



# Yukon Legislative Assembly

---

Number 123

1<sup>st</sup> Session

35<sup>th</sup> Legislature

---

## HANSARD

Thursday, April 6, 2023 — 1:00 p.m.

Speaker: The Honourable Jeremy Harper

# YUKON LEGISLATIVE ASSEMBLY

## 2023 Spring Sitting

**SPEAKER** — Hon. Jeremy Harper, MLA, Mayo-Tatchun  
**DEPUTY SPEAKER and CHAIR OF COMMITTEE OF THE WHOLE** — Annie Blake, MLA, Vuntut Gwitchin  
**DEPUTY CHAIR OF COMMITTEE OF THE WHOLE** — Lane Tredger, MLA, Whitehorse Centre

### CABINET MINISTERS

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

### OFFICIAL OPPOSITION

#### Yukon Party

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

### THIRD PARTY

#### New Democratic Party

Kate White	Leader of the Third Party Takhini-Kopper King
Lane Tredger	Third Party House Leader Whitehorse Centre
Annie Blake	Vuntut Gwitchin

### LEGISLATIVE STAFF

Clerk of the Assembly	Dan Cable
Deputy Clerk	Linda Kolody
Clerk of Committees	Allison Lloyd
Sergeant-at-Arms	Karina Watson
Deputy Sergeant-at-Arms	Joseph Mewett
Hansard Administrator	Deana Lemke

**Yukon Legislative Assembly  
Whitehorse, Yukon  
Thursday, April 6, 2023 — 1:00 p.m.**

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

*Prayers*

**Withdrawal of motions**

**Speaker:** The Chair wishes to inform the House of changes made to the Order Paper. Motion No. 677, notice of which was given by the Premier on Tuesday and which appeared on yesterday's Notice Paper, has not been placed on today's Order Paper as it is outdated.

In addition, Motion No. 675, standing in the name of the Member for Pelly-Nisutlin, has been removed from the Order Paper as the action requested in the motion has been completed in whole or in part.

**DAILY ROUTINE**

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

Introduction of visitors.

**INTRODUCTION OF VISITORS**

**Hon. Mr. Clarke:** For the National Wildlife Week tribute, I would like to welcome to the Assembly: Chris Pinkerton from CPAWS, and Tyler Kuhn and Heather Milligan from the Department of Environment.

*Applause*

**Ms. Clarke:** I would ask all Members of the Legislative Assembly to please welcome here Carmen Komish and her husband, Mark Robinson. They are also constituents of mine in the riding of Porter Creek Centre.

Also, in the gallery today are: Jodi Binns, thank you for coming today. Lorraine Nixon, her daughter Allison, Dr. Wendy Royle, Augusta Lang, and Eileen Melnychuk, thank you for coming.

*Applause*

**Ms. White:** I ask the indulgence of my colleagues; it's not very often that I will reintroduce a person for the second time, but today in the gallery is my friend Jodi Binns, and she is here, I'm sure — based on her green shirt and other things — for organ donation day. Jodi has been a champion of how important it is for us to sign up because she is living proof of the importance of organ donation. Thank you for being here, Jodi.

*Applause*

**Speaker:** Tributes.

**TRIBUTES**

**In recognition of Green Shirt Day**

**Hon. Ms. McPhee:** I rise today on behalf of our Yukon Liberal government to pay tribute to Green Shirt Day and to raise awareness for organ donation and how each of us can help to save lives. Five years ago today, a bus carrying the Humboldt Broncos, a Saskatchewan junior hockey team, was struck by a truck as it went through an intersection. The lives of 16 passengers were lost; 13 others suffered serious injuries and an experience that will scar them for life. One of the victims was 21-year-old hockey player Logan Boulet, who succumbed to his injuries on April 7, 2018.

Logan's parents, Bernadine and Toby Boulet, made the decision to donate his organs because Logan had told them of his plans to register to be an organ donor. He had been inspired to do so by a former coach. This act of generosity and compassion saved the lives of six other people.

As news of this young man's organ donation spread, Canadians across the country became inspired to do the same. In the weeks following, it is estimated that almost 150,000 people registered to become organ donors. To date, it is the single-largest volume of organ donor registrations in Canadian history.

The "Logan Boulet Effect" and Green Shirt Day reminds us all of this tragic event. It honours the victims and families. It recognizes Logan's legacy and encourages Canadian families to have open discussions about organ donation. Every year, hundreds of Canadians and their families wait anxiously for a phone call that will save their lives. People across Canada can sometimes wait for years to get a second chance at life, and it is estimated that approximately 250 Canadians die each year waiting as supply just does not keep up with demand.

Many lives are lost because suitable donors are not found in time, but by becoming an organ and tissue donor, you can help save lives — like Logan, maybe many lives.

Thank you to all Yukoners and their families who have chosen to give someone a second chance at life. If you want to become an organ donor, the most important thing you can do is to make your wishes known to your family because their decision will be supported after your death.

Studies have shown that carrying out the wishes of a loved one by donating organs and tissue can be a great source of comfort for families. Yukoners can find a donor registration form on yukon.ca or at the Yukon health care insurance plan office in Whitehorse or in most doctors' offices. I got mine at the motor vehicles registration office many years ago. Once registered, you will receive a sticker for your health care card that indicates your status as an organ donor.

Thank you, Mr. Speaker, for the opportunity to raise awareness about the importance of organ donation and how we can all help save lives.

*Applause*

**Ms. Clarke:** I rise on behalf of the Yukon Party Official Opposition to recognize Green Shirt Day in support of organ donation in Canada.

April 7 marks the day that Humboldt Broncos defenceman Logan Boulet passed away from injuries sustained from the tragic crash that his team bus was involved in the day before. That crash took the lives of 16 and left 13 others injured.

Logan Boulet had expressed his wishes to be an organ donor, inspired by a former coach who had passed away the year before. His parents followed his wishes and that would lead to six lives being changed and saved as his heart, lungs, liver, kidneys, and corneas were donated.

Following Logan's death, as news spread of his organ donations, almost 150,000 Canadians would register to become organ donors. That number has continued to grow through the years.

Today, as we tribute Green Shirt Day, we honour Logan Boulet and his legacy.

According to the Canadian Organ Replacement Register, the total number of organ replacements in 2021 was 2,247. Without the selfless choice of individuals who donate organs, this would not be possible.

While the number of organ transplants has increased over the last decade, the number of people on a wait-list for organ transplants has also gone up. Organ donation is not often a topic that comes up in family conversations, but it is important that your family knows your wishes around the subject.

Thank you to all those who have had these difficult conversations and to those who have either signed up to be an organ donor or have chosen to be a living donor.

*Applause*

**Ms. White:** I rise on behalf of the Yukon NDP to pay tribute to Green Shirt Day and Organ Donation Month.

I want to thank my colleagues for their thoughtful words today because they were, indeed, thoughtful.

Organ donation is a simple act that saves lives. It is an act of care and generosity to the community. In some cases, you can even choose to be a living donor. Organ donation is one way that we can honour our own death and the death of a loved one. The process to become a donor in the Yukon is simple. You can download the form or pick one up at Yukon health care offices — or, as we heard, from the drivers' bureau — fill it out, and drop it off or mail it back to Yukon health care. Talk to your friends and family about organ donation and let them know of your decision. Like I said, fill in the paperwork and become a donor. This simple act can change the lives of many and, for that, we are all thankful.

*Applause*

### **In recognition of National Wildlife Week**

**Hon. Mr. Clarke:** I rise today to pay tribute to National Wildlife Week, recognized April 3 to April 9 this year. This week is an annual celebration of all of the unique, scaly, feathered, and furry creatures that we share our home with, and is an opportunity to raise awareness about habitat protection. Whether it is boreal forest, Arctic plains, wetlands, mountain ranges, or the trails in your neighbourhood, wildlife can be found everywhere in the Yukon.

For generations and still today, our territory's animals have played a culturally important role and continue to be a significant local food source. In addition, they provide Yukoners and visitors with unique viewing opportunities and help to ensure that our northern ecosystem remains healthy.

Yukon has a role in protecting the health of our ecosystems. Recently, I was proud to be able to sign, alongside our federal partners, the bilateral *Canada-Yukon Nature Agreement*. This groundbreaking agreement makes the Yukon the first jurisdiction in Canada with this type of agreement, showing our firm commitment to Yukon's wildlife and environment. The bilateral *Canada-Yukon Nature Agreement* will help conserve land and water, increase the protection of sensitive habitats, recover species at risk, and support Indigenous leadership in conservation. This agreement is a huge step forward toward conserving land and sustainably managing wildlife in the north.

Mr. Speaker, a key component of conservation and advocacy for wildlife is awareness and education. The Department of Environment, alongside environmental partners such as CPAWS Yukon, works to foster an appreciation for wildlife and habitat across the territory through a number of activities. First, the wildlife viewing program's Wild Discoveries series offers more than 50 guided walks, talks, and events annually. The wildlife viewing program also maintains dozens of interpretive trails and sites that provide safe and simple access to wildlife habitats where Yukoners can enjoy the wilderness while minimizing their impacts on the land.

Another venue for Yukoners to receive valuable information about wildlife and experience the outdoors is the Yukon Wildlife Preserve. The preserve is a registered charity and a not-for-profit society that connects visitors to the natural world by providing memorable experiences in a large, natural landscape hosting many Yukon species. Staff at the preserve care for wildlife born into captivity. Staff also provide medical, surgical, and supportive care for injured wildlife that have been assessed by our animal health unit staff. Upon recovery, some animals remain in the preserve, and some are safely returned to the wilderness with support from conservation officers. The animals that stay at the preserve become ambassadors for Yukon wildlife and provide so many people with memorable experiences every year.

Mr. Speaker, we are fortunate to experience the best that the Yukon has to offer, and we have a responsibility to ensure that we share that passion and environmental stewardship with the next and all future generations.

*Applause*

**Mr. Istchenko:** I rise on behalf of the Yukon Party Official Opposition to recognize April 4 to 9 as National Wildlife Week in Canada. This week was originally recognized on the birthday of Jack Miner, one of the first conservationists to determine the migratory paths of North American bird species and for helping to save the Canada goose from the threat of extinction.

National Wildlife Week was established in 1947 and urges Canadians to take the opportunity to learn more about wildlife

and their habits. This week, Mr. Speaker, I encourage everyone to get out and explore the nature that we are so fortunate to have here in our backyard all around the Yukon. Our wildlife is a large part of what makes the Yukon beautiful and unique, and it draws people from all over to come and see the beauty for themselves.

The Yukon is home to a diverse group of plants and animals that have an important place in our cultures, our ecosystems, and our territory. The wildlife here and throughout Canada plays a large role in our ecosystems, and it is important that we all do our part to maintain these relationships between the plants, animals, and people. So, we are part of these intricate ecosystems and they can be an important source of food for many of us. It is important to understand the need for balancing, protecting, and enhancing wildlife populations as it is important that these populations are being monitored.

I would like to thank all organizations dedicated to the conservation of wildlife in the territory and their efforts to advance awareness of ethical and responsible harvesting practices — our Yukon First Nations, the Department of Environment, the Yukon Fish and Wildlife Management Board, renewable resources councils, hunters, and trappers, who are our front-line stewards on the land. I would also like to recognize organizations like the Yukon Wild Sheep Foundation, the Fish and Game Association, the Yukon Trappers Association, the Yukon Outfitters Association, the Yukon Wildlife Preserve, the Yukon Conservation Society, CPAWS, Ducks Unlimited, the Yukon Bird Club, and many others for the pivotal role that they play in wildlife conservation in the Yukon.

*Applause*

**MLA Tredger:** I rise on behalf of the Yukon NDP to celebrate National Wildlife Week. If you are looking for a way to celebrate, I recommend the premiere of *Kings of the North* that is screening tonight at the Yukon Arts Centre. It is a documentary film telling the story of grizzly bears delaying their winter hibernation to fish for salmon in the Yukon and of one photographer's quest to capture the story in photos. And, of course, that photographer is none other than the Yukon's very own Peter Mather. The event will also include the short film, *A Place for Fishing*, by the Grizzly Bear Foundation.

We are so grateful for the opportunity to live in a place like the Yukon where wildlife is a present part of our everyday lives, from urban foxes to the most remote of caribou herds. We thank everyone who plays a part in building a strong and healthy relationship with all of our environment. I would particularly like to thank the Yukon First Nations, which have been honouring wildlife for a very long time. We are grateful for their stewardship and for teaching all of us how to have good relationships with the animals around us.

*Applause*

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

## TABLING RETURNS AND DOCUMENTS

**Mr. Istchenko:** I have a letter for tabling dated April 3, 2023, and it is to the Minister of Community Services from the Village of Haines Junction.

**Speaker:** Are there any reports of committees? Petitions.

## PETITIONS

### Petition No. 18 — received

**Deputy Clerk:** Mr. Speaker and honourable members of the Assembly: I have had the honour to review a petition, being Petition No. 18 of the First Session of the 35<sup>th</sup> Legislative Assembly, as presented by the Member for Copperbelt South on April 5, 2023.

The petition presented by the Member for Copperbelt South meets the requirements as to form of the Standing Orders of the Yukon Legislative Assembly.

**Speaker:** Accordingly, I declare Petition No. 18 is deemed to be read and received. Pursuant to Standing Order 67, the Executive Council shall provide a response to a petition which has been read and received within eight sitting days of its presentation. Therefore, the Executive Council response to Petition No. 18 shall be provided on or before April 20, 2023.

### Petition No. 19 — received

**Deputy Clerk:** Mr. Speaker and honourable members of the Assembly: I have had the honour to review a petition, being Petition No. 19 of the First Session of the 35<sup>th</sup> Legislative Assembly, as presented by the Member for Lake Laberge on April 5, 2023.

The petition presented by the Member for Lake Laberge meets the requirements as to form of the Standing Orders of the Yukon Legislative Assembly.

**Speaker:** Accordingly, I declare Petition No. 19 is deemed to be read and received. Pursuant to Standing Order 67, the Executive Council shall provide a response to a petition which has been read and received within eight sitting days of its presentation. Therefore, the Executive Council response to Petition No. 19 shall be provided on or before April 20, 2023.

Are there any petitions to be presented?

Are there any bills to be introduced?

Are there any notices of motions?

## NOTICES OF MOTIONS

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

THAT this House condemns violence and intimidation of artists and performers in the drag community.

**MLA Tredger:** I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to set emissions targets for mining companies operating in the Yukon, including:

- (1) a 45-percent reduction in greenhouse gas emissions by 2030 over 2010 levels for the mining industry;
- (2) interim targets for years prior to 2030; and
- (3) emissions-reduction targets for individual mines with accountability measures.

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

THAT this House urges the Government of Yukon to condemn the violence and intimidation of artists and performers in the drag community.

**Speaker:** Is there a statement by a minister?

## MINISTERIAL STATEMENT

### Sustainable Canadian agricultural partnership

**Hon. Mr. Streicker:** I rise today to update this House on our work to support the Yukon's agriculture sector and increase our local food production and self-sufficiency.

I was happy to sign the Canada-Yukon sustainable Canadian agricultural partnership bilateral agreement earlier this week, renewing our funding partnership with Agriculture and Agri-Food Canada. Today, we announce the launch of the new sustainable Canadian agricultural partnership funding program for the Yukon — or “sustainable CAP”.

The sustainable CAP is a five-year program that is funded and cost-shared between the governments of Canada and the Yukon. This new, five-year agreement will provide \$9.25 million in funds to support the Yukon's growing agriculture sector. This is a 25-percent increase from the previous Canadian agricultural partnership funding program that ended on March 31, 2023.

Sustainable CAP supports our commitment to building a productive and profitable local agriculture sector. Under the partnership, we are offering tailor-made programs to meet Yukon agriculture's unique needs and priorities and continue the important work of developing our growing industry. Sustainable CAP seeks to advance five priorities that will increase competitiveness, innovation, and resilience of the agriculture sector. These five priorities are: tackling climate change and protecting the environment; continuing and targeting investments in science, research, and innovation; supporting market development and trade; building sector capacity growth and competitiveness; and enhancing resiliency and public trust.

The sustainable Canadian agricultural partnership will further work to encourage greater diversity and inclusion in the sector and strengthen relationships with Indigenous peoples. With this agreement, we can continue to advance the successful work that has been done over the past 20 years in encouraging and supporting local food production by Yukon's farmers, ranchers, and greenhouse growers.

The Yukon's agriculture sector has come a long way since the first of these national funding partnerships was implemented in 2003. The agriculture sector has experienced incredible growth over that time and used the funding to build farm infrastructure, purchase specialized equipment, develop farm business plans, establish community gardens and markets, and support farm labour. The ongoing investment in our agriculture and agri-food sector is reflected in the breadth of products available at our grocery stores, restaurants, retailers, and farmers markets. We are proud to support our local food producers, thanks to our ongoing and renewed partnership with the Government of Canada.

The sustainable CAP's funding program provides support to commercial producers and processors, small businesses, and new entrants in the agriculture and agri-food sectors along with non-profit organizations, First Nation governments, municipal governments, educational institutions, and research bodies. We encourage these eligible applicants to contact the Agriculture branch to discuss how we can help support their agriculture projects.

With this new funding, we continue to make strategic investments to encourage innovation, prosperity, adaptability, and long-term sustainable growth for the Yukon's agriculture economy. This is how we all benefit from high-quality products that feed the Yukon's communities, contribute to the local economy, and leave positive cultural and environmental legacies for future generations.

As we enjoy the arrival of spring, I wish our farmers and food producers a successful and bountiful growing season.

**Mr. Cathers:** While we are pleased to see continued federal funding to support growth of our agriculture sector, this ministerial statement is yet another one for the Liberal government that is a reannouncement, or largely a reannouncement. The sustainable Canadian agriculture partnership agreement was signed last summer. The minister didn't provide much in the way of details about the bilateral agreement, so there is very little to reply to today that wasn't already announced last year.

We do have concerns that we have heard from the farming community about areas where the minister and his Liberal colleagues are not taking their needs and concerns seriously enough. This includes a failure to consult on the animal control and protection act last fall, and dismissing requests for consultation.

The minister's statement mentioned supporting market development and trade, but in that area, the minister and the Premier are talking a good line but failing to deliver. We know that the Yukon's largest egg producer has been asking this government for help getting market access to northern BC and Alaska, and has been very frustrated with the lack of action. They do not feel that the minister or the Premier are committed to taking the action that they have been asking for, to help them actually get that market access.

This week, there was debate in the House about this, and the Premier's responses to my colleague's questions did not impress the people asking for action.

There has also been a lack of necessary action to address the impact of the wild elk — which, of course, were an introduced species — on farms, especially those in the Takhini valley area — the heart of our agriculture sector. My colleague, the Member for Kluane, and I wrote a joint letter to this government, asking them to make the entire Takhini valley area an elk exclusion zone, which would protect farms. We would also like to see more hunting permits, to allow resident hunters to harvest more elk. I should note that we hear multiple credible reports that government is seriously undercounting the size of this introduced population. The damage to farms from the elk has been serious — totalling in the hundreds of thousands of dollars. While there are some discussions underway with the YAA, farmers continue to be frustrated with the government's lack of transparency about what is being contemplated.

The minister didn't attend a tour for MLAs to visit farms impacted by elk damage, which was organized by the YAA. Has he actually taken the time since to visit any farms impacted by elk damage?

Access to new land is a serious problem. Farmers want this government to make more agricultural land available. How many spot land agricultural applications have been approved by this government over the past year? How many such applications have been approved since they took office? Meanwhile, the minister seems set on proceeding with an agricultural land lease program, despite repeatedly being told by farmers that no one wants to make a serious investment in developing farmland they don't own.

The increasingly unreliable electrical grid is also a growing concern for farmers and processors. Power outages impact operation and production. Meanwhile, this government continues to ideologically encourage growth of electricity demand, while renting portable diesels, and the electrical grid is becoming increasingly less reliable.

So, Mr. Speaker, in conclusion, we would like to see this government focus on actually listening to farmers and working with them on their priorities, their needs, and the things that matter to them — not reannouncing funding that was announced last year.

**Ms. White:** When we talk about climate change and climate action, it encompasses so many different aspects of the world we live in. The changing climate means changing our habits. It means that there are roles for us to play as individuals, as a society, but especially as governments. Part of our climate action is building up our northern food security. As decision-makers, that means ensuring that the farmers and innovators around us have the tools and the support they need to thrive and, in turn, support society.

It's imperative that the sustainable Canadian agriculture partnership funding being discussed today is used to really support the development and growth of the agriculture industry in the Yukon. It's important that the funding not be used only for projects that are seasonal in nature, but also projects that span the whole calendar year.

In the Yukon, there are farmers and producers who have met the challenge of producing food all year-round, and that

should be one of the main goals of this new partnership funding. Storage, processing, and more would all go a long way to supporting our vibrant agricultural industry.

I look forward to seeing what projects are funded and how these projects, in turn, support our northern food security.

**Hon. Mr. Streicker:** I signed the sustainable CAP agreement this week. I have a news release that is going out today, and the Yukon Party is talking about it being a reannouncement. This is the start. The last program ended last week. The new program is starting this week. I certainly let the House know that I had met with the Agriculture ministers and we had worked out a negotiation, but this is us launching the program. That's why I'm standing up today.

It's important to talk to Yukoners about it. With respect to meeting with farmers, we have met often with farmers. Just this week, when I heard about the concerns of Mandalay Farm, I asked the Agriculture branch to please meet with them and talk to them, but I looked into how we have supported them, and we met them last year — the Premier and I met with them last year. We were talking about how we could support them in access to market.

I looked back, and previously, we had funded them with just under \$250,000 toward their projects. Then, this year, through the economic development fund, we awarded them \$250,000, and the Agriculture branch has a little bit more, so it will be over \$250,000. We will continue to work with industry.

With respect to land development, we have eight parcels out over the past year, totalling 221 hectares. When I sat down with farmers and talked with them about what they would like to see, they would actually like a range of things, from owning to renting — there were all sorts of suggestions. There were suggestions about using placer mining and reclamation and how it could be used for potential agriculture projects, so that's a range of ways.

I agree with the Leader of the NDP when we talk about the importance of year-round farming. We have seen, in the last several years, a fourfold increase in meat production: poultry is way up. Overall, the amount of local food produced is way, way up. This is a huge thank you and a shout-out to all of our farmers and growers, and the value-add that is happening out there now around berry wine and all sorts of products.

I walked into the grocery store last week, and I was so proud to see carrots in March from Yukon farms. Then you walk down the aisle and there are meat products for sale, which proudly display "Yukon product". I thank all Yukoners for supporting our local producers.

I am just standing today to let Yukoners know about this program, which is launching today.

**Speaker:** This then brings us to Question Period.

## QUESTION PERIOD

### Question re: Physician billing system

**Mr. Dixon:** On Tuesday, the Minister of Health and Social Services was asked about the physician billing system and the fact that Yukon doctors face an inordinate wait to get

paid by this Liberal government. Here is what the Minister said — and I quote: “I can indicate that this system and that backlog has been resolved. As of tomorrow, all of the claims will be paid up. I am sure that won’t impress the members opposite, but it will impress Yukoners...”

Well, the minister was right about one thing: that did not impress us, nor did it impress Yukoners, and least of all, Yukon doctors. That is because it was completely wrong. Will the minister explain why she provided inaccurate information to the House earlier this week?

**Hon. Ms. McPhee:** I can indicate that there has been an issue, which came to our attention in January, with respect to some physician billings being delayed. There are a number of issues here being complicated and put into the same types of questions, so it’s difficult to unravel them in a minute, or minute and a half. I can indicate one of the questions that was asked with respect to the MOU that was signed with the YMA was about whether or not back pay fee codes had been corrected. My reference to them being corrected and being brought up to date is with respect to those fee codes being brought up to date, and individual doctors having that back pay as of April 5.

The remaining ones that I am aware of will be paid by the end of this week in the first pay cycle in April. These details are important, of course, to individual physicians and to Yukoners, but the message that I think is most important is that we are working diligently with the Yukon Medical Association and one-on-one with individual doctors regarding their claims and billings to resolve them. That is our goal.

**Mr. Dixon:** Just yesterday, the Minister of Health and Social Services told the Legislature that Yukoners deserve accurate information. Well, the minister should look in the mirror, because what she told the Legislature on Tuesday was completely inaccurate.

Since the minister made these statements, we have heard from several Yukon doctors that, not only was the minister wrong, but her comments were offensive to them. According to doctors, there remains significant backlogs of billings. We have heard from doctors who are owed anywhere from tens of thousands to over a hundred thousand dollars by this Liberal government.

So, why did the Minister of Health and Social Services tell this House on Tuesday that the backlog had been resolved and that physician claims are all up to date when that statement was so obviously inaccurate?

**Hon. Ms. McPhee:** Ensuring that the physicians here in the territory are paid within an appropriate time frame is a priority for our government and, of course, for the physician community. In January 2023, a backlog of physician claims was identified. We took immediate action to address these concerns and to work quickly to resolve these outstanding issues.

In some cases, physician claims may require manual assessment or additional information that could be required from the provider in order to sort them out. We acknowledge that there were some claims in the system that were more than 60 days old. These claims are receiving the department’s

focused attention, and we work directly with providers to address these payments, including by meeting one-on-one with physicians.

I can also indicate — and perhaps repeat — that the fee codes that were of concern in relation to some of these claims have been resolved. During the most recent pay period, approximately \$1.9 million was paid for fee-for-service physician claims, approximately \$650,000 of this amount being for retroactive payments.

**Mr. Dixon:** Well, Mr. Speaker, the minister’s comments may have added insult to injury for Yukon doctors, but her comments were not the biggest problem.

The biggest problem is that Yukon doctors are currently owed hundreds of thousands of dollars, and in some cases, these bills have been outstanding for months. According to some doctors, bills are outstanding all the way back to 2021. This has affected both local doctors and locums. We have heard that some locums have said that they won’t come back to the Yukon because it takes so long to get paid, and failing to pay their bills on time certainly isn’t helping with physician recruitment either.

Now, we know that there remains a significant backlog in general physician billings, and the minister said that these will be resolved by the end of this week, and my question is: Why has it taken so long?

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

**Hon. Ms. McPhee:** Apparently, it’s up to a “great” question as opposed to just a “good” one. I think it’s a good question.

During the most recent payment period, as I have noted, \$1.9 million was paid to fee-for-service claims for physicians with approximately \$650,000 of this amount being for retroactive payments. During the 2022-23 fiscal year, we paid a total of \$29.96 million in fee-for-service physician claims.

Moving forward, we are working with the Yukon Medical Association to focus on short- and long-term options to enhance the physician claims and payment system. We are working to improve the provider experience. During the 2022-23 fiscal year, there were approximately 224,000 unique patient/physician encounters at a care setting in the Yukon. Our government is reducing the pressures on our physician community and increasing access to care through other initiatives, including opening the Constellation Health Centre; negotiating a new memorandum of understanding with the Yukon Medical Association, which has made the Yukon one of the most desirable places to practise medicine as noted by the Yukon Medical Association; and will increase access to primary health care through the attachment and attraction program.

#### **Question re: Physician billing system**

**Mr. Cathers:** Mr. Speaker, as my colleague mentioned, the Minister of Health and Social Services’ inaccurate statements to the Legislature earlier this week added insult to injury for doctors, but they are only a symptom of the bigger problem. The fact remains that the current physician billing system isn’t working. Doctors are currently owed hundreds of



thousands of dollars, and there is a significant backlog of billing, many for longer than 90 days. This is seriously affecting physician recruitment and hurting our ability to attract locums. As I pointed out on Tuesday, it doesn't have to be this way. Many provinces have much better systems that don't require so much red tape.

Will the Minister of Health and Social Services agree to work with the Yukon Medical Association to fix the physician billing system so that the backlog of paying doctors is fixed quickly and ensure that this never happens again?

**Hon. Ms. McPhee:** I think that I have said that over and over again — yes, we are working with the Yukon Medical Association to resolve this; we will continue to do so. I look forward to resolving these issues, and the ones that are outstanding, one-on-one with the physicians involved.

**Mr. Cathers:** Talking points don't fix the problem. We have consistently heard from Yukon physicians that the problem with government paying on time has never been worse, and they are looking for action from this minister. It is hurting our reputation when it comes to physician and locum recruitment — not to mention that it is hurting Yukon's ability to retain doctors we already have.

In response to the minister's inaccurate comments in the Legislative Assembly this week, one doctor told us that they have worked in half the provinces and territories in the country and never seen such a cumbersome system as in the Yukon. All this red tape means that doctors are spending too much time with paperwork instead of with patients.

Will the minister acknowledge that the system is flawed and immediately overhaul this Liberal government's physician billing system?

**Hon. Ms. McPhee:** That may be the way that the member opposite acted in his short term as Minister of Health and Social Services, but it is not the way that I will do it. I will work with the Yukon Medical Association to resolve this. I will not "direct something immediately". That was certainly the style of a former minister who is now asking these questions.

It is critical that this problem be resolved. The fee codes have been sorted out, and the MOU has been negotiated with the YMA for the purposes of meeting their needs and meeting the needs of Yukon patients.

I don't think that the members opposite could be suggesting — although they might be — that doctors — physicians who work here should not have to do paperwork, should not have to do the appropriate claims for the fee-for-service process that we have here in the territory. Our doctors are dedicated to providing service to their patients here in Yukon, and we will assist them to continue to do so.

**Mr. Cathers:** Physicians are looking for actions, not just words, from this minister. Physician advocacy groups across Canada have consistently identified red tape as an obstacle that takes away from patient care and contributes to physician fatigue and burnout. Dealing with the burden of red tape, like the Yukon government's current billing system, makes it harder for doctors to do what they do best — care for patients. Jurisdictions like Nova Scotia and Manitoba are taking this issue seriously, and have launched initiatives to work with

doctors to cut the red tape that is bogging down the health care system.

Will the Yukon government agree to work with the Yukon Medical Association to launch a joint task force to reduce the administrative burdens faced by doctors — so that they can spend more time seeing patients instead of doing paperwork — supporting the retention of doctors and improving the Yukon's reputation as a place for doctors to practise?

**Hon. Ms. McPhee:** I won't take advice on how to resolve issues at Health and Social Services from a former Health and Social Services minister who was not terribly effective. What I will do is work directly with the Yukon Medical Association. The Department of Health and Social Services is doing so. A joint task force has not been suggested by the Medical Association. It has been suggested by the member opposite, but truth be told, we can come to the table and resolve these issues together, as we have been. We will go forward to do so. I am not sure how any of the answers I have given today or previously could be an indication that we are not taking this matter seriously. We clearly are.

This came to our attention about a backlog. We have resolved the vast majority of that. We have resolved the fee code issue. We will continue to work to make sure our doctors are paid on time, properly, for the purposes of them being able to provide services to Yukoners. That is our goal.

#### **Question re: Sexualized violence in schools**

**Ms. White:** In 2021, after the abuses at Hidden Valley were finally made public, the Department of Education developed a policy to prevent students from being harmed by adults and to protect them if it were to happen again. In the media, we recently heard from a young person who was sexually assaulted by a fellow student. They described how unsupported they felt and how ill-equipped the school administration and the department were when it came to supporting and protecting them. It affected their life in such a way that it almost broke them.

Yesterday during debate, when I asked the minister again about creating a policy to protect students who have been victims of sexual assault by a fellow student, the minister said — and I quote: "I have not said no to a policy." So, I was glad to hear this, and it gave me hope, but not saying no isn't good enough. Will the minister simply say yes to creating such a policy?

**Hon. Ms. McLean:** I have said many times in the House that the health, safety, and well-being of students and staff is our very first priority, and one that I take very seriously. We have done a tremendous amount of work in creating a new system that certainly wasn't in place when we came into government in 2016. I know I have taken some of the lead, for sure, from my colleague, now the Minister of Health and Social Services, in terms of putting some new policies in place — that were not in place when we came into government — around safety for students.

I know, I hear folks laughing from the opposition, but it's true. It's true. Our education system was very neglected when we came in. We have definitely taken very serious steps. We

do have the policies and procedures in place around the student protection policy. We have a lot of work that has been done on the safer schools action plan, and I know a tremendous amount of work still needs to be done.

What I said yesterday in Committee of the Whole is that we are now looking beyond the safer schools action plan to next steps around safety in our schools to further look at policies and procedures and address any shortfalls.

**Ms. White:** So, instead of swinging at the Yukon Party, the minister could have simply said, “Yes”, but she chose not to.

When a serious incident happens and no policies or guidelines are in place to dictate how school administrations should deal with it, one should be created. It just makes sense. The government learns of a gap in the system and then fixes it. We shouldn't have to insist that the minister take steps to protect students; yet, in this case of students who have been sexually assaulted by fellow students, that is exactly what is happening. This should have been a priority the minute she was made aware of the problem, but it hasn't been made a priority.

Why hasn't the minister directed her department to create a policy to protect students who have been harmed by fellow students?

**Hon. Ms. McLean:** I think I have had an opportunity to speak to this several times. The Minister of Health and Social Services and I have taken very serious steps when it comes to sexualized violence in our territory. We have created the sexualized assault response team, and there is a new protocol in place that specifically speaks to how the sexualized assault response team applies to youth and how it relates to school settings, so there is a tremendous amount of work that has happened.

I was not swinging at the opposition; I was simply stating some facts today: that we came into government, and there were very few policies in place that dealt with violence or harm or student-to-student harm, and we have put in place some very specific measures in all of our schools. We have taken many steps to train our staff to ensure that they have the right tools, and I will continue building on this because I think that it is a really important conversation.

**Ms. White:** Unfortunately, it doesn't appear that it is important enough of a conversation for action.

So, in the week following my first question to the minister on this subject, my office was contacted by a family with a shockingly similar story. Their child was assaulted by fellow students while attending a school in the Yukon. Again, they told us that the school administration just wasn't equipped to handle a situation like this. They had to fight every step of the way for their child to be protected within the school.

They also discovered that there is no fast-track process for their child, or any child, who has been assaulted by a fellow student to change schools if they request it. This is unacceptable. We know that incidents like this have happened, and until this government takes real steps, it will unfortunately happen again. There should be a provision for a child to change schools immediately for safety reasons.

Will the minister direct her department to create an exemption for students who are asking to change schools for safety reasons?

**Hon. Ms. McLean:** Again, we take the safety of children very seriously when they are in our care. There is a need to proactively and responsively address concerns of student-to-student harm. There is a clear expectation that all members of school communities must not engage in bullying, abuse, or other unacceptable behaviours. The matters that the member is talking about are criminal offences. It is a criminal offence to sexually assault another person, and so, yes, we take this very seriously. Peer-to-peer harm is taken very seriously, and we commit to examining the need for a standalone policy to address this issue. I have stated this. If a serious incident occurs in a school, we follow emergency plans and response protocols.

I think that it is not helpful to have members of this Legislative Assembly speak in ways that will — shame victims and that will prevent them from coming forward. It is our responsibility to take these situations seriously. Yes, we do.

#### **Question re: Highways projects**

**Mr. Hassard:** So, according to the Yukon Bids and Tenders website, there has only been one significant highway construction job tendered so far this year on the north Klondike Highway. It was awarded in mid-February for approximately \$5 million. A second north Klondike tender was cancelled in January. In this year's budget, there is \$23.8 million for the Alaska Highway and north Klondike Highway, as well as \$18.1 million for major projects on other roads.

So, can the minister tell us how many more highway construction projects are scheduled for this year, and when will they be tendered?

**Hon. Mr. Clarke:** I certainly look forward to having further discussions with the Member for Pelly-Nisutlin on some of these specific questions. We will certainly get back to him forthwith with respect to the north Klondike Highway, but I will just provide some of the details that I do have today for the member opposite and for Yukoners.

In January 2023, we tendered the next section for reconstruction, which falls between Stewart Crossing and Dawson City at kilometre 642 to kilometre 652. This tender closed in February and was awarded, as indicated, to P.S. Sidhu Trucking on March 29, 2023.

In 2022-23, we completed 25 kilometres of road construction, 19 kilometres of BST, and 13 kilometres of revegetation between Stewart Crossing and Dawson City. Since 2019, we have completed the reconstruction of approximately 50 kilometres in total of the highway.

We are certainly looking forward to more of that work being done and creating more resilient infrastructure. We have also installed digital message signs to make drivers aware of construction zones, cleared vegetation in the corridors, and improved a number of culverts to assist with drainage.

**Mr. Hassard:** I would certainly hope that the minister would be aware of major seasonally dependent contracts in his department.

After yesterday's questions on the Nisutlin Bay bridge, the minister told media that the budget shortfalls on that project could be covered by redirecting money from other highway construction projects. Contractors have told us that they have heard from officials that this is already occurring and the project funding is already being redirected to the Nisutlin Bay bridge from other projects.

So, can the minister tell us if this is in fact correct? Are highway construction projects being delayed or deferred this year so that resources can be transferred to the Nisutlin Bay bridge project?

**Hon. Mr. Clarke:** This is a wonderful opportunity to provide an additional update with respect to the Nisutlin Bay bridge project — the largest infrastructure project in Yukon history.

Mr. Speaker, there are approximately 28 contracted staff on-site working on this project each day. On average, as well, there are two Yukon government project personnel staying overnight in the community, overseeing the project. Piling operations on the temporary bridge, called a "trestle bridge", have now begun. As of April 5, there are two complete spans on the south side of the bridge, which means that there are now a total of four piles in the water.

Mr. Speaker, as well, the following work is planned by the contractor for this spring: temporary and permanent work, such as piling cofferdam construction and completion of the access road and ramp; granular pit development and rock production; clearing and grubbing of the new alignment; and environmental measures such as hydroacoustic monitoring, fish salvage, and water sampling.

Mr. Speaker, to date, \$39.7 million has been spent on this project in fiscal year 2022-23. As mentioned previously, there are currently no changes planned for the end date of this contract, and it is budgeted for this year.

**Mr. Hassard:** It would also be a wonderful time to have this minister actually answer some of these important questions.

Now, this morning in the media, the minister gave the example of using money from the Stewart-to-McQuesten project to help fund the Nisutlin Bay bridge.

So, can the minister confirm whether or not the Yukon government is using part of the Yukon Resource Gateway program funding to supplement funding for the shortfalls on the Nisutlin Bay project?

**Hon. Mr. Clarke:** I can advise that, as I have provided answers in both the supplementary budget debate and in the first two days of the Highways and Public Works budget debate with the Member for Pelly-Nisutlin, the capital expenditure for the all-of-government was budgeted at approximately \$546 million. We anticipate that there will be \$500 million for an all-of-government expenditure of approximately 92 percent. That includes the money that has now been expended so far and will be budgeted for the Nisutlin Bay bridge project in fiscal year 2022-23. There will be no budget shortfall in 2022-23. The \$39.7 million that has been expended so far is included in the \$546-million capital budget for 2022-23.

As I indicated, when the accounts are concluded on an all-of-government basis, we anticipate getting \$500 million of capital expenditure out the door, supporting all Yukoners in all communities, in contrast to the final budget year of the former Yukon Party government that could not get \$200 million out the door.

#### **Question re: Recreation infrastructure**

**Ms. McLeod:** The Whitehorse gymnastics and climbing facility will be an important addition to the Yukon's recreational infrastructure. During the 2021 election, parties of all political stripes committed to building it. The tender for the project closed on March 2, 2023, but it has been over a month and the project has four bids submitted but hasn't been awarded yet.

Can the minister tell us when this contract will be awarded?

**Hon. Mr. Mostyn:** What we're talking about are investments in our recreation facilities across the territory. In this specific case, we are talking about the gymnastics facility. The Yukon government is investing in a gymnastics and climbing gym that will support the growth of these sports in the territory. The new gym is designed to meet the current and forecasted operating demands for both gymnastics and indoor climbing for the next 20 years. Modern, safe, and exciting recreational facilities are a key way that our government can support active living and competitive sport opportunities for Yukoners.

I had a great conversation with Yukon contractors yesterday and with the Premier and the Minister of Highways and Public Works. It was a very productive meeting. The climbing facility did come up, and I have told the contracting community that we will have answers on this contract very soon.

**Ms. McLeod:** Of course, the question was about when this contract will be awarded.

So, the five-year capital plan shows that construction is slated to start this year and finish in the 2024-25 fiscal year. The estimated cost is between \$17 million and \$23 million. Can the minister tell us how much, if any, of this funding is coming from Canada, and is it still on time and within budget estimates?

**Hon. Mr. Mostyn:** Providing this gymnastic and climbing space is part of the Yukon government's commitment to healthy and active living. It will support hundreds of Yukoners who are actively engaged in sport and physical activity, and it delivers on our commitment to increase the participation of women and girls in sport. Programming at this new facility is also geared to support youth at risk, First Nation, and elite athletes as a priority and will include use for the general public.

Whitehorse is a growing community, and it is very important, Mr. Speaker, to invest in facilities that support recreation and sport for youth. This facility has been long in coming. We have been working very hard on it. We have some work to do on the tendered facility. I am not going to make those announcements on the floor of the House this afternoon, but I will say that we are working on this tender. We know how

important this facility is to the gymnastics community and to the community as a whole, so we are going to work very closely to make sure that we get a good climbing facility for Whitehorse in a reasonable amount of time.

**Ms. McLeod:** Again, no answers.

At the Yukon Contractors Association AGM last Friday, this project was highlighted as particularly problematic. There have been over 20 addendums, and a quick tally shows over 5,000 pages of addendums to this tender. The Contractors Association said that this indicates a major problem with the original tender.

Does the minister agree that over 5,000 pages of addendums is a problem and that the original tender should have been reviewed before closing?

**Hon. Mr. Mostyn:** First of all, I am not going to take procurement advice from the Yukon Party — full stop. I am not going to do that. We know the situation that we were in when we took office seven years ago, and I worked very, very hard with the Department of Highways and Public Works, throughout government, to improve our contracting with the Government of Yukon. We have right time tendering. We have a five-year capital plan. Just this year, as my colleague has just said, we are going to get \$500 million worth of government contracts out the door. It's setting a record, Mr. Speaker. A lot of these contracts are going to be value-driven tenders. We're doing our best to make sure that local contractors get the work.

I am confused by the members opposite. Do they support the gymnastics facility? It sounds to me like they are skeptical about this. We are working so very hard to improve the recreational facilities for Yukoners, in stark contrast to what the Yukon Party did —

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

**Speaker:** Order, please.

### Speaker's statement

**Speaker:** I am having a hard time hearing the member speak. Can members please be respectful when other members are speaking?

**Hon. Mr. Mostyn:** You know you are starting to get under their skin when they start talking over the mics. Mr. Speaker, I am telling you that we are working very, very hard to get Yukoners the recreation facilities they need, and what I am hearing from members opposite is that they are cheering against Yukoners and they don't want a gymnastics facility.

**Speaker:** The time for Question Period has now elapsed. We will now proceed to Orders of the Day.

### ORDERS OF THE DAY

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

**Speaker:** It has been moved by the 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

**Deputy Chair (MLA Tredger):** Order, please. Committee of the Whole will now come to order.

The matter before the Committee is general debate on Vote 15, Department of Health and Social Services, in Bill No. 208, entitled *First Appropriation Act 2023-24*.

Do members wish to take a brief recess?

**All Hon. Members:** Agreed.

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

*Recess*

**Deputy Chair:** I will now call Committee of the Whole to order.

### Bill No. 208: *First Appropriation Act 2023-24* — continued

**Deputy Chair:** The matter before the Committee is general debate on Vote 15, Department of Health and Social Services, in Bill No. 208, entitled *First Appropriation Act 2023-24*.

Is there any general debate?

### Department of Health and Social Services

**Hon. Ms. McPhee:** I am here to speak to the 2023-24 main estimates for the Department of Health and Social Services. I would like to take this opportunity, first, to welcome the department officials who are here with me. Today, I am joined by Tiffany Boyd, Acting Deputy Minister of Health and Social Services; Ed van Randen, Deputy Minister of Health and Social Services; and Rob Ganzer, director of finance for the department. I really want to thank them and their teams for developing a budget that is designed to support the health and well-being of Yukoners and addressing their priorities. I am very pleased to share this update regarding the Department of Health and Social Services budget for the 2023-24 fiscal year and to discuss the important steps we are taking to support Yukoners.

Before we begin, I would also like to take the opportunity to recognize everyone at the Department of Health and Social Services. I know this maybe sounds like a sweeping thanks, but it is very important to make sure that the folks who are doing this work on a daily basis know how much they are appreciated and how much they should be recognized, not only by me, who has the honour to work with them, but on behalf of Yukoners.

Each day, our dedicated staff go above and beyond for Yukoners. We owe a debt of gratitude to all of the front-line Health and Social Services care providers and service-oriented staff. From Continuing Care to the Mental Wellness and Substance Use Services to Family and Children's Services, to our nurses, our care providers, social workers, custodial teams, and policy, communications, and finance folks, HR and IT

analysts — that is just to name a few, and we thank every one of you for what you do.

Deputy Chair, it has been over three years since our lives were altered by COVID-19. We knew that the virus would be disruptive, but few of us realized how much and for how long. It has had an impact on the world. This is the first time since the pandemic began that COVID-19 is not the focus of the Department of Health and Social Services and our budget.

Having learned from the pandemic, we are working to continue to meet the needs of Yukoners, and we cannot go back to a pre-pandemic health care system — we need to go forward. Now, more than ever, we are working to strengthen our health care system to learn from the pandemic response and to safeguard for the future. At the forefront of our work is continuing to increase access to primary care and care that is closer to home, to administer the new publicly funded dental plan, to continue to address the substance use health emergency, and to implement the recommendations and the vision from the *Putting People First* report.

As we continue to meet the challenges and opportunities ahead of us, I would also like to express my gratitude to all of the Health and Social Services system partners for all that they do to support Yukoners.

The 2023-24 operation and maintenance budget for the Department of Health and Social Services is \$512.3 million. We are presenting a capital estimate of \$15.93 million for the department. This budget reflects our commitment to continuing to work toward a health and social service system that Yukoners deserve. Some of this work includes addressing the health human resources challenges, to improving access to health care systems, and implementing what we have learned from the pandemic.

Yukoners have come a long way since the arrival of COVID-19 in the territory back in March 2020, and for the first time since the start of the pandemic, as I have noted, there is no COVID-19 O&M budget. As we continue to shift away from the acute stage of the COVID pandemic, and at this stage of COVID-19, we are learning to live with and manage it — similar to other communicable diseases — but we are also shifting to a more sustainable response to ensure that vulnerable populations are protected and that Yukoners' needs are supported.

As part of the process, we are integrating vaccines. We are integrating testing and surveillance into our existing system and channels and adjusting our FTE count to remove the temporary positions that were introduced in response to COVID-19.

We are also permanently integrating some of these critical front-line positions and services that were developed to respond to COVID-19 that are still needed to match the increase in public health needs, to build capacity, and to respond to public health risks.

In 2023-24, there are 1,573.4 FTEs in the department, including FTEs related to Emergency Medical Services, which has transferred to the Department of Health and Social Services from the Department of Community Services. This represents an overall decrease of 103.93 FTEs, compared to the 1,677.3

FTEs, which are inclusive of the EMS team, in the 2022-23 main estimates.

This year, our FTE count reflects operational changes, such as the transfer of 405 Alexander to Connective, as well as our new approach to managing COVID-19 and the substance use health emergency, and our response to health and the human resources crisis. The increase of \$6.65 million in operation and maintenance funding enables the department to develop and deliver key initiatives that fulfill Yukoners' needs. I am pleased to just speak about some of the highlights here.

This fiscal year, an additional \$3.62 million will support the Yukon dental program, which provides publicly funded dental care to Yukoners without insurance. The program launched on January 4, and to date, we have already enrolled approximately 400 Yukoners. The Yukon dental program reflects our ongoing commitment to implementing the recommendations in the *Putting People First* report and to honouring our commitment in the 2021 confidence and supply agreement. The Yukon dental program is just one of the steps that we are taking to make life more affordable for Yukoners.

There is also an increase of \$1.5 million to provide social assistance recipients with an additional \$100 per month, and we are working to conduct a more comprehensive review of the social assistance program.

Since 2015-16, the Yukon Hospital Services O&M budget has increased by over 48 percent, and we are pleased to continue building our partnership with the hospital and working with them to meet the core funding needs and to introduce new programs and services.

We applaud the hard work of everyone at Yukon hospitals as they endeavour to connect Yukoners with timely, culturally safe, and excellent care. This fiscal year, we have provided an additional \$4.62 million of new funding to the Yukon hospital services operation and maintenance budget. In addition to working closely with the Hospital Corporation to address our shared priorities and to meet funding needs, we are also exploring new ways to support Yukoners. This includes providing \$12.2 million in capital funding for the mental wellness unit — which has previously been known as the “short-stay psychiatric unit” or the “secure medical unit” — that is at Whitehorse General Hospital.

We also recognize that, for many Yukoners, their hospital journeys begin in their homes and their home communities. In partnership with the Yukon Hospital Corporation, we have started a quality improvement initiative with the BC Patient Safety & Quality Council. This initiative, known as “Bridge-to-Home”, will focus on improving transitions between hospital, home, and community. To support this initiative, we have budgeted \$40,000 for the Bridge-to-Home initiative within the Continuing Care O&M budget.

The Yukon is experiencing the effects of the local, national, and global shortage of health care providers. This health human resource crisis is one of the greatest challenges facing our health care system today. Both COVID-19 and the nature of our small, rural, remote jurisdictions only further complicate these challenges. Addressing these shortages will require a collaborative approach with other levels of

government, with our partners, and with stakeholders from across the health care sector.

In response to these challenges and as part of our shared priorities outlined in the 2023 confidence and supply agreement, our government has budgeted \$2 million to enhance the recruitment and retention of health care professionals across the Yukon. This funding is spread across several key initiatives such as hiring additional nurse practitioners to serve Yukon communities, developing a health human resource strategy, hiring additional human resources to help us fill those positions, and providing incentives for nurse retention and recruitment. That's just a few. There is a further \$2.53 million in the budget for the nurse retention and recruitment incentives. We believe that this initiative will help make Yukon more competitive in recruiting and retaining nurses and help mitigate reductions in services and care in communities. It has begun to work.

Building on our efforts to increase access to care, we entered into a new agreement with the Yukon Medical Association, which will be supported by an increase of \$1.97 million to support negotiated fee increases for physicians. The agreement will help increase Yukoners' timely access to primary health care services and foster a strong and healthy community of physicians.

The innovative initiatives within the agreement have positioned the Yukon as one of the most competitive and desirable places for physicians to practise medicine in Canada.

I want to reiterate my gratitude to all members of the department and to all of our health and social care service partners and system partners for their ongoing commitment and for their work to serve Yukoners. While we continue to experience challenges — and we will continue in the future — we are also meeting those challenges head-on and have a budget that enables us to improve the health and well-being of our community.

Our government is guided by the priorities and the feedback of Yukoners. Whether it is improving access to nurse practitioners, making life more affordable for social assistance recipients or supporting Yukoners to access home care services in their homes, we are putting people first.

I would like to take the opportunity, again, to thank this incredible team that is with me here today. The work that they have done since coming into their roles — for none of them has it been very long — is more than incredible. They are dedicated to making our health care system and our social services system more responsive to the needs of Yukoners. They work to do that every day and support me in doing the same. I want to thank them all here, publicly and on the record as best I can. I appreciate the opportunity to do so. I look forward to questions about the budget for the 2023-24 year supporting the Department of Health and Social Services.

**Mr. Cathers:** I do want to begin by thanking the officials who are here today as well as those listening for their work on this and remind them that when we direct criticism of the minister and Cabinet actions, we do direct it at the political leadership, not at staff. I recognize that they are simply in a position of carrying forward their duties under the direction of the minister.

We do have a long list of questions and concerns when it comes to the Department of Health and Social Services. I do want to begin by addressing one of the things that the minister mentioned in her budget remarks in comparing the hospital budget numbers from 2015-16 to the numbers now. That type of talking point and rhetoric is disconnected from an understanding of the cost pressures in the health field in general and in the Yukon in particular.

The minister cited — and she has before in this Assembly — the hospital's O&M numbers from the 2015-16 fiscal year. Well, as most Yukoners know and I certainly hope the minister herself is aware, the hospital has had programming changes after that, including the emergency department, which the Yukon Party government began the construction of — and then it was subsequently opened under the Liberals. I believe it was on January 9, 2018, that the emergency department opened — if I'm not mistaken on the opening date. It was certainly around that time.

For the minister to imply that there aren't significant operational costs associated with opening the new emergency department shows a lack of understanding of that facility, and, frankly, it is a bit insulting to Yukoners because it implies that they are not aware of such a facility either.

Other areas of cost pressures within the hospital — as we've heard when hospital witnesses have appeared just to my left in those seats — we've heard about the growth of costs in areas including the cost of chemotherapy drugs more than doubling due to a combination of increase in volume and increased costs. We have heard them talk about other areas such as the increase in costs associated with the volume at medical imaging and the lab, and the cost of changes in standards of practice, which have implications. I would refer you back to some of their remarks here in the Assembly, laying out the increases in the employee pay, which, of course, are also shown in the hospital's financial statements, and note that, since 2015-16, the increases to personnel costs and employee pay at the hospital themselves add up to millions of dollars in cost increases.

So, for the minister to pretend that the growth of costs reflects a dramatic increase in what the government is doing to support operations at the hospital really flies in the face of the reality or an understanding of the fact of the average annual growth of health care costs across the country. I would just, for reference, note and suggest that perhaps the minister may want to read the Fraser Institute's *Bulletin* release called, "The Price of Public Health Care Insurance, 2022", which notes the growth of the average cost across the country of health care since 1997.

They indicate that the costs of that have grown — I believe that it was by 210 percent, as noted in their report — so, just for illustrative purposes.

What I want to focus on, and remind the minister of, is that while costs of health care grow across the country, including here in the Yukon, we are talking about the needs of the hospital now, and what we heard about the needs of the hospital now — when the chair and CEO of the Hospital Corporation appeared in this Legislative Assembly last fall, I asked them about their budgetary needs for this year. In November, the CEO of the

Yukon Hospital Corporation told this Legislative Assembly that the portion of their O&M budget that they need from the Yukon government for the 2022-23 fiscal year was \$103.5 million. That can be found on page 2846 from Hansard, November 22, 2022, and I would urge people to refer to what the CEO said. He said — and I quote: “YG’s annual O&M budget for the fiscal 2022-23 is \$103.5 million.”

So, the hospital witnesses told this Assembly — the minister herself was sitting here at the time — that what they needed in O&M core funding from government for the 2022-23 fiscal year was \$103.5 million. What they got from this government is only \$88.9 million, as shown on page 7-4 of the supplementary budget tabled by the Minister of Finance in March and passed in this Assembly.

So, that is a hole in the hospital budget of over \$14.5 million. That number, as I have noted before in this House, actually understates the problem as unexpectedly high inflation also takes a large bite from the hospital budget. The cost of inflation, of course, according to CPI, was, I believe, 6.9 percent over the previous year. That was, of course, because of the fact that, across the country, the growth of health care costs is typically higher than in other areas of government services on an annual basis. That estimate of inflation’s impact also probably understates the problem, but an impact of roughly seven percent on a budget of \$103.5 million suggests that the impact is in the order of \$7 million, but, again, we don’t have that exact number.

The minister has not been very transparent about what that inflation impact was, and we have yet to hear a commitment from government to make up that hole in the hospital’s budget for the fiscal year that just wrapped up.

We see as well, for the year going forward, that the number that is included in the government’s budget for this fiscal year, as shown on page 13-4 of the budget — “Yukon Hospital Services” — has \$93.6 million in O&M for Yukon hospital services. That number is \$10 million lower than the number that the hospital CEO told us was the hospital’s O&M need for last year. Is the minister suggesting that the hospital needs \$10 million less in O&M money than they did the previous year?

So, the questions I would wrap up with at this point — and I look forward to hearing the minister’s responses — would be: Of the \$103.5 million that we know that the hospital asked for in O&M core funding last year and didn’t get — what is the government doing to address that funding shortfall? Secondly, how much was the impact of inflation on the hospital’s needs last year? Thirdly, how much did the hospital ask for in O&M funding for the current fiscal year?

**Hon. Ms. McPhee:** By my account, after the comments, there were three questions that I am pleased to answer.

The first one, I think, is about what is perceived by the member opposite as a shortfall for the 2022-23 year budget. I am happy to provide the following breakdown with respect to 2022-23, but I think, overall, what I should say is that we are clearly the core funder for the Yukon Hospital Corporation. We work closely with them to provide core funding, as needed, but the member opposite has not calculated revenue that is obtained

by the Yukon Hospital Corporation that is outside of the Department of Health and Social Services.

That revenue has been consistently over \$9 million for the last two years, and that calculation has not been made by the members opposite. The core funding agreement for 2022-23, which I am happy to provide these numbers, but I should note that this is not the budget that we are here to speak about. I know that there are questions by the folks opposite, so I will make sure that the answer is provided.

The core funding agreement with the Yukon Hospital Corporation — \$88.2 million in 2022-23. There were other transfer payment agreements for other revenue outside of the core, of over \$5.4 million. There were patient revenues that flowed through the Department of Health and Social Services of over \$2.8 million, for a total of over \$96.5 million. There was, as I have said, over \$9 million in revenue outside of the Health and Social Services department, which, I think, will add up to the total of \$103.5 million, which is the number that the member opposite has determined was the funding requirement for the hospital. \$103.5 million, I think, is the number that has been asked about. The numbers I have just provided do add up to that figure as well.

The second question was the impact of inflation with respect to the hospital budget. The difference between the 2022-23 budget and the 2023-24 budget, which is for debate here, is a 5.7-percent increase, which takes into account inflation here in the territory. I can indicate — I think that it was noted to be 6.9 percent. I think that the number we have is 6.8 percent inflation, and that amount has been worked into the budget for the hospital.

I can also indicate that, in 2022-23, the Yukon Hospital Corporation provided to our department that they believed their inflationary pressures were in the range of \$1.7 million. I don’t have that figure for this particular budget, but we work with them regularly — weekly basis — to make sure that we are working together going forward.

The hospital core funding for 2023-24 in this budget, as correctly noted by the member opposite, is to be \$93.6 million, and the other transfer payment agreements for other revenue outside of that core are still to be determined. The patient revenue is still to be determined, and of course, the revenue outside of the Department of Health and Social Services is still to be determined. We begin with the core at the beginning of the fiscal year, which is five days old, I think and, frankly, work going forward with the Hospital Corporation.

I absolutely take no issue with the growth that has happened at the hospital since the 2015-16 budget, since the opening of the emergency department, since the increase of the orthopaedic surgeon, since the increase and expansion of OB/GYN services, since the increase of personnel costs, since inflation, since the 12-percent growth in the territory of population.

We are well aware that we are making significant improvements in service and growth and programs to provide Yukoners with the care they need. We are well aware of those because we have driven those programs and services in cooperation with our partnership at the Yukon Hospital

Corporation. I won't say much about the Fraser Institute, although the reference to the report — I appreciate that. I always appreciate advice from the folks on the other side of the House, but I think it's a little bit dangerous. The Fraser Institute, back in 2015, was clearly critical of the then-Health and Social Services minister, which was the member opposite, in relation to a doctor shortage that was happening at that time.

I look forward to further questions, but I think the concept of criticism is not that useful, frankly. We are here — and I think the members opposite are here — to make sure that services and health care improvements are provided to Yukoners. I don't see how we are not all on the same page with that.

**Mr. Cathers:** I would remind the minister that it is pretty rich, when she has told this House that members should bring accurate information to the floor, for her to, again, bring inaccurate information to the floor.

The record clearly shows that, when I was the Minister of Health and Social Services — which was not in 2015, as she suggested — that actually, we had an increase in physicians as a result of working with the Yukon Medical Association, the Yukon Registered Nurses Association, and other health professionals on a health human resource strategy that met the needs of the day and resulted, not only in an increase in doctors, but in Yukoners being assisted in seeking education as doctors, nurses, and in other health professions through bursaries, which have benefited well over 100 Yukoners since that time.

So, if the minister is going to try to take shots, do try to do a little better research, please, I would encourage her, Deputy Chair.

So, let's go back to the hospitals' funding. So, again, the minister is trying to dismiss the number of \$103.5 million, as if it were something the opposition invented, but we aren't the ones who stated that number originally. The number was stated originally by the CEO of the Hospital Corporation, sitting right there, and his own words, as shown in Hansard from November, reflect that the portion of the hospital's budget, which they were expecting to receive from the Yukon government — just for O&M — was \$103.5 million for the fiscal year 2022-23.

So, the minister cited some other numbers related to patient revenue and another matter, but again, what I would ask the minister — perhaps those numbers are not shown in the supplementary estimate — when members are looking for information about what the government is providing to the hospital and other entities, we look at the budget. If there is information beyond what is in the budget about what government has provided, or claims they provided, the onus is on government to show that information, not simply to assure members that they must have provided more resources, or question our ability to read the budget when we can, and have, and will continue to refer people to the pages in the budget that reflect those numbers. Again, the line item for Yukon Hospital Services contains substantially less than the amount of money that the minister claims they have been provided with by government for the fiscal year we are just wrapping up.

Also, concerning, for the fiscal year that we are now in, as of April 1, the total budget shown for Yukon Hospital Services by the government is about \$10 million less than the amount that the CEO told us that they needed for the last fiscal year.

So, when it comes down to whether I am going to believe the budget and the CEO over the minister's talking points, you will understand that I consider the budget and the hospital CEO more reliable sources of information than the minister. I am asking the minister to demonstrate — and perhaps, she could provide me with the evidence of it and table it — if government has provided funding for the 2022-23 fiscal year to the hospital beyond what is shown in the budget, then show us where, show us how, and whether it is reflected in a line item or is going to be picked up in the next supplementary estimates.

Again, I asked the question of the minister what the hospital has asked for, for core funding for the current fiscal year, and while she claimed it was an increase, she didn't provide that number. So, what was the number? I am asking the minister what was the number that the hospital, in their budgetary submission, asked for in O&M core funding from government for the 2023-24 fiscal year?

#### Deputy Chair's statement

**Deputy Chair:** Before continuing, I would remind members to refer to other members by their current titles.

Member for Riverdale South, please continue.

**Hon. Ms. McPhee:** Thank you very much, Deputy Chair.

I think the first question involves, again, the 2022-23 budget, and what the member opposite has identified in the range of \$103.5 million are actually the numbers that I have provided, and I am happy to give the specific numbers, either today or at a later date. The specific numbers — again, remembering year-end has just happened, and we are working on the details of those — is actually more than \$103.5 million. It does not exist in the Yukon government budget at that amount, because there is a significant amount of money — over \$9 million — that is not Yukon government money. It's revenue outside of Health and Social Services, so it's not reflected in the Yukon government budget, nor would it be.

I think that the other comment I can make is that, since our current director of finance has been with us — he can certainly provide this information and has done to me, and has worked on the responsibilities of funding in the gigantic budget that is Health and Social Services — we have, as a department, met or exceeded all funding requests that have been identified by the Yukon Hospital Corporation, either in the main or supplementary budget exercises.

Something else that might be helpful is that some of the additional transfer payment agreements or funding that is provided to the Yukon Hospital Corporation by the Department of Health and Social Services are project-related. I have indicated that those happen after the core funding has been developed and provided to the Yukon Hospital Corporation. The process is to start with core funding. The member opposite



might recall this, but certainly the process, now in 2023, is to start with core funding, and then to determine project-related funding going forward, including things like IHealth, MRI additional funding, or for the OB/GYN clinic. These are just some examples of the kinds of project-related or program-related funding that are provided in additional TPAs outside of the core funding figures.

I believe the other question was how much the Hospital Corporation asked for, for the 2023-24 budget. I can indicate that some of what was included in their initial request were things that had not yet been approved by Management Board. One example was a request for operation funds for the new mental wellness clinic and unit that is going to be built — it is not yet built, so it was removed from the initial request. That made the request at approximately \$91 million, as you can see from the 2023-24 budget. We have provided core funding from Yukon government to the Yukon Hospital Corporation for the beginning of the process in 2023-24 of \$93.6 million.

**Mr. Cathers:** I'm sorry, I am not going to buy the assertions by the minister, because again, she suggested that the \$9 million in other revenue to which she referred was part of that \$103.5 million, but the chair and CEO of the hospital are very well aware of their funding structure. When I asked about the money that they needed as part of their O&M core budget from the Yukon government, the CEO was very clear in answering that question and saying that the number was \$103.5 million from the Yukon government. That clearly did not refer to other parts of the budget, of which he would be very well aware, and clearly better so than the minister.

So, it is hard to believe that the government has actually met the hospital's needs for the 2022-23 fiscal year. I do appreciate the minister acknowledging that there are some additional amounts that are not reflected in the budget. I do look forward to hearing more specifics of those additional amounts provided to them for the 2022-23 fiscal year, but I do have to remind this House that, in previous budget documents we have received from the Department of Health and Social Services, we have seen previous years where, in the budget documents that they provided at the briefing, it was clear that the Yukon government, this Liberal government, did not fully fund the hospital's operations for a year until picking up some of that core funding at the start of the next fiscal year. That is in the documents that they provided, which, if the minister has forgotten them, although they should be in her files, I can certainly table a copy because I have kept those copies.

I would also remind the government, in wrapping up, when I express concern about hospital funding, I refer to the hospital's own report, the *Year in Review*, which — for the reference of Hansard and others — should be online, I believe. Yukon Hospital's *Year in Review 2020-21* shows selected financial highlights, as of March 31, 2021, and it shows, along with graphs, a breakdown of revenue and expenses by rough categories. The total revenue for the hospital for the fiscal year ending March 31, 2021, total revenue was \$99.6 million. Total expenses were \$103.6 million. The minister can try to suggest that I am just inventing the number, but the hospital's report shows those numbers.

The hospital, for the previous year, "Selected Financial Highlights" from Yukon Hospitals — again, their own report — as of March 31, 2020, shows \$92.6 million in total revenue and \$96.5 million in total expenses — again, the hospital's own reports.

The chronic underfunding of the hospital that has occurred under this Liberal government, beginning in 2017 — whereas Hansard shows the minister of the day indicating that they were only providing them with a one-percent increase in operational funding, which of course, does not cover inflation even back then —

I continue to be concerned, Deputy Chair, and I would invite the minister to actually provide the evidence that they provided the hospital with more resources than shown in last year's budget. I do find it hard to believe the figure that she cited for the current fiscal year of roughly \$91 million, because again, it contrasts with what the hospital's CEO told us last fall — that the money they needed from YTG was \$103.5 million for that fiscal year — and it is extremely hard to believe that they would see a reduction of more than \$10 million in their O&M needs for the current fiscal year, at a time when we know areas, like employee costs, are set to an automatic escalator, and they are coping with the impacts of inflation.

I will move on for the moment, while I would caution the minister that we will be watching this area very closely and holding government accountable for any impacts to the hospital — any more impacts to the hospital, I should say — caused by a lack of funding, but I do want to move on to some other important areas in the time that we have available here today, because I do have quite a long list of those.

I want to talk about physician billings. As the minister will recall, we have raised this in Question Period today, as well as previously. We heard from physicians as well. We have heard from several doctors, I should note, not only prior to us raising the questions, but immediately after we asked questions. It was quite clear that doctors are owed money that has not been paid. We did hear from physicians that, on April 5, the government did cover most of the retroactive pay related to increases in the new memorandum of understanding that was signed, and we are pleased to see some progress there; however, we have heard very clearly from physicians that there remains a significant backlog in physician billings. In some cases, this has not been resolved.

Deputy Chair, we have heard individually from physicians who have indicated that the amounts owed to them are in the tens of thousands of dollars — in some cases, in the neighbourhood of \$100,000 for an individual physician. This is an area that I view as being absolutely critical. If government, in dealing with a national shortage of health care professionals — we know this government, for years, has fumbled the ball and has not recognized the importance of recruitment and retention, including eliminating the physician recruitment position in the Department of Health and Social Services, before eventually — after the Yukon Medical Association stepped up to create it themselves, after the minister first claimed they were funding it, which turned out not be true — the minister was then embarrassed into partially funding that

position, but from what she told us, they covered only half the costs.

I do want to commend, as well, the Yukon Medical Association for the work they are doing in this area. The question that I will begin with here is: What is the government's understanding of the current amount of physician billings that have not been resolved — the total billing amount from Yukon doctors that the department has not yet decided whether they are going to pay?

**Hon. Ms. McPhee:** The question is about physician billings and outstanding claims. There are two numbers that might be of interest to Yukoners and to members opposite. There is approximately \$600,000 worth of claims that are outstanding but have been resolved and will proceed to being paid in the next payroll period, which is — I think I said earlier today — by about mid-April or sooner — probably sooner. But those will all be sorted by the next pay run. There are approximately — remaining claims between 30 and 60 days outstanding — not more than 90 days, not for months and months and years — 30 to 60 days — \$477,000 worth of outstanding claims.

I think it is worth reminding Yukoners that we pay approximately \$30 million. I can get the exact figure — let's see if I can find it — \$29.96 million for fee-for-service physician claims annually. In that \$477,000 plus \$600,000 — just under \$1 million — \$1.89 million — there are some 22,000 claims included in that, so most of them are for relatively small amounts of money. We are also waiting on a large percentage of those for more information to be provided by the physician. That said, we are working diligently to make sure that those are sorted out.

For the information that is missing, we are actively trying to obtain that information from physicians — so reaching out to them rather than just having them sit in a pile waiting. We are attempting to ensure that this information is provided so that we can accurately record data as well, which is incredibly important for Yukoners. We are spending Yukon taxpayers' dollars and we need to make sure that we also have the data on patient service delivery and how to support Yukoners better through our health and social services system, and how we can also support care providers — physicians, et cetera.

I think that those are the numbers that the member opposite was seeking.

**Mr. Cathers:** I do appreciate the minister providing an answer to the question about numbers, but it does also illustrate the scope of the problem. With the information that the minister just provided, we now know that when we began asking questions about this issue, Yukon physicians, by the minister's own admission, were owed over \$1 million in back pay for health care services that they provided. We do wonder whether that is a full assessment of the situation because of what we have heard individually from physicians, but I do appreciate the minister providing at least the government's version of what the total amount was of that. But the fact that it deals with over 20,000 claims in excess of \$1 million to Yukon physicians is very illustrative of the problem and the point that my colleague, the Leader of the Official Opposition, and I made earlier today

and earlier this week regarding the problem with the billing system.

The Yukon is in a situation where, with a national shortage of health care workers, it's a very competitive environment for doctors, nurses, and other health professionals. If the Yukon has a reputation of being very slow to pay its doctors — and we are hearing very clearly and specifically from doctors that we are developing that reputation — that poses a problem.

I want to give some specific examples to illustrate how it could impact health care delivery this year. Looking on the website that the Yukon Medical Association has — their doctor recruitment website — there is a list of job postings that are available and it includes full-time permanent positions, it includes locums, and it includes practice shares. But, overall, looking at it, it is dealing with over 20 physician positions in the Yukon needed this year either for permanent people or for coverage. So, simplifying it, the Yukon needs to convince at least 20 doctors to come to the Yukon to either fill those vacant positions or to cover for doctors during maternity leave or other absences, including summer vacation. If the Yukon has a reputation that the government is not paying bills for doctors on time, that could be a very, very serious problem — even for Yukoners who think they have a family doctor right now. What we are calling for is the government to act on this as an urgent priority, because it is urgently important to Yukoners who need a family physician and health care services.

I wanted to just note that, among the feedback that we have received specifically from physicians, I heard from a doctor who contacted me, both before we asked questions here this last little while and afterwards, that, in addition to the amounts that he had outstanding in billings — which is in the tens of thousands of dollars — he had attempted to recruit a couple of doctors to come to the territory who had come, and he heard clearly from them that they will not return due, in part, to significantly delayed payments of up to a year. I also heard separately from another physician who told me that he personally has billings dating back to 2021. The minister's indication was that they didn't have anything beyond the 60-day mark, but, in fact, we have heard clearly from multiple physicians that there are thousands of outstanding billings dating back for over 90 days.

I would again urge the minister, as we did in Question Period, to commit to fixing the system, to moving to a more efficient system — similar to what is used in other jurisdictions — that prioritizes patient care over paperwork, and to looking at models — such as in Alberta — that would have the potential of fundamentally changing the Yukon's physician billing system from one that currently, effectively, is basically the same as asking every doctor to go through an audit every billing cycle to an approach — such as we understand is used in a number of provinces where they randomly audit physicians, address any issues of overbillings or improper billings, and, of course, follow up if there are problems with any specific individual, and move to a far less paperwork-intensive model.

Will the minister commit to doing that, or to at least considering that and discussing it with the Yukon Medical Association?

**Hon. Ms. McPhee:** The short answer to this question is yes. I think I said that earlier today. If it was unclear, I will apologize for that. I don't think it should be unclear. Our commitment is to resolving this situation. Our commitment in the most recent days has been to — I am going to say — frantically resolve this situation, including the vast number of things that needed to be sorted out since January.

We are working with the Yukon Medical Association. They passed a resolution, as part of their work going forward, to explore a united or universal version of electronic medical records — part of an issue. Please do not hear me or anyone saying that this is all of the situation or all of the issues that we're dealing with, but part of it is that there is no universal electronic medical records across physician medical clinics or across users. The Yukon Medical Association — I am not speaking for them, but reporting that they have done a resolution to explore universal medical records of an electronic nature, so that we can, on their side, streamline some of this process. Certainly, we are also committed to having improvements.

I don't disagree with anything that the member opposite said about the impact of this. I will say, however, that we do not have a reputation — maybe among some individuals who have complained — I would certainly want — and have concerns, and they are legitimate concerns — and would ask if the member opposite knows of an individual physician who has a claim outstanding since 2021 and has an issue, that they could contact us, either through the member opposite or directly to my office. We are keen to make sure that we can resolve this one-on-one, and particularly if it is a complicated situation.

We have a reputation here in the territory for problem-solving, for being progressive, and for moving forward. Absolutely, the YMA has taken on the responsibility of recruiting. I appreciate that the criticism comes regularly that we don't have a position for recruiting at the Department of Health and Social Services. We do fund a position at the YMA for recruiting purposes. That is a more appropriate opportunity for doctors to reach out to others.

There are positions on the YMA website. We are actively recruiting, as we should, to deal with the health and human resources situation in the country. We are reducing pressures on our physician community. It is a goal of the work that we are doing, not only with the YMA, but with our own commitment to supporting Yukoners' health. We are increasing access to care through other initiatives.

As I have said a little bit earlier today in Question Period, we have opened the Centre de Santé Constellation Health Centre. We have negotiated a new memorandum of understanding with the Yukon Medical Association, which has made the Yukon one of the most desirable places to practise medicine and will increase access to primary health care through its attachment and attraction program. A part of that initiative is to support overhead and costs for doctors. That is attractive to physicians who want to come to the territory and want to have a business that is supported, and the overhead is supported through that process. We are always working with the Yukon Medical Association to recruit and retain physicians.

Nurse practitioners are now included in the Find a Primary Care Provider program, expanding the scope of practice for pharmacists — and I think it is incredibly important to note in relation, in particular, to this issue that we are developing a digital health strategy that is being developed with engagement with individual physicians and the Yukon Medical Association. We are working to open a new medical walk-in clinic to provide that kind of service for individuals, and we are working with respect to focusing on the primary health care needs of rural residents, which are met through the community health centres.

Lastly, I think, because we are speaking about the scope of this issue, it might be important to note that, in 2021-22, for example, we processed 427,000 fee-for-service claims for doctors. So, this backlog of a little bit over 22,000 represents 5.2 percent of that total — again, not acceptable, but that is what it is — 5.2 percent.

The numbers work out that, generally per week, the Department of Health and Social Services is processing more than 8,200 claims — 8,200 claims — a week, and that means that, with respect to the — again, a little over 22,000 — not acceptable, but it represents a backlog of about 2.7 weeks behind. Is that acceptable? No. Do we want a system that doesn't have backlogs? Yes. Will we work with the YMA to make sure that we resolve these issues, both on the physician side and on the Health and Social Services side? Yes.

**Mr. Cathers:** I do appreciate the recognition by the minister that the payment system needs to change, and we do hope that there will be action in that area. I was a bit concerned to hear the minister reference the electronic health record in correction to that, because while I recognize the efficiencies that may come from moving to such a thing, the development of such computer systems within the Yukon are multi-year processes — they don't happen overnight — and we are in a situation where, as illustrated by the list of physician postings that I made reference to earlier in debate, there are at least 20 that we are aware of, based on what the Yukon Medical Association has posted on their doctor recruitment website — their list of over 20 physicians who we need this year, either for permanent or temporary coverage — and my point is very similar to the one that the Canadian Medical Association makes on their website, that can be found right now, that we need to take action now. This can't be a multi-year process to fix the physician payment system. Action is needed this year, and I would just also mention that, while the minister indicated the total amount was about 5.2 percent of billings, if any one in this room, or any workplace in the Yukon, was missing 5.2 percent of their pay for over 90 days, they would be pretty upset about it. In some cases, for individual physicians, it is certainly more than five percent of individual physician billings. So, for some — we have been told by doctors — that for some, it is in the neighbourhood of \$100,000, and there are a number of others, it is in the tens of thousands that they are owed.

So, I am sure that I am not going to get more from the minister on this than the commitment that she made earlier. I do appreciate that she is at least recognizing that it is an issue and committing to working with the YMA on it. We will

certainly watch this area closely and would remind everyone involved that we will be doing so.

I would also just correct the minister — she indicated that they fund the doctor recruitment position with the Yukon Medical Association. Unless they have recently revised their payment agreement, the government was funding half of the cost of that doctor recruitment position at the YMA.

I want to touch on a number of the many other important areas we have, so I am going to move on to the Constellation Health Centre, which the minister made reference to. We know that the government made a big deal about opening it, and opened it with much fanfare, without any doctors there. They, then — after months without being able to attract physicians, my understanding, based on comments that the minister made earlier — were able to attract two doctors to work there part-time.

At the time, the minister indicated that she didn't have that information, but I did ask the question, I believe it would be almost a month ago now: How many doctors are working at the Constellation Health Centre right now? Were those doctors already practising here in the Yukon at the time that government contracted with them?

**Hon. Ms. McPhee:** In the 2023-24 budget, there is \$2.34 million for the Constellation Health Centre. As of February 15, 2023 — I just think this information will be helpful to understand the full scope of what is happening there — the centre had received a little over 1,300 applications: 491 people have been accepted as clients and are able to access primary health care at the centre; 860 individuals are on the wait-list, because applications continue to be assessed and triaged, with intake appointments available almost every day.

Once fully staffed, the clinic's staff complement will include one clinic manager, five nurse practitioners, one registered nurse, one licensed practical nurse, two medical office assistants, one social worker, and one full-time physician. You can see that the concept is to provide wraparound care of a multitude of services for individuals who come there. The clinic is currently staffed by two nurse practitioners, accounting for the caseload and the continued intake, with a third hired and starting in the coming weeks. As well, they have a registered nurse, and they have an office medical assistant, and they continue to deliver exceptional primary care to Yukoners. A local, bilingual physician is providing consultative support to the clinic. They do have their own practice elsewhere, and then they provide consultation to the nurse practitioners, which assists with their scope of practice. The recruitment for the single, full-time physician and the other vacancies is actively underway.

**Mr. Cathers:** I do appreciate those answers. Again, I would express the concern — as I have both before the health centre was opened and afterward — that if a doctor or doctors hired at the clinic are not new to the territory, that it may end up in a situation where patients who are already being served through a medical clinic might lose their own physician, resulting in a reallocation of services to different patients but, in fact, a loss of service to others.

We are concerned about that model going forward, as they move to hire a permanent, full-time physician there. I would hope that the government doesn't simply take a physician from other Yukoners to work at that centre.

I would just ask as well — since we are talking about the government being behind on its bills to doctors — are there any outstanding payments owed to physicians who are providing services to the Constellation Health Centre, also known as the bilingual health clinic?

**Hon. Ms. McPhee:** The physician providing consultative services to the nurse practitioners at the Constellation Health Centre is a contract physician, not fee-for-service, so the claims — the contract is paid separately than fee-for-service claims that go in, so there's no outstanding amounts that I am aware of at the moment with respect to the contract.

Just to confirm, all contract physicians, of course, are paid pursuant to the contract and the terms of the contract, and do not necessarily provide claims or billings to the department that are fee-for-service. Some physicians might have fee-for-service work and also be a contract physician.

In relation to the question asked specifically about the individual providing service to Constellation, that is a contract position with the clinic.

**Mr. Cathers:** I appreciate the minister indicating that this is a contract position and that there are no outstanding payments owed to anyone associated with that.

With regard to patients, the minister made reference to the number of people who had applied. What criteria are used to assess who is successful, of the many people who apply to that clinic, and who is not accepted as a patient?

**Hon. Ms. McPhee:** As I have noted, the application process for attending — being a patient, working with the medical team at the bilingual health centre, or the Centre de Santé Constellation Health Centre for Yukoners, is available at this time. Of course, the goal is to connect as many Yukoners to primary health care services as possible through equitable and balanced client onboarding. We are taking a thoughtful approach to the launch, and as it grows, to ensure that all clients accepted will receive very high-quality care. There is a separate application process for this clinic, and Yukoners can obtain primary health care services there.

The question regarding how applications are assessed — they are assessed by a team of professionals at the clinic; they are reviewed and prioritized. Yukoners may recall that this Constellation Health Centre has been set up at a somewhat temporary location, although it is perfectly well-equipped to work as a medical clinic, but we will eventually move them to a permanent space at 9010 Quartz Road, so it will be close — in the same building as the Yukon health centre there. We expect also that it could expand to the full complement of staff that I have mentioned earlier.

The acceptance and wait-list status are informed by the capacity of the clinic's primary care providers, as well as pre-established determinants. The population health determinants include a number of considerations, such as whether or not the patient is currently attached to a primary

health care provider, the complexity of the care needs of the individual, whether French is their primary language, and there are other determinants and considerations as well. If someone is not initially accepted — there is a medical assessment that I don't have the details of here — but if someone is not initially accepted, they will be added to the wait-list and notified when spaces become available.

We are also working to track if a patient moves to getting service and care at the Constellation Health Centre and they leave another practice; we are very keen to make sure that we can keep track of how that space is filled, through the find a care provider program or other wait-lists that might exist at individual clinics. Yukoners can access an application form on [yukon.ca](http://yukon.ca).

I think that it is worthy of note, although it might have been clear in the description of the team that will be in place — is partially in place and is being hired to work at the health centre — that the model of care is that individuals will be supported by an interdisciplinary team-based model of collaborative care, allowing clients to access a range of different care providers, depending on their needs, as I have noted — social workers, LPNs, as well as nurse practitioners, and registered nurses, for a number of opportunities there.

**Mr. Cathers:** With regard to the walk-in clinic, we saw a situation where, last year, the minister told media that a new walk-in clinic would be opened in the spring 2022 and, of course, that was welcome news to people who didn't have a family doctor. We then saw the situation where the government's plan did not succeed, and we heard from physicians that it was a result of government not working with doctors on designing a workable model, but now we see the situation where, under the confidence and supply agreement with the NDP, there is a commitment to develop a walk-in clinic by 2024.

First of all, there's a pretty big slip in the timeline from people being assured by this minister that a walk-in clinic would open last spring. Now the commitment has been made that it will be opened next year. Considering that the first commitment failed, the first question is: What assurances do Yukoners have? What reason do Yukoners have to believe that — after the minister previously made this commitment, then did the political version of a faceplant in the mud and not being able to deliver it — what reason do we have to believe that the model being developed is workable? Is the government working with the Yukon Medical Association or physicians individually on designing the model for that clinic? What steps have been taken to date, if any, on delivering on the commitment to open a new walk-in clinic next year?

**Hon. Ms. McPhee:** I am pleased to talk about a walk-in clinic, which has always been on our minds at the department, for the purposes of making sure that — it is one kind of care for Yukoners. It is one option of care. Almost all models of a walk-in clinic will help resolve some visits to the emergency room — not all of them, but certainly some — for individuals. I think it's important to note that the expanded scope of pharmacists will also reduce some of those visits if there are individuals who have been going to emergency rooms, for example, for a

prescription refill or for something that can be dealt with by a pharmacist now with the expanded scope, in relation to how that is operating here in the territory now. Nurse practitioners and their scope of practice is a widely appreciated change as well.

I won't agree with the member opposite that we indicated that it would open. I certainly hoped it would open. I was very careful and cautious, because the final arrangements had not been made, but I do agree that the plan that was pursued last year for a walk-in clinic to open did fail as a result of the participants not ultimately wanting to do so, so we have, since that date, an easy opportunity or conversation for us at the CASA table — or the confidence and supply agreement table — in 2023, which, to be clear, I was not part of, but I was not at all concerned about seeing this as part of that issue because we have been working and pursuing the option of a walk-in clinic for Yukoners since before last spring when we were having conversations about it.

We have been working with our health system partners. The question is whether we will work with the YMA to explore options — absolutely, yes. We have been working with our health system partners to explore options to increase access to primary health care providers and to think about these next steps in a creative way so that we can increase opportunities for Yukoners to have access to health care.

We do look forward to providing an update to Yukoners soon. I appreciate the question. One of the many models being considered, not the least of which is to have individual clinics that operate already, perhaps have walk-in options, certain days or opportunities for individuals to walk in. When Constellation moves and is fully structured, one of the options will be to have walk-in options at a clinic like that one if not that one.

I can also indicate that there is — the member opposite might be familiar with it — a joint management committee pursuant to the *Health Act* that exists. With respect to the makeup of that committee, it is the Deputy Minister of Health and Social Services, as well as the president and the past president of the Yukon Medical Association. The responsibility of that group is to provide strategic advice to the minister. I am aware that walk-in clinic options are on the next agenda for that group as well. This option absolutely needs to be pursued because it will provide a much-needed service to Yukoners.

**Deputy Chair:** Do members wish to take a brief recess?

**All Hon. Members:** Agreed.

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

*Recess*

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

The matter before the Committee is continuing general debate on Vote 15, Department of Health and Social Services, in Bill No. 208, entitled *First Appropriation Act 2023-24*.

Is there any further general debate?

**Mr. Cathers:** I want to just touch on the issue of the home care program and note that I have heard concerns from Yukoners, including from health professionals who are involved with that area, that the program scope could be expanded to help Yukoners stay at home longer. Right now, as I understand it, they are focused on certain things that are deemed essential, but it doesn't deal with certain things that fall more under the quality of life sphere. While recognizing that there must be scope limitation to any program, what I have heard from health professionals — as I have noted — is that they believe that there are things that are covered in other jurisdictions that, if we covered them here, would help Yukoners stay in their homes longer and avoid them ending up moving into a long-term care facility or ending up in hospital as a result of a problem. The question on that would be: Is the government looking at changes to the home care program to address those issues, both within Whitehorse and within rural communities?

I want to also just include a related question on behalf of my colleague, the Member for Copperbelt South, about someone who reached out to him. This individual, as I understand it, is a senior who lives by themselves and doesn't have someone immediate who they can get to assist them in travelling to necessary medical appointments. They are outside the range of the Handy Bus service but found that there isn't any coverage available for taxi rides or any medical travel subsidy available to them because they are not out far enough to receive anything there. I just wanted to flag that gap to the minister and ask if they would take a look at that issue?

**Hon. Ms. McPhee:** Thank you for the opportunity to sort out some information that may be of use in response to this question and may be of use to Yukoners who might be listening.

We believe that housing affects health, and we want to ensure that all seniors — primarily seniors who interact with home care, but not always — but, certainly seniors — that they have access to safe and suitable places to call home. Yukon seniors and elders deserve to age with dignity and in the comfort of their own homes, or their home community, for as long as possible, which is why the Yukon Health and Social Services home care program is so important and critical. Seniors also have supportive housing options that might enable more Yukoners to live independently. I think that what we are talking about here — and home care is certainly in the middle of a spectrum of support for Yukoners — the Housing Corporation and the Department of Health and Social Services are collaborating on the development of seniors supportive housing as a way to meet a significant and growing gap in the housing continuum for seniors, but also in the way that we can work to have Yukoners stay at home as long as possible. I mention this because a spectrum, I think, is important.

In 2022-23, we provided funding for an additional four FTEs for the home care staff to support eligible residents of Normandy to access services and supports, so that individuals who move into Normandy have access to home care and the recognition that sort of care to individuals, who may be residing there, is part of the benefits, and part of what is keeping folks in their homes or in a new home — perhaps at some place like

Normandy. Normandy Living — let us be clear about the title — opened in December 2022 and is a privately owned modern, five-storey building in the Takhini subdivision and offers a range of inclusive seniors supportive housing. Rental options include studios, one-bedroom, and two-bedroom homes — all of which are offered for lease.

I think that it is important to note that this is a facility that is early days; individuals are moving in and adapting very well, and by all accounts, very happy to be there with all the services provided.

The Yukon home care program is available to all Yukoners who meet program eligibility criteria, including the residents of Normandy Living, and the program continues to be delivered by the department's Continuing Care division.

Yukon Housing Corporation clients will pay 25 percent of their income toward the rent and 40 percent toward services, including meals, housekeeping, and things like laundry. It is an interesting and new option. It provides care for individuals and a living opportunity that is new here in the territory, but home care is an integral part of that process.

I want to champion the home care folks, because like almost everyone in the territory at this stage of COVID, there has been difficult work conditions and staff shortages. I happen to personally know that the home care team and home care nurses are working extremely hard to make sure that individual Yukoners can stay in their homes as long as possible. I can also indicate that the home care program has the support of our team at Continuing Care and that we are always looking to make improvements to make sure that Yukoners are receiving the best possible service going forward. I think that we must recognize the staffing issues, and we must also recognize that reviewing home care, and the model and criteria of the kinds of services that are provided, is something that should be ongoing in the department and is a project that we are committed to.

We want to make sure that Yukoners have the best possible service through the home care program, which is extensive here in the territory. It is also somewhat unique across Canada. Home care takes almost every client in the Yukon, quite frankly, because there are no services provided privately — for instance, if somebody wanted to privately hire a nurse, like you might do in another location, or privately hire an individual personal care worker — those kinds of things — as you might in another, larger centre, they are just not available here, and home care picks up all of the slack with respect to that, and does it in an amazing way to serve Yukoners. Our obligation is to make sure that they are properly supported in their work and that the program is delivering what Yukoners need, and we will review that ongoing in order to make sure that this is the case.

I think the other part of the question was more specifically about subsidies for things like taxis — I think that was the example given. There isn't currently a program, if an individual lives in Whitehorse — I want to make sure that I understand the question — and they need to go to a hospital or a doctor's appointment and are not someone receiving that social assistance and those kinds of supports, then there is not a program that supports that kind of care. I hope I have answered that question.

**Mr. Cathers:** That indeed was the issue regarding a taxi service, and we'll just note that is a gap for a constituent of my colleague, the Member for Copperbelt South. I would note as well, on a related issue, that while the government, as a result of a recommendation of the comprehensive health review, decided to eliminate the medical travel subsidy for people outside of Whitehorse who were near to it, that is something that I have heard specifically from constituents who are seniors in the Braeburn area, that it has made it difficult for them. Again, it's an area, I am sure I am not going to get a commitment from the minister today, but I would note that a decision that was made, really, without people directly affected by it being aware that it was being contemplated has resulted in a situation that may have seemed fine to people who didn't understand, frankly, how it would affect those Yukoners, but that is an area that I have heard specifically from constituents affected by it that have to pay — especially with rising fuel costs. It is a significant amount to get in, solely for appointments, and are in a situation, as well, where, typically, they may have an appointment at a doctor's office, as well as an appointment for bloodwork, and may have to go in multiple times and no longer receive any assistance toward the mileage for medically necessary procedures.

I am just going to move on from that area, though. I want to talk about two important areas. The minister will recall that we have been pushing for years for the government to develop an updated health and human resources strategy, which we believe has been sorely lacking in recent years. That is something that we had previously done in 2006, when I was the minister, with an update about six years later. We are pleased that there has been a commitment to develop one.

I understand from officials from the briefing previously that a meeting with the steering committee — correct me if the name of it is something different — has taken place. What I would ask in that area: What is the government currently doing to develop an updated health and human resources strategy, including who they are working with and what sort of timelines can we expect before they will be announcing some specific initiatives?

**Hon. Ms. McPhee:** I recall that I did not say something that I intended to say in relation to the last question regarding travel that was brought up in the question about whether or not there is some ability to address those issues going forward. What I should have noted, as well, is that there is a provision of the confidence and supply agreement that deals with travel. Initially, the concept throughout the territory, in order for people to be able to move around in a way that is more affordable if they don't have vehicles or aren't able to do that, or drive them — that might affect seniors as well — that through that conversation, there may be some ability for us to sort out if there is a more local component of that. I don't want to make any assumptions, but it is something that I meant to mention.

This question is about the health and human resources strategy. An effective health and human resources strategy requires collaboration from multiple government departments

and stakeholders. In the question was mentioned the steering committee. I am happy to provide some more information.

The Government of Yukon has established a new Yukon health and human resources steering committee. It consists of representatives from across numerous departments in government, as well as the Yukon Hospital Corporation and Yukon University. There are some doctors and nurses, First Nation representatives as well. The Yukon Medical Association, the Yukon Medical Council, the Yukon Registered Nurses Association, the Yukon Employees Union, and the hospital union are all members of the new health and human resources steering committee. They meet biweekly. They have met twice. Terms of reference has been determined.

I think they next meet on April 14, and I will attend that meeting along with the Premier to discuss the importance of the work that they will do as a committee. The committee will develop a Yukon health and human resources strategy to address all aspects of the health and human resources challenges here in the territory. The committee members will be expected to help coordinate, support, and influence health and human resources work that is underway in their respective organizations, so that it aligns with the committee's recommendations and priorities. The committee will be looking at all aspects of health and human resources, including recruitment, retention, planning, and innovation. They will be engaging with experts from across Canada and determining a vision so that ultimately there is a vision to guide the work that will occur here in the territory.

The work of the committee aligns with the ongoing collaborative efforts of federal, provincial, and territorial governments that are happening across Canada, which are supported by the recent federal investments to identify the health and human resources crisis as a shared priority. I can confirm that this is an agenda item on the federal-provincial-territorial meetings of Ministers of Health — on every agenda, I would say, in the last few years. It is a topic upon which — and, again, not to speak for them — but there is indication from all members of the federal-provincial-territorial meetings that this is a top priority and something that we must work on together.

The committee will establish a strategy, going forward, that will be built on the four pillars of resolving, or at least addressing, and moving forward with the challenges that face us all. The four pillars being: to plan, to attract, to retain, and to innovate in the area of health and human resources.

**Mr. Cathers:** I would just note that I am pleased to hear that there has been some progress on this. I just do want to emphasize the urgency of this situation, especially since, in response to calls from the Canadian Medical Association and others in the health care field, that a number of provincial governments have announced specific actions to either increase wages and bonuses, or to cut red tape, as well as speeding up of licensure of foreign-trained health care professionals.

In a situation where we have a national shortage, it's a time where other jurisdictions are taking action to try to be more competitive to attract doctors, nurses, and other health

professionals. If the Yukon doesn't act quickly enough, we will experience the impacts.

Also, I think that it is important to emphasize, as we have in some of our previous announcements and press releases, the importance of doing more to increase the educational opportunities for Canadians in health care fields and to better support Yukoners who are receiving that education locally or Outside, because ultimately, a big part of the solution to addressing the health care worker shortage is to train more people, not just simply increase the competition with other jurisdictions.

In the area of community nursing, we know that, at one point, the minister indicated that there was a 40-percent vacancy there. We understand that the numbers on that have come down slightly, but is the minister able to tell us the current vacancy rate for community nursing, as well as indicate which communities currently are short-staffed in that area?

**Hon. Ms. McPhee:** In relation to some of the comments that were made — I think it is in relation to the last answer, and I think the health and human resources strategy will be — we agree it is urgent; we agree it will be an important step forward, but I should just note that we are not waiting to take other specific actions. There was an increase in doctor's — physician's — fee-for-services, and in relation to contracts that are being negotiated following the MOU with the YMA for last year. There have been nurses' bonuses here that have had a positive effect on — I am just going to look for this number that I have — the services provided by nurses here in the territory, with the positive effect, not only of retaining but recruiting some nurses.

My recollection from reading earlier today is that nurses' bonuses have been provided to some 308 — I will just check and see if that number is right. I have "308" in my mind; if it is incorrect, I will be happy to correct it properly. Those were retention bonuses, and some six new recruitment bonuses paid out to nurses here in the territory.

I appreciate that there has been a handful of nurses, and they have brought a claim with respect to how the operation of those bonuses happened. They are completely entitled to do that; I am pleased that they have done that. If they have concerns, we can work through those, but that is a small number of people, in comparison to those who have received those bonuses, which was the intention all along.

I can also note that the member opposite will see that the Yukon University is a member of the committee that we have just spoken about that — and I can also — which is important when we look at the — as the member mentioned — when we look at education going forward, we have commitments to bursaries here in the territory. There is some \$89,000 budgeted through the medical education bursary, the nursing education bursary, and the health profession education bursary programs to provide financial supports for up to 16 new recipients each year.

During the former years, a little more than half of that amount was available. In 2022-23, a total of \$89,000 was budgeted for these bursaries. All 13 Yukoners who applied for a bursary received one, for a total of \$54,000. Over \$16,000

went to five students pursuing nursing education. \$22,500 went to four medical students, including family medicine in their studies. \$15,500 went to four students on other health care professions, including two students pursuing licensed practical nursing. Based on recent applicant numbers, the number of bursaries is meeting the current level of interest. We, of course, would like to have more interest and make sure that we support. If more individuals came forward, I can tell you my conversations with the department would be about how we can support them.

We are also working to explore opportunities to spread awareness about available bursaries for Yukoners to pursue health professions, including hosting events in partnership with Economic Development, just in March of this year. We have provided \$150,000 in this year's budget to the Yukon Registered Nurses Association, which administers the continuing nurse education fund, and Yukon residents studying medicine, or intending to study medicine, can apply to other funding programs.

I also would like to note, because it is important for folks who might be thinking about this or might be thinking about coming to a small community, like Whitehorse — we think it is growing like crazy, and it is, but it is still considered in this program as a smaller community, a rural community — the Government of Canada is offering the student loan forgiveness program for doctors and nurses who reside in communities with populations less than 50,000 — so, the Yukon qualifies — to entice more doctors and nurses to smaller communities. I recall that the loan forgiveness for doctors is between \$50,000 and \$60,000, I believe, and nurses at about \$30,000 — so those are significant opportunities.

Now, I am sorry, to the question that has been asked with respect to community nursing. The current rate of vacancy of the permanent staff at community nursing is 36 percent, down from a little over 40 percent. I can indicate that is in relation to permanent staff, and health centres in communities across the territory have been supported through agency nurses and operations partnerships with EMS and others to make sure that there is medical care available for Yukoners.

We continue to work to lower that vacancy rate of permanent staff. I can indicate that we have positive information from the nurses' bonus retention and recruitment bonuses. There have been six — maybe it's four — I will get the number for you — four to six new nurses hired in small communities across the territory who are now in positions that were more difficult to fill earlier. We are hoping that there's a positive effect and that it will continue.

**Mr. Cathers:** I do appreciate the information that was provided there. I just have to remind the minister that, in the area of bursaries — since she made reference to the number being higher in previous years — the total amount, individually, for bursaries is still down from what it was when the medical education bursary was launched in 2006, when I was the Health minister at the time. The current amount is lower for that now than it was back in 2006. I should say, for all those three bursary programs — the medical education, nursing, and



health profession bursaries — are all at a lower amount per individual than they were in 2006.

We then subsequently increased them in 2012. I would just urge the minister to look at those funding amounts in those areas, and as we have called for, to work with the health professionals in determining what specific initiatives, including bursaries, are necessary to help Yukon students who may be interested in getting educated in the health profession to do so, and to look at expanding the number of students that those bursaries are available for, and to look, as well, at other incentives.

I appreciate that the minister made reference to loan forgiveness from the federal government. The minister will recall, as well, the existing family physician incentive program that we established back in 2006, but I would suggest that perhaps the amount of that should be increased and perhaps that similar programs that provide — in that case, doctors, but potentially nurses and other health professionals — money to assist them with paying off their student loans in exchange for a commitment to service. We do believe that model continues to be worth discussing with health professionals in determining whether it can be an effective way of convincing new graduates to move to the territory and hopefully practise here their entire careers.

I want to move on to the area of Emergency Medical Services. Now, that program was transferred to Health and Social Services as of April 1. I do recognize that, particularly for department staff, there is some transition associated with learning fully the needs and pressures within that program area, but I want to ask the minister about what steps are currently underway to deal with a few important areas in that field.

To begin with, the issue of the staffing levels and the number of paramedics on call at any given time, and ambulances on call, has been raised by the Leader of the Third Party. As the minister will recall, the Leader of the Third Party shared information that they had received — through ATIPP, I believe — about times when someone called 911 and an ambulance was not available for hours. I have heard about that issue myself directly from Yukoners as well and that relates to the operational model in the Whitehorse area.

Is the government looking at that and looking at increasing that through providing an additional ambulance on call, at least during perhaps peak hours of service — if that has been identified?

Secondly, on a related note, we know that there have been significant gaps in volunteer coverage in communities. I previously raised — and I believe that I mentioned it as well at the briefing with either Community Services, Health and Social Services, or both — the question about the number of times that paramedics were dispatched from Whitehorse by air to provide a local EMS response in rural communities.

What I mean by that, in case that sentence wasn't clear is: When there has been a gap in local coverage and the reason that Whitehorse paramedics are getting on the Alkan Air flight is that because communities, such as Haines Junction, don't have local coverage at that time, and they are flying out to then get in the ambulance in that community and respond to a call.

Can the minister provide a breakdown of the number of times in the last year where paramedics from Whitehorse were dispatched by air to provide service on the ground in that manner I described in rural Yukon communities?

**Hon. Ms. McPhee:** Our team is committed to creating an integrated and person-centred health care system, of course — I have said it many times — that operates in a seamless and coordinated way. This is why the decision has been made to have Yukon EMS move from Community Services into Health and Social Services. It is a practical example — previously in two different departments, if somebody was being transferred from EMS to — or from a community health centre to EMS over to the Hospital Corporation, that is, like, three transfers of that individual, and we are trying to avoid any of the issues that could arise there, have better cooperation and better integrated health care for individuals. It has been pointed out it was an issue in *Putting People First* and a recommendation to do so.

The transfer will — the 2023-24 Health and Social Services budget — \$12.3 million for the Emergency Medical Services transfer; it is a net zero transfer between the two departments. It comes with 87.3 FTEs and 98 community responders providing EMS services across the territory. We are extremely excited to have that happen.

Currently, the operations include medevac services, the paramedic specialist clinic at the Whitehorse Emergency Shelter — also known as 405 Alexander — and the paramedics response unit. They are all fully-staffed here in Whitehorse. EMS is currently experiencing a shortage of responders in Pelly Crossing and Tagish. EMS continues to recruit and increase the number of staff responders in Whitehorse and in all communities.

In 2022, EMS in Yukon communities had full coverage 68 percent of the time, while EMS in Dawson City and Watson Lake had full coverage approximately 95 percent of the time or higher. EMS coverage is supported by a number of responders in each community. I can provide or get those numbers if the member opposite is interested, but by way of two examples, Watson Lake has seven community responders — four full-time and four auxiliary-on-call employees — Whitehorse has 22 full-time responders — three part-time responders; 14 AOCs, or auxiliary on call; and six casual employees. There are three full-time employees supporting the Whitehorse Emergency Shelter at 405 Alexander. That has reduced calls to the hospital and to other emergency responders to come to the shelter to provide service to individuals who might need it.

There are two full-time equivalents who are part of the paramedic response unit at 405 Alexander. There are 14 full-time EMS folks — two part-time, three auxiliary on call, and one casual employee — also supporting our air ambulance services. I do have some information that we are — well, this is a budget debate so I will go there.

We have provided \$628,000 to support ambulance replacements for Emergency Medical Services. These new ambulances will be introduced into the Emergency Medical Services fleet and deployed to communities based on an assessment of clinical and operational requirements. This new equipment, I think, is important to support EMS services and

support communities. The EMS fleet of ambulances are deployed throughout Emergency Medical Services and moved routinely throughout the territory based on capacity and need.

With respect to, again, the two examples: in Watson Lake, there are four full-time primary care paramedics, working seven days a week, as well as four auxiliary-on-call positions and six active community responders in Watson Lake. Watson Lake has had 98-percent coverage in 2021 and 97-percent coverage in 2022. In the month of January of 2023, we had 100-percent coverage. "Coverage" means that the local ambulance is staffed at all times — that is the criteria.

In Watson Lake, EMS call volume has stayed relatively stable over the past three years with an average of approximately 420 calls per year, so there's much service to the community there.

Dawson City is another example. There are two full-time primary care paramedics, working five days per week, as well as four auxiliary-on-call positions and nine active community responders in the community. Dawson City has had 98-percent coverage in 2021, reduced to 86-percent coverage in 2022. Again, as an example, in the month of January 2023, there was 89-percent coverage. In 2022, Yukon EMS in Dawson City responded to 295 calls, so their average calls are much reduced from Watson Lake, in comparison.

Certainly, at times, incident volume exceeds available resources. It's not unique, and it's certainly something that we are paying attention to. It's not the kind of service that we want to provide but it does happen, and all emergency services locally, nationally, and internationally experience this issue, particularly at this stage of the pandemic.

We have a variety of ways to manage these situations to reduce the impact to patients and to prioritize critical care. To ensure coverage, EMS might reposition people in ambulances or call on the nearest units or use a medevac, which is the basis of this question, but it's important, with the shift of EMS into Health and Social Services, that this work is recognized, and I have a chance to respond with some budget focus. They may work with clients to figure out alternative transport.

I just want to note for a second, our dispatchers are highly trained to triage calls and deliver medical instructions over the phone before the arrival of the EMS folks, and they work very hard to manage the situation and to help Yukoners. I am afraid I do not have the breakdown of the numbers that the member opposite has asked for with respect to how many medevacs. I think that was the question's focus — how many medevacs will have happened from Whitehorse to another place. If there was a shortage of staff, we would certainly try to do that as a last resort.

**Mr. Cathers:** I would just note with regard to that, I would hope that the minister could provide that information at a later date, if she doesn't have it at her fingertips now. The reason I raise it is that it is an important question, both in terms of the coverage for those rural communities and the impact of the potential loss of capacity in the Whitehorse area in responding to calls in rural Yukon. I would just encourage the minister to both provide that information at a later date, as well as look at that.

This then touches on the next area I wish to raise regarding the rural EMS portion of the service and the supports that are provided to volunteers. I would note that there are challenges there — both now and in recent years. Part of it, I would suggest, may relate to the honoraria provided to rural EMS volunteers, which have not increased in quite some time, to the best of my understanding. If the minister has information that is different, could she please provide it? My understanding is that, largely, that hasn't really changed.

In 2007, they were provided with increases, as well as money for standby pay that increased over a period of three years, and since then, I believe, it has been relatively static. I would urge the minister and her department to work with the Volunteer Ambulance Services Society to review the current honorarium levels, including for standby pay, as well as to reconsider the approach that is currently taken when someone is getting training.

Currently, for volunteer firefighters, for training, they are paid, to the best of my recollection, for up to four hours on a training night — they receive an honorarium. But in contrast, when people who volunteer for EMS are getting trained, they don't receive an honorarium.

At one point in time, and presumably currently, for some, the thinking was that there was a benefit to them in receiving the training, and in some cases, could make that person more employable in camp jobs, for example, but as we have seen, our volunteer service is under increasing pressure and increasingly stretched thin, we would suggest that it is time to revisit some of the structure that has been in place for a while and consider whether steps, such as providing honoraria for people who are receiving EMS training, could make it more attractive for people to become volunteers and to receive that training.

It has been an issue, as well — and I wrote to the Minister of Community Services last fall when this area was under his department, regarding someone from a rural community coming into Whitehorse to receive EMS training so that they could provide service in their home community, and who was having difficulty getting clarity on whether they would even be provided support for the mileage to come into Whitehorse and the per diems and ultimately their training. Some of that support was provided, but there was no coverage for training, and my understanding is that they were not alone in facing those challenges.

So, I recognize that, for the minister and for officials of the department, some of those specific areas related to the program may be things that they have not had a chance to delve into yet. I would strongly encourage them to do so — to work with the rural supervisors and the Volunteer Ambulance Services Society on reviewing the honoraria, reviewing where training is made available and what the training schedule is in rural Yukon, as well as providing some honoraria, whatever that level would be, for people who are receiving EMS training and looking at other ideas that they might have that I have not myself heard to date to make it more attractive for people to become volunteers and to stay volunteers.

To that end, as well, I would just note — I don't want to get into mentioning specific communities right now, in case it

unintentionally compromises the privacy of any of the EMS volunteers — but I would note that I have heard a concern from previous EMS volunteers that, after the Yukon government ended the vaccination mandate, some of those people who had been volunteering for EMS actually worked for government departments as well and found themselves welcomed back by their department with open arms, but faced a new application process with EMS and felt that it was being unwelcoming for them in attempting to return as volunteers.

I would just draw those issues to the minister's attention and encourage them to ensure that, whether it is past volunteers or new volunteers, that more steps are taken and done in partnership with EMS volunteers, through working particularly with their supervisors and ask to identify how government can better attract, train, and retain EMS volunteers in rural communities.

I want to touch on a couple of other important areas, as I note that our time is going short this afternoon, and I do have a number of important questions on my list. I want to begin by asking the minister with regard to the substance emergency that has been declared. We have, of course, expressed concern a number of times about the lack of action on creating new addictions treatment spaces.

Is the government planning, this year, on taking any action to increase addictions treatment spaces? Secondly, what is the status of the development of the new health authority? We understand that this has been a concern for a number of people, including the Yukon Employees' Union flagging this as one of the reasons related to the impasse in negotiations. What consultation has this government done, or are they about to do, with the Yukon Employees' Union, with the Yukon Medical Association, as well as with First Nations, municipalities, and others who may be affected by it?

**Hon. Ms. McPhee:** I appreciate the member opposite asking about the Emergency Medical Services volunteers. We absolutely must look after our volunteers — treat them right. I will look into the issue of individuals who had to reapply, because that doesn't seem like common sense, but we will take a look at that. Certainly, we are trying to encourage individuals who have experience being EMS community responders to come back and to maintain their training.

With respect to training, I am just going to note that EMS hosts biweekly training nights for community responders. They can be in-person in Whitehorse, or in communities, or virtually attended. EMS recently increased monetary compensation to four hours of non-operational pay per month to encourage community responder attendance and to support biweekly training nights.

I am pleased that EMS is part of our team, and we will be looking to make sure that continues to encourage people to attend for training — whether that should be all training sessions in the course of the month. Community responders are reimbursed \$20 an hour to attend training and have access to additional funding to attend training programs outside of their home area. This includes an additional offset for meals and incidentals, tuition, books, or accommodations, if that training is of interest and would support their work.

In addition to this funding, community responders receive a retention bonus of \$1,000 upon completion of 250 hours of on-call duties, and EMS provides \$110,000 to the Volunteer Ambulance Services Society to provide funding for additional educational opportunities, or awards, or recognition and community engagement.

That doesn't answer all of the comments made by the member opposite but certainly it's important to address those, because I agree with his premise that we must look after volunteers and make sure that they are supported.

The other question I received was with respect to the substance use health emergency. I don't agree that there has been a lack of action. I am happy to provide the situation report to the member opposite. I am happy to table the most recent one, which outlines only some of the actions that have taken place, either government-led, community-led, or First Nation government-led with respect to the response to the substance use health emergency.

I will say quickly that I can table a document — and I am happy to do so — that outlines all the services that are currently available for treatment in the territory and outside of the territory. In the interest of time, I will do that and be happy to entertain other questions that might come when this department is recalled, or other questions that might come in a written form from others.

Lastly — and I will be very quick about the new health authority — the question is about engaging with the unions as we go forward; also, First Nations and other communities. We asked for and the chiefs just created the Chiefs Committee on Health. It is a key element to going forward with respect to this initiative. We are committed to partnering with Yukon First Nations on the key aspects of the health system transformation, including the creation of health and wellness Yukon, which is the health authority title, and absolutely unions are key as we go forward, working together with a myriad of partners, but I was asked about the unions, and they are, of course, integral in our discussions going forward.

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

**Deputy Chair:** It has been moved by the Member for Riverdale South that the Chair report progress.

*Motion agreed to*

**Hon. Mr. Streicker:** I move that the Speaker do now resume the Chair.

**Deputy Chair:** It has been moved by the Member for Mount Lorne-Southern Lakes 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 Deputy Chair of Committee of the Whole?

**Chair's report**

**MLA Tredger:** Mr. Speaker, Committee of the Whole has considered Bill No. 208, entitled *First Appropriation Act 2023-24*, and directed me to report progress.

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

Are you agreed?

**Some Hon. Members:** Agreed.

**Speaker:** I declare the report carried.

**Hon. Mr. Streicker:** I move that the House do now adjourn.

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

*Motion agreed to*

**Speaker:** Before I adjourn for Tuesday's session, I just want to wish all the members a happy Easter, and I hope you enjoy your meals with your family and have a great long weekend.

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

*The House adjourned at 5:28 p.m.*

**The following document was filed April 6, 2023:**

35-1-143

Infrastructure replacement projects in Haines Junction, letter re (dated April 3, 2023) from Bruce Tomlin, Mayor, Village of Haines Junction to Hon. Richard Mostyn, Minister of Community Services (Istchenko)

**Written notice was given of the following motion for the production of papers April 6, 2023:**

Motion for the Production of Papers No. 7

Re: Yukon Hospital Corporation's 2023-24 budget request (Cathers)