory training including all physicians, agency nurses, and locums?

Tiffany Boyd: The quick answer to that question is that, as a requirement of licensing for nursing and for physicians, they are required to have First Nations 101 as a requirement of licensing, and that is for both our local and permanent staff, or whether it be agency or locum physicians, as they do need to be licensed to practise in the territory.

I think the question looks to address how we're promoting cultural safety within our hospitals, and that commitment is much greater and deeper than just the First Nations 101 requirement. I won't highlight everything, but I'll take a moment and try to address what I believe you were getting at. With respect to physicians who are medical staff and are not employees, there is work underway to improve our onboarding process, and that is for both permanent and for locum physicians, and includes things like orientation with our First Nations Health Programs in a really one-on-one and direct way to support them to understand the context of our Yukon First Nations and working and practising in the Yukon. It's also work that is a priority for our Medical Advisory Committee, which includes the department chiefs for each of our respective medical departments in Yukon Hospitals.

I think it's also worth noting that the Yukon Hospital Corporation Board of Trustees, with direction and support from First Nation health committee, issued a position statement on racism, equity, diversity, and inclusion, and there are a number of very important strategies, because addressing cultural safety, including addressing systemic racism and discrimination, doesn't have a simple solution and requires an ongoing embedded commitment into the culture of the organization. There are a number of

concurrent discrete strategies and approaches that we're undertaking, including the development of a cultural safety and humility framework that will be guided by a broader First Nation-led cultural safety and humility framework. We also have an anti-racism plan that is specific to Watson Lake community that has been developed with community members, including the local First Nations.

We also work to increase Indigenous and First Nation representation in our hospital and our workforce, and one thing that we're always proud to highlight is our internship program through which we've had 39 interns and just celebrated our fourth anniversary just this past month. We are very proud of those interns and proud to say that 100 percent of those interns who sought employment with Yukon Hospital have secured employment with us.

We work at ensuring that we have safe and welcoming spaces, and there are a number of discrete examples that I can offer, but I'll pause there.

Debra-Leigh Reti: Thank you so much for that information. You answered a few of my other questions that were following it, so I'm just really grateful to hear about all these programs going on.

Just probably my last question to tie this up then: Can the witness share how any complaints from First Nation, Inuit, or Métis people about racism or cultural safety are being tracked and reported in regard to all these programs just mentioned?

Tiffany Boyd: Thank you, Madam Chair, and thank you for that important question. Yes; the simple answer is that all complaints and all feedback are recorded and logged, no matter how it's received. Whether it's formally through a feedback process, whether online or through one of our forums, or if information is shared with a staff member, it becomes part of our incident monitoring, as well as logged in our feedback process.

We undertake to take a safe process, which is unique depending on the nature of the complaint and the individual providing it, but I'll always offer and follow up and endeavour to do so within 24 hours of receiving any feedback to bring the best resolution possible, including any learning that we need to incorporate into our organization going forward.

Debra-Leigh Reti: I would just like to thank the witnesses for the time spent today — and hopefully we get some more time in the future with them — and for all the hard work that they do for Yukoners. Màhsi'.

Hon. Brad Cathers: Seeing the time, I would thank the witnesses for appearing here this afternoon and answering questions from members.

Chair: Thank you, minister, and thank you to the witnesses.
You are now excused.
Witnesses excused

Hon. Scott Kent: Madam Chair, I move that the Speaker do now resume the Chair.

Chair: The Government House Leader has moved that the Speaker do now resume the Chair.
Motion agreed to
Speaker resumes the Chair

Speaker: I will now call the House to order.
May the House have a report from the Chair of Committee of the Whole?

Chair's report

Patti McLeod: Madam Speaker, Committee of the Whole has considered Bill No. 11, entitled *Yukon Firearms Act*, and directed me to report progress.

Also, witnesses appeared before Committee of the Whole to answer questions regarding the operations of 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. Scott Kent: Madam Speaker, 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 5:28 p.m.

The following sessional papers were tabled today:

SP 36-1-63
Yukon Liquor Corporation's Annual report for liquor — April 1, 2025 to March 31, 2026 (Gehmair)

SP 36-1-64
Yukon Liquor Corporation's Annual report for cannabis — April 1, 2025 to March 31, 2026 (Gehmair)

SP 36-1-65
Yukon Teachers Labour Relations Board Annual Report 2025-2026 (Gehmair)

SP 36-1-66
Yukon Public Service Labour Relations Board Annual Report 2025-2026 (Gehmair)

SP 36-1-67
Yukon Hospitals — Year in Review 2025-2026 and *Yukon Hospital Corporation Consolidated Financial Statements — March 31, 2026* (Cathers)

SP 36-1-68
Health Care Insurance Programs — Health Services — Fiscal Years 2016-17 to 2025-26 — Annual Report April 1, 2025 to March 31, 2026 (Cathers)

The following filed document was tabled today:

FD 36-1-38
Yukon External Independent Review (YEIR) Panel Interim Report (October 31, 2026) (Kent)

[This is the DRAFT BLUES. The complete REVISED BLUES of the day's proceedings will appear online by 6:00 p.m. the following day.]