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HANSARD

Thursday, November 19, 2015 — 1:00 p.m.

Speaker: The Honourable David Laxton

YUKON LEGISLATIVE ASSEMBLY

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

DEPUTY SPEAKER — Patti McLeod, MLA, Watson Lake

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Hon. Elaine Taylor	Whitehorse West	Deputy Premier Minister responsible for Tourism and Culture; Women's Directorate; French Language Services Directorate
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Yukon Legislative Assembly
Whitehorse, Yukon
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Speaker: I will now call the House to order. At this time, we will proceed with prayers.

Prayers

DAILY ROUTINE

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

Tributes.

TRIBUTES

In recognition of Bullying Awareness Week and Sea of Pink Day

Hon. Mr. Graham: Mr. Speaker, I rise in the House today to recognize Bullying Awareness Week across Canada and the Sea of Pink tomorrow. This week marks a time for Yukon students, staff and communities to show their solidarity against bullying behaviours in our schools and indeed, Mr. Speaker, in our whole society. Tomorrow we observe Sea of Pink Day when Yukon students and staff wear pink clothing to demonstrate solidarity.

This day originates from the caring action of two students at Central Kings Rural High School in Nova Scotia in 2007 who brought and distributed 50 pink t-shirts to their peers after a younger male student was bullied for wearing a pink shirt on the first day of school. Sea of Pink Day is now observed around the world.

Bullying Awareness Week takes place during the third week of November each year. Its focus is to educate students, staff and parents about the different kinds of bullying behaviour that exist and about the impacts they have on learning, well-being and student health in our school community. Bullying behaviours include: physical — hitting, shoving, stealing; verbal — teasing, name-calling, hurtful remarks; social — gossip, rumours, exclusion; and cyberbullying — bullying online and via mobile devices.

Anti-bullying efforts often focus on the victims of bullying — what they can do to defend themselves, how they can reach out for help, among other things, but, Mr. Speaker, the perpetrators must also be addressed — helping them identify the reasons they resort to bullying behaviours, for example, and teaching them how to act in ways that are caring and respectful of others. Bullying behaviours don't happen only at school and they don't only happen among children. We all have a responsibility to stand up and defend others from aggression in our classrooms and in our community as a whole. All of us deserve safe and caring schools and safe and caring communities.

We have a responsibility to our younger generations and to one another, to demonstrate every day how to treat others respectfully and with dignity.

Yukon schools promote safe and caring learning environments through lessons, events and activities

throughout the school year: Challenge Day in October, Sea of Pink Day tomorrow, International Day of Pink in April, and others. Bullying is everyone's problem and it is a problem we must solve together. Let us build safe, caring and thriving communities together. I encourage all Yukon students, educators and communities to participate in Day of Pink by wearing pink tomorrow to your schools and indeed to work as well.

Ms. White: Thank you, Mr. Speaker.

I rise on behalf of the Yukon NDP Official Opposition to recognize this 13th national Bullying Awareness Week. This morning, when I was trying to find my voice, I read through my previous tributes on the subject and I scanned all the usual websites. At some point, we've all been touched by the violence of words or actions. Bullying affects us all in one way or another and we all know this to be true, so I can once again list the facts and the figures, but what does that really change? When in crisis, who will this help?

So, Mr. Speaker, I have once more turned to the Canadian poet Shane Koyczan. He has personal experience with violence in schools that still echo in his life. He wrote *To This Day* to explore the profound and lasting impact that bullying can have on an individual. Schools and families are in desperate need of proper tools to confront this problem and, Mr. Speaker, maybe art can be that starting point.

For those who are interested, I suggest you take a look at the *To This Day* project. In recognition of Bullying Awareness Week, I would like to share Shane's poem, *To This Day*:

When I was a kid
 I used to think that pork chops and karate chops
 were the same thing
 I thought they were both pork chops
 and because my grandmother thought it was cute
 and because they were my favourite
 she let me keep doing it

not really a big deal

one day
 before I realized fat kids are not designed to climb trees
 I fell out of a tree
 and bruised the right side of my body

I didn't want to tell my grandmother about it
 because I was afraid I'd get in trouble
 for playing somewhere I shouldn't have been

a few days later the gym teacher noticed the bruise
 and I got sent to the principal's office
 from there I was sent to another small room
 with a really nice lady
 who asked me all kinds of questions
 about my life at home

I saw no reason to lie,
 as far as I was concerned

life was pretty good
I told her “whenever I’m sad my grandmother gives me
karate chops”

this led to a full scale investigation
and I was removed from the house for three days
until they finally decided to ask how I got the bruises

news of this silly little story quickly spread through the
school
and I earned my first nickname

pork chop

to this day
I hate pork chops

I’m not the only kid
who grew up this way
surrounded by people who used to say
that rhyme about sticks and stones
as if broken bones
hurt more than the names we got called
and we got called them all
so we grew up believing no one
would ever fall in love with us
that we’d be lonely forever,
that we’d never meet someone
to make us feel like the sun
was something they built for us
in their tool shed
so broken heart strings bled the blues
as we tried to empty ourselves
so we would feel nothing
don’t tell me that hurts less than a broken bone
that an ingrown life
is something surgeons can cut away
that there’s no way for it to metastasize

it does

she was eight years old
our first day of grade three
when she got called ugly
we both got moved to the back of the class
so we would stop get bombarded by spit balls
but the school halls were a battleground
we found ourselves outnumbered day after wretched day
we used to stay inside for recess
because outside was worse
outside we’d have to rehearse running away
or learn to stay still like statues giving no clues we were
there
in grade five they taped a sign to her desk
that read beware of dog

to this day

despite a loving husband
she doesn’t think she’s beautiful
because of a birthmark
that takes up a little less than half her face
kids used to say she looks like a wrong answer
that someone tried to erase
but couldn’t quite get the job done

and they’ll never understand,
that she’s raising two kids
whose definition of beauty
begins with the word mom
because they see her heart
before they see her skin
because that she’s only ever always been amazing

he
was a broken branch
grafted on to a different family tree
adopted
not because his parents opted for a different destiny
he was three when he became a mixed drink
of one part left alone
and two parts tragedy
started therapy in 8th grade
had a personality made up of tests and pills
lived like the uphill were mountains
and the downhill were cliffs
four fifths suicidal
a tidal wave of anti depressants
and an adolescence of being called popper
one part because of the pills
and ninety nine parts because of the cruelty
he tried to kill himself in grade ten
when a kid who still had his mom and dad
had the audacity to tell him to “get over it” as if
depression
is something that can be remedied
by any of the contents found in a first aid kit

to this day
he is a stick of TNT lit from both ends
could describe to you in detail the way the sky bends
in the moments before it is about to fall
and despite an army of friends
who call him an inspiration
he remains a conversation piece between people
who can’t understand
sometimes becoming drug free
has less to with addiction
and more to do with sanity

we weren’t the only kids who grew up this way
to this day
kids are still being called names
the classics were
hey stupid hey

hey spaz
 seems like every school has an arsenal of names
 getting updated every year
 and if a kid breaks in a school and no one around chooses
 to hear
 do they make a sound?
 are they just background noise
 of a soundtrack stuck on repeat
 when people say things like
 kids can be cruel?
 every school was a big top circus tent
 and the pecking order went
 from acrobats to lion tamers,
 from clowns to carnies
 all of these were miles ahead of who we were
 we were freaks
 lobster claw boys and bearded ladies
 oddities
 juggling depression and loneliness playing solitaire spin
 the bottle
 trying to kiss the wounded parts of ourselves and heal
 but at night
 while the others slept
 we kept walking the tightrope
 it was practice
 and yeah
 some of us fell

but I want to tell them
 that all of this [stuff]
 is just debris,
 leftover when we finally decide to smash all the things we
 thought
 we used to be
 and if you can't see anything beautiful about yourself
 get a better mirror
 look a little closer
 stare a little longer
 because there's something inside you
 that made you keep trying
 despite everyone who told you to quit
 you built a cast around your broken heart
 and signed it yourself
 you signed it
 "they were wrong"
 because maybe you didn't belong to a group or a click
 maybe they decided to pick you last for basketball or
 everything
 maybe you used to bring bruises and broken teeth
 to show and tell but never told
 because how can you hold your ground
 if everyone around you wants to bury you beneath it
 you have to believe that they were wrong

 they have to be wrong

 why else would we still be here?

we grew up learning to cheer on the underdog
 because we see ourselves in them
 we stem from a root planted in the belief
 that we are not what we were called we are not
 abandoned cars stalled out and sitting
 empty on some highway
 and if in some way we are
 don't worry
 we only got out to walk and get gas
 we are graduating members from the class of
 [screw off] we made it
 not the faded echoes of voices crying out
 names will never hurt me

of course
 they did

but our lives will only ever always
 continue to be
 a balancing act
 that has less to do with pain
 and more to do with beauty

Thank you, Mr. Speaker.

Mr. Silver: Thank you very much, Mr. Speaker. I rise today on behalf of the Liberal Caucus to pay tribute to November 15 to 22, Bullying Awareness Week. I would like to thank the Member for Mount Lorne-Southern Lakes for my tie today, which is pink.

Mr. Speaker, across the street from the Legislature, there is a banner that's on the front of the Yukon Teachers' Association building and it alerts us of bullying and violence and how it's not okay. Bullying is an issue that touches all people, directly or indirectly, regardless of their age, their gender, their culture, their history or their nationality. Whether that bullying is in the form of physical, verbal, relational or cyberbullying, we all need to work to address it.

Mr. Speaker, Canada ranks an embarrassing 26th out of 35 countries on measuring bullying victimization according to the World Health Organization. We can and we should do better. We must all work together to prevent bullying through education and awareness, taking responsibility to challenge bullying when it happens. This is true in our communities, in our schools, in our families and in our workplaces.

Speaking about workplaces, Mr. Speaker, here in the Legislature, our own behaviour is not always as exemplary as it should be, but as people who are elected to represent the citizens of the Yukon, we should carry a higher burden to lead by example. Here in the Legislature, we necessarily deal with challenging issues, Mr. Speaker, and it's absolutely important that we have passionate debates to represent Yukoners as best we can. At the same time, it is also important that we conduct ourselves in such a way that does not diminish colleagues from across the floor.

So, Mr. Speaker, for my part, I will commit to be part of the solution. As the Liberal leader, I commit to improving my

own behaviour, to lead by example and to contribute to the Legislature where respect is always present.

Thank you very much, Mr. Speaker.

In recognition of National Housing Day

Hon. Mr. Hassard: Thank you very much, Mr. Speaker.

Mr. Speaker, November 22 is National Housing Day in Canada. This day raises awareness about housing and homelessness. For Yukon Housing Corporation, every day is housing day as they administer a variety of housing-related programs and services that are designed to help Yukoners purchase the housing they need through the down payment assistance program, which has helped 50 families to become homeowners since its introduction in 2013. Yukon Housing Corporation: supports home ownership by approving first mortgages for applicants who have been declined by the banks due to certain variables, such as location limitations; operates Yukon's social housing program where tenants pay 25 percent of their gross income for their monthly rent; provides funding to existing homeowners and landlords in order to improve their properties so that they are safer, more energy efficient, comfortable and accessible for those who require modifications to their dwellings due to mobility challenges; and provides staff housing to accommodate professionals who are essential to the delivery of government programs and services in our communities.

Mr. Speaker, the Housing Corporation works with other government departments, municipalities, agencies, NGOs, First Nations and proponents to advance all aspects of housing in Yukon. The Yukon housing action plan for the Yukon now sets the direction for how government works collaboratively with other participants to address a range of housing needs based on the three pillars identified in the housing action plan: housing with services, rental housing and home ownership. The principles guiding the housing action plan are adaptable, inclusive and build on strengths and success; they are results-oriented and sensitive to local context, Mr. Speaker. In essence, the work is never over and Yukon Housing Corporation continues to identify new solutions and opportunities to better address the housing needs of all Yukoners.

I would also like to recognize the efforts of other organizations and governments that are contributing to affordable housing for Yukoners. First Nations have made investments in affordable housing for their members. The Yukon government has provided housing support through the northern housing trust. Grey Mountain Housing Society is another important organization that provides affordable housing to low-income First Nation individuals and families. The Yukon Housing Corporation also provides support for cooperative housing programs and seniors housing, such as the Gateway project, to ensure such initiatives remain affordable to Yukoners.

Mr. Speaker, I would also like to recognize municipal governments, such as the City of Whitehorse, for developing tax-incentive programs for affordable housing, which Yukon

Housing Corporation is supplementing through its municipal matching grants. Through these tax incentives, Yukon municipalities are playing an important role in increasing the opportunities for development of affordable housing throughout the Yukon.

In closing, Mr. Speaker, I just want to sincerely thank our many partners in housing for their dedication and commitment to helping us address the diverse housing needs of Yukoners.

Thank you.

Ms. White: Thank you, Mr. Speaker. I rise on behalf of the NDP Official Opposition and the Third Party to recognize National Housing Day. Housing advocates across the country look forward to a day when they no longer have to petition governments to make housing a priority. There continues to be hope that all levels of government will work to improve accessibility to housing and that together, we can work to develop a national housing strategy that will see that no one gets left out in the cold and that there is a home for everyone.

Canadians look forward to the day when all levels of government recognize that housing is a human right and take action to right the wrongs of the past. Mr. Speaker, we look forward to the day when homelessness is a thing of the past.

In recognition of National Addictions Awareness Week

Hon. Mr. Nixon: Thank you, Mr. Speaker. I rise in the House today to pay tribute to National Addictions Awareness Week, which runs from November 15 to 21 of this year. This is a time set aside each year during which we can reflect about the importance of preventing substance abuse, treatment and recovery.

This year, the Canadian Centre on Substance Abuse has chosen "Addiction matters" as the theme for the week. The CCSA refers to addiction as a chronic health condition that affects individuals, families and communities. Substance abuse costs Canada over \$40 billion a year, and that doesn't count the emotional, physical and spiritual costs of addiction.

Across Yukon, addiction professionals, counsellors and family members are working very hard to address addiction issues in their communities. Alcohol and Drug Services recently completed a community needs assessment across the territory. ADS talked with its partners in Mental Health Services and community health, and collaborated with other stakeholders, including First Nation health programs, Many Rivers and the Department of Justice. The result is the community addiction program, which went live last month. The program, called CAP for short, provides a continuum of supports within the communities, including prevention, pre-treatment, counselling and after-care.

Community addiction workers are in place in Haines Junction, Watson Lake and Dawson City to support the outlying communities. Additional staff are based out of Whitehorse to support the communities near the capital. As part of the department's move to client-centred collaborative care, CAP will be using a community outreach model to collaborate with existing services, including First Nation

health programs, providing a team approach across social work, community health and Mental Health Services.

In closing, this week is an opportunity to thank all those involved and the organizations that support Yukoners trying to deal with addictions in our communities. It is long, hard work from all perspectives, but it is vitally important work.

Mr. Barr: I rise on behalf of the Official Opposition and the Third Party in recognition of National Addictions Awareness Week, November 17 to 21 this year. This is a week for us to raise awareness about the effects of addictions in the Yukon, especially with a focus on our youth this year.

I would like to also say it's not only youth, but this disease affects all people of all ages and all races. We want to also acknowledge that this is a family disease. As elected representatives, this is our opportunity to move more effectively and mobilize our communities toward working together to overcome the destructive impacts of addictions to gambling, tobacco, alcohol, and illegal or prescription drugs, to name a few.

Addicts all think that their behaviour is a personal problem, yet the collateral damage is all around them. Addiction is an equal opportunity destroyer of lives and knows no prejudice. Families, friends, colleagues and our communities feel the distress caused by addictive behaviours. Yet it is also important to use this week to celebrate the successes. Those of us who have overcome our addictions know the challenge of taking the first steps toward a healthier lifestyle.

On a personal note, when we speak of communities and taking positive steps, each year I'm proud to stand at the sober dinners — and I know we do one in Carcross — I know there is one in Carmacks, and throughout the territory — where local people who have learned that it's okay to ask for help, stand up and talk, as I do — and will be able to this year. I'm in my 29th year of no drugs and alcohol. To think that by doing this, and by others doing the same thing, we can feel proud. We don't have to think, as my member spoke about bullying, that there is fear in these kinds of things. It's by acknowledging and knowing that it's okay; that we can support each other.

Wearing pink for Sea of Pink Day — bullying is a large contributor, as when we're younger or when we're older, that starts us on a road of medicating our feelings, however we choose to do that. Everything is connected, Mr. Speaker.

It is to the credit of aboriginal people that National Addictions Awareness Week began in the early 1980s with an initiative by the Nechi Institute in Alberta. The idea quickly caught on across Canada and in the Yukon. Yukoners continue to consume much more alcohol per capita than the average Canadian. The harm to health and our economy that comes from this is obvious. Statistics show that hospital emergency room visits and admissions are often related to injuries and illnesses associated with alcohol use. The numbers of people affected by fetal alcohol spectrum disorder are significant in the Yukon. Crimes that involve victims,

particularly family violence, are most often related to the abuse of alcohol.

I would like to mention just a few groups and programs that we have here in the territory that, on a daily basis, are out there on the frontlines helping to find solutions and helping people to overcome their addictions issues: Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, the Salvation Army, First Nation health programs across the territory, Skookum Jim Friendship Centre, FASSY, the programs from the Sarah Steele Building, health care professionals all over the territory, and specifically moms, dads, brothers, aunties, and uncles who are there as family members on a daily basis to walk with those in recovery.

The best to everyone — thank you, Mr. Speaker.

In recognition of National Child Day

Ms. McLeod: Today is National Child Day, and I ask my colleagues in this House to join me in celebrating children.

National Child Day has been celebrated across Canada since 1993. The aim is to commemorate the United Nations' adoption of two documents centred on children's rights: the United Nations *Declaration of the Rights of the Child* and the United Nations *Convention on the Rights of the Child*.

The UN convention spells out the basic rights to which every child is entitled, no matter where they live — rights that are based on basic principles: that a child's best interests should be the first consideration in any action that affects him or her; that all children have the right to life, survival and development; that all children have the right to participate; and that all rights belong to all children. These basic principles inform children's rights to special protection, to special education and care, to play and rest, to a voice and to help.

Here in Yukon, we believe that government has a role to play in supporting parents and families in their efforts to raise their children safely and securely. We do this in many ways. We provide childcare subsidies to assist families so that childcare costs are more affordable. We also ensure that childcare provided to our Yukon children is of good quality, is accessible and responds to parents' needs. Also, each year the Whitehorse Health Centre hosts a health fair for children turning five to provide all information needed to best start school.

We believe that the child's full development is through a happy and safe environment, nutritious food and lots of opportunities for active learning and play. We are always innovating by looking for new ways to improve the health and well-being of our children and youth.

We will continue our efforts, not simply because we understand that children are the future of the Yukon, but because they deserve to be safe, fed, educated and happy. Children deserve the best efforts of everyone at all times.

Celebrating National Child Day is about celebrating children as active participants in their own lives and in their community. In Yukon, we have 8,000 reasons to celebrate. I'm inviting Yukoners to take the time to celebrate children in their life today, tomorrow and throughout the year.

Ms. Hanson: Today I rise in behalf of the NDP Official Opposition and the Liberal Party to celebrate National Child Day, which we recognize every November 20, to commemorate the United Nations *Declaration of the Rights of the Child* and the United Nations *Convention on the Rights of the Child*.

UNICEF tells us that there are three ways that we can mark this day: first, we can learn more by reading the National Child Day and the UN *Convention on the Rights of the Child*; second, we can empower young people to use their voice and can download a youth-friendly version of the UN *Convention on the Rights of the Child* at www.unicef.ca. The convention reminds our children and youth about their rights and how they can protect the rights of others. Third, we can raise awareness. We can use social media to start conversations about National Child Day with friends, families or co-workers.

National Child Day is also marked by elected representatives coming together with young people under the Bring Your Member of Parliament to School Day, which it seems we're kind of doing in reverse today. We have the kids coming to the Legislative Assembly. On Bring Your Member of Parliament to School Day, members of Parliament or Members of the Legislative Assembly could plan a one-hour visit to a local school to listen to young people — as opposed to them listening to us — engage in a meaningful discussion and learn from each other. By having these important face-to-face discussions, we can work to better understand what young people would like our communities to look like while advancing the all-important cause of civic literacy.

So today, Mr. Speaker, I would like to thank the young people in the gallery who are here today and I look forward to asking their questions during Question Period about some pressing issues that are facing Yukoners.

Thank you, Mr. Speaker.

Speaker: Introduction of visitors.

INTRODUCTION OF VISITORS

Hon. Ms. Taylor: Thank you, Mr. Speaker.

Mr. Speaker, on behalf of all members, it gives me wonderful great pleasure to be able to welcome the grade 5 class from Whitehorse Elementary School, their teacher, Jordan Lincez, and a number of parent volunteers who have joined us here this afternoon in the Assembly to witness democracy here in action.

The grade 5 class, which includes some 25 students, including my own son, Will Taylor, has done a lot of research this past week on issues of importance to them. I will give them full marks that they had to decide among themselves — all 25 of them — which three questions they would like to have raised in the Legislative Assembly on their behalf — no small feat indeed. I would like to thank and congratulate M. Lincez and his students for all of their work in coming up with each of these very thoughtful questions and for taking such an active interest and engaging in the roles of democracy that we know today.

I would also like to thank my opposition colleagues and, in particular, the two Leaders of the Official Opposition and the Third Party for agreeing to raise these questions on the students' behalf; and to you, Mr. Speaker, for enabling this line of questioning to take place as well. This has indeed been a real collective effort on behalf of the Yukon Legislative Assembly and I really want to thank you for pulling this all together.

Thank you and welcome.

Applause

Hon. Mr. Hassard: Thank you, Mr. Speaker. I ask all members to join me in welcoming a couple of people here today. One of them is one of the students, Gabby. Gabby is my niece — you can stand up and wave. Of course, her dad is here as well — my brother Dean. Dean spent four years — I believe — occupying the chair that the Member for Watson Lake is now sitting in.

Applause

Speaker: Are there any returns or documents for tabling?

Are there any reports of committees?

Are there any petitions to be presented?

PETITIONS

Petition No. 22

Speaker: Member for Mayo-Tatchun, I'll remind you, sir — I understand it's a long one — you will only have five minutes to present.

Mr. Tredger: Thank you, Mr. Speaker. I will keep it short. On behalf of the undersigned Yukon citizens, I have for presentation the following petition regarding a proposed development on the Hot Springs Road. This petition has been signed by 11 residents.

Speaker: Are there any further petitions to be presented?

Are there any bills to be introduced?

Are there any notices of motions?

NOTICES OF MOTIONS

Hon. Mr. Cathers: Thank you, Mr. Speaker. I rise to give notice of the following motion:

THAT this House urges the Minister of Energy, Mines and Resources, officials from the Land Planning branch and the MLA for Lake Laberge to invite residents of the Hot Springs Road area to a meeting to discuss their concerns related to the zoning of land owned by Takhini Hot Springs Ltd. and associated companies, and discuss possible options for responding to those concerns.

Ms. Moorcroft: Thank you, Mr. Speaker. I rise to give notice of the following motion:

THAT this House urges the government to establish an alternative measures panel to allow for the diversion of

disciplinary hearings at Whitehorse Correctional Centre, in accordance with the *Corrections Act* regulations.

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

QUESTION PERIOD

Question re: Student questions re homelessness, Yukon Council on DisABILITY, and animal welfare

Ms. Hanson: Thank you, Mr. Speaker. Today, as the member opposite has said, I'll be using my time to ask questions prepared by Jordan Lincez's grade 5 class, who are visiting us today from École Whitehorse Elementary School — a historic school located in the riding I am proud to represent: Whitehorse Centre.

The class researched and wrote these questions themselves, and I am pleased to ask these questions today as the students will have learned that it is the job of the Official Opposition in our Legislative Assembly to raise questions with the government.

The first question that the students pose is: We are students who are reminded of homelessness every day. The Salvation Army is across the street. Given the growing number of persons who are homeless in Whitehorse, how will the Government of Yukon help those who are homeless?

Hon. Mr. Nixon: Thank you, Mr. Speaker. I thank the member opposite for her question. I certainly thank the group from grade 5 at Whitehorse Elementary for the question.

Addressing homelessness is certainly a challenge faced by many jurisdictions across Canada, and our government remains committed to ensuring housing needs for Yukoners are addressed, particularly those who are homeless or perhaps at risk of being homeless. The number of Yukoners who are homeless is unknown, but what I can report is that a number of departments work together to set priorities and make recommendations for the housing action plan.

This government has provided a 14-unit complex for individuals with fetal alcohol syndrome. We are in the process of building transitional housing with the Salvation Army, as the kids will see that project proceeding. This new facility will provide enhanced programming with 20 transitional housing units, 25 emergency beds, a bigger kitchen, bigger dining area and certainly more programming space. We are expanding the St. Elias group home for individuals with moderate to high cognitive disabilities. We are building a new Sarah Steele Building on Sixth Avenue to address addictions issues. We've partnered with non-profit organizations like Challenge on transitional housing for persons with mental health issues. This government is committed to working with our partners in addressing this very issue.

Ms. Hanson: Thank you, Mr. Speaker.

The second question is as follows: Earlier this year, there was a concern that the Yukon Council on DisABILITY would be shut down. What are the Government of Yukon's plans for providing adequate care for those who have disabilities or handicaps?

Hon. Mr. Graham: Thank you, Mr. Speaker.

Whereas it is true that the Yukon Council on DisABILITY did lose funding for providing employment services for Yukoners with disabilities, the Minister of Health and Social Services and I had the opportunity today — so it's quite appropriate that this question came today — to meet with the Challenge-Disability Resource Group to go and attend the official opening of the Workplace Information Networking Hub or, as it will be known by the Challenge-Disability Resource Group, the Hub.

The Hub provides a variety of services to people with disabilities, including employment counselling case management, and refers these clients to funding sources for disability accommodations, skills training, and work experience such as those offered under the labour market agreement for persons with disabilities. Those services include things like training and workplace supports and the capability, assessment and accommodation program, which provides persons with disabilities with accommodations when they find a job.

The Hub also provides career exploration and job search services, such as resumé development and interview preparation, and public access to things like computers, photocopiers and fax machines that would be useful in —

Speaker: The member's time has elapsed.

Ms. Hanson: Mr. Speaker, the students' last question focuses on animal welfare. They said: "We love animals and we are wondering: How will the Government of Yukon support animals suffering from abuse, lack of shelter, and poaching?"

Hon. Mr. Istchenko: Thank you, Mr. Speaker. We here in the government do share the concerns that many Yukoners have for both domestic and wild animals. That's why we have tough rules and laws in place to prevent abuse, neglect and the poaching of animals. People who are caught poaching or illegally hunting can face stiff penalties, lose their hunting rights or even possibly go to jail. Within the Department of Environment, we have officials like the chief veterinary officer, conservation officers, wildlife biologists and many others to help us create and enforce those rules that keep animals safe.

Sometimes animals get hurt by accident, or in the wild, and that is why we partner with the Yukon Wildlife Preserve to help injured or orphaned animals recuperate and eventually be put back into the wild.

You might have maybe seen some of this work that was done on National Geographic Channel with *Dr. Oakley, Yukon Vet*.

Last year the Wildlife Preserve helped over 40 animals that were sick, injured or orphaned to return into the wild. If you haven't been there, it is definitely worth a visit.

We also support the Yukon Humane Society in providing them with funding to help run the animal shelter here in Whitehorse. Our youth and Yukoners love their pets, and it is everybody's responsibility to respect and protect our animals. If anyone hears or learns about illegal hunting, poaching or mistreatment of animals, I sure encourage them to contact the

Turn in Poachers and Polluters, TIPP Line, at 1-800-661-0525.

I want to thank the youth for coming in and asking that question today — great job.

Question re: Oil and gas drill-waste disposal

Mr. Tredger: For two days now we've been asking the government about drill waste from a Northern Cross site that was sent to — and I quote: “an approved facility in Whitehorse” between 2012 and 2013. Yukoners would appreciate a straight answer from the minister. Which approved Whitehorse facility is storing drill waste from 2012 to 2013 Northern Cross operations?

Hon. Mr. Istchenko: I do thank the member opposite for the question.

I do want to say that this sort of stuff is technical and very operational, and we do have trust in our departments that they are doing their due diligence.

The material that was contaminated with petroleum hydrocarbons included benzene — that's a component of gasoline — and metals including barium, which is a form of baryte as a weighting agent for drilling muds.

As required by the contaminated sites regulation, contaminated materials have to be treated prior to disposal. The petroleum hydrocarbons can be treated at a landfill treatment facility such as the contaminated materials — and this was relocated to Whitehorse for a treatment at the Arctic Backhoe land treatment facility.

Metals cannot be treated by means of some technical stuff that I don't really understand, and I will be more than willing to provide a complete list of exactly what happened to the member opposite.

Mr. Tredger: I thank the minister for that answer. It has taken three days, but thank you.

Environmental protection begins with transparency at the government level, and it is time for the government to establish a site that informs the public where toxic materials are being sent, how they are being monitored and how they can find out about them.

Where can the public find accessible information to this relevant information about projects that are underway?

Hon. Mr. Istchenko: Thank you, Mr. Speaker. If they're looking for a list of the sites, I will provide that to them. I want to get into this a little bit now that I have a little bit more information. I said it is technical and operational, but Yukoners should probably hear it.

The *Waters Act* does not allow a proponent to deposit waste in a water course or allow for a deposit of waste into a location that allows the migration into water. Ultimately it's the Water Board that decides when a water licence is required. In all cases, materials disposed of must meet the requirements of the *Environment Act* and the contaminated sites regulation. If the waste does not meet the standards in the contaminated sites regulation, then they must be transported to an approved facility for disposal and treatment.

Mr. Tredger: Thank you, Mr. Speaker. Other jurisdictions have already been down this path. The fracking

committee heard from stakeholders in places like Alberta and British Columbia, and they all said the same thing: relevant data must be publicly available as part of an open and transparent development process that the public can trust. How can Yukoners trust that Yukon's regulations adequately protect the environment? It shouldn't take three days of questions on the House floor for an answer to be forthcoming.

Mr. Speaker, the public is asking: What was in the drill waste? Where was it deposited? How is it being monitored — about this and other projects? The relevant question is: Where can the public find out this relevant information in an accessible manner?

Hon. Mr. Istchenko: Thank you, Mr. Speaker.

I just want to add a couple of things. In the assessment stages, the Department of Environment comments on projects of environmental matters and that's our mandate, Mr. Speaker. The department comments on projects currently undergoing assessment, or that have undergone assessment or will in the future. Before there's drilling waste to be disposed of, they have to sample the drilling waste to confirm the conformity with all applicable contaminants, and it's in the contaminated sites regulation.

Mr. Speaker, I just wanted to add that we do have a robust regulatory process. We have great compliance and monitoring here in the Yukon, and this is technical and really operational stuff. Before it comes on the legislative floor here and worries Yukoners, it would be great — if you have a concern, there's a TIPP Line and you can contact us. Phone me, send me an e-mail. If we hear this isn't good — I'll get the information for you.

Question re: Mining sector development

Mr. Silver: Thank you, Mr. Speaker.

Mr. Speaker, yesterday the 43rd annual Geoscience Forum wrapped up here in Whitehorse. It brought together representatives from the mining community, from the Yukon government and also from First Nation governments as well, just to mention a few.

Now, I do know that the Premier attended part of the forum. My question is: What did he hear from the mining industry about the current state of our mining in our territory?

Hon. Mr. Pasloski: Mr. Speaker, certainly what we heard from the mining industry is that never have they — I spoke to some people who have been in the mining industry for 40 years, and they've said that they've never seen a situation as we're in today where all the commodity prices are at such low levels. Typically, you'll see some of the commodity prices at a good level and some of them can be down, but they've never seen a situation like this, Mr. Speaker.

They've applauded this government for the work that it is doing during this downtime to ensure that we are in a better place when the markets rebound, Mr. Speaker. They applaud the investments in infrastructure; they applaud the investments that we are making in terms of training and education, and they certainly support the initiatives in improving our permitting and regulatory regimes, working with industry and

working with First Nations to ensure that — not only as the Fraser Institute says — this jurisdiction has the best geology in the world for mining — that we move our position from ninth to number one when it comes to the best mining jurisdiction in the world.

Mr. Silver: Thank you very much, Mr. Speaker. With all due respect, I'm not sure the Premier and I attended the same forum. I heard a lot of concerns about the damage that this government's poor relationship and court battles with the First Nation governments have caused for the industry. I've also heard a great deal of frustration and resignation about the government's unwillingness, or perhaps inability, to address regulatory uncertainty.

I was also told that these problems were known way back in 2011, but this government hasn't properly addressed it or moved forward properly. These are made-in-Yukon issues that have nothing to do with world mineral prices. These two issues that were brought up by almost everybody that I talked to and the onus was put on this government squarely to fix the solution.

Did the Premier not hear these concerns at the Geoscience Forum?

Hon. Mr. Kent: Thank you very much, Mr. Speaker. I also, of course, attended a number of meetings and talked to a number of the delegates at the Geoscience Forum that wrapped up yesterday. Of course the government has been working on a couple of initiatives: the mineral development strategy and mine licensing improvement initiative. I was very pleased and proud to announce at the Geoscience Forum that we've created a new unit in Energy, Mines and Resources — Strategic Initiatives — that will be headed up by an ADM-level individual to bring the mineral development strategy and the mine licensing improvement initiative to fruition. They are going to be two very important initiatives that will help to restore confidence and make sure that as we come out of this current downturn, we are in much better shape.

I think it's important for Yukoners to know that the last downturn started in about 1997 and rebounded in 2003-04. It bottomed out in 2001-02 with only \$7 million in exploration and \$1 million in development. With this latest downturn — while we're very much affected — the effect has been less than that and I think there are a number of things that Yukoners can be proud of since then: devolution; the settlement of additional land claims; the work of the Yukon Party government with respect to the *Miners Lien Act* and the royalties.

So we are feeling the effect, but it is a lesser effect than what happened around the turn of the century. Again, we're proud of the progress, but we know that there is more that needs to be done.

Mr. Silver: Thank you, Mr. Speaker. With our GDP and our economy about to shrink for the third straight year, it's time that this government changed its approach on these long-standing issues to our industry. It is my opinion — and that of others — that the government has squandered the largest commodity boom of the past 100 years. They have proven unable to keep the momentum going forward and their

attempts to improve the relations with First Nations and to fix the known regulatory problems — well they have quite simply failed, Mr. Speaker.

I have had an opportunity to speak with many organizations and company officials who were consulted on the mineral development strategy and they confirmed that there is a general lack of trust and confidence in our assessment and regulatory processes.

Will the Premier or the minister responsible admit that this is also what they heard at the Geoscience Forum last week and during the consultation for the mineral development strategy during the summer, and commit to changing their approach for the sake of our economy?

Hon. Mr. Pasloski: In light of the pledge that the Leader of the Liberal Party made only a few minutes ago, it's disappointing — the rhetoric that he has now. I guess he forgot that pledge very quickly.

Mr. Speaker, this government continues to work with industry and First Nations because mining truly is a cornerstone of our economy. It is through the mining growth that we've seen in the last decade that we've seen an increase in the population of this territory of over 20 percent. As a result of that, we continue to diversify our economy. We're moving forward with initiatives such as creating a second fibre optic line, which will see the knowledge economy continue to grow. We continue to make heavy investments in tourism with the Yukon Now program; and we continue to focus on enhancing the role of the Yukon College and Yukon Research Centre.

We'll continue to work with First Nations on many issues, such as the recent signing of the education MOU with Kluane First Nation, such as the LNG plan partnership we've done with Kwanlin Dün First Nation, and such as the affordable housing unit that we just partnered on with Ta'an Kwäch'an Council. We will work with First Nations. We will work with industry and together we will see us come out of this economic downturn much stronger than we went into it.

Question re: Oil and gas development

Ms. Hanson: Thank you, Mr. Speaker. Yesterday, the Premier of the Northwest Territories made strong statements about the disappearance of the oil and gas industry in the Northwest Territories. Premier McLeod said that the NWT is stuck in the bust of the oil and gas boom-bust cycle. He said — and I quote: "The oil and gas industry has packed up and left the NWT. We don't expect to see any exploration...for...probably 10 years."

Does the Premier agree with the Northwest Territories' Premier that the oil and gas industry is in a bust phase and we won't be seeing any exploration in the next 10 years?

Hon. Mr. Kent: I think it is important for Yukoners to know that we currently have an application that is before YESAB for additional exploration in the Eagle Plains Basin with Northern Cross (Yukon) as the proponent. They are currently in a phase where they have to respond to an information request from the environmental assessor. We also

are looking to take advantage of some of the shale gas opportunities that exist in the Liard Basin.

Yukon obviously is in a much different position than the Northwest Territories. Our proximity to the Pacific coast and the opportunities that the Government of British Columbia is looking at with the export of LNG overseas are beneficial to us. The Liard Basin is located on delivery infrastructure, which would allow Yukon gas to flow through there. We are obviously in a much different situation from the Northwest Territories with their distance from infrastructure and their distance from markets. It's hard to compare us to the Northwest Territories.

We continue to look to develop oil and gas resources in a responsible way. We are undertaking a number of baseline studies. There will be an economic analysis done here as well as a resource assessment. There is lots of work that we know that we need to continue to do, and we will do that work as we move forward.

Ms. Hanson: Mr. Speaker, the fact is that the Government of Northwest Territories had commitments for millions of dollars of investment in the Sahtu region, but as soon as the price of oil and gas began dropping, so did the promised millions in investments. Oil and gas is another boom-bust industry. The Yukon public and Yukon First Nation governments have been clear that, despite what the minister opposite said, Yukoners and Yukon First Nation governments do not support fracking. They do not support this government's oil and gas agenda. The world is turning away from fossil fuels, looking to renewable energy to both face the challenge of climate change and create long-term prosperity.

Why does the Premier continue to spend millions of Yukon tax dollars to attract a boom-bust fossil fuel industry against the wishes of Yukon First Nation governments and the Yukon public?

Hon. Mr. Kent: Thank you, Mr. Speaker. It is important for the government to reiterate, and I as Minister of Energy, Mines and Resources to reiterate, that shale gas development will not move forward without the support of affected First Nations. With respect to the Liard Basin, that includes the Kaska First Nations, two of which are in the Yukon — the Ross River Dena Council and the Liard First Nation — as well as the Acho Dene Koe, who are based out of community of Fort Liard, which is the closest community to our portion of the Liard Basin.

Again, Mr. Speaker, when it comes to developing an economy, the Yukon wants to take a path toward self-reliance and as part of that, we see safe and responsible natural resource development playing a major role. I said on the floor of this House last week, I believe, that the Official Opposition always wants to pit industry versus industry — it seems that we cannot have multiple industries operating in the territory.

Oil and gas, mining, tourism, the knowledge economy, agriculture — to name a few — are industries that we in the government feel can thrive and prosper here in the territory. We don't want to pick winners or losers like the NDP does. Their path to economic diversification is the removal of natural resource development here in the territory. That's not

something that we're committed to do. We want to focus on all industries and give all Yukoners an opportunity to succeed.

Ms. Hanson: Mr. Speaker, all Yukoners, all First Nation governments are affected by any decision to allow any fracking in this territory. It's insane. This government's blind determination to establish an oil and gas industry in the Yukon defies logic and common sense.

Yukoners want to see leadership when it comes to developing a sustainable energy future for Yukon. Clean technology is growing 10 percent a year and is already a \$12-billion industry in Canada. We have cited examples such as Diavik mine — Northwest Territories' large-scale hybrid wind project that is projected to pay for itself in six to seven years and demonstrates that this renewable energy source works in the north.

Will the government drop their pursuit of a carbon-intensive industry and instead invest their time and Yukoners' money into renewable alternatives?

Hon. Mr. Kent: Thank you very much, Mr. Speaker.

Clearly this is a very emotional issue for the Leader of the Official Opposition, but, on this side of the House, we're focused on a number of different industries to move forward. Oil and gas, mining, tourism, the knowledge economy — as I mentioned — agriculture and forestry are all industries that we feel can contribute to putting us on a path toward self-reliance on an economic scale.

I'll have to reiterate what I said before. We will not proceed with unconventional resource development or shale gas development without the support of affected First Nations. We made that very clear when we responded to the select committee report, and that is something that we're moving forward on.

When it comes to the energy story that we have in this territory, it is something that we're very proud of on this side of the House. In the longer term, we're focused on next generation hydro. There are a number of initiatives that we're focused on in the immediate term — investing in a wind project in the Burwash Landing area, which will help to offset some of the diesel consumption in the communities of Burwash Landing and Destruction Bay. Hopefully it will be larger than the 10 percent of power offset that the Diavik mine is relying on from their wind project. Again, 90 percent of the power that they generate on-site is still from diesel.

We have a great energy story to tell here and we have a great story to tell when it comes to diversifying the economy.

Question re: Science Adventures program

Mr. Tredger: Science Adventures is a program for young Yukon students and encourages an interest in and indeed often develops a passion for science.

Among their many projects, Science Adventures organizes the All-Girls Science Club; the Sci-Tech Girl program, the Stay-A-Day at Yukon College program for grade 7 students, and the always popular bridge-building contest and science fair.

The young students who participate in the activities that Science Adventures organizes are the future of innovation in

our territory. Today's bridge-building contestant could be tomorrow's civil engineer.

Science Adventures is a valuable resource for the educational community. Will the Minister of Education commit to adequate funding to ensure the ongoing success of Science Adventures?

Hon. Mr. Graham: Mr. Speaker, I wish to first of all thank the member opposite for the question. I agree with him. Having attended many of the same expos that he did — such as bridge building and others — I realize how important it is to our young people.

At the present time, Yukon College is undergoing some changes. There seems to be some discussion about whether or not they will be in a position to offer these science adventures to our young students throughout the territory; however, I want to assure the Legislature and the general public that these programs will all operate next year. Whether they're operated through Yukon College or within the department is still up for discussion but, once again, I appreciate the question. We want to make sure that message goes out to all Yukoners and all Yukon schoolchildren that these programs will be available in the next year.

Mr. Tredger: The beauty of Science Adventures is that it brings scientists, Yukon College and Yukon students together.

Science Adventures matters because it provides important opportunities for students to engage with the applied sciences in fun and accessible ways.

In short, we need to do what we can to ensure a bright future for Science Adventures as a way to offer science activities outside of the classroom but, this year, a lack of funding is forcing them to cut back on their programming. Science Adventures needs certain resources to plan ahead and make strategic decisions about the future. This is where the government should step in.

Will the government commit to adequate and stable funding and to the development of a long-term strategic plan for Science Adventures?

Hon. Mr. Graham: One again, Mr. Speaker, thanks for the question.

Yes, we will. We are committing to, in the long term, funding these programs because we also realize that this is where our scientists of the future come from. You know that we only have to take a look at the research centre that was funded by this government for some time now and to see the success and the number of people who come in from all over the world to study here in the territory, so we realize how important these programs are to our young students and to our young students' future.

We will commit to funding. In the short term, we're not sure where the program will be centered, but in the long term we have to have a plan and we commit to developing one of those as quickly as we possibly can.

Speaker: The time for Question Period has now elapsed.

We will now proceed to Orders of the Day.

ORDERS OF THE DAY

Speaker: We are now prepared to receive the Commissioner, in his capacity as Lieutenant Governor, to grant assent to certain bills which have passed this House.

Commissioner Phillips enters the Chamber, announced by the Deputy Sergeant-at-Arms.

ASSENT TO BILLS

Commissioner: Please be seated.

Speaker: Mr. Commissioner, the Assembly has, at its present session, passed certain bills to which, in the name and on behalf of the Assembly, I respectfully request your assent.

Clerk: *Land Titles Act, 2015; Act to Amend the Education Act.*

Commissioner: I hereby assent to the bills as enumerated by the Clerk.

Commissioner leaves the Chamber

Speaker: I will now call the House to order.

GOVERNMENT BILLS

Bill No. 91: Act to Amend the Elections Act and the Electoral District Boundaries Act — Second Reading

Clerk: Second reading, Bill No. 91, standing in the name of the Hon. Mr. Cathers.

Hon. Mr. Cathers: I move that Bill No. 91, entitled *Act to Amend the Elections Act and the Electoral District Boundaries Act*, be now read a second time.

Speaker: It has been moved by the Minister of Justice that Bill No. 91, entitled *Act to Amend the Elections Act and the Electoral District Boundaries Act*, be now read a second time.

Hon. Mr. Cathers: This legislation, first of all — in setting the context for those who are listening or who are reading Hansard later and may not be familiar with this — the amendments to the *Elections Act* and the *Electoral District Boundaries Act* began with a review after the election by the former, and now retired, Chief Electoral Officer, reporting on the results of the 2011 election and the input from political parties and other stakeholders. She then made recommendations that were added to by the current Chief Electoral Officer after she was hired by an all-party committee appointed by the Members' Services Board.

The report provided by the Chief Electoral Officer encapsulated her own review and input from political parties and other stakeholders. That led to the Members' Services Board reviewing the proposed policy changes as outlined by the Chief Electoral Officer and making recommendations about which should proceed. Following that, legal drafting occurred. The legal text of the changes to the acts was shared with all members of the Members' Services Board. For those who are listening and may not be familiar with it, the Members' Services Board is an all-party committee of the Legislative Assembly. It is chaired, of course, by you,

Mr. Speaker, and the other members are the Leader of the Official Opposition, the Leader of the Third Party, the Minister of Community Services and me. The Members' Services Board members reviewed the legal text. Briefings occurred with the legal drafter and at the Members' Services Board meeting attended by the Chief Electoral Officer. There was an amendment requested at that stage, and then the final text was shared with all members of the Members' Services Board and unanimously approved and supported for tabling.

Some of the key changes within this include the ability to move to electronic lists. That was a key issue that was identified by political parties in the last election. The old paper lists had been identified as being an issue, and there are specific areas in the wording of the *Elections Act* that required legislative changes to permit a move to paperless, including some specific references to things such as a returning officer striking out with a pen and making changes physically to a voters list. Some of the changes contained within the *Elections Act* were ones due to the very specific wording in the previous legislation.

Additionally, other changes include the fact that the last election, the 2011 election, was the first time since the 1980s that voters who had not been enumerated or added at special revision or revision hearings were allowed to show up at the polls and to swear in at that time period. There were issues identified during the 2011 election that had not been anticipated previously — that scrutineers were not able to review or see who was added to the list at that point. That has been changed with this legislation again, for the same reason that all candidates are allowed to have scrutineers at elections — it's about transparency and oversight by the designated representatives of each candidate who wishes to have scrutineers at the polls.

There is also contained within this legislation the move toward requiring identification. For those who are interested in looking at the act, they will see two sections of that. One speaks to the Chief Electoral Officer, after the next election, consulting with all political parties and inviting submissions from the public and each registered political party, each member of the Legislative Assembly who is not a member of a party caucus, the Information and Privacy Commissioner and any other person or group that the Chief Electoral Officer wishes to consult with — after receiving those submissions and having the proposal for identification requirements reviewed by the Members' Services Board, subject to the Members' Services Board approval, that would then define the identification requirements that would apply in the first election after the next territorial general election.

However, there is a provision which will apply to the 2011 election as a provisional period, which requires identification for —

Some Hon. Member: (Inaudible)

Hon. Mr. Cathers: Sorry; thank you — the 2016 election. That speaks to — authorized identification will be any piece of identification issued to the person by the Government of Yukon, a Yukon First Nation, the Government of Canada, or a municipality that includes the person's name

and address, or two documents satisfactory to the Chief Electoral Officer, each of which include the person's name and at least one of which includes their address.

Thirdly, it provides the ability that someone who does not have identification can make a declaration in a prescribed form that they are who they say they are. That, of course, is aimed at ensuring that no one is being disenfranchised of their right to vote, while providing the ability — as explained to us by the Chief Electoral Officer — that, from the fact that they had sworn in in the absence of identity, declaring their identify would allow that to be noted in the poll book and, if a candidate were, after the fact, to find sufficient evidence of material fraud by a number of voters, that would potentially allow the ability for them to go to a judge, just as that right exists with every territorial election or by-election if a candidate can demonstrate to the satisfaction of a judge that the election was not properly conducted. There is the ability for a judge to order a new election in that specific riding.

With this legislation as well, it is modernizing and standardizing the provisions for remote and absent electors to vote by special ballot, replacing the previous provision, which had three different ways in which that could occur. For the purposes of the 2016 territorial general election, proxy voting will still be allowed, recognizing that there are many voters who have been voting that way for decades. In the interest of not wanting to unintentionally disenfranchise someone who is used to providing their spouse or other trusted person with the ability to vote on their behalf in their absence — if they are away somewhere and not able to vote — the provision to the act provides that this will be the last territorial general election to allow proxy voting and that will be replaced with the requirement, after that time, for voting by special ballot, as provided for in the new, more flexible standardized arrangement to be the way that people will vote. It will require people to then personally exercise their vote unless they are using the other provisions, which provide for some discretion for returning officers to allow someone to vote via means such as Skype or satellite phone if they are physically unable to get to somewhere where they are able to acquire and mark a ballot.

Contained in part 3 of the act are the amendments to the *Electoral District Boundaries Act*. These are to make corrections to the boundaries of three ridings that were not properly described in the specific wording of the *Electoral District Boundaries Act* before — and doing things including, in the case of a correction to the boundary between Copperbelt North and Whitehorse West — the boundary previously and currently, until the act is passed, passes right through a residential lot at Falcon Drive. In the case of the corrections to the border of Mountainview and Whitehorse West, the current boundary, without correction, passes directly through residential lots on McCandless Crescent and divides that crescent into two electoral districts. That is in the interest of correcting that line and not creating legal questions about which boundary someone who has a lot that currently straddles two districts would be voting within.

Members are well aware — and interested members of the public and future candidates who may be interested in reviewing this will see — that the legislation is accordingly divided into four parts. The first part is immediate amendments to the *Elections Act*, which come into effect upon passage and assent of the bill. There is a part 2, which speaks to — if members will bear with me for a moment, while I turn to the correct page — the deferred amendments to the *Elections Act*. This part amends the *Elections Act* and relates to the transitional provisions, which allow for voters during the 2016 election to continue to provide someone with the ability to vote on their behalf through a proxy vote if they wish to do so.

I would note that, for anyone considering this, the provisions related to special ballots are sufficiently flexible that they should allow someone to vote that way personally and that they would probably wish to vote personally by special ballot rather than going through the process of filling out a proxy form to ask someone to vote on their behalf.

Part 3, as I believe I mentioned, makes amendments to the *Electoral District Boundaries Act*. Part 4 is application and transitional provisions within the act. This sets out the rules for the measures of the bills, including transitional rules. Transitional ones primarily relate to proxy voting and for a transitional enumeration that provides for one of the other significant changes — which I believe I failed to mention in my introductory remarks — which is that many of the provisions contained within this legislation enable the creation of a permanent voters list and the ability for that list to be updated between elections, rather than what has been the case for Yukon elections previously, which is that there is an enumeration once the writ is dropped and, in some cases, there have been significant numbers of people missed. I know that in my riding, for example, over 10 percent of the electors were eligible to be on the voters list, but got missed at enumeration and either had to add themselves directly or get someone else to add them on their behalf so that they would not be deprived of the opportunity to vote.

The move toward a permanent voters list will have some challenges, as every jurisdiction that has done that has run into. The transitional provisions are intended to smooth that out and allow for transitional enumeration. As well, I should note that while the typical enumeration, once the writ is dropped, will no longer be required once these changes are in force and effect, there is the provision for the Chief Electoral Officer to do targeted enumeration at any time that she — or perhaps in future, he — sees fit. Examples of where this might be necessary to occur would be through a new neighbourhood or development, or an area of significant growth or change, where the Chief Electoral Officer sees a need to do an enumeration to update the voters list and ensure that the permanent voters list is more accurate.

There are also provisions within this. I will not go through every issue individually unless members wish me to, as this has been dealt with at length in previous discussions at the Members' Services Board, but there are provisions in this for making the Chief Electoral Officer an officer of the

Legislative Assembly to enhance both the real and perceived independence of that office.

There are provisions for innovation that allow the Chief Electoral Officer, after consultation with each registered political party, to submit to the Members' Services Board a written proposal for the use for any specific purpose under this act, either generally or in limited circumstances, any procedure, process, device, equipment or means of communication that differs from what this act otherwise requires to be used for that purpose. It does provide that the Members' Services Board has to approve that, which is because the Members' Services Board is an all-party committee of the Legislature and represents that multi-partisan approach to reviewing any proposed changes.

Those reviewing it will notice additions in the section beginning in part 20 that add changes specifically pertaining to what an electoral authority is. It provides the ability to share information and receive information from the Chief Electoral Officer of Canada and a municipal electoral authority. It provides specific provisions related to the establishment and maintenance of a register of electors in accordance with this part — that being the permanent voters list, Mr. Speaker. It allows someone to be added to the list, although with their age being recorded at age 16 in anticipation that they would be able to vote in the next general election — while we have been assured that it would identify their age and thus prevent, if the election occurred earlier than anticipated, someone not legally eligible to vote from casting a ballot.

The act specifically provides for — in the information stored in the register, which is legal reference to the permanent voters list — the register must include, with respect to each person, no personal information, other than the person's surname and given names, their date of birth, their gender, their residential address, and, if different, their mailing address; and “(e) if the Chief Electoral Officer assigns identifiers under subsection (5), the identifier assigned to them; and (f) any unique identifier assigned to them by a person who provides information to the Chief Electoral Officer under section 49.06 or 49.07” may also be included.

It provides for the ability for a person on application to the Chief Electoral Officer to have access to any of their personal information that is in the register or to direct the Chief Electoral Officer to exclude them from the register — again register being the legal reference to the permanent voters list.

Under the use of the register, there are provisions clarifying that the permanent voters list must only be used for official electoral purposes. I should also note that the provision and requirement for a person's surname and given names to be included is actually a change from what has been the practice for years within the Yukon, which is that, once enumeration took place in an election, candidates would receive a paper copy of the list of electors — or the preliminary list of electors, as it is referred to under the current act — that would list people and could only list the first initial of someone. So in some houses, there might be a couple with the last name Brown, for example, whose names

both started with the letter K; they would both be listed as K. Brown. Previously the only distinguishing feature that could occur — or differentiation on the list — was the ability to note male or female, or to include a title, such as Dr., with that. The elections officer has not in the past been legally in the position to record someone's full name on that paperwork.

That is one that has been cumbersome and frustrating at times for candidates and political parties. It has also led to questions and uncertainty on the part of voters about whether they were included on the list or whether it was another household member. I should note that, in a handful of cases where someone had children's names that also started with a similar letter, I have personally seen — as I know others have — on more than one occasion where there would be three people in the same house who were listed in a way that is virtually indistinguishable on the handwritten voters list.

As you are well aware and as members are well aware, Mr. Speaker, most of the changes in this are facilitating the move to the permanent voters registry and allowing for the maintenance of that and the protection of personal information. It also provides the ability for the Chief Electoral Officer to revise the register — the permanent voters list — on the base of things, including enumeration of an electoral district and using information provided by a public body, under section 49.06, or provided by an electoral authority in accordance with an agreement under section 49.07, or otherwise obtained by or available to the Chief Electoral Officer.

There is also the protection of the ability to ensure — because there was a concern expressed from the Information and Privacy Commissioner about compelling the disclosure of personal information, and that has been a topic of debate, I understand, in other jurisdictions between electoral authorities and counterparts to the privacy commissioner.

What is included in the act is similar in principle to what is included on your income tax forms where voters are provided the — or I should say tax filers are provided the ability — to choose whether to consent or not to consent to their tax information being used to update Elections Canada's voter registry: "Any person may, by filing their written consent in prescribed form with the Chief Electoral Officer, allow the Chief Electoral Officer (a) to acquire from a public body or a municipal electoral authority information, about the person, that is described in subsection 49.02(4); or (b) to provide to a municipal electoral authority information, about the person, that is included in the register of electors." This is aimed at giving people the option to opt in or opt out and protect their privacy in that manner. While it will not lead to a streamlined sharing of all information that may be collected through health care cards or motor vehicle changes, for example, it is aimed at ensuring that as we move to this we are in keeping with the principle of the federal model that allows voters the option to choose to consent to sharing their personal information or to choose not to have their personal information used to update the permanent voters list.

I think I have covered the main areas contained within the legislation. As I mentioned previously, these changes have

been discussed on a number of occasions at the Members' Services Board. I appreciate the work that all members who serve there, as well as others who participated — including the Member for Copperbelt South — and attended meetings for the review of this legislation. I appreciate that it is lengthy in nature. I would like to thank the Chief Electoral Officer and the legislative drafter who worked on this project for their hours of work — for the recommendations by the Chief Electoral Officer and her work in providing advice to the Members' Services Board, and the work done by the legislative drafter to try to reflect the direction received in proceeding with these changes.

There have been many people involved in trying to make sure the changes made are reflective of what political parties asked for and what the Members Services' Board approved. I thank members for their efforts at the Members' Services Board and for the unanimous support by the Members' Services Board in support of the bill as drafted being tabled. Of course, when we do get to Committee of the Whole, if there are any concerns or questions that have not been previously addressed, I will, accompanied by officials, attempt to address those questions to the satisfaction of members and for the public record.

As I have stated directly to members of the Official Opposition and the Third Party, it is certainly our intent in tabling this to have the bill be something that all members are satisfied with so that there is unanimous support for all of the contents of this, because we are trying to make the changes that we all agreed upon and ensure that we have modernized our election system in a way that all agree has hit the mark and is good, both in its intention and in the details of that legislation.

With that, I will conclude my remarks and I thank members for their attention and their assistance in the development of this legislation.

Ms. Hanson: I thank the minister for his comments at the second reading of Bill No. 91. I'm pleased to be able to rise today to speak in support of Bill No. 91, entitled *Act to Amend the Elections Act and the Electoral District Boundaries Act*.

At the outset I would like to thank Lori McKee, Yukon's relatively new Chief Electoral Officer. Ms. McKee has approached her job with refreshing vigor and professionalism, as evidenced by her report *Recommendations for Amendments to the Elections Act* that was tabled in the Legislative Assembly last December — that is December 2014. That report provided all members of the Legislative Assembly, political parties and interested individuals, with a comprehensive analysis of Yukon's *Elections Act*. The report contains, by my count, 111 operational amendments and 32 administrative or housekeeping amendments.

Most citizens probably give little thought to how an elections act is structured or what it covers. We simply count on the act enabling us to vote in a fair and democratic process. The Chief Electoral Officer said that the recommendations contained in her report were based on five key principles. I

think they bear repeating. She said — and I quote: “Democracies are strengthened by a high level of voter participation.

“The process of voting, from the initial step of voter registration to the announcement of official results, must be easily understood and effectively implemented to avoid disenfranchising electors. Effective means of voter registration and convenient voting options must be instituted and clearly communicated to all stakeholders.

“Stakeholder groups include electors and prospective electors; political parties, candidates and Members of the Legislative Assembly, along with their staff members and volunteers; election officers with responsibilities under the Elections Act; the media and others. Each stakeholder group has an important role to play, as well as a vested interest in effective administration of elections.”

The second principle is: “Democracies are strengthened by stakeholder trust.

“Electors must have confidence in the integrity of the system. It’s essential that electors are served professionally and fairly, through the provision of consistent service delivery in each community. Electors’ rights and responsibilities must be communicated clearly to give electors confidence that election law is being implemented correctly.

“In addition to facilitating participation for stakeholders, appropriate checks and balances must be put in place to prevent non-compliance, and to identify and address any irregularities that may occur.”

The third principle is that, “Elections are honour-based.

“Based on available research, there is no evidence of systemic voter fraud in Canada. To a great extent, participation is based on an elector’s declaration of eligibility: electors are not required to produce evidence of citizenship, length of residency, or age in order to vote. Imposing stringent requirements for proof of eligibility could create an administrative barrier, resulting in wholesale disenfranchisement of certain groups of eligible electors.

“While the system is honour-based, it is also self-policing.

“Electors vote at polling stations staffed by their neighbours and overseen by local campaign teams. Both election officers and candidates’ agents may, in good faith, challenge an elector who is believed to be ineligible. Should irregularities be alleged, Elections Yukon has broad powers to investigate.”

The fourth principle is: “Electors are entitled to vote independently and to maintain the secrecy of their vote.

“The polling day process is designed to protect the entitlement to vote independently and to maintain the secrecy of the vote. The *Elections Act* contains specific prohibitions against influencing an elector’s vote and offenses are subject to prosecution. These prescriptions are intended to mitigate the potential for coercion and vote-buying; activities that serve to undermine the integrity of the system and along with it, public confidence in the legitimacy of the outcome. All electors should have access to effective voting options that

allow them to maintain the independence and secrecy of their vote.”

Fifth: “Electors are entitled to accessible options for participation.

“To ensure accessibility, electors are entitled to voter registration and voting opportunities that accommodate the diverse needs of a mobile society.

“Appropriate services are needed to meet the needs of electors who may work, travel or study outside of Yukon for extended periods; those with variable and often unpredictable schedules; those with mobility issues; and those who live in isolated communities.

“Electors and other stakeholders conduct their daily activities in a much different manner than at the time the *Elections Act* was originally framed. Along with increased mobility, they have embraced an electronic age that allows them to access necessary information and conduct daily business on a computer or handheld device. As shopping, banking and communications are conducted online, electors expect to receive public services in the same manner. Adding online services to the traditional means of service delivery will facilitate participation by electors and political entities, allowing access around the clock from any location with Internet connectivity.”

Mr. Speaker, as the Chief Electoral Officer said in her report: “Proposed amendments would serve to provide: a more accessible voter registration process that lengthens the period for electors to add or update their information on the List of Electors, along with new means to manage their elector records independently; more flexible voter registration and voting opportunities for electors served by advance polls or institution polls; a uniform, simplified approach to absentee voting that allows access by voters throughout the election period, while protecting their independence and the secrecy of their votes; modernization of election practices and increased opportunities for innovations, both short-term and over time, to accommodate evolving expectations and allow for service enhancements; and enhanced clarity and equity within the framework of election finance reporting and disclosure.”

The Chief Electoral Officer’s decision to structure her report on proposed changes to Yukon’s *Elections Act* in a thematic manner, rather than going into what I would experience as excruciating detail for each of the over 150 sections of the act, allows readers to get a good sense of how the amended bill is intended to operate and will provide a good basis for assessing the effectiveness of the legislative changes we will approve in this Assembly. We will have a clear articulation of the spirit and intent of the proposed amendments and future legislators will have some clear guideposts for future reviews of the act.

Mr. Speaker, as the committee worked its way through the 100-plus operational amendments and the over 30 housekeeping amendments, we found ourselves in agreement with the vast majority of the recommendations. Whether it was from our own experience and/or frustration with aspects of the system as it has operated in the past — and I echo the Member for Lake Laberge’s reference with respect to the

experience of handwritten lists. I doubt there's anyone who would relish continuing with the practice of providing political parties and/or candidates with handwritten lists of electors that are half there and half not there and generally illegible. Nor did we relish the idea that Yukon would soon have been the only jurisdiction in Canada not to have established a permanent voters list — last after Manitoba, which has just gone there.

One area of the recommendations that particularly excites me, Mr. Speaker, was the series that dealt with the participation by youth. There is often a lot of negative media about the lack of voter participation by young people. I don't think we give young people enough credit for their interest in or awareness of the world around them. As we saw today with the students from École Whitehorse Elementary School, given a chance to learn a bit about the democratic process, young people will engage. Where we as adults have often fallen down, perhaps, is in our failure to build a more dynamic civic education curricula so the kids gain a greater appreciation of what the orders of government in Canada are, what each is responsible for, et cetera.

The Chief Electoral Officer's December 2014 report notes that only about 25 percent of youth aged 18 to 24 vote, as opposed to 74 percent of seniors — and the trend continues. Non-voting youth tend not to become lifelong voters. One way to address this is to minimize the hassle if and when a young person makes the decision to vote. The report recommends that youth aged 16 and 17 be enumerated at their high schools so that, as they approach the voting age, there is the basis for ongoing communication with the now prospective elector and to avoid that hurdle of "am I on the list or not?" Another innovative idea will authorize persons who are at least 16 years of age to serve in the role of poll attendant during elections — simple, practical but effective measures.

The encouraging thing for me is that as much as this is a good start, I am aware of a group of students in a Whitehorse high school who would like to see the voting age changed to 16. They have been meeting, or trying to meet, with Yukon political leaders to lobby for that change. They believe the opportunity to vote at 16 would provide young adults with a greater incentive to become informed on the issues that matter to them and to use the ultimate tool of democracy — the exercising of the right to vote — to signal their support for the kind of future they envision.

Another amendment that may seem minor but speaks to an important principle of inclusivity deals with the candidate nomination deposit refund. The report identified two options: eliminate the nomination deposit altogether or to tie the refund to a timely filing of an election financing return. My sense is that the members of the committee appreciated the concept that removing barriers to running in an election is important — the requirement of the deposit is just that; a deposit and not a fee — and is a progressive step.

Another progressive measure is related to disclosure for contributions of election financing. As the Chief Electoral Officer said in her report — and I quote: "Current provisions relating to electoral financing are quite basic...

"There are no contribution or expense limits and few source restrictions on political contributors...

"Disclosure provisions relating to monetary contributions from unincorporated groups are considerably more stringent than the provisions relating to monetary contributions from individuals or corporations. For unincorporated groups, the contributor's name and address is disclosed for amounts over \$50, while the threshold for disclosure of individuals and corporations is \$250."

She said that identifying individual contributors who have made contributions through an unincorporated group ensures proper disclosure. The practice serves to prohibit a group of persons from concealing the true source of contributions through the creation of an informal group that would not be recognizable by the public, in spite of public disclosure of the group name.

She basically is saying that there is a need for establishing a consistent threshold for public disclosure of monetary contributions. She makes a number of recommendations with respect to the disclosure of contributions. Another progressive measure is also with respect to the recommendations around annual revenue returns and reporting and improving that and the transparency of those measures.

For those who think that electoral policy does not have an economic impact, there will be a collective sigh of relief from many businesses across the territory that serve as liquor outlets. It will no longer be an offence for licensed premises and liquor outlets to be open and to sell liquor during polling hours. During the by-election in Whitehorse Centre in 2010, it disproportionately affected a number of businesses in Whitehorse Centre because they had to shut during the by-election. Moving into the 21st century — people have different views about the issue, but it's still an offence to try to bribe or coerce with alcohol, but you can still go and have a drink after you have voted.

If I have any regret about the process of moving forward on the December 24 report, *Recommendations for Amendments to the Elections Act*, it is that we as members of the Legislative Assembly did not heed the Chief Electoral Officer's request in a report that said — and I quote: "A timely decision will allow sufficient time for Elections Yukon to properly integrate legislative changes into existing processes and protocols and to develop new automated resources to better serve electors and political stakeholders." The Legislative committee that deals with these reports did not meet to address the issue until the spring of this year, and final decisions of the committee were not conveyed until October of this year. I trust that the work of the Chief Electoral Officer to implement the agreed-upon amendments to our *Elections Act* will be respected by all as she moves forward on the important work of implementing the changes we are agreeing to in this Legislative Assembly. That being said, I am happy to see that the Legislature's all-party Members' Services Board did come to agreement, as I have said, on the vast majority of the Chief Electoral Officer's recommendations from her review of the Yukon *Elections Act*. These proposed changes are a good first step in

modernizing Yukon's election laws, and I am pleased to add my support to Bill No. 91.

Mr. Silver: I'm happy to stand here at second reading for Bill No. 91, entitled *Act to Amend the Elections Act and the Electoral District Boundaries Act*.

We are guided today in our discussions on this bill by a report, as mentioned by the Leader of the Official Opposition, from the Chief Electoral Officer. She has made several recommendations to modernize our system and address problems that arose during the last vote in 2011.

Our Assembly periodically makes changes to the legislation to ensure that we're addressing problems as they do occur.

As I see it, the bill's major revisions and suggestions include: a more accessible and efficient voter registration, including a permanent register of electors; a special ballot process that allows absentee electors and others with special needs an extended opportunity to vote; a better recognition of roles of modern communications technology in the voting process and regard for the opportunity to apply innovative methods in electoral operations where appropriate; and also the codification of the independence of Elections Yukon and more consistency in how elections officers are appointed.

The bill also makes amendments to particular aspects of elections administration and provides solutions to the minor errors found within existing election district boundaries.

These recommendations are just a few of many, and I am in full agreement with the bill and support its provisions.

I would like to thank the Chief Electoral Officer for her careful suggestions to improve our elections process and others who have made suggestions to amend our legislation. The next election, when it happens, will follow the new rules that we are discussing here today.

As I've noted, I have no apprehensions about the content of the bill. The process of how we got here is an area of a bit of concern that I would like to put on the record.

There was a report from the Chief Electoral Officer with recommendations dated December 2014. There were subsequent discussions with all three parties in this House on the content of the report and a commitment to move forward with legislation. From the opposition point of view, from there, there were months of silence from the government side, and then a fully completed piece of legislation was given pretty much at the beginning of the legislative session.

We have had discussions with the Members' Services Board as to the reasons behind that, and we can appreciate the reasons behind that at that time. However, I believe that there should be a little bit better of a process for access to information once the bill becomes available, not only to the Members' Services Board but also to other shareholders including the Chief Electoral Officer.

There was some explanation as to why the draft wasn't shared earlier, but again, when you're looking at a 68-page bill, it's certainly a lot to digest in such a small amount of time. We really do want to thank the Chief Electoral Officer — I don't think she slept for a couple of days.

In that process, what we were looking for was a continuation to make sure that the recommendations from the report in December made it into the bill. When you're starting a Legislative Assembly, there's an awful lot going on anyway — let alone to go over this bill and to make sure that it matches up from the recommendations.

Again, many thanks to the Elections Office and to the Chief Electoral Officer for the due diligence.

I would encourage the government to avoid a recurrence of this type of situation by sharing the draft legislation with the stakeholders and all members of the Legislature in a timely fashion. We did have excellent conversations through the Members' Services Board about reasons, but it's a lot to work through.

Thank you, Mr. Speaker. I will be supporting this bill at second reading today.

Hon. Mr. Dixon: It is a pleasure to rise today and speak in favour of Bill No. 91 at second reading.

I wanted to begin by thanking the Minister of Justice, the Leader of the Official Opposition and the Leader of the Third Party for their comments so far. I don't have much more to add, but there are a few comments I did want to put on the record. As members know, I'm a member of the Members' Services Board, so I was involved in the process of bringing this bill forward.

I wanted to talk a little bit about some of the processes that got us here, address a few specific issues in the bill and speak just generally about some of my experience, not only with this bill, but with the previous *Elections Act* with regard to the 2011 election.

As previous members have noted, the work that got us here today was done largely by the Chief Electoral Officer, Lori McKee, and her report was very much a guiding document for those who did the drafting and for us as legislators in reviewing it.

Before even considering that report, I think it's worth reflecting on the fact that each and every one of us went through the election in 2011. In some cases, that was our first election, and in other cases that was just the most recent of many elections.

I think that what we all recognized was that there were challenges in the previous system. The challenges that we faced as candidates were certainly there, but there were also challenges faced by voters, there were also challenges faced by political parties, and there were also challenges faced by elections staff — the officials who had to go out and conduct the elections that sent us all here today. So addressing a number of those issues was very important to me. I'm glad to see that we've begun to do that. As members have previously noted, the initial review of the 2011 election and the *Elections Act* that was conducted by the Chief Electoral Officer and completed by tabling a report in December of 2014 was key to getting this bill forward.

I just wanted to speak briefly, if I could, about the process by which this Chief Electoral Officer sought input and gathered her information into this report. She engaged a very

wide group of people over the course of a number of meetings.

She engaged with each of the registered political parties to seek input from each of our political parties that had some very excellent input. I know all parties — while we disagree about certain policies sometimes, often the folks in the partisan apparatus often share certain concerns and certain challenges they faced throughout the election, so I think there was a lot of overlap with regard to the input that political parties provided.

The process also involved a significant amount of stakeholder consultation. That included reviewing the input from front-line polling day positions, from the people who were at the polls checking over material and ensuring that voters had the adequate support to do what they needed to do, all the way up to more senior positions at the electoral district level — folks who were making more district-based decisions.

I want to just reiterate that getting the input from those officials was very important. I know I was approached by not only front-line staff, but more senior political staff, following the election — just in casual conversation at a coffee shop or on the street — about some of the real challenges that they faced. It was expressed to me the hope of some of those folks that they would like to see changes made to the way we do these elections. I'm very pleased to see that we've addressed some of those.

Through the review undertaken by the Chief Electoral Officer, there was also a great degree of consideration given to the local context of election management in Yukon. The Chief Electoral Officer reviewed the history of elections, she reviewed academic literature, and she went as far as reviewing newspaper articles just covering the 2011 election and others. That, in addition to previous debate about this act from previous Legislatures in Hansard, also provided a good context for her.

As you can see, Mr. Speaker, and as members have noted previously, there was a great deal of work that went into those recommendations. The principles that the Leader of the Official Opposition noted in her second reading speech do bear repeating. She read them so I don't need to repeat them again, but one of the things that I did want to mention was the principle that elections are honour-based, and that's something I think is important for us to remember and for individuals who are listening or reviewing this to consider.

Throughout the legislation, and in reviewing this legislation, we individually and as a committee were sometimes faced with a question of: Could an individual still do this or that? Sometimes the answer is, yes, they still could, but they still could act dishonourably or lie or not present themselves accurately in the elections process. That's something we aren't able to ever legislate out of existence, Mr. Speaker, but I think that, in large part, folks engaging in elections are doing so honestly. Part of the intent behind this legislation is just to provide a clear framework for people to honestly conduct and participate in elections, as is their right.

I don't personally believe there's any great degree of voter fraud or electoral fraud going on in the territory. While

we can never stamp out the possibility legislatively, I think it's not necessarily a huge issue for us to worry about because, at the end of the day, as the principle articulated by the Chief Electoral Officer says, these elections are honour-based. By and large, Mr. Speaker, I think that is very true and has been the case over the course of Yukon's history.

The individual changes in the bill that is before us were accurately and ably outlined by the Minister of Justice, so I won't get into them, but there were three that I did want to touch on specifically in my short time today. The first is the recommendation around youth involvement. I know that the Leader of the Official Opposition mentioned this as well, but I did want to highlight it as well. I think that youth engagement in the political process is very important and it was something that the Chief Electoral Officer recognized in her report.

It is something that is also reflected in the bill that we have before us, and the three specific recommendations that the Chief Electoral Officer made around some innovative ideas for youth participation, I think, are excellent steps forward. The ability for young people to become polling attendants, to register through their schools and get into the system even before the age of eligibility to vote — I think those are very positive steps forward. I don't need to say too much more about that. I thought the Leader of the Official Opposition did a good job of explaining why that is important.

The next item I wanted to touch on was the piece around innovation, allowing for innovation in our electoral system. What this bill does is enable the Chief Electoral Officer to consider a number of innovative new ideas for the way we conduct our elections. Those include new staffing models, voting processes, and equipment and technology in a timely fashion. Those are things that we'll have to consider on a case-by-case basis going forward, but I think that, in a general sense, we have allowed and enabled innovation in our system through the provisions in this bill.

I know that members of the Members' Services Board will be in a position to review those on an ongoing basis with the Chief Electoral Officer in the months and years to come, as new ideas come up and are presented to the Members' Services Board by the Chief Electoral Officer.

The final specific recommendation I wanted to touch on that I think is of historical note or interest to people was the prohibition of liquor sales during elections. This is something that seems odd to people sometimes. I know that a number of business owners have approached me over the years, asking why on earth we have this odd provision that folks aren't allowed to conduct their business or sell liquor on election day.

My impression — and I stand to be corrected if someone has a better recollection of the history, or better information about this — is simply that this is an anachronism based on a challenge that was faced over a hundred years ago, around some sort of soliciting or encouraging voters with alcohol. I don't think that's a problem today. I think that prohibition was an anachronism and I'm happy to see it removed. I think there was a legitimate case to be made by the business community

that this is unfair to certain establishments, especially in the case of by-elections.

I always thought that one of the oddest rules was that, in a by-election — if you had a restaurant within the boundaries of a particular electoral district that was undergoing a by-election, they would be prohibited from selling alcohol, but their competitor or another store just down the street on the other side of the electoral boundary would be allowed to be open still. It was an odd thing. Perhaps it made sense a hundred years ago but I don't think it makes sense in the context of our current society and our current set of laws. I'm happy to see that prohibition lifted or repealed, and I know that a lot of Yukon businesses, business owners and those who are perhaps patrons of the restaurant industry or pub industry will be thankful to see this anachronistic provision repealed.

Finally, I just wanted to circle back and add my support to the process that got us here. Obviously the work done by the Chief Electoral Officer was sound but, upon receiving that report, I thought we as political parties did a good job in coming together and discussing what we wanted to see going forward. As the Leader of the Official Opposition noted, we were able to — after discussion, after a certain degree of debate — come together and agree to the vast majority of the recommendations that were presented by the Chief Electoral Officer. It's not always the case that we are able to come together and agree on a number of things, but this was one where we were able to do so.

I wanted to thank my fellow members of the Members' Services Board for their work in reviewing this, not only the report by the Chief Electoral Officer, but the bill itself. I appreciate that this was done on relatively limited timelines as the Member for Klondike noted, but that was simply a function of the fact that we are very busy and, as Members of the Legislative Assembly, we have a lot of responsibilities in preparing for the Legislature. I'm happy that we were able to come together and find agreement as we have done.

I think it's worth noting that oftentimes, even in robust democracies like Yukon, changing the rules of elections can often be a divisive process and can often lead to considerable discord within legislatures and within the public. That's not the case today. We're presenting an amendment to the *Elections Act* that, as far as I can tell, has the support of all three political parties and most likely all members of the Legislature. I think that's a really telling feature of perhaps Yukon's political culture — the fact that we as legislators were able to come together and achieve that.

One only needs to look at the federal changes that were made a few years ago to see what is possible when the governments try to change election laws, and that's certainly not something we wanted to emulate here.

I'm very happy to see the fact that we were all able to come together and make some reasonable changes to an antiquated system that really needed an upgrade and really needed a renovation, so to speak.

I know my time is dwindling so I will cede the floor very shortly. Mr. Speaker, just in conclusion, I am certainly supportive of this bill.

Motion to adjourn debate

Hon. Mr. Dixon: Seeing the time and recognizing our schedule for today, I move that debate be now adjourned.

Speaker: It has been moved by the Minister of Community Services that debate be now adjourned.

Motion to adjourn debate on second reading of Bill No. 91 agreed to

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

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

Motion agreed to

Speaker leaves the Chair

COMMITTEE OF THE WHOLE

Chair (Ms. McLeod): I will now call Committee of the Whole to order.

Motion re appearance of witnesses

Committee of the Whole Motion No. 10

Hon. Mr. Nixon: I move:

THAT from 3:30 p.m. until 5:30 p.m. on Thursday, November 19, 2015, Craig Tuton, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation, appear as witnesses before Committee of the Whole to discuss matters relating to the Yukon Hospital Corporation.

Chair: It has been moved by Mr. Nixon:

THAT from 3:30 p.m. until 5:30 p.m. on Thursday, November 19, 2015, Craig Tuton, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation, appear as witnesses before Committee of the Whole to discuss matters relating to the Yukon Hospital Corporation.

Hon. Mr. Nixon: Thank you, Madam Chair. As discussed in the House Leaders' meeting, we instituted the practice of calling the Yukon Hospital Corporation as witnesses to increase accountability. We certainly look forward to hearing more from our witnesses this afternoon about the MRI, the hospital expansion and other services that are offered at Whitehorse General Hospital. I certainly commend this motion to the House.

Committee of the Whole Motion No. 10 agreed to

Chair: Pursuant to Committee of the Whole Motion No. 10, Committee of the Whole will receive witnesses from the Yukon Hospital Corporation. In order to allow witnesses to take their places in the Chamber, the Committee will now recess and reconvene at 3:30 p.m.

Recess

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

Appearance of witnesses

Chair: Pursuant to Committee of the Whole Motion No. 10 adopted on this day, Committee of the Whole will now receive witnesses from the Yukon Hospital Corporation. I would ask all members to remember to refer their remarks through the Chair when addressing witnesses, and I would ask the witnesses to refer their answers through the Chair when they're responding to members of the Committee.

Mr. Nixon, I believe you will introduce the witnesses.

Witnesses introduced

Hon. Mr. Nixon: Thank you, Madam Chair. I would like to take this opportunity to welcome Craig Tuton, chair of the Yukon Hospital Corporation Board of Trustees and Jason Bilsky, the chief operating officer of the corporation. While the Yukon Hospital Corporation operates independently, it does report to the Yukon government through the Minister of Health and Social Services under the *Hospital Act*, and I'm pleased to have these two gentlemen here today to respond to questions in the House.

Like everyone else serving the Yukon public, the Hospital Corporation is extremely busy these days overseeing the expansion of the hospital's emergency room, as well as facing the daily challenges of running three acute care facilities. We view the Hospital Corporation as an important partner in our territorial health care system. We're working together on the introduction of e-health to Yukon. We work together daily to manage bed use. We know that many of the hospital beds are being filled up by continuing care clients who certainly don't belong in the hospital but cannot remain at home. Finally, the corporation and the department, along with other providers, are working to ensure a smooth transition between the acute hospital service and all community-based resources.

So Madam Chair, having said that, I am pleased to welcome Mr. Tuton and Mr. Bilsky to the Legislature today and look forward to questions and answers.

Chair: I would ask the witnesses to just indicate who will be speaking at any particular time so I can recognize you for the purposes of Hansard. Would witnesses like to make opening remarks?

Mr. Tuton: Yes, Madam Chair, thank you. I would like to thank you, as well as all the members of the Legislative Assembly, and in fact all Yukoners, for this opportunity to speak on behalf of our Yukon hospitals today. With me is Jason Bilsky, our chief executive officer. We're here representing our organization and its dedicated team. This includes our board of directors, which is comprised of representatives from Whitehorse and communities across the territory, as well as representatives from Yukon First Nations, non-medical hospital staff, medical staff, public service and the public at large. We also speak on behalf of our more than 500 staff members, who are among Canada's most skilled and passionate health care professionals.

Every minute of every day, a Yukoner is going through a significant life experience while in our care: the birth of a child, a late night visit to emergency, a life-saving diagnosis, cancer treatment or other situations that call on us to provide the best care possible. That is our privilege, our responsibility and our goal.

As a health care provider, this responsibility means making quality and safety the focus in everything that we do. This is an ongoing process and means we must continuously review, assess and take the necessary steps to learn and improve. To this end, I'm pleased to share with you some of our work from the past year, including not only the progress we've made, but also the challenges we face and the opportunities we have in Yukon's three hospitals to provide safe and excellent hospital care.

It has been a year with many important milestones and defining moments. Many of these achievements were made possible in part through the incredible support of our Yukon government, our communities and our system partners.

First, we opened Canada's first MRI program north of 60 at Whitehorse General Hospital in early 2015. We're very pleased to report to you that this facility and program was completed on budget and on schedule. This is a success for Yukon hospitals, our patients and the health care system as a whole. Thanks to the generosity of businesses and individuals, this would not have been possible without the hard work of our team and the incredible support and commitment from the Yukon Hospital Foundation and Yukon government.

Most significantly, this new MRI is operating better than expected and has made an immediate impact on the lives of Yukoners. We know of patients receiving a scan up to seven months ahead of an appointment down south. We also know an MRI scan here has led to a life-saving diagnosis, timely treatment and a very positive outcome.

By the end of the year, more Yukoners than originally projected will receive an MRI scan. Even with this higher than anticipated volume, our team members maintain exceptional and timely service with some of the lowest — if in fact not the lowest — MRI wait times in Canada. In fact, we provide the most urgent scans within seven days and semi-urgent scans within one month, and less urgent scans provided within six months.

We are incredibly fortunate to be able to add this new service because it means that this year alone more than 2,000 Yukoners don't have to leave the territory for this important test. This will reduce stress and anxiety because patients can stay closer to family and loved ones, and it also improves access to care for the many people who wouldn't or couldn't travel south for care but, most significantly, we are able to provide quicker diagnosis and treatment, especially in crucial life-saving situations.

We have also made significant progress on the next phase of the expansion at WGH. Whitehorse General Hospital plays a critical role as Yukon's primary acute care hospital. With \$72 million in funding from the Yukon government, we have started the next steps in a significant expansion to the hospital

that will see the construction of a new two-storey hospital wing.

The new area will house a state-of-the-art emergency department with 17 treatment spaces. Key imaging equipment such as CT and general radiology will be relocated to this appropriate area adjacent to emergency. There will be a shell space on the second floor for future use, and lastly, there will also be upgrades to the hospital's information systems and power infrastructure.

Why do we need to expand? The primary reason is quality and safety. Expansion will create modern treatment areas based on best practices and standards in patient safety and comfort, infection control and security. This will not only provide an enhanced working environment for our staff, but also enable us to provide the best care possible. With that in mind, we have moved forward on this project quickly but diligently.

This past spring, after a competitive process, PCL Constructors Westcoast was selected to design and build the expansion, and Yukoners got their first look at the building design. This process helped us gather input, define our requirements and find the best, most qualified partner to design and build our new facility.

Construction has started. Initial site preparation, such as building new parking areas, roadways and underground systems has been completed. It's a process that comes with its own unique challenges as we undertake a large construction project within a confined area with an operating hospital. However, we worked hard to ensure services are not disrupted and the building remains easy and safe for patients to access. We have recognized that parking and wayfinding can be barriers to care and responded by adding more spaces and improving our signage.

A new ambulance station is also well underway. We have worked closely with Yukon EMS to design this new facility, which provides a modern work environment in a better location to support safer, less congested traffic flow. This new station is scheduled to open early next spring, and that's also when Yukoners will see the main two-storey expansion start to take shape.

We have worked hard to get local businesses involved in this project. About 70 percent of the construction hours on this project to date have been provided by local, skilled subtrades and businesses from excavation, paving, electrical, plumbing and heating, to construction equipment, materials and signage.

We've also proactively engaged many people in the project from hospital and medical staff to the general public and First Nation communities. This input has helped us set specifications and evaluate proposals as well as finalize the building's design so we can provide improved care and a healing environment. As of today, I'm happy to report that the project remains on schedule and on budget.

Our hospitals continue to manage higher demand on our services. We're busy in almost every area of our hospitals, which puts continuous pressure on resources and our people. As we've seen in the last several years, business to WGH's outpatient services, such as lab imaging and the visiting

specialist clinic has grown by four percent. Volumes at the community hospitals have increased as well.

Patients continue to stay longer and the number of patient days continues to grow. At any given time, about 30 percent of our beds are occupied by patients who require an alternative level of care, which is best provided in the community and not by the hospitals. In fact, about one-quarter of all patient days at WGH are longer than 30 days. This year, overall occupancy at the hospital averaged 86 percent, as compared to 80 percent last year. This puts significant pressure on beds and on our team to ensure we can continue to safely provide care.

Two years ago, it was almost unheard of to postpone elective surgeries. Fortunately over the past year, only one of these procedures has been postponed when hospital bed availability is a contributing factor. Our priority is always to ensure we have a safe place to provide care, and we do an exceptional job on a daily basis in managing our limited number of beds and maintaining low wait-times in our emergency departments.

We're taking a number of immediate steps, including enhanced collaboration within our team and health system partners. Our nursing leaders continue to meet daily to discuss bed availability and plan for the day. There is also a discharge meeting to ensure patients can leave the hospital when ready and prepared. With system partners, we've enhanced information sharing about bed availability and other common issues. Together, work is being done to enhance home care, involve our partners in hospital discharge planning and undertake long-term planning.

We continue to advocate for the ongoing efforts to ensure Yukoners get the right care in the right place at the right time, as the pressure on our hospitals and people continues to grow. We also strongly support the government's investment in long-term care by building more continuing care spaces as soon as possible.

We've reached significant milestones this year, but we also continue to make progress in a number of ways toward our hospitals' goals of creating excellence in care, supporting our people, strengthening our capacity and enhancing our partnerships.

Last year marked the first full year of operation for our community hospitals in Dawson City and Watson Lake. The hospitals offer 24/7 emergency care, six inpatient beds and ambulatory care. There are also diagnostic services on-site, such as lab and X-ray. This allows Yukoners to receive great care closer to home.

The numbers clearly show that Yukoners are using these hospitals and rely on the great care that our team provides. The number of emergency department visits in Dawson and Watson Lake has reached 2,800 and 1,800 respectively, with nearly 500 lab visits and 2,000 X-rays at each hospital. What's more, both facilities averaged 50-percent occupancy.

Patients who require observation and monitoring have also been able to return to their community after receiving care in Whitehorse. Many others who need compassionate and comforting end-of-life care were able to stay closer to home

and have the support of their families and friends, an aspect of safe and excellent care that is truly invaluable. We are also introducing new services at the community hospitals. Physiotherapists and occupational therapists from WGH now also make regular visits to the community hospitals to provide physical rehabilitation services.

A full third of our patients come from Yukon First Nations. We are lucky to have robust and world-recognized health programs to support these communities. Representatives from our First Nation health programs visited Dawson City, Old Crow and Mayo to speak with elders, leaders, residents and community organizations. We are using this community input to improve access and to remove barriers to hospital care. We recently introduced a traditional food program in Dawson that has been very well-received, and we continue to look at additional services to support an improved healing environment.

We really want to get better at what we do by involving patients and their families in the care we provide by asking for their feedback on a wide range of issues, from the cleanliness of our facilities to the responsiveness of our care. We're among the first hospitals in Canada to survey patients at the point of care. Results to date have been very positive, with a greater than 90-percent overall satisfaction rate. Our patients think our doctors, nurses and support staff provide great care. In fact, the results also show that our patients give our team high marks for the many ways it provides an exceptional experience, from treating patients with courtesy and respect and listening to what patients have to say to explaining things in a way patients understand.

This information allows us to spot long-term trends, to monitor what's happening and to start a discussion about what we see, to celebrate successes and identify opportunities for improvements. We work collaboratively with our employees to make improvements and achieve certainty for patients. Our hospitals and the largest union, the Public Service Alliance of Canada, which represents support service staff at all three hospitals, reached a new three-year collective agreement.

As part of recommendations that came out of Accreditation Canada, recent coroner's inquests, patient safety reviews and our own continuous quality improvement processes, we also implemented a number of positive changes to get better and to be safer at what we do. We have improved medication management by implementing standardized order forms and conducting medication reviews whenever a patient is admitted, transferred and discharged. We also continuously review related policies. For consistency across the organization, we review policy and procedure and make revisions where necessary to clarify expectations. We also implemented enhanced patient charts and conduct regular audits of this documentation. We review all patient deaths to ensure care was delivered appropriately and identify if any preventive measures could have been taken.

Looking at back more than two decades ago when chemotherapy was first introduced at WGH, our focus was on administering in our cancer care team. These general practitioners in oncology — or GPOs — have current

knowledge of cancer treatment to better support family physicians and provide dedicated medical support to patients receiving chemotherapy. Yukoners receive care in a quiet, comfortable space with support from dedicated pharmacists and chemotherapy nurses who provide this highly specialized care. We plan to continue to build our capacity to provide cancer care by providing training in chemotherapy to members of our existing nursing team. This will ensure a skilled and stable staffing over the long term. We also reintroduced the cancer care navigator to provide important emotional, social and psychological support to patients and their families. This is in addition to the incredible lab and diagnostic imaging services that are already available at WGH to support cancer care.

We are now in the planning phases of a significant upgrade to our core health information system. This multi-million-dollar investment is needed to move to a modern platform in order to support the continued development of patient care.

Our hospitals, medical and hospital team are also actively involved in e-health, a major project to improve the delivery of health services in the territory. Led by the Yukon government, our team is enabling health care providers to quickly and securely access information they need to provide the best care possible. We have listened to your feedback and launched a new website at yukonhospitals.ca that offers up-to-date and useful information about our hospitals and the services we provide, because our goal is to help our patients access care and know what to expect when coming to any one of our three hospitals. We also want to help families and visitors support their loved ones who receive care, as well as share with the community the progress we are making on a number of fronts, whether it is the expansion project or our ongoing quality improvement efforts.

It's becoming increasingly difficult to live within our means, but we have been successful in introducing new services, such as the MRI, while also managing the constant and growing pressure for beds and keeping up with the increasing demand on services such as lab and imaging.

This achievement speaks to the incredible effort of our people who work tirelessly day and night to meet this intense demand and still deliver exceptional care. We've also invested significantly in new equipment and systems, providing clinical infrastructure upgrades and introducing new technology that enables us to provide safe and excellent care.

Chair: Excuse me, Mr. Tuton. Can you wrap up please?

Mr. Tuton: I am just about to do that, Madam Chair.

Chair: Thank you.

Mr. Tuton: So we do encourage all Yukoners to join us, starting tonight, in fact, for the 2015 Northwestel Festival of Trees, which gets underway here in the government building with the Bah Humbug cocktail party. The festival does run until November 28 and it features activities for all Yukoners to take part in to celebrate the holiday season and, most of all, to support quality health care in the territory.

In closing, Madam Chair, I would like to thank you and all the members of the Assembly for allowing me this time to share some of our significant progress and address some of the challenges that we face and the opportunities we have at the Yukon Hospital Corporation to continue to provide safe and excellent care.

Thank you again for your time, and we look forward to questions.

Ms. Stick: I have quite a few questions, and I will try to group these together in an effort to be conscious of the time and other people wanting to ask questions — so I'll try to group these. The first one just has to do with the board. You have many new members, but I was noticing that there is not an individual from the community of Watson Lake on the board. I just wondered if you could comment on that and mention whether you are looking for a new member, or — because I think, with the hospital there, you really do need that representation from that community.

Mr. Tuton: Thank you for the question. The act is not specific as to where members from communities come from. In fact, there is an opportunity through AYC and communities other than Whitehorse to put forward names for board representation, but it is not community-specific.

Ms. Stick: I just thought, with a hospital — and a new one at that — in Watson Lake, offering a variety of services to the community and the surrounding communities, that it would be important to have an individual from Watson Lake. We do have a person on there from Dawson, another one from Haines Junction, and certainly representation by First Nations. It just seems logical to me. I'm going to move on, though, with questions.

I would like to ask some questions about the new project — the new construction. If you have already mentioned it — I was just scanning my things, trying to make sure I had everything ready, so if I'm asking you to repeat something, I apologize for that.

At this point, I am curious about a number of things and I'll start with: What are the projected end costs of the construction, the projected date of completion and when will it actually open for service? Another question that has to do with the new construction is: Will we be looking at an increase in human resources and will there be more nurses working in the emergency department? Will there be more physicians on call at the emergency department when it opens — the new one? The other piece has to do with the second floor that is being built — when will there be planning for that in terms of possibly new patient rooms?

Mr. Tuton: Perhaps we can share the response. First, the total budget is \$72 million. That included the cost of the new MRI, which has already been completed. Yes, we still remain on target as far as time goes. We estimate to hopefully open by January 2018. As to the staffing, I will turn that over to Mr. Bilsky.

Mr. Bilsky: There are staffing requirements; they are budgeted for — it's minimal in nature. The specific question was about physicians and it was about nursing staff. There is a need for an additional complement of nursing staff to deal

with one element, so that is basically one FTE. The model of care hasn't changed, so that doesn't require more physician on-call requirements other than what we currently have today. That's again assuming that we move in with that same model of care. But there are other staffing requirements, such as custodial, environmental services and building engineering that are required for that new space. That doesn't include anything on the second floor.

The next part of the question was about the second floor and planning for the second floor. We haven't begun planning for the second floor. That will begin soon, but again it will be predicated first and foremost on a needs assessment for what that second floor will contain, which has not been determined yet.

Ms. Stick: With this new emergency department, I can't remember what the number was that you said for the new treatment spaces, but what kind of increase is that from what's currently in the emergency department?

Mr. Bilsky: Currently we have configured it in a different way, but essentially 10 treatment spaces today and that will be moving to 17 treatment spaces when the new space opens.

Ms. Stick: In that same area, will you have the pre- and post-op that currently is kind of in that same space now that emergency has, or will that — I know there's lots of reconfiguring going on with this construction. Will those beds also transfer into that area?

Mr. Bilsky: To my knowledge, pre- and post-op will remain where it is, right next to the OR as it is — we're speaking about the operating room — and similarly with the other short-stay area that we have in there.

Ms. Stick: Thank you, Madam Chair. So I find that going from 10 to 17 treatment rooms and only one FTE for a nurse position seems — I'm obviously not a medical expert, but it doesn't sound like much to me if you have a very busy night and all 17 beds or treatment areas are filled. I will move on.

Still linked to that, we continue to see a rise in the number of individuals using the emergency department. We saw that in the budget from the spring where we were given the stats for that, and it's a continuing rise. There was an effort made to divert a number of those patients who might be coming in regularly for prescriptions or who have multiple medical conditions and are without a family physician. At some point this government helped to create the Referred Care Clinic so that many of those individuals could be referred by the physicians in the emergency department to this clinic to receive supports there rather than using the emergency department to having prescriptions refilled or to address medical needs that really weren't appropriate for the emergency department.

I'm just wondering if they have an answer for why these numbers continue to grow — of people coming in — or if there is any planning for a way to address this so that fewer individuals are using the emergency department in that way — so more emergency and less. It is still essential medical — but things like prescriptions and that type of thing.

Mr. Tuton: I think it's important to note that, within our mandate providing the acute care services at all three of our hospitals, we still continue to take every single patient who comes to the emergency department. We cannot simply refer them to another location. They have to be seen at the hospital.

Further to your question, I believe that there is work with the people at the Yukon Hospital Corporation and the department to look at alternatives for — I think it's the CTAS 4 and CTAS 5 level patients — to try to move them to a different location, whether that be a collaborative clinic or another facility. That's something that the department is looking at.

Ms. Stick: I have spoken to a number of individuals who do get a referral from the emergency room doctors to the Referred Care Clinic or the Taiga Medical Clinic. It's my understanding that it's only those doctors in the emergency room who can make those referrals and that the idea was to decrease the numbers. I'm just wondering — is that still the situation where it is only the emergency room doctors making those referrals and hopefully moving those people away from the emergency?

Mr. Bilsky: Just to clarify an earlier point that was made, a significant increase occurred in about 2010 and 2011 with emergency visits. It increased significantly that year by about — I would say, over a span of two years — 3,000 to 4,000 visits a year. Primarily that was attributed at that time to be a lack of primary care doctors. Since that time, I would not say that we have had a continuous increase in the number of visits going through the emergency department. It ranges from between approximately 31,500 per year to 32,500 per year and that has been fairly steady over the last four to five years.

To backtrack just a little bit on the reason for the emergency department and this scope of 10 to 17 — that has more to do with the types of spaces that are in that space and not to do with an increase in volume. That is just a quick clarification.

Secondly, about the referral — again everybody who comes through our door — it's imperative that we see them and we don't turn them away. Yes, a physician can refer them to a clinic, but it still constitutes a visit through our facility. We are doing the best that we can to try to manage that capacity as we see it.

Ms. Stick: I wasn't suggesting that people were being turned away, but this was supposed to be a way to encourage people to actually go to the other clinic and be seen there either by a nurse practitioner or a regular physician — to have many of those things that emergency might have been dealing with dealt with more appropriately at the clinic.

I am going to move on from that. Last year when you appeared, we discussed the First Nation health program and it was explained by you that this tripartite agreement was coming up for expiration. I am just wondering if you could update us as to what happened with those negotiations and ongoing funding for the First Nation program.

Mr. Tuton: Just for clarification, it wasn't the actual agreement that was coming up, but in fact the financial

component of that particular agreement. For the upcoming year, we have successfully negotiated with the government funding to continue the program for at least one other year. We will be going back to the department to look at expanding that funding agreement into the future.

Ms. Stick: A year ago, the funding was by the Government of Canada and it was running out. You mention now that you do have an agreement for funding. I am wondering with which government?

Mr. Tuton: Sorry, I neglected to include that in my last comment. We did negotiate with the Government of Yukon, so it's the Government of Yukon that is providing the funding for our First Nation health program for the upcoming year.

Ms. Stick: I just take that as confirmation that funding is not coming through the federal government any more, but through the Yukon government.

Mr. Tuton: The funding has always come through the Government of Yukon. There was an agreement with the federal government to provide funding to Government of Yukon but, from the perspective of the Yukon Hospital Corporation, we have always received the funding from Government of Yukon.

Ms. Stick: I just want to move on a little bit to the new MRI. I understand from the numbers that it's getting quite the workout. I am wondering about the numbers of comparison for those who have been referred out of the Yukon in the past by physicians — I don't know if you have an idea of what that was — and the number of MRIs here.

I know the numbers have gone up quite a bit, but do you anticipate that those numbers will continue to rise or will it plateau to a certain degree? Now that it has been in operation, what are the O&M costs for this operation, for the MRI?

Mr. Bilsky: Hopefully I don't forget a piece of that question, so I may have to ask to make sure. I think the question was the amount of referrals out, or how many people basically were travelling outside the territory for an MRI. Previous to us opening the MRI here, that was between 500 and 600 people a year travelling outside the territory. We knew that was quite a bit lower than the national prescribing average. Our estimate was that, based on a national prescribing average across Canada, we would see about 1,800 — we should be prescribing about 1,800, and that's what we estimated we would be allowing through our MRI per year. Right now we're on track to be just over 2,000 per year.

Do we expect that number will increase? That really depends upon use of the service and prescribing practices through clinical practices, basically. From what I've heard and what I understand internationally, our prescribing rates in Canada are slightly lower, so there may be an increase, but will it be exponential? No, it will be a reasonable increase of maybe 100 or 200. Again I can't say — that would be just a pure guess on my part.

Then lastly, I think the question was about the operation and maintenance cost. They're right on target with what we had projected for operating this facility. It's between \$1 million and \$1.2 million a year that it costs to operate that.

That includes time for our technician, our support staff and a large cost for radiologist fees to read.

Ms. Stick: I know that some services now within the hospital operate on a 24-hour-a-day basis. I'm wondering if, just given the numbers and potentially other needs, there is any thought of reducing those wait times even more by extending the hours that MRIs are being offered in the hospital now.

Mr. Bilsky: At this point in time, we're managing the wait times and, as I think Mr. Tuton mentioned in his opening speech, we are well below the Canadian average for wait times. At this point in time, we're not thinking about increasing the total number of operating hours for the MRI, because in actual fact we have created extended hours but shortened the number of days in a week to operate, and that's to offer service to clients off-hours, but not necessarily more hours in a week.

Ms. Stick: I'm going to move on to the chief of medical staff report that came out with the annual report. He raised a number of issues and I would just like to ask a few questions about that. One had to do with staffing of the Dawson City and Watson Lake hospitals. The chief of medical staff described the Dawson hospital as being well-staffed with physicians but described a significant need for locum physician support in the Watson Lake hospital, and how this wasn't the ideal.

I'm wondering how this is being addressed by the Hospital Corporation in terms of ensuring more continuity of physicians there.

Mr. Tuton: The issue of ensuring that we have adequate physicians in both communities has always been more of an issue in Watson Lake than it has been in Dawson City, for whatever reasons. I just want to remind members of the House that the Hospital Corporation is not the body that recruits and hires the doctors. Our requirement is that we must have physicians 24/7 in both communities in order for us to continue the operation of the acute care facilities. Having said that, it is our responsibility to make sure that we work with the government to ensure that those staffing levels in both communities are consistent. I can tell you that Dawson, although it has resident physicians, we do have full staffing. My latest understanding from the department for Watson Lake is that we have a complete staffing set up until the end of 2016 in Watson Lake.

Ms. Stick: I do understand that it's the government that provides, or ensures, that there are physicians. I am clear on that, but as you mentioned, it is your responsibility to make sure that you can operate a hospital and that it can be open 24/7. I am just wondering if there are any new protocols or programs being looked at, in collaboration with the department and yourselves, that would encourage more resident physicians that are able to be in Watson Lake — if there has been a new method or a new approach to try to fill these positions for Watson Lake.

Mr. Bilsky: Again, this falls under the department's role and responsibility to ensure that there is recruitment and retention of physicians in a community and then they are on

call 24/7. We do collaborate with the department and at this point in time, seeing that we don't have any resident physicians in the community, we ensure that there is no lapse in physician coverage by ensuring that we have protocols in place for on-boarding and orienting physicians as they locum through and also that we're looking quite a ways forward to ensure that the physician roster is continuously full many, many months in advance and working with our chief of staff and the Department of Health and Social Services on ensuring that those physicians are fully qualified and privileged to be there.

I guess it would be important to say that over the past period of time — since opening the hospital — there has been no lapse of physician coverage in that community.

Ms. Stick: I'm going to move on to the specialists' clinic and I'm certain that there are many people who have been referred to these clinics. It's described by the medical chief of staff how busy it is and how many different types of specialists we have coming in — the hours, the number of people going through — and yet we still have long, long wait times for different specialists and for people to see them, because they are only able to come up a set number of times a year. So what happens is that cases are triaged and the ones that are most critical get to the top and people continue to wait closer to the bottom.

For some, it is very frustrating — and understandably so, because when a person has a medical condition or an injury, they want to see it corrected. They want to be able to see a specialist. I am wondering if the hospital is looking at ways of addressing this growing need and these wait times to see specialists — just the congestion of that specialist clinic. Short of having specialists here ourselves on a full-time basis, I am wondering if the hospital is looking at any other ways to work with these concerns.

Mr. Bilsky: This is a very important area that has been raised. It's very important to Yukoners because it does allow the ability to bring that care closer to home here. We're proud of that visiting specialist area. For those who don't know, there are 13 different specialities and they are serviced by many, many doctors who come to the territory. Clinics cycle through on a periodic basis. A certain clinic will be held for a week and then different ones. It is running at absolutely full capacity, both in terms of space and in terms of admin support and availability, in some areas, of the specialities.

There is a very active visiting specialist committee that takes a look at all the wait times, capacity, flow-through, et cetera, et cetera. That committee is made up of representatives from the Department of Health and Social Services as well as physicians and Hospital Corporation folks. Unfortunately, as I said, it is running at full capacity. We do triage and try to deal with the most urgent situations first. In some cases, in certain speciality areas, there are longer wait times. In other areas, it is doing very well and there aren't significant wait times. In those areas where the wait times are longer, we take a look at those areas to see if there is something we can do. An example would be that we are going to hold an extra cataract ophthalmology clinic here in the near future to try to reduce

some of the backlog and adding neurology clinics so that we can reduce some of the backlog. It's not a perfect situation, considering that we are at capacity, but that's how we try to attempt to deal with this.

Ms. Stick: This is certainly an issue that crosses many different departments. It was one that was brought up by the chief of medical staff, and it has to do with mental health services. In his report, he said that psychiatric care of the mentally ill patient is probably the largest gap in service in Yukon. He talked about: availability of psychiatrists; providing hospital care; insufficient care providers such as mental health nurses and social workers; lack of a proper psychiatric unit that would be able to treat patients in a safe and secure environment; lack of programs and services; poor coordination of services within the community; lack of proper triaging of patients to direct them to appropriate programs; and lack of close follow-up of patients treated in the hospital and then released, but not yet seen by a community agency. This is an issue that impacts every community, including Whitehorse, and many different service providers. This, coming from the chief of medical staff, I think has some real importance. I am wondering how his concerns are being addressed by the Hospital Corporation.

We hear stories of individuals who are medevaced from communities and discharged and really don't have anywhere to go or any follow-up. I'm just wondering how the Hospital Corporation — what they're doing to address some of these very basic concerns that are put out by the medical chief of staff for the hospital?

Mr. Bilsky: This is a very broad, complex and wide topic when you're speaking about mental health in the entire territory and that's a full system view. The Yukon Hospital Corporation has a very confined space within that system view and at this point in time we have a secure medical unit. That secure medical unit is only intended to be a safe environment for acute mental health patients while we assess, stabilize and provide basic interventions in acute situations. It's definitely not a psychiatric program, which does not exist in the territory. Any patients requiring specialized assessment or very long-term treatment would be transferred south.

We are working at this point with Yukon government with a broader health strategy — a mental health strategy — and the Yukon Hospital Corporation plays a small, very limited role in that overall system.

Ms. Stick: I'm wondering if there are psychiatrists working within the hospital setting to address some of the individuals who may be coming into the hospital, whether through the emergency department or admitted by a physician, and are there to provide some supports.

Mr. Bilsky: There are psychiatrists who work on a consultative on-call basis for the Hospital Corporation when patients are either voluntarily or involuntarily admitted to the secure medical unit.

Ms. Stick: Are those services provided also at the Dawson City hospital and the Watson Lake hospital?

Mr. Bilsky: Not on-site in Dawson and Watson. For acute situations, I believe they would be medevaced, and

potentially there could be a telehealth consult, but I believe that would be infrequent if at all.

Ms. Stick: Last year we spoke a bit at your appearance then about discharge planning and the lack of what seemed to be coordination and we heard the same from the chief medical officer with regard to mental health that when a person leaves the hospital, it is important that those connections be made and that's especially so for individuals coming in from the communities when they have been medevaced, whether by plane or by ambulance. We talked then about the need for some collaboration with different departments in order to ensure that people were able to return to their home communities safely and that there would be a plan in place before they left the hospital. I wonder if discharge planning and cooperation with other programs and collaboration has changed since last year and that when people leave the doors of the hospital, they actually know how they're getting home, when they are getting home and who they need to see to help them with that.

Mr. Bilsky: I would like to say that our efforts in discharge planning have continuously improved over many years. Yes, it is a multidisciplinary team that looks at every patient who is being discharged, and that includes every discipline — such as social workers, First Nation health liaison workers, if necessary, clinicians and physicians, if necessary. There is even the inclusion of a continuing care social worker within the hospital — although not our employee, but embedded within our hospital — to ensure that we're looking at all aspects of a patient's discharge.

Again, our primary concern is patient safety and patient care. We like to think that, when a person is discharged, we're planning as best we can so that they don't have to return and be re-admitted to the hospital.

Ms. Stick: We've talked since the hospitals have opened about maternity care. We have five doctors now resident in Dawson City. In Watson Lake there is more of a turnover, but we've heard they are staffed. I'm just wondering when and if women will be able to have their babies in the Watson Lake or the Dawson City hospital.

They are hospitals and they do have the facilities, and women would prefer to stay in their home community with their families and be close to home, versus coming to Whitehorse and having to wait sometimes weeks before they have their baby. It's difficult for them to be away, so I'm wondering whether the Hospital Corporation can comment on maternity care in the community hospitals now.

Mr. Bilsky: Whitehorse General is the only Yukon hospital equipped to do planned deliveries that has a system of risk management where there may need to be intervention. This includes having obstetricians and gynecologists on call 24/7. These do not exist in the communities.

The two community hospitals, at this point in time, are able to provide emergency maternity care and stabilization prior to transport. We have no plans, nor are we planning, to do deliveries in Watson Lake and Dawson City due to the fact that we can't ensure safe and excellent hospital care. The reality is that the outcomes are uncertain if there's no backup

specialist, no OR, no obstetrician and gynecologist, and no capacity to provide neonatal intensive care in these two facilities. So while they are hospitals, they cannot deliver maternity care.

Ms. Stick: I guess times have changed because, at one point, there were a lot of us here in the Yukon who delivered our babies with just our family doctor in the hospital. We have midwives delivering babies in homes. I understand the risks. Normally if there are risks, physicians or the obstetricians are aware of those medical risks ahead of time. Again, times must have changed, because we were able to just do it — just have a baby — with our family physician. It was easy. It was not treated so much as a medical condition, but just a natural part of life.

They are just that — they are births and they don't require a lot of interference or medical supports. Certainly it's great to have the doctor or the nurse or a midwife there. I still find that disappointing that we've spent this money, we've built these hospitals, we've staffed them with physicians, and yet women still are not able to go there and have their children close to their community, close to their support systems — the burden of having to be away from home, especially if you a mother with a family at home of other children and a spouse and having to leave, sometimes without their spouse because they are not able to get the time from work. I don't find it an ideal situation and I'm really wishing there was a better solution to this, because I do think that's why I don't believe maternity or pregnancy is a medical condition, but if women want to have their babies in hospitals in their communities, they should be able to.

I'll go on from there. There were a couple of questions coming out of the annual report that I just had a couple of questions about. At one point, when the conditions at Whitehorse General Hospital became crowded and there was dire need of beds, the Hospital Corporation, or the department, was transporting seniors to the community hospitals where there were beds and care available to them. Is that still happening — where seniors are being sent away to either Watson Lake or Dawson City — when crowding becomes critical at the hospital?

Mr. Tuton: I think the answer to that question would be that we only would transfer those patients whenever that became appropriate and necessary.

Ms. Stick: I was just wanting confirmation if that is still continuing or if that had ceased to be.

Mr. Tuton: If necessary, we would make those transfers.

Ms. Stick: I did have one question I wanted to go back to with regard to the MRI. At this point it is local physicians who would make referrals for the MRIs. I'm wondering if there has been any discussion or agreements working with Workers' Compensation Health and Safety Board. They are still sending individuals out for MRIs. Sometimes the waits are longer than they might be here. Is the hospital looking at any type of agreement or fee for service with WCB to provide that service here so that those clients of WCB are not having

to leave the Yukon? It might also be a source of income for the Hospital Corporation.

Mr. Tuton: Yes, in fact we do handle the MRIs for, I would say, the majority of WCB patients at the present time. I believe the number is somewhere in the area of 50.

My understanding is, however, that, on occasion, Workers' Compensation patients would still go outside to Vancouver and have an MRI when and if there were treatments other than an MRI that were needed at the same time.

Ms. Stick: Is this a fee for service? Is this an agreement with WCB where the hospital is receiving funding back from WCB for that service?

Mr. Tuton: Yes, we do have a reciprocal rate with WCB so they would pay a fee for service.

Ms. Stick: I have a few questions that came out of the annual financial reports. I'm not clear on some of it, and that may be just my understanding of finances. I was looking at the long-term debt, and there was a comment here about the hospital getting financing for an electric boiler system and its cost, and then the paying back for that system was based on realized annual energy savings. It says here that initial payment on the principal of \$200,000 was made by the Yukon Hospital Corporation in 2004 and, since then, another \$234,000 has been repaid from the annual energy savings.

The final payment is due in 2023, but there have been no repayments made during 2015. We hear about what happened in 2004 and there's nothing for 2015 — have there been any payments between those times, or repayments? Is there a reason why there's no energy savings?

Mr. Bilsky: That system — the electric boiler — was predicated on the secondary sales program. That secondary sales program was not available for a period of time, which was spoken about here, as far as not making any type of repayments. Essentially, when they're talking about the savings from the program, it's the differential from what we pay in diesel-generated heat compared to electric-generated heat, and that's what causes the principal repayments.

We've just re-engaged in that secondary sales program as secondary sales have become available to us in the last year or so. I haven't seen it yet, but I expect we will be making principal payments once again, based on this past year's consumption. We've been probably consuming secondary sales fairly regularly for the last eight to 10 months, I believe.

Ms. Stick: I thank the witnesses for that explanation. That's hopeful.

Another comment was under the heading of credit risk and accounts receivable. It talked about doubtful accounts. The corporation's allowance for doubtful accounts is \$615,000 as of March 31, 2015. That's up from 2014 — at that point it was \$474,000.

I'm not sure what doubtful accounts are and would just like an explanation — and why is it continuing to rise?

Mr. Bilsky: The simple explanation about doubtful accounts is that not all of your accounts receivable are realizable, meaning you have to take a provision against them to make sure that your financial statements are accurately

represented as far as what the net realizable value is. That is why they are “doubtful accounts”. Those are essentially ones that we think a portion of them is potentially non-collectible. The reason why you see that number is because we do have debts come into the corporation, primarily from out-of-territory, out-of-country patients. It would be mostly out-of-country patients who we have to provide critical services to, but yet we don’t receive payment from them and they are not covered under the *Hospital Insurance Services Act*. We do incur some bad debt. We are very active in collecting that debt, and it’s just a function of how many out-of-country patients we see.

Ms. Stick: That is interesting. How long does the Hospital Corporation carry those debts on the books?

Mr. Bilsky: Sorry, Madam Chair, I can’t answer that question as far as how long we carry the debts and when they are actually written off by policy, but it would be governed by policy as far as how long we carry the debts and when they are actually written off and not pursued for collection.

Ms. Stick: There is a new ambulance station being built. It looks great because it does have that ability of being able to drive through and is not a situation where the ambulance has to pull in and then back out again or back in to be able to pull out. That’s a good thing.

Currently, the ambulance station at No. 2 Hospital Road and No. 4 Hospital Road are leased spaces to the Yukon government for \$1 a year. I am wondering if that is going to remain the same once the new ambulance station is built. I understand that part of the construction is waiting for this new ambulance station to be built so that the current one can move over to the new one. I am wondering if I could also get a date for that. Will it still be a \$1-a-year lease for this new one? When is it hoped that the new ambulance station can open?

Mr. Tuton: The arrangement that we have with Community Services for the provision of the ambulance station on the hospital grounds is going to remain as status quo — the same as it is today. I am happy to report that you are correct in stating that one of the obstacles in moving forward with the construction of the new wing of the hospital is the existing ambulance station. We are scheduled to have that building removed in March and the new station opened in March. The project is on schedule and on budget, as we speak.

Ms. Stick: Will the new ambulance station have the same number of bays or more bays available for ambulances?

Mr. Tuton: There is a difference in the construction of the new facility compared to the old one. The old facility presently has three bays and the new one will have two bays.

Ms. Stick: Thank you for that answer. I’m wondering if there’s a reason why we’ve dropped one of the bays at the new ambulance station, going from three to two.

Mr. Tuton: The issue of whether it was three bays or two bays was strictly based on Community and Transportation Services and the needs assessment that they did for that facility. They were the ones wanting it reduced to two.

Ms. Stick: I’m just trying to get myself organized here.

The witness spoke earlier about elective surgeries, and sometimes these are being cancelled due to the fact that there

are no available post-op beds in the hospital currently. I’m just wondering if the witnesses can tell us whether that has remained consistent — the numbers — or are we seeing increasing numbers of individuals not able to have their elective surgery when first scheduled at Whitehorse General Hospital.

Mr. Bilsky: Mr. Tuton did speak to a handful of surgical deferrals and, again, the reason that surgeries may be deferred or postponed is because we put patients’ safety first. If there isn’t a safe environment to flow from operative into post-operative, then we prefer to defer those surgeries to a time when it can be safe. Yes, it’s inconvenient for patients, but overall it does create a better environment. Just to be clear, we have seen three deferrals this year and that’s three out of 3,400 procedures — three so far this year out of an annual total procedure count of 3,400. It is really based on the capacity of the hospital.

The question about, do I see it growing or decreasing — I honestly can’t project whether that would grow or increase. We’re managing that as best we can and we have been doing it by taking a look at, again, the entire system of bed management, discharge planning, operative clinic planning, making sure that we’re scheduling clinics to the optimal level at the right times so that we can manage the bed-load, and working with our system partners to make sure that all beds are as efficient as possible. I would like to say that we’re going to manage that very closely to ensure that we minimize as much as possible the deferred surgeries.

Ms. Stick: In the consolidated financial statements, it’s noted that the Yukon Hospital Corporation will be paying for the three facilities — the Watson Lake hospital, the Dawson City hospital and Crocus Ridge — for varying periods of time starting, obviously, December 2010 and ending as late as April 2028.

I’m wondering if the witnesses can provide us what the projected cumulative total interests costs will be for those three loan arrangements?

Mr. Bilsky: On the spot here, I can’t provide the total cumulative amount of projected interest over that period of time, but we can certainly undertake that.

Ms. Stick: So I heard that you will get back to us with that information and, if we don’t get to all the questions today, I might be sending some over.

I wanted to go back to just one question with regard to the new ambulance station. Will there be similar space, outside of obviously the ambulance bays in terms of staff rooms or training rooms or meeting rooms for staff in the new building? Will there be more space available to those ambulance attendants in the new building?

Mr. Tuton: As I think I alluded to in my previous comments, the relationship that the Hospital Corporation had with the Department of Community Services in addressing their needs in the new facility was very tight. We had a great relationship, so the short answer to your question is, yes, based upon their needs and their recommendations, we have provided in that building extra space, as you have spoken to.

Ms. Stick: Again on the consolidated financial statement, we know that the interest payments have gone from \$981,000, which was back in 2013, to \$2.337 million in 2015. I'm wondering if the witness can attribute this — it's a big increase in interest payments, when interest amounts haven't gone up, so if they could give an explanation for that difference between \$981,000 and \$2,337,000.

Mr. Bilsky: Certainly — the increase is due to the fact of the financing arrangements that were put in place to finance the capital projects namely, at this point in time, Crocus Ridge, the Watson Lake community hospital and Dawson City Community Hospital. That's the rationale for the increase in the interest per annum.

Ms. Stick: So will we continue to see that increase over the coming years?

Mr. Bilsky: I'm sorry, Madam Chair, I missed the question.

Chair: Ms. Stick, repeat your question, please.

Ms. Stick: Will those numbers continue to increase over the coming years at such a rate as we see here?

Mr. Bilsky: One thing I forgot to clarify was, as we were constructing these projects, all the interest was capitalized, so only when the buildings were finished in the last one to two years was the interest starting to be expensed, which is what's seen here.

As far as it increasing, unless there's a decision made by the Yukon government from a treasury perspective to change our debt load, we don't see it increasing necessarily — slightly decreasing as principal goes down. At this point in time, the expansion project, which Mr. Tuton had reviewed in his opening statement, is being funded by the Yukon government, not through debt load by the Yukon Hospital Corporation.

Ms. Stick: Also in the consolidated statements — as part of it — is the fundraising efforts of the Hospital Corporation. I noted that, in 2015, there was \$682,000 raised for the Hospital Foundation, but I also see that what it cost to make that amount of money was \$238,000. I'm just wondering at what point the Hospital Corporation looks and considers a reasonable rate of return on fundraising in terms of how much you spend in order to raise funds.

Mr. Tuton: It's a requirement of the Auditor General, when we transfer the auditing of our financial information, to consolidate within our statements the statements of the Yukon Hospital Foundation. The Yukon Hospital Foundation is a separate entity from the Hospital Corporation. Therefore, you would have to direct those questions to the Hospital Foundation. We simply, for reporting purposes, must include their totals in our consolidated report.

Ms. Stick: I thank the witnesses for that, Madam Chair.

I assumed that the Hospital Foundation was part and parcel of the Hospital Corporation because, as you mentioned, while the financial requirements in the consolidated report, those are where they appear and they come also under the annual reports. Perhaps I will save those questions or send those questions on to the foundation. When we donate money to organizations or we are asked for donations, one of the

things that you always try to think about is — how much of my dollar is being spent directly to whatever the cause is and how much is going for other administrative expenses or capital, or those types of things? That is why I asked the question. I mean fundraising is important and I know that without the fundraising of the foundation, such things as mammography equipment, MRIs and that type of thing — there was a lot of money raised for those and that's great.

I think those are the questions I have right now and I'll sit down.

Mr. Silver: Thank you to the officials from the YHC for their time here today. I'll be a little bit all over the map, as a lot of my questions have been asked by the Member for Riverdale South, so please bear with me.

I'm going to start with the rural hospitals. In the opening statements, one of the witnesses mentioned involving patients and their families, and to me this sounds like, of course, the collaborative or team-based approach. The Yukon Hospital Corporation has been asked to determine the most appropriate services to be provided at the two community hospitals, as well as how those services can achieve a seamless interface with collaborative care models.

How successful has the board been to shift the care model from a physician-centred approach to a collaborative, or team-based, integrative care in the Yukon hospitals? Of course we asked this question the last time based upon the Peachey report, and so we are looking for an update.

Mr. Bilsky: Obviously the definition of collaborative care has a very broad definition. I would like to say that we've been very successful within the community hospital facilities overall, because that facility in itself is an example where it houses an acute care facility with a physician clinic, with public health, which is multidisciplinary. It allows for patients to visit one location and essentially, all within one facility, receive multidisciplinary care.

Mr. Silver: There are many different ways of looking at it, but we still have three hospitals in the Yukon that are based on the acute care model. As the witness answers the question, I guess it begs the question of: Is this as far as we're going to go for the recommendations from the Peachey report, from the Auditor General's audit, or are we moving more toward this level of care, or are we trying to keep the acute care title and then just try to assume some collaborative care models under the guise of an acute care facility?

Mr. Tuton: The mandate that we received through legislation and from the government is still to provide only, at this point, acute care in our hospitals and, to that end, that is what we do and will continue to provide.

Mr. Silver: It sounds like a question for the minister responsible for Health and Social Services. I will move on then, Madam Chair. I still have questions on the rural community hospitals, but on to O&M.

Over the past years, Yukoners have witnessed the opening of the two hospitals in Dawson and in Watson Lake. Since the opening of these hospitals, the YHC has experienced their annual O&M of each facility. So the question is: What are the O&M costs of each facility in the past year, in

comparison with the costs of, let's say, the last years of operation of the nursing stations? Are they in line with projections?

Of course, this might be a very specific question and we would appreciate maybe a return from the corporation if it can't be answered today on the floor.

Mr. Tuton: Can we just ask for clarification? We don't have any information with regard to nursing stations at any location. I'm not sure we understood what the question was, but I heard "nursing stations", and that's certainly not within our mandate.

Mr. Silver: I guess the question would be: Do you share that information between the department responsible for Health and Social Services and the Hospital Corporation — as far as it comes to the O&M costs, and basically a comparison between the two, as far as a dollar value, when you go from a nursing station to a hospital.

I understand that this is under a different department, but at the same time that would be an interesting number for us to find out, and it would be one of concern to my constituents.

Mr. Bilsky: To give you the specific operation and maintenance costs for the two facilities — Dawson City annual operation and maintenance is \$4.4 million a year and Watson Lake is \$3.9 million a year. That is only for the hospital facilities themselves and the operations of those, not including anything outside of our mandate. We don't compare that with Health and Social Services at this time — with anything to do with previous nursing stations in those communities. I can't answer the question about a comparison.

Mr. Silver: I appreciate that at least we have the numbers from the Hospital Corporation. We could then, during Committee of the Whole, talk to the minister responsible.

I am going to move on to operating rooms. This is an interesting question. For a high-functioning organization to be successful, key staff positions have to be adequately filled — obviously. In the running of an acute care hospital, for example, the issue of adequate staffing and staffing levels is vital to the delivery of safe and quality care to patients. Are there defined staffing ratios in all of the departments? If so, what are they? Specifically, within the operating room, do we have a ratio of staff, comparing doctors to nurses and levels of nurses?

Mr. Bilsky: Yes, there are defined staffing ratios and those staffing ratios generally are more in terms of staff-to-patient ratios. Those can fluctuate, but we do try to standardize those staffing ratios in the operating room and in all areas of our hospital. They can range anywhere from, as an example, one nurse to five in certain inpatient areas, to potentially 1:1 in some of the more critical care areas such as ICU or recovery room or maternity. These ratios, as I said, may fluctuate depending on the acuity that we see in the hospital, or volume, or the level of care that is required — that is probably a better way to say it — for certain patients. This is determined by the critical care managers that are on staff, the critical nurse leaders that are on staff and the staff people themselves who are there. We maintain adequate staffing

levels based on established ratios and adjust that based on acuity on what we are seeing for the care that is required.

Mr. Silver: Continuing on that, are there any audits of these ratios and, if so, when was the last audit done? How often does the department do this? If audits are done, is there a possibility of providing a copy of the last audit?

Mr. Bilsky: By formal audit that is signed off by an auditor — no, there is no document like that. As I said, we continuously review our managers who are daily looking at staffing ratios. Managers and others in administration are continuously looking at those ratios and ensuring that they are maintained appropriately.

Mr. Silver: Maintained appropriately — just to clarify, this is a term of whether the departments are understaffed or if the actual ratio is working for the quality of care.

Mr. Bilsky: If I could I would ask for a repeat of that question, because I'm not sure I understood that question.

Mr. Silver: We don't have actually specific audits per se, but you mentioned that the Hospital Corporation does have a process to analyze the ratios. Is the analyzing from levels of staff and quality of care compared — the different types of nurses — or does it take into consideration whether or not there are certain deficits and how does it then determine how to move forward, I guess.

Mr. Bilsky: I'll try to answer that question. Again, we would benchmark against everything from outside agencies to national standards as far as what we would expect for staffing levels. We would also take a look at our internal acuity levels, what we're seeing as far as patient care and what is required. That is viewed and reviewed by multidisciplinary teams, right up to a medical advisory committee, if necessary, to take a look at what's happening. But as an example, an operating room committee exists and they would take a look at those staffing levels and, if necessary, would make recommendations or make decisions on changing that staffing level. That could happen by the hour or it could happen on long-term basis if we saw that we were changing the service model.

Mr. Silver: I appreciate the answer to that question.

I'm going to move on to the clinical services plan. Madam Chair, as you know, in March 2014, a clinical services plan was prepared for the Government of Yukon. This document yielded a wealth of information with regard to the delivery of health care in the Yukon. The recommendations are far reaching and the findings reflect — and I quote: "immediate pressures that warrant attention". Issues regarding Yukon hospitals are mentioned several times.

Has this report been shared and discussed with the board of trustees?

Mr. Tuton: Yes, the report was made available to us.

Mr. Silver: We did mention specifically that — and this issue was raised already earlier today, but I just want a clarification — the report was stating that 75 or 74 percent of the patients who do come into the emergency department are CTAS 4 or 5. We did talk about — of course you can't turn anybody away at the emergency room. The witnesses mentioned that they were looking into how to deal with this,

but we didn't really necessarily draw anything further, other than: "We're looking at it; we're always addressing the issue". Is there a specific direction that we're going in as far as trying to find another pathway for these minor condition emergency room patients?

Mr. Tuton: Yes, in fact we do work very closely with the department to look at and explore all of the options available to us to reduce the number of CTAS 4 and CTAS 5 patients who are seen in the hospital. It is clearly our intent, as it is the department's intent, to reduce that by as many as possible, as quickly as possible.

Mr. Silver: I did have one more question for the rural hospitals. In the opening statements, it was mentioned by the witness — some large numbers as far as emergency room references and also occupancy rates — but I did have a specific question. One of the rationales for building the facilities in the first place was the cost saving to our systems, and so if the members can kind of expand a bit on achieving these cost-saving measures. For example, the question of medevacs has been brought up a few times. Are there more or less medevacs going into Whitehorse, for example? If the witnesses can maybe draw down on some of the other cost savings from these two hospitals.

I do think it's a great time to mention that a mentor of mine just came back from a huge operation and it was extremely important to him to be in the hospital in Dawson, compared to having to recuperate in Vancouver or in Whitehorse. So again, when we're asking these questions, we're very, very grateful for the facilities that we have up in the community, but we just want to make sure that we're covering all the steps.

Mr. Bilsky: The number one goal of creating the community hospitals was to ensure that we were going to be able to provide an increased level of quality care and safe care, and do it closer to home, closer to family in those two communities and possibly in that catchment area. To that extent, I would like to say that the facilities themselves have been extremely successful, as was quoted earlier by Mr. Tuton. The percentage occupancy is looking at about 50 percent for the last 12 months. We're talking about 2,800 emergency visits in the last 12 months, 2,000 laboratory visits and 500 imaging visits.

To the extent that it is reducing medevacs, what I would say — to achieve our goal of providing care closer to home, it doesn't necessarily mean that medevacs were going to go down; it meant that potentially we were going to be able to keep people in the communities longer and bring them back sooner. It may still mean that they are within our hospital system, so they may be medevaced home sooner, so it doesn't necessarily mean a reduction in the number of medevacs, but we have achieved that goal that people are much closer to home for either observation prior to needing treatment or for recovery after. I would like to say it's a vast success that way.

Mr. Silver: I just have one more question for the witnesses and thank them for their time here today.

The witnesses mentioned earlier an audit of patient deaths. I was wondering what the results of the death audits are and if we can have a list of those results as well.

Mr. Bilsky: This year, I can give you statistics, as far as numbers, but I cannot give you the results of the actual audits themselves — confidentiality, situational or potential patient safety review. I believe, looking at the statistics, we've reviewed 80 to 90 patient deaths this year. Some of those have flowed through, going from an audit to a more in-depth multidisciplinary patient safety review. I'm going to say probably less than 10 percent of those flowed through to a patient safety review, where our intent is, again, looking to improve the system and learn from any incidents that we might have — so was there something within those initial audits that flagged it for further review?

Ms. Hanson: I thank the witnesses for their presence here this afternoon. It has been interesting listening to the conversation as it has evolved over the last hour and a bit.

I have just a few questions. I want to go back a little bit, if I may, to the expansion of the emergency room. The witnesses spoke about the expansion from 10 to 17 spaces. There were several references — I think the witnesses did fall into a trap that we often fall into, which is using language that you're familiar with, but most ordinary people like myself don't understand it, nor do I think most listeners would understand what a CTAS 4 or 5 is. So I have a question with respect to — so if we could answer without using those kinds of acronyms, it would be very helpful for me and perhaps others.

When I ask this question, I'm not asking about the diversion to the Taiga-type clinic, but I'm asking: Does the Hospital Corporation track the number of the non-emergency service visits that are made at the emergency ward? I am aware that a number of my constituents, particularly those who have difficulty — well, I'll just say — a number of my constituents, who are not people who would be considered to be referrals, or subject to appropriate referrals to the Taiga clinic, have been told by their general practitioner to schedule an appointment at the ER.

Madam Chair, as you understand, that actually costs us, as taxpayers, a significant amount of money more than seeing them in the office. So I'm wondering: Is the Hospital Corporation aware of that practice? Do they, in fact, track the number? Because we haven't seen a sharp decline in the number of emergency room visits, do we think? What's the purpose of having 17 spaces? How many of those seven extra spaces will be used for offices for physicians?

Mr. Bilsky: I just missed the very tail end of that question, if I could ask for that?

Ms. Hanson: I'm just trying to get at the number of people who would be seeing physicians, and ask what the number of the spaces. They've increased from 10 to 17 — how many of those are being used or are intended to be used as office space for physicians?

Mr. Bilsky: Thank you, Madam Chair, for that clarification.

I'll answer that last part first: none of those 17 treatment spaces — they are all treatment spaces. There is other

adequate resource space, office space, et cetera, for clinicians and others to be able to operate from. The 17 are strictly patient treatment and assessment spaces, not offices.

To address a little bit about the acuity — the CTAS refers to the level of acuity. I apologize if we are using some acronyms. Consider the 4s and 5s to be low levels of acuity. We don't define whether it is an emergency or non-emergency visit. We can't do that. We don't say, "this is not to be seen here," as I think Mr. Tuton had appropriately said. We have to bring all people in, and if they want to be seen, they will be seen. We may triage them to a very low acuity, and we do track all of those acuities, ones right from the most urgent to the least urgent. We know when they are coming in and how they are coming in and in what volumes.

Ms. Hanson: From the tracking mechanism that the Hospital Corporation has established, what trends — have they noticed any trends with respect to the less acute requirements being seen in the emergency ward?

Mr. Bilsky: We haven't noticed any trends specifically over the past four to five years. Over the past four to five years, our low acuity visits that we have do range anywhere from 60 to 75 percent of the total. It's not as if it's going up or down. It has been in that 75-percent range. Prior to that, in about 2010 or 2011, there was a significant spike over about a two-year period in the amount of total emergency visits and those — I would attribute the majority of those probably to lower acuity levels.

Ms. Hanson: So given the fact that we see the costs to Yukoners — the contributions from the Government of Yukon to the Hospital Corporation have increased significantly. In 2013, it was \$52,228,000, and in 2015 we're looking at \$63,928,000, so if we're seeing an average of 60 to 70 percent of our visits in the emergency ward being people who shouldn't be in the emergency ward but should be seen in more appropriate care facilities, wouldn't we want to be doing some analysis there and perhaps suggesting to the funding agent, the government, that there might be more appropriate ways of spending that money?

Mr. Bilsky: If I understood the numbers that were stated there for the increase — keep in mind the lion's share of the increase over the past four years was probably close to \$8 million to \$9 million for the operations of the two community hospitals, so that's where the majority or the bulk of that increase came from.

As far as trying to ensure that the proper care is provided by the right service provider and the most efficient and effective service provider — what I can say is that we are working collaboratively with the department as to solutions for this, but also knowing that we are the ones who have to receive the patients and provide the care, regardless of what we know of their condition as they come in.

Ms. Hanson: I appreciate that. When I am speaking about the numbers, Madam Chair, I'm really referring to the last two years and not four or five years. I am acutely aware of the expenditures for the acute care hospitals in Watson Lake and Dawson City. In fact, between 2013 and 2014, when those facilities went up, our increase was \$5.3 million, and between

2014 and 2015, it is another \$6.3 million — almost \$6.4 million. Again, it's the notion of looking at doing that kind of analysis and determining whether the referral practices that are occurring are seeing our emergency ward being used inappropriately.

Mr. Bilsky: Keep in mind that the two community hospitals came on over a span of two years, within the year, so there are going to be increases within a year and over that span of two years. The lion's share of the increase that you see over that two-year period is from the two community hospitals.

I would not attribute that cost increase necessarily and specifically to the flow-through that we see in the emergency department. I'm not denying the fact that there is a high level of low acuity flowing through the emergency department, and that is something that we're working with the department on in attempting to address.

Ms. Hanson: I'm sure, and I will just ask one last question with respect to this. I don't want to belabour the point, but I will ask the witnesses: Do they have a cost breakdown of the cost of providing services in the Whitehorse General Hospital's emergency ward?

Mr. Bilsky: No, we don't attempt to try to provide a loaded cost for every visit that goes through the emergency department.

Ms. Hanson: Again going back to the consolidated financial statements for the Hospital Corporation, which are contained in both the Public Accounts for the Yukon government as well as in the annual report for the Hospital Corporation, could the witnesses tell us what the increase in Thomson Centre service contacts is attributed to?

Just to be clear, in 2013, the Thomson Centre service contracts were \$414,000. They went up to \$490,000 in 2014 and are now at \$501,000.

Mr. Bilsky: There are probably two factors that influence that. Just to be clear, the services that Yukon Hospital Corporation provides to the Thomson Centre, which is a continuing care facility operated by the government — we provide several services: laundry services, meal service and environmental services, and also some facility maintenance.

The majority of those services, such as laundry and meals, are volume-driven — so depending on the volume. I'm not entirely clear, but I believe between 2012 and 2013, there were another 10-plus — 19 in total beds were opened over a period of time in there, which would have obviously impacted the volume and the increase, and then a small amount would be inflationary cost — adjusted for inflation cost.

Ms. Hanson: I thank the witness for that answer. In the same statements, I have a question with respect to contracted services. I just note that again in 2013, the contracted services were at \$3.8 million. They went to \$3.9 million and they have now increased to \$4.4 million. What is that increase attributed to?

Mr. Bilsky: The majority of the contracted services that we have are for specialized services that we can't provide within our organization or potentially within the territory. An example of that would be radiologist fees or possibly

biomedical specialists who come in and maintain equipment. I can't cite exactly that fee increase in that question, although I can tell you that probably a large increase that we have seen over that period of time may be attributable to the MRI and radiologist fees.

Ms. Hanson: I thank the witness for his response. He mentioned the issue of specialized services and, in previous comments — or at the outset, perhaps — there was some reference to the work that is done to determine the specialist services that are provided in the Yukon. I think I remember some reference to cataract and urology. The big concern I have — and the witnesses will not be surprised that I raised this one because I have raised it consistently over the last four years because, as we know, with the increased incidence of diabetes and other chronic conditions, there has also been an increased requirement for dialysis and many Yukoners are currently told — too bad, so sad, go to BC.

Where is the provision of dialysis services on the list of priorities for the Yukon Hospital Corporation?

Mr. Bilsky: Just to clarify, there are two forms of dialysis — peritoneal dialysis, we do offer in the territory; hemodialysis is not offered in the territory and at this point we don't have any plans to offer that.

Yukon Hospital Corporation is not in a position to offer what we would consider a safe, efficient and sustainable hemodialysis program here in the territory. My understanding of the number of patients who require hemodialysis has not significantly changed over the past three to four years as far as the statistics I have. In that case, the individuals we are aware of who are currently going south for hemodialysis — it couldn't sustain a program here of that type of specialized service. I believe the Government of Yukon has undergone and will continue to currently monitor hemo programs across the country to find out when and how a critical mass can support this.

Ms. Hanson: I raise this question again because we are aware that it is provided in the Northwest Territories. It is provided in other jurisdictions. I think before that I have cited the town of Katherine in Northern Territory, Australia, which has a similar situation with respect to the need for a dialysis for different reasons in some cases.

I guess the question I would ask is: Your source of information with respect to the requirements of patients requiring dialysis — do we have a comprehensive understanding? What is the source of information? Is this coming solely from the Yukon health care system? Is it coming from also the non-insured health benefits program of the federal government? What are the sources for determining the potential demand?

Mr. Tuton: As far as I know, our sources are just from the Government of Yukon and the Department of Health and Social Services.

Chair: Ms. Hanson, do you have a final question?

Ms. Hanson: No; thank you, Madam Chair.

Chair: Mr. Nixon.

Hon. Mr. Nixon: On behalf of Committee of the Whole, I would like to extend our thanks to Mr. Bilsky and

Mr. Tuton for appearing as witnesses from the Yukon Hospital Corporation. On behalf of myself and the department, I would like to thank them for being cooperative with us and working with us on a daily basis.

Thank you, gentlemen.

Chair: Thank you, Mr. Nixon. The witnesses are now excused.

Witnesses excused

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

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

Motion agreed to

Speaker resumes the Chair

Speaker: I will now call the House to order.

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

Chair's report

Ms. McLeod: Mr. Speaker, pursuant to Committee of the Whole Motion No. 10, Craig Tuton, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation, appeared as witnesses before Committee of the Whole from 3:30 p.m. to 5:30 p.m.

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.

I would like to remind everybody that the Bah Humbug is on upstairs at 5:30 p.m. It is the opening event for the Festival of Trees fundraiser for the Yukon Hospital Foundation.

As the hour is 5:30 p.m., this House now stands adjourned until 1:00 p.m. on Monday.

The House adjourned at 5:30 p.m.