



Yukon Legislative Assembly

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HANSARD

Monday, April 8, 2024 — 1:00 p.m.

Speaker: The Honourable Jeremy Harper

YUKON LEGISLATIVE ASSEMBLY

2024 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

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Deputy Sergeant-at-Arms	Joseph Mewett
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Yukon Legislative Assembly
Whitehorse, Yukon
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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 a change made to the Order Paper.

The following motion has not been placed on the Notice Paper, as it is out of order: Motion for the Production of Papers No. 19, standing in the name of the Member for Lake Laberge.

DAILY ROUTINE

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

Introduction of visitors.

INTRODUCTION OF VISITORS

Hon. Ms. McPhee: Mr. Speaker, I will ask my colleagues to help me welcome to the Legislative Assembly today as a guest Mr. Jason Bilsky, who is the chief executive officer of the Yukon Hospital Corporation. Thanks for being here.

Applause

Hon. Ms. McLean: Mr. Speaker, I ask my colleagues to help me in welcoming a few guests here today for a tribute on Ihdzi': Hector Campbell, chairperson for the Na-Cho Nyäk Dun Development Corporation; Jennifer Murtagh, chief financial officer for Na-Cho Nyäk Dun Development Corporation; and Dan Anton, executive director, Continuing Studies and Centre of Northern Innovation in Mining at Yukon University. Thank you for being here.

Applause

Hon. Mr. Clarke: Mr. Speaker, in honour of National Tartan Day, I have the honour of introducing Pat Ross to the House.

Applause

Hon. Mr. Mostyn: Mr. Speaker, we have a couple of people here for our tribute to CHON-FM, the 40th anniversary. I would like the House to please welcome Panebi Wilson and Stuart Bonell to the House.

Applause

Ms. White: Mr. Speaker, also to add to that welcome today for the tribute to CHON-FM — of course, in the back row, we have Ben Charlie, a world-renowned fiddler and long-time host at CHON-FM. Next to him is the manager, Juliann Fraser. We also have Martins Udoh, the finance officer, Anushka Sakargayen, the sales manager, and a very big, special

welcome to William Carlick, who is here today honouring his late son, the Rockin' Terry Carlick.

Applause

Speaker: Are there any tributes?

TRIBUTES

Unanimous consent re extending time limit allotted for tributes, pursuant to Standing Order 14.3 and notwithstanding Standing Order 11(6)

Hon. Mr. Streicker: Mr. Speaker, pursuant to Standing Order 14.3 and notwithstanding Standing Order 11(6), I request the unanimous consent of the House for tributes to exceed 20 minutes.

Speaker: The Government House Leader has requested the unanimous consent, pursuant to Standing Order 14.3 and notwithstanding Standing Order 11(6), for tributes to exceed 20 minutes.

Is there unanimous consent?

All Hon. Members: Agreed.

Speaker: Unanimous consent has been granted.

In recognition of Cancer Awareness Month

Hon. Ms. McPhee: Mr. Speaker, I rise today on behalf of the Yukon Liberal government and the New Democratic Party to pay tribute to Cancer Awareness Month, a time dedicated to the memory and support of those touched by cancer and to reinforce our commitment to fight this relentless disease.

Every April, we come together as a community and a nation to spotlight the significance of cancer awareness, emphasizing the importance of prevention, early detection, research, treatment, and support systems for those navigating the journey of cancer.

Cancer, a leading cause of death in Canada, spares no one in its reach, impacting our families, our friends, and our communities. It is a stark reminder of our shared vulnerability but also of our collective strength to resolve and combat it. The four most common cancers in the Yukon are breast cancer, lung cancer, colorectal cancer, and prostate cancer respectively. Lung cancer is the leading cause of cancer-related deaths both in the Yukon and across Canada.

Yukoners are encouraged to take proactive steps toward cancer prevention — for example, staying physically active, eating nutritious foods, and reducing or stopping tobacco and alcohol use. Early detection saves lives and resources are available to assist you. The Government of Yukon is steadfast in its dedication to supporting Yukoners affected by cancer.

We encourage all Yukoners to avail themselves of the supports and the testing services that are offered through the Yukon Hospital Corporation and the Department of Health and Social Services. Our commitment extends beyond treatment to encompass prevention and awareness efforts. Let us all make informed choices about our health, engage in screenings as advised by our health care provider, reduce or stop drinking alcohol, quit or reduce smoking or vaping, and support cancer research and education to foster a healthier future for us all.

I urge my fellow Yukoners to reach out to support one another, to remember that together we can make a difference in the lives of those affected by cancer. Let this Cancer Awareness Month be a beacon of hope, a call to action, and a reminder of the strength of our community.

Let us also remember to appreciate our health care professionals, researchers, and volunteers who all contribute tirelessly to the fight against cancer. Their dedication is the cornerstone of our progress and hope.

Together, let us continue to strive toward a future where cancer is no longer a cause of fear but a challenge that we are equipped to overcome.

Applause

In recognition of Daffodil Month

Mr. Cathers: Mr. Speaker, I rise today on behalf of the Yukon Party Official Opposition to recognize April as Daffodil Month in Canada. The Canadian Cancer Society is an organization of volunteers who have made it their mission to support cancer research and enhance the quality of life of people dealing with cancer. Daffodil Month is an initiative started by the Canadian Cancer Society to raise awareness of cancer through the daffodil campaign and raise funding for cancer research. As the Canadian Cancer Society says this daffodil month, "...help hope bloom".

Most of us have seen the impact of cancer on people we care about and have lost loved ones due to cancer. Many cancers are preventable and many more are treatable because of advances in science. Small initiatives like the daffodil campaign generate funds to help continue the research required to end cancer. Recent advances in cancer treatment are a life-saving gift, and some types of cancers that for many years left patients with just a few months to live are now treatable, adding years on to people's lives. While the cost of some of these treatments is a major contributor to rising health care costs, for the families and people who benefit, it is truly priceless.

I would like to thank the Canadian Cancer Society and our Yukon-based organizations that fundraise and provide support to people and families here in the Yukon going through their own experiences with cancer.

Applause

In recognition of Ihdzi'

Hon. Ms. McLean: Mr. Speaker, I rise today on behalf of our Yukon Liberal government with great respect and admiration to pay tribute to Ihdzi', Mayo's gathering place.

Ihdzi' means "heart" in Northern Tutchone. It embodies the spirit of community and collective healing. Its opening ceremony on April 4 was a significant milestone celebrated with prayers and a lighting of a sacred fire symbolizing positive change for the Na-Cho Nyäk Dun citizens and the broader Mayo community. This past weekend, Ihdzi' welcomed the community for an artist market, guided tours, activities, and free coffee and snacks. These opening celebrations were a powerful display of the proud spirit of a vibrant community.

The initiative behind Ihdzi' champions creativity, inclusivity, safety, and sustainability, offering all residents and

visitors a welcoming space. Stemming from the success of Yukon University's sewing program Heart to Hand, the gathering place has grown to be a beacon of positivity and unity. Ihdzi' is a collaborative project of the Na-Cho Nyäk Dun Development Corporation and Yukon University.

Its home is a newly renovated building that once housed a restaurant in the community which, for many years, played a meaningful role as a place for Mayo citizens to gather and share a meal together. The transition to a communal space was driven by a desire to meet the community's needs for a consistent and culturally relevant gathering place and dining space. Ihdzi' works on a shared-kitchen model that will enable citizens and visitors to enjoy a diverse range of food offerings from multiple vendors. This approach has the potential to reduce barriers to entry into the market for local entrepreneurs, offering a springboard for new food or restaurant businesses' ideas without the burden of high start-up costs. Community input gathered via an extensive engagement last summer has shaped Ihdzi' into a space for not only sharing meals but also for furthering personal and professional development.

This program at Ihdzi' is committed to enhancing wellness, belonging, and the promotion of traditional knowledge. It is great to hear about the community's enthusiasm for the ongoing kitchen helps program and anticipation for future programming that aligns with the community's interests and needs.

In acknowledging the opening of Ihdzi', we see the embodiment of a journey toward healing, unity, and strength. I hope we can all draw inspiration from this achievement and continue to support one another in building resilient and united communities. Congratulations to the community of Mayo on their new gathering place and for being a model for community-led initiatives. I look forward to visiting Ihdzi' on my next visit to Mayo.

Mahsi' cho; thank you.

Applause

Ms. Van Bibber: Mr. Speaker, I rise on behalf of the Yukon Party Official Opposition to pay tribute to Ihdzi', the makerspace in Mayo, Yukon.

On April 4, 2024, the grand opening happened in the heart of the Yukon — Mayo. What better word to describe this new space than Ihdzi', which means "heart" in Northern Tutchone. A partnership between the Na-Cho Nyäk Dun First Nation, their development corporation, and the Yukon University Mayo campus, it will fill a gap that was seen in services — a much-needed space to gather, to meet, to share and break bread, to listen to stories, and to showcase art and culture. For a small town, this is a perfect addition. The building has a commercial kitchen and a gallery as well as programs offered by Yukon University in the basement area.

Being well-acquainted with the community through family, I know that this will be a success. Mayo has worked diligently over time to do more events and more engagement. This will be another step toward a sound, healthy community. I look forward to visiting the Mayo makerspace when I'm there next. Congratulations on their grand opening.

Applause

MLA Tredger: Mr. Speaker, I rise on behalf of the Yukon NDP to celebrate Ihdzi' and the work of the First Nation of Na-Cho Nyäk Dun, the Na-Cho Nyäk Dun Development Corporation, and Yukon University. They have worked together to make this dream a reality.

Community holds us together. It is a source of strength and support in hard times and a place to share joy and celebration in good times. Community is our source of connection, culture, learning, and inspiration. The community doesn't just happen on its own; communities thrive because of the hard work of the people in them, people who see the gaps and have the visions and plans to fill them, and that is what has made Ihdzi' possible today.

We are so excited to see the future of Ihdzi' — from the art that will fill its gallery and the connections made as people enjoy a coffee to the programs offered by the university and the incredible celebrations that will be hosted out of the kitchen. This is the beautiful space that the community of Na-Cho Nyäk Dun and Mayo deserve. Congratulations.

Applause

In recognition of Tartan Day

Hon. Mr. Clarke: Mr. Speaker, today I rise to pay tribute to national Tartan Day. There is, of course, a Yukon tartan. The Yukon tartan was designed by Janet Couture from Watson Lake. It was created to commemorate Canada's centennial in 1967. Janet Couture chose six colours for the tartan: The blue represents the Yukon's lakes, rivers, and clear skies; the wide yellow stripes are for our world-famous midnight sun; the thinner yellow bands indicate gold; green is for our forests; purple is the majesty of the mountains; white is for the winter snow; and last, the red symbolizes our territorial flower, the fireweed.

The Yukon tartan was registered in Canada, but unfortunately, it appears to have been largely ignored by the Lord Lyon King of Arms in Scotland for 17 years. Yukoners were, of course, unfazed and the tartan was commercially produced and widely worn. Ultimately, it was granted official tartan status in Scotland on October 24, 1984. Bill No. 41, the *Yukon Tartan Act*, was passed on November 29, 1984, and the Yukon finally had an authorized and legally recognized tartan.

Mr. Speaker, Tartan Day is a chance to celebrate Canada's Scottish roots. I know that there are many Yukoners of Scottish descent. April 6 was chosen as it aligns with the signing of the Treaty of Abroath in 1320, the Scottish Declaration of Independence.

I encourage all Yukoners to listen to some bagpipes today, read some Robbie Burns, maybe even tuck into some haggis — recognizing, of course, that it is a few months after the fact. If you own a piece of Yukon tartan, take the time to celebrate.

Applause

Ms. McLeod: Mr. Speaker, I rise on behalf of the Yukon Party Official Opposition and the Yukon NDP to pay tribute to national Tartan Day. This event originated in 1986 in Nova

Scotia as a day to celebrate the achievements of Scottish Canadians and the cultural contributions we find across the country today in things like music, food, whiskey, and fashion.

The tartan — the repeated check-like or plaid patterned cloth from 15th century Scotland — was worn by royals and renegades, highlanders, and high society. It has since become the symbol of Scotland and a representation of Scottish heritage. A *Yukon Tartan Act* was adopted by the Yukon Legislative Assembly in 1984 and the Yukon tartan that we know today, designed by Janet Couture of Watson Lake and Faro fame in 1969, was accredited as our official territorial tartan.

This tartan of blue, green, magenta, yellow, and white represents the beautiful Yukon landscape and wilderness. Tartan Day is one of many events and celebrations in Canada that are representative of Scottish culture and heritage. Others are highland games, celtic festivals, parades, gatherings, ceilidhs, Burns Night, and Hogmanay, to name just a few.

We would like to recognize the Midnight Sun Pipe Band for their contribution to Scottish culture and heritage by way of the bagpipes. From their first public appearance at the Remembrance Day ceremony in 1961 to today, these incredible pipers have been instrumental in our Yukon celebrations for as long as many of us can remember. We thank them for keeping this beautiful tradition alive and well for generations of Yukoners.

To all Yukoners with a little Scottish in their blood and to all who embrace Scottish contributions in their lives, happy Tartan Day.

Mòran taing.

Applause

In recognition of CHON-FM 40th anniversary

Hon. Mr. Mostyn: Mr. Speaker, I rise on behalf of the Liberal government to tribute CHON-FM on its 40th anniversary. As we commemorate CHON-FM, we reflect on its remarkable journey from humble beginnings on the frequency 88.9 megahertz, channel 205, to becoming a beacon of community, culture, and connectivity with transmitters all over the Yukon, British Columbia, and the Northwest Territories.

Founded in 1984, CHON-FM has been more than just a radio station; it has been a steadfast companion, a source of information, and a platform for voices that enrich our shared experience.

Over four decades, CHON-FM has evolved alongside our communities, adapting to the changing times while remaining true to its mission of serving the people of the Yukon. One of CHON-FM's most enduring legacies is its commitment to Indigenous languages and cultures. Through programs that celebrate First Nation heritage, language, and traditions, CHON-FM has played a vital role in preserving and promoting diverse Indigenous identities. Its dedication to broadcasting in Southern Tutchone, Northern Tutchone, Gwich'in, and other Indigenous languages has been instrumental in fostering cultural pride and understanding among listeners of all backgrounds.

Furthermore, CHON-FM has been a champion of local artists, musicians, and storytellers, providing a platform for their talent to shine. From showcasing emerging musicians to amplifying the voices of seasoned storytellers, CHON-FM has been a driving force in nurturing our vibrant arts and culture scene. Its support for community events, festivals, and initiatives has strengthened the bonds that unite us as Yukoners and as northerners.

As we celebrate this significant milestone, let us acknowledge the dedication and hard work of the individuals behind the scenes at CHON-FM — the broadcasters, producers, technicians, and staff who have poured their passion and expertise into creating meaningful content. Their tireless efforts have made CHON-FM a trusted source of news, entertainment, and a connection for northerners.

In conclusion, on behalf of the Yukon Legislative Assembly and all Yukoners, I extend heartfelt congratulations to CHON-FM on its 40th anniversary. My wish is for the next chapter of CHON-FM's legacy to be filled with continued success and service.

Applause

Ms. Clarke: Mr. Speaker, I rise on behalf of the Yukon Party Official Opposition to pay tribute to CHON-FM and Northern Native Broadcasting Yukon. CHON is celebrating 40 years of sharing music, news, and stories with a First Nation focus throughout the Yukon, northern BC, and the Mackenzie Delta.

There are so many individuals who were instrumental in getting this small, local radio station off the ground. From humble beginnings, this little station has grown to be a staple in many northern households, as it offers a little something for everyone due to their block programming format.

Besides being a very reliable source for old-time country hits that you won't find on any other station in the Yukon, CHON can also rock out with a variety of classic rock hits. Of course, it is also a staple for First Nation musicians to have their music heard, and CHON is also a source for Friday night radio bingo.

We would like to recognize founding and current board members at Northern Native Broadcasting Yukon, the late George Henry, past and current staff at CHON, and, of course, so many incredible radio personalities throughout the years.

The contributions to this incredible homegrown station are too many to list, but I would like to thank each and every one of those past and present who has had a role in CHON-FM over the last 40 years.

Thank you all, and here's to CHON-FM, the beat of a different drummer.

Applause

Ms. White: Mr. Speaker, I rise today on behalf of the Yukon NDP to celebrate 40 years of community, connection, and the storytelling of CHON-FM.

Founding board members of Northern Native Broadcasting Yukon were Alan Buyck, Randell Tetlich, Albert James, Richard Sydney, Dave Porter, Judy Gingell, and Dave Joe. This

board of this non-profit corporation owned by all 14 Yukon First Nations had a purpose and a grand vision held in its mission statement to reaffirm and maintain First Nation culture, spiritual beliefs, language, traditional values, land, and animals. This group, empowered by that statement, believed that connecting in the north wasn't only possible, but it was critical. On January 12, 1984, the CRTC approved NNBY's application for a licence for an English and native language FM radio station with the call sign of CHON-FM.

They had three years to convince the CRTC that they were worthy of a licence renewal — and did they ever. Under the guidance of the first general manager and trailblazer, the late George Henry, CHON took to the airwaves for the very first time from the basement of the old Council of Yukon First Nations building in Riverdale. Under his direction, NNBY would expand its radio coverage in future years to reach over 20,000 listeners. At its height, CHON-FM served 28 communities throughout Yukon, northern BC, and western Northwest Territories. He and CHON-FM are credited with launching the careers of dozens of Yukon First Nation journalists, radio hosts, and broadcast technicians, and we are so thankful for the foundation that they have led.

A beautiful example of that foundation that CHON has created is the career of the late Terry Carlick. At the suggestion of a school guidance counsellor, Terry started at CHON-FM as a student working part time. With virtually no experience but with a keen interest and desire, Rockin' Terry Carlick carved out a niche for himself by playing music that was relevant to his peers. His influence was far-reaching, and many benefited from his mentorship.

When Terry passed away in 2004, CHON dedicated three hours of airtime to a tribute to Terry. Friends, family, and members of communities from across the territory called in to the show to share stories about Terry and offer condolences to his family.

Today, CHON listeners continue to enjoy regular Gwich'in language programming thanks to the dedication of long-time host and master fiddler Ben Charlie. There continue to be weekly episodes of Haa Shagóon in various Yukon First Nation languages, and recently, CHON has supported the efforts of Kaska speakers with its monthly show *Ah 'Nezen*, live from the living room of Dennis Shorty in Ross River. During this year's Yukon Native Hockey Tournament, CHON led the pack again by broadcasting play-by-play commentary of a handful of games in Kaska by brothers Tesloa Smith and Hammond Dick, who were supported by Kaska learners Emerald Poppe and Paul-Caesar Jules. And, of course, we can't forget the crowd-pleasing *Rock the Talk* with Grand Chief Peter Johnston, coming in strong at eight years and counting.

So, no matter where you go in their vast territory of coverage, you are guaranteed to hear CHON-FM in the background. CHON's familiar voices can be heard at gas stations, cafés, offices, and kitchen tables, linking language, culture, and people and tying us all together. This current generation of CHON faces is doing the legacy of connection proud.

Congratulations to CHON-FM on this 40-year achievement.

Applause

Speaker: Are there any returns or documents for tabling?

Are there any reports of committees?

REPORTS OF COMMITTEES

Hon. Mr. Clarke: Mr. Speaker, I have the honour to present the *Fourteenth Report of the Standing Committee on Appointments to Major Government Boards and Committees*.

Speaker: Are there any further reports of committees?

Are there any petitions?

Are there any bills to be introduced?

Are there any notices of motions?

NOTICES OF MOTIONS

Mr. Hassard: Mr. Speaker, I rise to give notice of the following motion:

THAT this House expresses its appreciation to the Yukon's longest running newspaper, the *Whitehorse Star*, for 124 years of informative local and international news coverage.

Ms. Clarke: Mr. Speaker, I rise to give notice of the following motion:

THAT this House congratulates President Dominic Pelayo, Vice-President Romeo Espada Gayangos, secretaries James Antopina and Aldous Fenanez, Treasurer James Punongbayan, and directors Ailene Gayangos, Madalyn De Leon, Kim Inandan, Jo Aying, Anne Portea, Jenalyn Trinidad, and Noy Samson on their elections to the Canadian-Filipino Association of Yukon executive.

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

THAT this House do issue an order for the return of the following documents:

(1) any document showing a cost estimate for operating the new mental wellness unit at Whitehorse General Hospital for an entire year; and

(2) any document showing the estimate of how many dollars in additional funding the Yukon Hospital Corporation will need in the 2024-25 fiscal year to operate the new mental wellness unit at Whitehorse General Hospital.

Ms. White: Mr. Speaker, I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to make any Government of Yukon grants, rebates, or coverage for fertility treatment and any coverage for medical travel for the purpose of fertility treatments retroactive to January 31, 2023.

Speaker: Is there a statement by a minister?

MINISTERIAL STATEMENT

Chinook salmon management

Hon. Mr. Clarke: Mr. Speaker, I have the honour today to stand to congratulate the State of Alaska and the Government of Canada for reaching an agreement regarding chinook salmon in the Yukon River drainage.

In February, I was pleased to sit down alongside Kwanlin Dün First Nation Chief Smith and Ta'an Kwäch'än Council Chief Leas with the Commissioner of the Alaska Department of Fish and Game, Doug Vincent-Lang, to discuss the importance of moving this agreement forward. This agreement is a foundational step in protecting, conserving, and increasing the number of salmon in the Yukon River drainage.

In 2023, only 15,304 chinook were recorded passing into Canada and a mere 153 reached the Whitehorse fish ladder. In comparison, in 2003, there were over 1,400 salmon counted at the Whitehorse fish ladder.

Wild salmon are integral to many northern communities and people living along the Yukon River. The importance of salmon to Yukon First Nation persons cannot be understated.

Mr. Speaker, the health of our rivers, environment, and communities continues to depend on the health of the salmon in our territory. This agreement strengthens our rebuilding target to 71,000 Canadian-origin salmon reaching their spawning grounds within the next seven years, which accounts for one full life cycle of a salmon, by implementing measures on both sides of the border. The agreement sets a fishing ban on chinook salmon for all commercial, sport, domestic, and individual fisheries, including those fishing in Alaska.

Mr. Speaker, I cannot emphasize enough the magnitude of this step. I want to thank all Yukoners who abide by the chinook salmon fishing ban on this side of the border, which was implemented in 2010. I recognize the great sacrifice of Yukon First Nations to voluntarily reduce or cease subsistence salmon fishing. The agreement recognizes the importance of chinook salmon for ceremonial use and cultural knowledge, allowing for parties to provide limited harvesting opportunities for these purposes.

Mr. Speaker, this agreement requires that all partners address several factors, including examining the impact that our infrastructure and development has on the Yukon River salmon population. It commits parties to work collaboratively on habitat and stock restoration activities and to support research to better understand the declines of chinook salmon.

The agreement urges Canada to seek an increase in funding to be directed toward salmon habitat in the Yukon River and stock restoration activities. It also places a priority on traditional and local knowledge to better understand the causes of low chinook salmon numbers while directing the Yukon River Panel to develop a recovery plan to guide a path forward to recovery.

Mr. Speaker, at the last Yukon Forum, Yukon First Nation leaders spoke about the importance of protecting salmon, and their continued advocacy has helped Canada move this precedent-setting agreement forward with partners across the border. I would be remiss to fail to mention the November 23 trip to Washington, DC by Yukon Member of Parliament

Brendan Hanley, Senator Pat Duncan, Little Salmon Carmacks First Nation Chief Nicole Tom, and other members of the Yukon Salmon Sub-Committee.

The Government of Yukon will continue to work with all partners to address the challenges and opportunities related to salmon management.

Mr. Istchenko: Mr. Speaker, this agreement on the Yukon River chinook salmon is important for all Yukoners, especially Yukon First Nations. We are pleased to see the moratorium in place on chinook fishing in the Yukon River for seven years on both sides of the border.

I know that Yukon First Nations have been doing their part for several years and have had a moratorium in place on this side of the border, and they have been calling on our friends in Alaska to do the same, so this agreement is certainly good news. It is great to see all the work done by the federal government and the State of Alaska to implement the moratorium on fishing the species. To give you an indication on how long this time is and why the seven years is important to the salmon, the moratorium extends for one full cycle of life for salmon.

To quote Doug Vincent-Lang, the commissioner of the Alaska Department of Fish and Game — and I quote: “It’s time to look beyond a single year’s management and look at a life cycle to try to recognize that it’s going to take longer than a single year to rebuild these stocks.” The moratorium also includes commercial fishing and recreational angling in the Yukon River mainstream and its Canadian tributaries.

Seeing the number of chinook salmon crossing the international border into Canadian waters plummeting for years, we are glad to see the moratorium put in place. It is good to see both sides working together to address this issue. There was concern from Yukon First Nations and Alaska Native tribes over the implications of the suspension on their cultures.

I do have a couple of questions for the minister: Could he be more specific on how the Yukon government will support the 71,000 Canadian-origin salmon goal returning to their spawning grounds and on the ongoing concerns surrounding the pollack fisheries chinook salmon bycatch discussed during these negotiations? Finally, what role did the UFA-mandated Yukon Salmon Sub-Committee have in the crafting of this agreement, and how will it be part of the agreement’s implementation going forward?

We want to thank all those over the years and those today for their hard work in these negotiations. We look forward to seeing positive results for our chinook salmon. This agreement and resulting actions will give chinook salmon a better chance of survival in future for all generations.

MLA Tredger: Mr. Speaker, I want to start by thanking the Yukon First Nation whose decades of advocacy have led to this agreement and I want to recognize the immense sacrifice that the closures represent. As the minister noted, this closure had been in place in the Yukon since 2010, while Alaskans continued to harvest just downstream. This agreement corrects a long-standing unfairness.

I recognize that the Yukon government has long considered salmon to be the jurisdiction of the Government of Canada, but we know that salmon recovery cannot happen without the full and enthusiastic participation of the Yukon government.

The Yukon NDP understands the importance of salmon for Yukoners and particularly for Yukon First Nations and also that the Yukon government can’t leave all the work to the federal government. That’s why we pushed to include a salmon-recovery clause in the confidence and supply agreement with the Liberal government.

From the impact of placer mining on salmon wintering grounds to the effects of the Whitehorse dam to the possibilities of large-scale habitat restoration in creeks and streams in the Yukon River watershed, there is so much the Yukon could do.

Next door in British Columbia, we see the provincial government taking an active role. They announced \$17 million in new funding last year for salmon restoration projects. That’s in addition to \$286 million in federal and provincial money that was committed over seven years.

Here in the Yukon, how much money is this government putting toward salmon recovery? Beyond harvesting closures, what has this minister done to protect, conserve, and restore the chinook run and its habitats?

The minister noted that the agreement directs the Yukon River Panel to develop a recovery plan. That’s great news, but is there new funding for them to do the work in this agreement? If so, how much?

I look forward to hearing from the minister about the work his government is doing to protect salmon.

Hon. Mr. Clarke: Mr. Speaker, our government shares Yukoners’ concerns about the continued low escapements of chinook and chum salmon and the overall decline in salmon returning to the Yukon. We recognize the diverse ways that salmon intersect with our environment, our industries, our culture, and our day-to-day lives. We will continue working with partners to conserve and protect salmon, including their freshwater habitats and ecosystems. We support the Canadian delegates of the Yukon River Panel in their efforts to negotiate for larger escapement numbers.

Mr. Speaker, in our conversations with First Nation partners, we have heard first-hand a diverse range of perspectives, thoughts, and ideas about this work. While there are diverse views on how best to manage concerns around salmon populations, there is a universal acknowledgement of the importance of this work. By actively listening and incorporating diverse viewpoints, we strengthen our approach to salmon preservation. For example, both the Yukon government and the Yukon Energy Corporation are taking collaborative approaches to working with First Nation governments during the assessment and licensing of energy projects and on an ongoing basis throughout their operation. I am confident that Yukon Energy recognizes the cultural importance of salmon and is working with Yukon First Nations to mitigate the effects of its facilities on salmon populations.

I know that very recently the Premier heard from impacted First Nations regarding plans to explore the use of innovative technology in order to help to mitigate the impacts of the Whitehorse hydro reconciliation project and I am certainly excited to be a part of those discussions with impacted First Nations.

We are taking a collaborative approach to ensure the long-term health and sustainability of Yukon salmon populations. We are in discussions with Fisheries and Oceans Canada, CFYN's salmon stewardship alliance, and KDFN on the possibility of using conservation hatcheries as a restoration tool for chinook salmon. We are also working with KDFN to discuss how the department can support the development of the new KDFN stewardship centre which will include a KDFN-led conservation hatchery feasibility study.

We will continue to work with our partners, including Fisheries and Oceans Canada and Yukon First Nation governments, in order to explore opportunities for the recovery and rebuilding of Yukon River salmon stocks. I would like to applaud Canada and Alaska for the recent agreement regarding the protection of chinook salmon while noting that I have heard concerns from First Nation leadership regarding the potential impacts of this agreement on traditional harvesting rights and self-government agreements.

Through our meetings with First Nation chiefs as well as our quarterly Yukon Forums, we will continue to listen to these concerns and to determine how our government can best support and help navigate. We will continue listening to the concerns of Yukoners and having discussions about how we can address these concerns, such as limits to harvesting and the potential impacts of placer mining on overwintering habitats.

Mr. Speaker, our government remains committed to advocating for salmon preservation and to working with partners to find a path forward. Preserving salmon habitats and populations is not a simple task; it involves navigating a complex web of environmental, social, and economic factors with utmost respect and care. Our approach is one of careful consideration and collaboration, recognizing the interconnectedness of all aspects of this issue.

Thank you very much, Mr. Speaker, for the opportunity to speak on this incredibly important issue.

Speaker: This then brings us to Question Period.

QUESTION PERIOD

Question re: Orthopaedic surgery

Mr. Cathers: Mr. Speaker, last week, a letter went out to Yukon doctors notifying them that as of April 4, the orthopaedic program will no longer be accepting orthopaedic surgery referrals for an indefinite period of time. The explanation provided by surgeons is: Despite over two years of negotiations with the government — quote: "... there has been no increase in operational funding or support for the orthopaedic surgery program that would help us accommodate the rapidly growing demands of our steadily increasing population."

Population growth and an aging demographic require an increase to local surgical services, including orthopaedics. Why has the Minister of Health and Social Services failed again to support increased funding for hospitals, leading to more cuts of important surgical services here in the Yukon?

Hon. Ms. McPhee: Mr. Speaker, the Yukon is currently supported by two resident orthopaedic surgeons with additional coverage provided by locum surgeons. In 2022-23, a total of 104 joint replacement surgeries were completed in the territory. As of the third quarter of 2023-24, there have been 67 joint replacement procedures completed. The orthopaedic agreement currently allows for a total of 100 joint replacement procedures per year, and this allocation has incrementally increased since the introduction of the program in 2017.

I think it's important for Yukoners to recall that prior to 2017, there were no such services available here in the territory. These are services that have been expanded at Whitehorse General Hospital for the purposes of providing Yukoners with services closer to home, for providing Yukoners with services here in the territory so they don't have to travel Outside for these important procedures. Prior to 2017, no orthopaedic surgeons here in the territory also meant that individuals who needed such services following an accident of some kind or a tragedy also had to travel outside of the territory.

Mr. Cathers: Well, Mr. Speaker, the minister didn't answer the question. It sounds like she has an old briefing note.

It is clear from this letter that the surgeons say that they have been trying to prevent this cut in service for several years, but despite their efforts to work with this Liberal government, they haven't been able to secure enough support and resources from the government to continue these important surgical services for Yukoners. The letter says — quote: "We hope to resume accepting elective consult requests within the near future once stability has been restored to the orthopaedic surgery service."

Can the minister tell Yukoners when her government will provide the necessary resources to provide stability to this program so that these surgical services can be restored?

Hon. Ms. McPhee: Mr. Speaker, let me just speak about a briefing note for a moment. The members opposite constantly criticize the fact that we have briefing notes. I have no issue with being prepared; that's my job: to come here prepared and to have the information that they ask for every day. Presumably, they would also be speaking about the fact that we could not answer the questions if we didn't have briefing notes. They also continue to respond to the briefing notes as being somehow confidential, which they have not been for years under our government. We provide them to the public; we provide them to the opposition, and they do contain the information that is being asked for. I don't have any trouble with that.

Let me say that the Department of Health and Social Services is working with the Yukon Hospital Corporation to secure the resources and to increase the number of total joint replacements per year. These are conversations that are ongoing. I appreciate that health human resources challenges here in Canada and here in the Yukon do affect the number of surgeries that are able to be completed in the run of a year. We

certainly hope to work to continue to increase that number, as it has been since 2017.

Mr. Cathers: Mr. Speaker, these cuts to surgical services impact Yukoners, and the minister should take it more seriously.

It's very clear from the letter that this cut in service is a direct result of the Liberal government's continued failure to provide sufficient operational funding or support for the orthopaedic program. We know that other increases to surgical capacity are also needed and that many surgeries were delayed due to the Liberal government's chronic underfunding of Yukon hospitals.

This cut in service means that Yukoners who need semi-urgent consultation for orthopaedic surgery will now be referred Outside. It will increase medical travel costs, as people will now be forced to travel south for these services.

What impact on the medical travel budget does the minister expect this to have, and why is she not working with Yukon hospitals and health care professionals to expand our surgical capacity for orthopaedics and other important surgeries?

Hon. Ms. McPhee: Mr. Speaker, I appreciate that question. The member opposite clearly has the right information. We are working with the Yukon Hospital Corporation and with the orthopaedic surgeons to expand the services that are provided to Yukoners here in the territory, as we have since 2017. Our hope is that these temporary issues will be resolved quickly.

We have worked with the Hospital Corporation to determine appropriate funding for the core transfer payment agreement for this year. That amount of \$110,000 is in the 2024-25 budget, which I certainly hope members of the opposition will consider supporting.

Question re: Safe at Home project funding

Mr. Dixon: Mr. Speaker, on February 29 of this year, the Liberal government issued a press release regarding the Safe at Home housing project in the former High Country Inn. In that release, the government stated that the Yukon government was investing \$12.9 million into the project to renovate the former hotel into a supportive housing project.

The news release stated that the entire project was estimated to cost \$42.1 million. That means there is a roughly \$29-million funding gap for this project. Can the minister tell us where that funding is going to come from?

Hon. Mr. Pillai: Mr. Speaker, our government, again, has continuously supported the Safe at Home Society and their vision to develop Hearth, which was formerly known as the Coast High Country Inn.

The 67 units of permanent supportive housing will set income-support rents, making it deeply affordable. The Yukon Housing Corporation will provide \$12.9 million in funding, including \$7.9 million for construction and renovation for this project.

Our government, again, is pleased to provide the requested funding application to Safe at Home to ensure this needed project moves forward. Again, we recognize that caring for

Yukoners requires collective efforts, which is why our government values our partnership with the Safe at Home team.

I look forward to being able to go through it in detail during our general debate on the Yukon Housing Corporation. On questions 2 and 3, I can get deeper into all funding sources that are being provided for this very important project.

Again, I am happy to hear the opposition stand up today. I think they support it. They certainly did not support this in previous debate. I think they now understand the importance of such a project, and I am happy to answer questions 2 and 3.

Mr. Dixon: Mr. Speaker, I appreciate the Premier's commitment to answer the question I just asked, so I will ask it again. The press release says that the total project cost is \$42.9 million and the government has committed \$12.9 million. Where is the balance of the money coming from?

Hon. Mr. Pillai: Mr. Speaker, I didn't hear if there was an actual public commitment to the project from the members opposite.

But, again, the total project cost is \$42.1 million — the renovation cost increase from \$6.4 million to \$27.6 million. We know from a very public conversation that this was a result of a change in building code approach to this particular project.

Again, the seed funding from the Canada Mortgage and Housing Corporation — I will go through that first. There was \$150,000. The co-investment fund from the Canada Mortgage and Housing Corporation was then \$10 million. Their innovation fund was a further \$5 million, and then the Canada Greener Affordable Housing was \$11,390,000, for a total of \$26,540,000. That would be 63 percent of the total budget cost. From Crown-Indigenous affairs, under the climate change preparedness in the north program, there was \$801,000; under the Northern REACHE program, there was \$1,679,000. That comes to a total of \$2,480,000; that was six percent of the project cost. From the City of Whitehorse, there was \$160,000 being sought and from the Yukon Housing Corporation — \$20,000 from the housing initiatives fund and then another \$1 million in the form of grant.

I will go through the last part when I get up for question 3.

Mr. Dixon: Mr. Speaker, I look forward to hearing the rest of the minister's answer.

During his speech at the Yukon Chamber of Commerce budget lunch last spring, the Premier made very clear to the audience of businesses and Yukoners who attended that his government would not be making any further investment in this project.

So, my question for the Premier is: Can he explain what has changed in the past year that has led them to this change in position?

Hon. Mr. Pillai: Mr. Speaker — so, just to finish, the rapid housing initiatives fund, which is a grant that we provided, was \$5 million, and then, to YG, it was further — and that is what we are speaking about today, which was \$6,878,887. That is a total from the Yukon Housing Corporation of \$12,898,887; that is 31 percent of the total project.

As we have talked about — and I am happy to get back to this in general debate — that brings you to the \$42 million — just over that.

What has changed is that last year we did not have budget funding. I said that we did not have budget funding for this project. We needed to see Safe at Home go out and have conversations with our partners; they did. As you can see here, we are coming in with 31 percent of the funds. We think that this is a good investment. Actually, on a square-footage cost, we are getting even a better investment for the Yukon Housing Corporation than the projects that have been publicly tendered over the last two years.

So, it's good for Yukoners — I'm happy to hear — but I would like to know if the Yukon Party supports this very important project. I am happy to give detailed information at any time.

Question re: Transportation between communities

MLA Tredger: Mr. Speaker, last week, the government realized that the sexualized assault response team “what we heard” report specifically talked about the need for safe transportation between communities for survivors of sexualized violence. This was not a new recommendation. In 2020, this government released no fewer than four different reports with recommendations to improve intercommunity transportation. These were *Our Clean Future, Putting People First*, the *Aging in Place Action Plan*, and *Yukon's Missing and Murdered Indigenous Women, Girls and Two-spirit + People Strategy*. The next year, in 2021, the Yukon First Nation Chamber of Commerce released the Yukon community travel project report with the same recommendation. Those are six different reports all calling for the same thing. This government has had years to do something, yet here we are, years later, with no way to travel between many Yukon communities without a personal vehicle.

When is the government finally going to act on these recommendations from these six reports?

Hon. Ms. McPhee: Mr. Speaker, that's not exactly accurate. First of all, there are some options available for individuals to travel from communities. Has a new bus service running all year been introduced? If that is what the member is asking about, no, it hasn't. Have we continued to work with Yukon First Nations, our health centres across the territory, and our folks at Victim Services who work with victims of sexualized assault to determine how to best meet their needs in Yukon communities? Absolutely.

Over the coming months, we will work with our partners to develop an action plan, which is part of the “what we heard” report. Work is already underway in many areas to improve services to victims, including some alternatives for individuals who need travel to access services outside of their communities. We have done work including access to shared transportation resources, increasing the victims of crime emergency fund, and supporting non-governmental organizations to provide travel assistance to victims. These are very important initiatives and important initiatives that should not be criticized.

MLA Tredger: Mr. Speaker, every one of these reports over the last four years has described the need to invest in transportation infrastructure and to improve the safety, affordability, and availability of intercommunity transportation. Many of these reports recommend working with partners to fund municipal and First Nation transportation infrastructure.

This government has been provided with multiple recommendations and models of practice to deal with this problem. These reports and action plans are now several years old. This government has had plenty of time to look at these and other options and get moving. When BC got similar recommendations, they created the BC Bus North to provide bus service between 39 communities across northern BC.

Will this government commit to working with First Nation development corporations and private businesses to develop intercommunity transportation?

Hon. Ms. McPhee: Mr. Speaker, what we will commit to doing is working with our partners, with municipalities, with local area councils, and with Yukon First Nations to determine what is the best option for them. Will I import a system that seems to work in British Columbia and impose it upon Yukon communities? No, that's not an appropriate response either. That is not the way that we work.

We have been working with Yukon communities. The “what we heard” document is an incredibly important opportunity for individuals with real-life experience, people who have truly had the experience of being traumatized through a sexualized assault, and those individuals have spoken, if they had chosen to, as part of this work to explain what it is that they need and how we can incorporate those needs into a system that is responsive to those needs.

MLA Tredger: The sexualized assault response team's “what we heard” report released last week specifically talks about the need for safe transportation between communities for survivors of sexualized violence. Over a year ago, the minister said in a news release that safe transportation priorities were critical and that action needed to be taken right away, but all that has been offered so far is reimbursement of gas money for survivors of sexualized violence.

With six different reports in hand, multiple recommendations to follow, and the example of an effective rural northern bus service in BC, this government still thinks that giving people gas money is the best that they can do. For too many people, this just doesn't work. It means that they have to rely on finding their own way and recover costs later. It means that they have to have access to a vehicle and the ability to pay up front for gas.

If this government thinks that this is the reality for everyone in the Yukon, then they are sadly out of touch. Gas money is just not good enough. Why is this government still waiting to take action when they have already admitted that this is a critical priority?

Hon. Ms. McPhee: Mr. Speaker, the sexualized assault response team “what we heard” document is a critical step in providing these important services to Yukoners in communities.

We have worked diligently to hear from Yukoners, including those with lived experience. We have spoken to them, to community leaders, and to the support people who provide service for them about services that are necessary.

I have no issue whatsoever that ideally a system of transportation focused on victims of sexualized assault would be an excellent choice and something we are working toward. I don't disagree with that at all. I do disagree with the fact that the only option at the moment is being reimbursed, because that is not, in fact, the case.

We have already done work to improve services for victims, including promoting extensive services such as a 24/7 toll-free victim support line and priority access to counselling through Mental Wellness and Substance Use and support for victims who need to travel through their communities, through their First Nations, through the victims of crime emergency fund.

Question re: Community medevac services

Ms. White: Mr. Speaker, a little over a year ago, the government introduced new software to the medevac program called the "Medical Transfer Protocol Suite".

In the Fall Sitting, I asked the minister about her decision to introduce this software for triaging medevac calls instead of leaving it to the professionals in her department. Her briefing notes didn't have any information on this decision or the software, so I am hopeful that this has changed.

The stories we heard about the mistakes made by the MTPS were very concerning for the well-being of Yukoners. It seems that the MTPS is being used by the Yukon government in a way that it was not designed for and is resulting in potentially deadly errors. Certainly, we never heard those sorts of stories when the decisions were being made by the professionals in her department.

In order to reassure Yukoners that these mistakes won't happen again, can the minister provide an update on the work she has undertaken since we first brought this issue forward?

Hon. Ms. McPhee: The importance of medevac services here in the territory cannot go overstated. It is incredibly important for the services of EMS to be available to Yukoners in their communities. It's incredibly important for services of medevac to be available for individuals who travel from Yukon communities to Whitehorse for services — emergency or otherwise. It is also incredibly important for those who have to travel outside of the territory for those services.

The medevac services are usually supported by community health centres. They are organized by the Emergency Medical Services and, as a result, they are available throughout the territory. I appreciate the individual question about the MTPS services and I look forward to providing some information regarding that in the next question.

I don't think that it is a fair criticism — all of what has been put in the preamble to that question — but I look forward to hearing it yet again.

Ms. White: Mr. Speaker, when asked about this issue in the fall, the minister defended the decision to allow computer

software to make triage decisions. Since then, we filed some access-to-information requests on the issue, and one of those requests was seeking records of complaints made about triage errors made by the medical transfer protocol system. The response said that there were no results, but based on the stories that we have been told, we know that this is not true. That raises a worrying possibility that these errors are not being tracked or recorded anywhere, since we know that some were made. As is often said in this House, you can't manage what you don't measure.

So, can the minister confirm whether her department has a system for tracking complaints or problems experienced during medevac operations?

Hon. Ms. McPhee: Mr. Speaker, the services of Emergency Medical Services here in the territory are of the utmost importance to our communities and to Yukoners. Yukon Emergency Medical Services staff and community responders are dedicated to providing Yukoners with timely and high-quality health care services across the territory. Emergency medical services have been impacted, of course, by local, national, and global shortages of health care providers and yet, since raising the honoraria, medical services of an emergency nature have seen an increase of new volunteer and community responders. We look forward to continuing that service. The budget item for 2024-25 for Emergency Medical Services is some \$13 million. I look forward to the support in this House.

I certainly agree that we need to be keeping appropriate statistics and data. It is an area of progress in the Department of Health and Social Services of which Emergency Medical Services is a part, and I look forward to the data that comes forward with respect to all of the systems of EMS.

Ms. White: Mr. Speaker, again, the questions today are about this government's decision to allow medical triaging to be done by a computer program instead of the professionals at EMS. In her response from the fall — the minister says that she hopes that the issues in health care are wildly reduced. Well, I am not sure that her hope is enough to solve the problem.

My hope is that she is taking action to correct this problem and ensure that Yukoners are not put at risk by a computer program being tasked with a job that it was not designed for.

Medevac decisions were previously made by seasoned EMS workers in consultation with nurses and physicians at the sending health care facility. From what we understand, the MTPS is often not well-suited to make these decisions when the sending facility is a nursing station or a small, rural hospital.

Can the minister tell Yukoners why it was decided to remove medevac decision-making power from health care professionals and award it to a computer program?

Hon. Ms. McPhee: Mr. Speaker, it is unfortunate — I don't think that there is necessarily accurate information coming from the member opposite with respect to the simplicity with which this question is reduced. But what Yukoners deserve to know is that, in 2024-25, we have budgeted some \$13 million for Emergency Medical Services. There are 80.8 FTEs, or full-time equivalents, and 102 community responders providing emergency medical services across the territory.

Currently, operations include air ambulance services and ground operations. They are fully staffed in Whitehorse. Emergency Medical Services provides both ground and air transportation for patients in communities who require care at Whitehorse General Hospital. The paramedic specialist clinic at 405 Alexander and the paramedics response unit are also actively working to support community members in the territory.

Emergency Medical Services uses a combination of Government of Yukon paramedics and local community responders, which operated in Dawson City and Watson Lake. We look forward to continuing to support them through the budget of 2024-25.

Question re: Economic abuse

Ms. Clarke: Mr. Speaker, economic abuse is a form of domestic abuse or intimate partner violence that involves controlling, coercive, or manipulative behaviour related to a person's finances and economic resources. The Canadian Centre for Women's Empowerment is an organization that is dedicated to addressing economic abuse and economic injustice in Canada. The organization has recently developed a provincial-territorial scorecard on economic abuse that allows advocates and others to assess how each province or territory is doing.

Unfortunately, the Yukon appears to have the lowest score in the country. Can the minister tell Yukoners what steps the government is taking to prevent economic abuse in Yukon?

Hon. Ms. McLean: Mr. Speaker, I am happy to rise today to speak about issues related to women and gender violence. We have spent a tremendous amount of time working at the federal level, and I know that the members opposite are certainly aware, as are all Yukoners, that we now have a *National Action Plan to End Gender-Based Violence* in Canada. We — all provinces and territories — signed a declaration to end gender-based violence in Canada. It is the first of its kind. Certainly, we are very aware of the high, disproportionate statistics that women are faced with in our territory and in the north — all three territories.

Gender-based violence disproportionately impacts women, Indigenous women, black and racialized women, transgender, and gender-diverse people across the country. Gender-based violence is a significant and complex issue in the Yukon, with rates three to four times higher than the national average. We certainly know that gender-related violence statistics continue to serve as a stark reminder.

I'm happy to continue to build on my answer as we go forward.

Ms. Clarke: Mr. Speaker, one of the goals of the national scorecard to examine provincial and territorial legislation relating to economic abuse is to enhance support for victims. According to the Canadian Centre for Women's Empowerment, improving territorial legislation on policy can lead to better support and protection for victims of economic abuse. They say that stronger legal protections may provide victims with the means to seek help and access resources to escape abusive situations.

Can the minister tell us if the Yukon is considering stronger legal protections for victims of economic abuse?

Hon. Ms. McLean: Again, gender-related violence statistics continue to serve as a very stark reminder of the significant work needed to address gender-based violence in the Yukon and across Canada.

The Yukon's support of the implementation of the *National Action Plan to End Gender-Based Violence* is a very critical step in changing the narrative, with a focus on prevention and the implementation, of course, of Yukon's MMIWG2S+ strategy that continues to chart that path to concrete action.

There are many ongoing challenges to addressing rates of gender-based violence, including the under-reporting of violence, the lack of data on violence, and increased demand for support and services. There are complex and intersectional factors contributing to violence, including housing, poverty, addiction, and mental health. The rates of gender-based violence do increase in times of crisis.

I am certainly proud of the work that our government has done in working toward changing legislation. We continue to look at areas where we can improve our legislation in these areas.

Speaker: Order.

Ms. Clarke: Mr. Speaker, one proposal that has been put forward to address the impacts of economic abuse is allocating funding for quick financial recovery after abuse.

According to researchers, this would help make sure that victims and their children are not forced to return to violence and can regain control over their lives and finances.

Can the minister tell us if such a program is available in the Yukon, and if not, will the minister consider developing one?

Hon. Ms. McLean: Mr. Speaker, again, we are working very closely with all of our partners. There are many equity-seeking groups within the territory. We work very closely with all of them on one level or another.

Yukon's gender-based violence national action plan works very closely to address some of the challenges that are being discussed here today. A major component of Yukon's implementation plan is prevention. We have gone above and beyond our contribution to the 25 percent that is needed there.

Certainly, I am very well aware of the needs for women and vulnerable people as they flee violent situations. We have doubled our operational funding to shelters across the territory as a result of the *National Action Plan to End Gender-Based Violence*. That is being funded through this new action plan and is being supported as well by Health and Social Services, Justice, the Women and Gender Equity Directorate, and all of our equity-seeking groups.

Speaker's statement

Speaker: Order, please.

This is a reminder to members that electronic devices cannot be used during Question Period.

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

ORDERS OF THE DAY

Speaker: Introduction of visitors outside the usual time provided.

INTRODUCTION OF VISITORS

Hon. Ms. McPhee: Mr. Speaker, I would like my colleagues to help welcome two additional visitors to the gallery today. We have Mr. Stephen Mills, who is the co-chair of the Health Transformation Advisory Committee here in the territory, and Darla-Jean Lindstrom, who is a member of the Chiefs Committee on Health.

Thank you for being here.

Applause

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

The matter before the Committee is general debate on Bill No. 38, entitled *Health Authority Act*.

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.

Bill No. 38: *Health Authority Act*

Deputy Chair: The matter before the Committee is general debate on Bill No. 38, entitled *Health Authority Act*.

Is there any general debate?

Hon. Ms. McPhee: Deputy Chair, I would like to first take the opportunity to welcome here with us today some department officials who are going to assist with today's debate with respect to the *Health Authority Act*. With me is Deputy Minister Tiffany Boyd, Jennifer Imbeau, the director of legislation and partnerships, and Pam Muir, who is the legislative drafter on this project.

I would like to start with some opening remarks. I will start with the Indigenous title for the health authority, which has been selected back during *Putting People First*, as well as with the work that has been done today. Shāw Kwä'ą — "All is well; all is good."

I feel incredibly privileged to stand here in the Legislative Assembly today on behalf of all Yukoners to discuss the

content of Bill No. 38, the *Health Authority Act*. During second reading, there were some comments regarding the devolution that I would just like to address right at the beginning and to clarify that the concept of devolution and the establishment of the health authority are similar in only one way in that programs and many employees will transfer to a different employer. We understand that this can bring feelings of uncertainty for staff; however, apart from the transfer of programs and employees, the circumstances of devolution and the establishment of the Yukon health authority have very important differences.

In devolution, the programs and employees were being transferred to an already existing organization in the Yukon — the Yukon government — which gave the federal government an entity to negotiate with and to make preparations for the transfer. The programs and the employees to be transferred were all part of the Northern Affairs program of the federal government and were already defined. Programs and people transferred all at once after many years of preparations.

In the current case, the health authority does not yet exist. The framework legislation is before this House. It must pass before the health authority and the initial board can be established. Once this occurs, the Yukon government and the health authority can, together with partners, make these steps necessary and make all the preparations that will be needed to ready the new organization to be operational and receive the transfer of the programs and the people.

During the transition time, there will be engagement at many levels with partners, stakeholders, unions, and employees. Framework legislation is needed now to allow the proper amount of time and consideration for all of these conversations to happen and the decisions to be made.

Passing Bill No. 38 is a huge step, but it is the first of many to realize the true transformation of the health care system and where health care providers and others can be part of the ongoing work.

Today, I look forward to continued discussion with more details and focus on Bill No. 38. It is essential that we pass this bill so that we can move forward with health system transformation to ensure that health services reach the people who need them, no matter who they are and where they live in the territory.

We can do this together so we can improve client experiences and improve the experiences of health and social service providers throughout the system. We will make changes so that the workforce supporting the health system can focus on those who need health and social services.

Passing this bill and moving on to its implementation will give Yukoners the improved experiences of integrated health services that are focused on the person, the family, and the community, where system users and health service providers are supported with things like infrastructure that enables communication and data-sharing and removes barriers to care.

Before I speak more on the proposed *Health Authority Act*, I would like to again acknowledge and to thank the chiefs of the Council of Yukon First Nations firstly for their leadership, for their resolution, Bill No. 38, *Health Authority Act*, and for

their letters of support from Yukon First Nations and health system providers.

Let us build on this momentum as we welcome others to champion the health system transformation. We ask that you also champion the change that Yukoners have asked for as partners, system users, health system providers, and other stakeholders. We are going to continue to work with Yukoners as we shift to determine what the system changes look like and how to achieve outcomes and principles of health system transformation. This system transformation needs to work for every Yukoner and that is what person- and family-centred care can do.

When we approve this bill, we will start making real change together — the change that Yukoners will experience when they seek care from our health system. We will know that change is underway when Yukoners feel heard, feel seen, feel listened to, and feel safe during all interactions. Health system providers will experience positive change when their experience is one of feeling supported and able to deliver the care that they are skilled to provide to Yukoners.

I am going to take just a minute to review the purpose of the bill, its importance to Yukoners — and so that Members of the Legislative Assembly have the correct information, I would like to reiterate and clarify a few points.

A health authority supports a system-wide perspective that enables better planning, improves efficiency, and allows for innovative health system delivery methods. The scope of the health authority includes the management of the three hospitals currently under the Yukon Hospital Corporation and responsibilities for the day-to-day delivery of health and social services, which may include community health centres, long-term care, mental wellness and substance use, emergency medical services, and medical travel.

The *Health Authority Act* will be the legislative tool used to establish a health authority in the Yukon. It sets out criteria and conditions in which the health authority is to govern and operate.

The passing of this bill is a crucial enabling step in health system change. However, significant work is required to operationalize the health authority, such as establishing a board of directors, developing regulations, and transitioning the operation of health and social services delivery and staff. It is anticipated that full transition of services to a health authority will take several years after we pass this legislation.

Let's talk for a moment about employees, because we all care deeply about how they may be impacted and supported. The health care providers and staff currently working in the system are our greatest asset. In advance of transferring programs to the health authority, employees of the Department of Health and Social Services and the Yukon Hospital Corporation will be given an offer of transfer. If they accept that offer of transfer, they would transfer or port to a health authority. We will ensure that all employees are informed about the transfer to Shāw Kwā'ą, including being informed about their pensions and what pensions under Shāw Kwā'ą may look like.

Not only is it the right thing to do, but we are also legally obligated to work with all employee bargaining units through the processes legislated under the *Canada Labour Code*, and we fully intend to do so. Once decisions are made about the programs to transfer to Shāw Kwā'ą, our intention is to inform employees and their unions with as much notice as possible. Under the *Canada Labour Code*, successorship rights exist for all bargaining unit employees. This means that employees currently represented by a union will continue to be represented by a union and will port their existing negotiated collective agreement, pension benefits, and comprehensive benefits packages with them.

The Government of Yukon and the Yukon Hospital Corporation are exploring potential pension options for Shāw Kwā'ą so that pensions are fiscally sustainable, attractive to workers, supported by unions, and equitable for staff who transition to the health authority. This includes the plans that are currently available and that employees currently participate in. The intention of a pension plan for Shāw Kwā'ą employees is to have, at minimum, a similar level of pension benefits and stability that exists today.

I would like to revisit the guiding principles that are embodied in the bill, because this is what we are working toward: Health and social services are culturally safe, integrated, person- and family-centred; health and social services system in the Yukon is free of racism and discrimination; care is delivered with quality and compassion; programs and services improve community and individual wellness; health equity and access to health care is improved; collaboration with Yukon First Nations, other health system partners, and health system providers is essential to effectively meet the needs of Yukoners; the system respects and incorporates Indigenous perspectives, values, and priorities; the system is financially sustainable and safeguards these core principles; Yukon First Nations and Indigenous people's approach to health and wellness is respected; Indigenous representation among health and social services workers, including those who provide health services in communities, is increased and their education and participation is supported; to achieve cultural safety within the health and social services system means people feel safe; this sense of safety is determined by the individuals receiving care; health equity and improved health outcomes for Yukoners are fostered, including by addressing anti-Indigenous racism; and the health authority must provide and maintain an environment that is free from all forms of racism, including anti-Indigenous racism.

Establishing the health authority is one part of a health system transformation, but it is a critical step toward making the changes that Yukoners have asked us to make. The main content of the proposed *Health Authority Act* speaks to how the health authority will be established and how it will operate the hospitals and other health and social services programs and facilities across the territory.

The bill sets out rules, criteria, and conditions in which the health authority is to govern and operate as a separate arm's-length corporation. It defines roles and responsibilities, identifies the scope of programs and services, and establishes

principles for how the health authority conducts its operations and interacts with the health and social services sector.

The bill signals the important connections to community and community wellness and equity. As part of these connections, the bill requires the health authority to increase community-level involvement in determining community needs and perspectives. This includes consideration of community health and wellness plans. Governance is reflected throughout the bill and prescribes the rules and expectations that shape the roles and responsibilities, the approach to the delivery of services and programs, the principles with which the health authority is to conduct its operations and its interactions with government partners, health service providers, and the public.

The health authority is governed by a board of directors, so governance is addressed with provisions that inform the board's legal, policy, planning, mentoring, and evaluation responsibilities and mechanisms.

The bill also covers relational commitments and actions with respect to working with Yukon First Nations, other governments, non-governmental groups, health service providers, and health system partners.

The bill includes various accountability mechanisms, which involve the Government of Yukon, Yukon First Nations, and Yukoners. With respect to the health authority, mechanisms include the development of an accountability agreement, financial reporting requirements, public meetings, a culturally safe framework, and a patient safety and quality assurance framework.

The health authority must also follow accountability, transparency, and privacy requirements under the *Access to Information and Protection of Privacy Act*, the *Health Information Privacy and Management Act*, the *Ombudsman Act*, and the *Public Interest Disclosure of Wrongdoing Act* as well as the *Languages Act*.

The bill, including consequential amendments to the *Health Act*, reflects a new process for determining the strategic direction of the health system, including the role of the health authority with respect to strategic planning. Consequential amendments to the *Health Act* will require the Government of Yukon to develop a long-term, Yukon-wide vision and plan for health and wellness in consultation with Yukon First Nations, the health authority, health service providers, and the public. This plan, referred to as the "Yukon health and wellness plan", will set the overall direction for the health system from which the health authority will develop its strategic and operational plans, which will contribute to achieving the long-term vision for health and wellness in the Yukon.

The health authority's strategic plan is proposed for five-year cycles, with requirements for best efforts to collaborate with the Yukon First Nation health committee followed by the minister making best efforts to reach consensus with the Yukon First Nation health committee prior to approval.

You will find that tone and expectations around guiding principles are captured in the preamble of the bill and embodied throughout. It is in the preamble of the bill where the name

Shāw Kwā'ą is introduced as the Indigenous name proposed for the health authority.

Again, Shāw Kwā'ą means "It is all well; it is all good" in Southern Tutchone — terms that embody health and wellness. It reiterates the Government of Yukon's commitment to partnering with Yukon First Nations consistent with advancing reconciliation and its commitment to the Truth and Reconciliation Commission's calls to action. This includes partnership on transforming the health system.

It outlines a shared commitment to working toward an effective and integrated health system that: promotes the mental and physical health of Yukoners, including Yukon First Nation persons; provides accessible services without discrimination; eliminates health disparities; and embodies the concept of health and wellness captured in the Southern Tutchone name for the health authority, Shāw Kwā'ą.

Before we hear from other members of Committee of the Whole or their questions, I would like to speak just about another key part of the bill that is generating much interest, and that is the transition and coming into force of provisions. Should the bill receive assent, we will work with the system partners and the stakeholders on the detailed design functions like clinical and administrative operations. This includes models of care and operation and regulations to guide implementation where necessary — like a regulation to legislate board remuneration, for example.

Activities will include ensuring that systems and policies are in place and services are ready to be transitioned. You will find the transition and coming-into-force provisions in part 11, divisions 1 through 3, with provisions focused on the orderly and effective transition to come into force that are in division 2. Part 11, division 2 is specific to activity and decisions that can and are to occur once the bill receives assent. This will allow for the appointment of a board and a CEO, for instance, and for undertaking the work to prepare for transition and full implementation of the rest of the act.

Transitional provisions cover the responsibilities of all noted parties, such as the minister, the Yukon Hospital Corporation, and the board of directors, with respect to working collaboratively as required or as advised. This will ensure a smooth and effective transition to setting up the health authority. These provisions also allow the Government of Yukon and noted parties to determine when the remaining specific provisions of the proposed *Health Authority Act* will come into force, giving the government and its partners time to prepare the health authority and the new health system structure to be operational, including work with our employees.

When the first stage of transition is complete — which means that the health authority board of directors is in place and operational planning is completed, including any required regulations — the legislation establishes that the hospitals will transfer to the health authority, and the Yukon Hospital Corporation will then no longer exist. At this point, the health authority will be operational and the Government of Yukon can begin to transfer programs and services to the health authority — an approach that will be determined in the transition period.

Ensuring an effective transition of staff, including working closely with unions, will be one of the key activities during this interim period. It is important to note that it will take significant work, likely spanning several years, for Shāw Kwā'ą to become fully operational and start delivering services. There is work to be done — absolutely.

I would like to end by reiterating our respect and thanks to all of the partners, the Chiefs Committee on Health, and the Health Transformation Advisory Committee — and a call to all Members of the Legislative Assembly to support the passing of Bill No. 38 and the development of Shāw Kwā'ą.

Mr. Dixon: Deputy Chair, I'm pleased to rise today in Committee to speak to Bill No. 38. I would like to begin by thanking the minister for her opening remarks and touching on a number of the subject areas that we have discussed previously. Of course, I would like to thank and welcome those officials from departments who have joined us as well as guests who are taking in the debate today. I am certainly appreciative of the amount of work that goes into the development of a complex and sizable bill like this, so I certainly extend my thanks to those officials as well as those who have provided briefings to us either from the department or from the Health Transformation Advisory Committee over the course of the last few weeks.

As everyone can imagine, we have a number of questions about the bill. While we have received briefings about some of the aspects that we will be asking about, I wanted to note that it is entirely possible that we will ask questions that we have already asked in briefings and, in some cases, that we are generally aware of the answer to but want to ensure for the public record that these questions are asked and that the answers are provided on the public record. For officials who have briefed us previously, they may see some repetition in those questions.

I will start with the high-level issues, Deputy Chair, and begin with the creation and impetus of the bill. Obviously, this is an issue that stems from the recommendations of *Putting People First*, and the minister has alluded to some of the process that has been used to develop the legislation.

Can the minister give us a more specific detailing of how the bill was drafted, what role the chiefs committee played, what role the Health Transformation Advisory Committee played, and how that feedback and input came together into this bill that we see today?

Hon. Ms. McPhee: Thank you for the question. I won't give too much detail about the establishment of the organizations that have been asked about, but it's important to note how and when they were created for the purposes of the development of this bill. We are certainly committed, through this process, to working in partnership with Yukon First Nations on the health and social services system transformation, which included and does include, of course, the establishment of Shāw Kwā'ą Health and Wellness Yukon.

A new health authority was contemplated, of course, with respect to recognizing Yukon First Nation history, governance, and cultural traditions in June 2023. After having spoken to leadership on several occasions, the Chiefs Committee on

Health was established to provide advice on the implementation of *Putting People First* recommendations — so, broader implications and responsibilities for them — but the focus was quickly turned to the oversight of the Health Transformation Advisory Committee.

The Chiefs Committee on Health is comprised of the following members who are appointed by Yukon First Nation leadership: the chair of the committee is Vuntut Gwitchin Chief Pauline Frost; Champagne and Aishihik First Nations Chief Barb Joe is a member; Carcross/Tagish First Nation Deputy Chief Darla-Jean Lindstrom, who is with us here today, is a member; and Little Salmon Carmacks First Nation Wolf Councillor Tanya Silverfox is a member.

In June 2023, the Health Transformation Advisory Committee was formed through recommendations from the minister and the Chiefs Committee on Health. The Health Transformation Advisory Committee — it's known as HTAC — will continue to inform and work with other health system partners such as the Yukon Medical Association, the Yukon Registered Nurses Association, allied health professionals, and others to continue the health transformation.

The advisory committee is co-chaired by one of the deputy ministers of health, Mr. Stephen Mills, who is present with us here today. The deputy minister of social services is also on the committee, as is the chief executive officer of the Yukon Hospital Corporation, Mr. Jason Bilsky, who is present with us today, and three Yukon First Nation senior officials, who are appointed by the Chiefs Committee on Health and are selected based on their experience and their expertise.

The Health Transformation Advisory Committee's mandate includes providing recommendations to the minister and to the Chiefs Committee on Health to create Shāw Kwā'ą — or Health and Wellness Yukon — and identify opportunities for health system integration and improvement.

The Health Transformation Advisory Committee held its first meeting back in July 2023 and has since developed terms of reference and a work plan going forward. I can note that the committee met regularly for the purposes of proceeding with this work, recognizing a very short time frame that was given to them to complete the drafting of this bill. I can note that the Health Transformation Advisory Committee established a consensus-based approach to engagement on the development of health authority policy and legislation.

The committee was supported by the Department of Health and Social Services and the Council of Yukon First Nations. They hosted an engagement session with Yukon First Nations that was some two days long for the purposes of having First Nations directly engaged. I can also indicate that they engaged individually, as did the Department of Health and Social Services, with First Nation governments to determine their interest in supporting legislation like this.

The Health Transformation Advisory Committee met on a regular basis, including the consultation that I have noted, to receive draft parts of the bill and to discuss options — policy options and other direction — and to make sure that the Yukon First Nations and the Chiefs Committee on Health were briefed to get direction from the Chiefs Committee on Health on

matters of policy development. They frequently went to leadership for the purposes of, again, making sure that everybody and all of the First Nation governments were briefed as well as the other leaders who attend leadership of the Council of Yukon First Nations. Parts of the bill were discussed as options and then returned with direction, and the drafter developed options. Drafts were then received — parts or in whole — by the Health Transformation Advisory Committee and reviewed by them, reviewed by legal counsel — and then recommendations at that point from the Health Transformation Advisory Committee to the Chiefs Committee on Health and to the minister.

As I have noted, there was full engagement with individual First Nations at several meetings if they were not able to attend the two-day session, but I have it on very good authority that the two-day session was very well attended and it was supported by the individuals who attended. They were very pleased with the in-depth discussion that took place. There was general excitement and optimism regarding the project, and the Health Transformation Advisory Committee also held information sessions with many NGOs, stakeholders, and other interested groups.

I note that I previously tabled a document with specific engagement, and there are additional meetings of more than 60-some organizations that have been advised — individually and through other materials — about the progress of Bill No. 38 and what it would mean.

Mr. Dixon: I appreciate the minister's overview there. I would like to drill in just a little bit more specifically. Is the minister able to tell us who it was who gave the drafting instructions? Was it the minister herself, or was it the Health Transformation Advisory Committee, or was it someone else?

The minister referenced the fact that various folks had seen the draft bill or portions of the draft bill. Can the minister tell us who, other than Yukon government employees or contractors, was able to see the draft legislation prior to tabling and whether or not that included other stakeholders, organizations, or unions?

Hon. Ms. McPhee: Thank you, Deputy Chair, and thank you for the questions.

The drafting instructions were provided by Yukon government to the drafter. The Yukon government was represented in that process by the deputy minister from Health and Social Services. The collaborative approach that we have worked on through this project with the Chiefs Committee on Health and my office has been very collaborative and very important to provide input to the process.

I can also note that, in November 2023, I sought Cabinet approval to share draft portions of what is now Bill No. 38 with Yukon First Nations, with the Health Transformation Advisory Committee, and with the Chiefs Committee on Health. I did receive that approval. It included, as I have said, the Health Transformation Advisory Committee, the Chiefs Committee on Health, and Yukon First Nation governments. We were able to share some parts of Bill No. 38 with the Health Transformation Advisory Committee right away. We shared other versions as it progressed, with the instructions from the Yukon government

through the deputy minister with the Chiefs Committee on Health. We shared versions and some information in December 2023.

On January 18 and 19 when we held a two-day workshop with Yukon First Nation governments, pursuant to the minute and instructions that we had, we shared a version of the draft with Yukon First Nations. It was provided to them as a paper document. There were confidentiality agreements required for each of those governments and those documents were returned at the end of the day.

There are also security measures in place and there was a secure file transfer for remote opportunities for, I think, two or three of the First Nations that could not attend on January 18 and 19. That is the process for the specifics.

The Cabinet approval in November for permission to share was on an extremely specific basis. The opportunities to do that have been used in other experiences, and it worked in this case for the purposes of ultimately having a document that was supported by individuals and that was developed with policy advice from the Yukon First Nations in those various forms.

Mr. Dixon: I appreciate the minister's answer there. The minister referred to Yukon First Nations. Can she just confirm, then, that it was all 14 First Nations that were able to see the draft bill? When the minister says "Yukon First Nations", does she mean chiefs and councils? Does she mean health directors? Is it a designated representative of an individual First Nation who would be allowed to review the draft bill? What further clarity can the minister provide us?

Hon. Ms. McPhee: Thanks for the question. By "Yukon First Nations" in the territory, I mean all 14 Yukon First Nations. Each First Nation was invited to the session on January 18 and 19 of this year to review a version of the draft legislation and to provide their input. They identified who it was they wanted to attend. In some cases, it was a chief or council member or both; in some cases, it was a combination of chief, council members, and health directors or just health directors; in some cases, they sent legal representatives of their First Nation in combination with some others.

I don't think that the question is necessarily asking about who attended, but we no doubt have a list of who attended. I can get a number, but I'm pretty sure that there were only two First Nations missing. Three? Thank you. There were three individual First Nation governments or organizations missing on that day. We had them identify whom it was they wished the secure file transfer of the draft legislation to be sent to. We, of course, took direction with respect to that.

I can indicate that we have been very dedicated to our position to provide the drafts that were available at the time — some two months before the final version that is here before this Legislature — but we were very careful to make sure that we shared versions that we could as widely as possible, but making sure that the minute from Cabinet was respected and that we were not too widely sharing of versions of the document. They were all shared for the purposes of receiving input into the policy and ultimately to the ideas that are before this Legislative Assembly.

Mr. Dixon: Deputy Chair, I appreciate the answer from the minister.

Just to be clear, then: Outside of the Health Transformation Advisory Committee and the 14 individual First Nations that either designated one or multiple people to attend the briefing or access the draft bill in January, were there any other groups or organizations that were permitted to see any parts of the draft legislation prior to tabling?

Hon. Ms. McPhee: I appreciate the question. I just want to be clear that, with respect to system partners and others involved in the process of the health system and clearly in the future of the health system transformation, the minute of the Cabinet was specific. As I have said in the last answer, if the question becomes why it wasn't shared with organizations or partners like the Yukon Medical Association and other system partners, we had committed to — and as a result of *Putting People First*, committed to — discussing the policy around the drafting and what sections might say with Yukon First Nations as partners in this process and as government-to-government relations. I can also note that a conversation with respect to the sections and what would be in the sections was held when I was in attendance with the Leader of the Yukon New Democratic Party prior to the final draft being completed.

Mr. Dixon: I appreciate the minister's answer. Obviously, this bill is the result of the implementation of *Putting People First*. That is one of the most substantive or large and complex recommendations in *Putting People First*. I am aware that there is an implementation committee for *Putting People First* established under the confidence and supply agreement between the Liberals and NDP dating to 2021 and re-upped in 2023.

Can the minister tell us what role the implementation committee for *Putting People First* played in the development of this legislation?

Hon. Ms. McPhee: The implementation committee for *Putting People First* was relatively active over the period of time that it has been in existence. The member who represented the New Democratic Party on that committee is the Member for Vuntut Gwitchin, and I have had several conversations in general about the progress of the *Putting People First* recommendations. I certainly advised last year, in 2023, that our focus for the implementation of *Putting People First*, as opposed to what has already been achieved or was underway — and our meetings often consisted of me updating the Member for Vuntut Gwitchin on what progress had been made with respect to most of the recommendations. I did advise that our focus for the next number of months would be on the development of this piece of legislation and on the relationship with the Chiefs Committee on Health and the development of that and on the Health Transformation Advisory Committee and setting up the structure by which the Chiefs Committee on Health and I would collaboratively discuss how matters would move forward.

What I'm trying to do at this point is describe the purpose of our meetings and how that implementation committee has been working, but with respect to specifics of the drafting, the policy development, or of the sections that ultimately were

drafted and ended up in this bill, there were no discussions with respect to those at the implementation committee meetings other than on a few occasions during those meetings when I met with the Leader of the New Democratic Party instead of the member appointed. We have done that on a few occasions so that the meeting could continue if someone was unavailable. I have already described the fact that we did discuss, late in the process, with the Leader of the NDP what was being focused on in this legislation.

Mr. Dixon: I appreciate the answer from the minister and I will move on.

The government — and the minister, more specifically — have made a number of assertions around the outcomes of this bill and what this bill is meant to achieve. I am wondering if the minister can tell us what tangible changes Yukoners can expect to see in the delivery of health care as a result of this bill.

Are there specific health outcomes, either for First Nation citizens or others, that we should look to see improved by the implementation of this bill, and if so, what are they?

Hon. Ms. McPhee: Thank you for the question. There are some concepts embedded into this approach that are like no other and have not existed in health legislation here in the territory before. I will speak about them generally and then, if there are specific examples, I could maybe provide one or two of those.

We came to this work on the basis that we needed to respect reconciliation. We needed to respect self-determination of our Yukon governments. We needed to respect the cultural safety and the partnerships that have been set up. We know that, during the work of *Putting People First* — not only here in the territory but across this country — there have been far too many stories of individual First Nation persons experiencing not only ultimately terrible health outcomes but terrible experiences. It is time to face that; it is time to not ignore the fact that our system does not treat all individuals equally or with equity — it just doesn't — and we need to recognize that. *Putting People First* told us that we need to recognize that. Our government accepted the 72 recommendations of *Putting People First*. We knew that we would need to go down this road and do this work, and we needed partners with which to do it. The Yukon First Nations have been there for the purposes of doing so.

We have brought forward a piece of legislation that focuses on system-level alignment and improvements — for example, the concept of a 10-year plan, of an accountability framework, of a health system wellness plan, a strategic plan based on population health data, and, as I have said, the accountability agreement and what it will measure. Those concepts — those kinds of things, those kinds of safeguards that would be built into the system — have not existed in an integrated way in our health care system in the territory. I daresay that, with respect to the focus on First Nation experiences, it probably hasn't existed in an integrated way in many, many places. The work of the health authority will be to reduce silos and to provide seamless transition, and this will benefit patients and providers alike.

The health authority is expected to provide, as I said earlier, integrated person- and family-centred services. Those

are five or six interesting words, but when we are able to achieve an integrated process that is person- and family-centred, that will not only benefit patients; it will benefit service providers and health care providers; it will be culturally safe; it will be free from anti-Indigenous racism and all other forms of racism. These are no doubt lofty goals. These are goals that we have taken on for the purposes of doing this work, and we fully expect to be able to achieve them or to continue to work to achieve them.

The system will be trauma-informed and compassionate. We know that *Putting People First* said many positive things about our health care system and, in particular, about our health care service providers, but we know that there is room for improvement for trauma-informed and compassionate work. It will utilize a wellness approach to health, including prioritizing health promotion and disease and injury prevention — not something that we do in an integrated way right now. It will improve community wellness and equity by focusing on community wellness services and working with communities that will provide wellness plans like those anticipated in the substance use health emergency but will benefit this work as well. It will increase community-level involvement in the planning and delivery of services to meet community needs. That does not exist in a way that is properly integrated into our system right now. It will support workers, their values, and their work-life balance, something that we know is a current challenge. It works to embrace innovation and flexibility, including with respect to its service delivery models and health workforce. This is something that I truly look forward to, and we are working with health care providers and hearing from them about improvements to service delivery that can be made. I was asked earlier today about some of those improvements, and I wholeheartedly agree that we are working to improve service delivery models.

This process will allow us to continuously improve services, access to services, and the outcomes. It is efficient and effective and makes the best use of resources, which is one of the key comments in *Putting People First* — that there could be or should be savings, financial and otherwise, with our staff and with patient experiences that can be and should be better through the development of a health authority.

I should mention that all of the concepts that I have noted here have been built into this legislation, Bill No. 38, which is before this Legislature now. If it is endorsed by this Assembly, it will set the direction of the health authority going forward — so accepting the concepts that have been built here as we go forward and ultimately having this Legislature decide if this will be the law going forward, and then that will set the priorities and the direction of the authority.

Mr. Dixon: I thank the minister for that. We have been told at various briefings that the 2024-25 budget includes \$9.4 million for the establishment of the new health authority. As well, it included the hiring of 28.5 new positions. Can the minister confirm that this is the entire amount that will be required for the establishment of the new health authority and that those FTEs will be the only new FTEs that are needed for this, or will there be subsequent budget allocations needed?

In other words, how much will the passage and implementation of this bill cost?

Hon. Ms. McPhee: Thank you for the question. The \$9.4 million in the 2024-25 main budget for Health and Social Services is the estimated cost of the operation and maintenance services for the transition of the health authority.

It involves, of course, personnel. It is the best forecast that can be done at this time. Most of the costs are fixed, with the idea of the transition taking place over the next one to two years. Of course, should it take longer, then there will be adjusted costs, as the O&M would continue — the transition O&M will continue — through the time in which the health authority is completely stood up and has its own budgets for O&M and capital, should that be necessary. Of course, these do not include any costs for the operation of the health authority itself.

Mr. Dixon: I would just like to follow up on that a little bit. So, the \$9.4 million that is in the budget right now is for the implementation of the new corporate entity — the health authority itself — and the minister said that there will obviously be subsequent budgets for the O&M — the operations of the organization once it's happening.

I would like to ask specifically about implementation costs. Is this — the \$9.4 million that is in this budget — for implementation, or should we expect to see further allocations either in supplementary budgets in the fall or in the next budget?

Hon. Ms. McPhee: I'm sorry if I wasn't clear. The \$9.4 million for implementation or transition costs is based on a timeline of having that work happen within the next one to two years. Should that work be extended, it would be appropriate to anticipate additional costs.

Mr. Dixon: I appreciate that clarity from the minister.

I would like to move on. I am running a little bit out of time, so I will try to speed up. I would like to move now to the subject of governance and the new board structure. Obviously, one of the notable pieces of this section of the act relates to the notion of consensus and that the board will operate by consensus. As well, there was a consensus model for the appointment of the board members.

Can the minister give us some clarity around how it is anticipated that the board would function on the basis of consensus? I think that many folks have been on boards or committees and found that when tough decisions are needed to be made, there is ultimately a vote, and typically, the majority or some predetermined number would pass an action or a resolution that would be acted on.

I'm just looking for the minister to explain a little bit about how the practice implementation of the consensus model on a board like this would work.

Hon. Ms. McPhee: Thank you for the question. The concept of a board and this board operating on consensus regarding — if I could just have a moment.

Thank you. Section 24 of the draft legislation notes that the majority of the members appointed to the board constitutes a quorum. It also notes in the second section that the board must make best efforts to make decisions by way of consensus, but

the third section notes that if the board does not reach consensus on a decision, the decision is to be made by way of a majority vote of the members in attendance at the meeting when the decision is made.

This provision confirms that this bill is to work to ensure that if there are vacancies on the board — that deals with the quorum section — and the provisions regarding consensus require the board to make decisions by making best efforts to reach a consensus. The backstop is provided in section 3.

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: The matter before the Committee is continuing general debate on Bill No. 38, entitled *Health Authority Act*.

Is there any further general debate?

Mr. Dixon: Deputy Chair, I appreciate the opportunity to continue with some questions. I will stick with the board while we are on the subject. I would like to talk about the board structure and the decision to reduce the overall size of the board. Can the minister speak about the decision to remove the medical professional from the board as well as the other representatives from the board who had previously been included, or who are currently included, in the Yukon Hospital Corporation's board? Can the minister explain about the decision-making to make that change?

Hon. Ms. McPhee: The board of directors anticipated by this legislation will be comprised of seven members, and the composition of the board is: three nominations by the Yukon First Nation health committee and three nominations by the minister and another individual nominated by the minister as the chair. Seven members — in contrast to the current board, which is what I am being asked about — balance the required expertise and the diversity of the board with the challenges and dynamics and the costs of a larger board.

A set of core board competencies will be developed with Yukon First Nations and health care partners that all board members must collectively possess. The bill includes provisions that inform the board's legal, policy, planning, monitoring, and evaluation responsibilities and the mechanisms for doing so.

The Minister of Health and Social Services and the Yukon First Nation health committee must make reasonable efforts to reach consensus on all seven members, including the chair, to be nominated to the board. If reasonable efforts to reach consensus are not achieved within 60 days, the minister and the Yukon First Nation health committee will each nominate three individuals and the minister will nominate the chair.

The Commissioner in Executive Council makes the final appointments based on nominations in collaboration and discussions with partners. The number of board positions on the initial board can be changed by two members, but there must be a minimum of five. The board must reflect the cultural,

regional, and gender diversity of the Yukon. The bill allows for non-Yukon residents to serve on the board when the minister believes the membership of the board would not otherwise meet the required core board competencies and there are no available residents to serve on the board. I certainly don't anticipate that being an issue going forward, but in the initial concept of a board construct, having individuals who have — or at least one individual who has — experience on another health authority might be of benefit. The majority of the board members and the chair must be Yukon residents. This allows qualified individuals who may no longer reside in the Yukon but deeply understand the context of the Yukon to bring specific skills to the board. Context of the Yukon will be critical for all board members.

The bill outlines criteria for eligibility to be a board member, which does include current staff and medical staff of the health authority. This is to ensure that there is no conflict of interest for members of the board in conducting their work as board members.

Of course, members who come to the board will not represent the interests of those who may nominate them or whose names are put forward, but they must come — as with all good governance boards — with the interest of the board work being their priority. That includes the responsibility for making the medical staff bylaws, and it will apply to current medical staff and the bylaws governing employment with the health authority. Medical staff and staff can participate on board committees. To ensure that these critical front-line perspectives are captured, we will seek membership of medical staff and other front-line staff or allied health professionals staff on the quality, safety, and improvement committee as well as input or extensive work to build the accountability framework for the purposes of making sure that front-line medical perspectives are critical to the operation and the success of the health authority and that those will continue. The board is required — unlike the current board at the Hospital Corporation, if that is the comparison — to have at least two public meetings a year, and at least one of those — although both could be — in Yukon communities — all important aspects of this particular board that don't necessarily exist with the Hospital Corporation Board.

Mr. Dixon: My question was more about the decision to remove some of the other fields from the board. I asked about the decision to remove the medical professional from the board. I would also note that the current Yukon Hospital Corporation Board of Trustees includes representation for the communities in which it operates hospitals — for instance, in this case, Watson Lake and Dawson.

At the time, the legislative change that was made by the previous minister in the early part of the Liberals' last mandate was to include that geographical representation. At the time, I wasn't a member, but I have seen the Hansard. And the then-minister — now Chief of the Vuntut Gwitchin First Nation — made some very clear arguments in favour of why regional representation was important, and that is why the act was changed to include regional representation for those communities.

Can the minister explain why there has now been a departure from that and a removal of geographical representation from the communities in which the health authority would be operating hospitals — namely Watson Lake and Dawson?

Hon. Ms. McPhee: Thank you for the question. The focus in this bill for the structure or the population of the board is entirely competency based. There are some provisions that are being asked about here, but let's look at the geography recommendation that currently exists on the hospital board. For example, the change is protected by section 12, which notes that best efforts must be made to reflect the cultural, regional, and gender identity — making recommendations, the Commissioner in Executive Council for appointments to the board. The minister — I am looking at section 1(1)(b): "...make best efforts to ensure that the membership of the board reflects Yukon's cultural, regional and gender diversity."

This provision confirms that the minister must make best efforts to ensure that the board reflects each of those aspects of the Yukon community, culture, regional, and gender diversity when making nominations to the board. Attention must be paid to those requirements. The competency-based board is a model used by health authorities across the country as well as boards of this complexity. This will be a complex organization. We are seeking a competency-based board, which, of course, aligns with best practices. There will be protections for individuals who come from regions and there will be best efforts to ensure that they are included. We are looking — and will be looking in the future — for a board that is very broadly based for all of those aspects.

With respect to the medical professional being identified as an individual on the board, the structure of Bill No. 38 that is before this Legislative Assembly does not make that a requirement. It is particularly for the purposes of avoiding conflicts of interest. We have a small community. Individuals who are involved in the current medical profession and are medical practitioners would immediately be in a conflict were they to take a position on the health authority board. Most health authorities in Canada do not have the requirement for that individual. Former medical practitioners, individuals, and staff members formerly involved with the Yukon Hospital Corporation or with any aspect of health and social services would not in any way be prohibited from those positions.

It doesn't mean that people from communities — let me just say that with respect to the geography example I've been given, of course, it doesn't mean that individuals from communities aren't competency based, but there are no guarantees based on regions or specific communities as there currently are.

I look forward to future questions. I think that the questions around governance are extremely important because there is the concept of a change. I think that what we will be seeking and all Yukoners should expect is that building a competency-based board will be in the best interests of what will be a complex organization running many aspects of health care in the territory.

Mr. Dixon: The reason I asked about it is just because the previous minister felt very strongly about this, as evidenced by Hansard. When the former minister put forward changes to the structure of the Yukon Hospital Corporation Board, the minister made a strong case that, without guaranteed regional representation, the board of the Yukon Hospital Corporation had become, in her words — and I'll quote from October 31, 2017. Minister Frost said that it had become — quote: "... a Whitehorse-centric model and urban-centric view — and their consideration for what happens in rural Yukon was not really all that well-aligned. These are the comments and feedback that we heard from the constituencies in Watson Lake and directly from the community and directly from members of that community and from the First Nations in particular and from the municipality. From Tr'ondëk Hwëch'in and Dawson City, we heard the same thing from the medical association and from the doctors in those communities."

So, the reason I ask is that it seems to be a fairly strong departure from that position that the government had previously had that guaranteed representation from the communities was important. I would like the minister to explain a little bit more about how the strong position advocated by the former minister has been set aside and we are now moving to a situation where the board will have no guaranteed representation from the communities in which it is operating hospitals.

Hon. Ms. McPhee: This is a complete systematic change. I won't comment on the representations made in the past with respect to the Yukon Hospital Corporation Board because those were relevant and important at the time.

This is not the same. This is a complete shift in the approach to ensure a collective, competency-based professional board. Consensus with the Yukon First Nation health committee — and with section 12 — is designed to be a backstop to ensure a balanced representation, including regional representation. The board is designed to be, first, competency based and to make sure that we are requiring, on the board, individuals who meet the standards and the requirements set out in section 12.

The bill signals the important connections to community and to community wellness and equity. As parts of these connections, the bill requires that the health authority will increase community-level involvement in determining community needs and perspectives. This includes consideration of community health and wellness plans. This will be a requirement — a responsibility — of the board that runs Shāw Kwā'ą. The Shāw Kwā'ą board is required to hold two public meetings, as I have noted earlier, at least one of which must be held in a Yukon community. So, this is a departure — I take no issue with that characterization. The system-level approach of planning, representation, and accountability is the goal, and best efforts are being made through section 12 and other sections in the bill for a high standard. This together with the other parts of the bill will require community input, which is quite different from the *Hospital Act*, and it will ensure community input through the entirety of the sections.

Mr. Dixon: I am sure that there is more that we could say about that, but I will move on. I would like to turn now to

the submission to the Legislature from AFY. Of course, that organization doesn't feel that they were adequately consulted in the development of this bill and has proposed a number of amendments that they hope that the Legislature will consider.

What is the minister's position on those amendments?

Hon. Ms. McPhee: I too have received the letter from the Association franco-yukonnaise. There are important conversations being had with respect to their perspectives. We take no issue with the fact that they represent an element of our Yukon community — one that is incredibly important and one that is constitutionally protected. I take no issue with that. I have met with the author of that letter and their executive director. I have written back to them to propose some opportunities for us to work together. I am looking forward to their response.

Mr. Dixon: What are the contents of that letter, and can the minister share it with us?

Hon. Ms. McPhee: As I have said, I am in the process of waiting to hear back officially from the Association franco-yukonnaise. When I do, the conversation will proceed. We are looking forward to working together as we go forward. It would not be appropriate for me to share that letter at this time.

Mr. Dixon: It is not impossible that we could proceed to line-by-line debate later today, so we may find ourselves having to consider those amendments. So, I ask again: What is the minister's position on those specific amendments? Would she entertain support for those amendments on behalf of the government, or does she reject those amendments?

Hon. Ms. McPhee: Well, that would be setting out the contents of the letter that I think is appropriately between the organization and me at this time. There is no doubt in my mind that it will at some point be made public, but it's important to make sure that the conversations that we are having with respect to their concerns and what I can do in response to alleviating their concerns — have the freedom at this time for those conversations to be between my office and the Department of Health and Social Services as well as the organization that wrote to us with concerns.

Mr. Dixon: Why not have those conversations before tabling the bill?

Hon. Ms. McPhee: Despite the fact that some conversations did take place ahead of time, it would be appropriate for us to continue the opportunity to make sure that concerns that are brought forward are properly addressed. That is what I have undertaken to do; that is what I'm in the process of doing. How and when it would have been more appropriate to do that before the tabling of this bill — I can't say because the letter that came to me came after the tabling of the bill — some two weeks after.

Mr. Dixon: Well, I assume that the letter came two weeks after the tabling of the bill because the organization hadn't seen the bill before it was tabled. That's why I asked earlier about whether or not there were other organizations and groups that had the benefit of seeing the draft legislation before it was tabled. Of course, AFY was not one of them. The minister did say that there were conversations held with AFY before the tabling of the bill. Can the minister please outline

what those conversations were? Was AFY consulted on the development of this bill?

Hon. Ms. McPhee: I am happy to proceed with other questions today and to get that specific information for the member opposite.

Mr. Dixon: My understanding from the organization is that they don't feel that they were adequately consulted, so I do look forward to hearing more about the minister's viewpoint on whether or not that organization was properly consulted.

I am not going to move on, unfortunately, from that one. I do want to follow up a little bit more, because there is a very good chance that we could proceed to this as quickly as today. The minister had said that there were ongoing conversations that have not yet been resolved. When does she anticipate that those issues would be resolved?

Hon. Ms. McPhee: I certainly hope that it's as soon as possible. I received a message today saying that we would hear back from the Association franco-yukonnaise within 48 hours.

Mr. Dixon: So, would the minister commit to not having the bill come back for debate until that 48 hours has elapsed and we have more clarity from AFY?

Hon. Ms. McPhee: I too hope to have clarity from the conversations that we are having. I think it's important to have those conversations to make sure that there is continued support from the Association franco-yukonnaise with respect to the *Health Authority Act*. I appreciate that the member opposite is saying that they can anticipate that general debate would be completed on this bill today, but there is much experience in this Legislative Assembly where other bills have taken many, many days in general debate. We will, I think, cross that bridge when we come to it, but I certainly hope that the conversations that I am currently having — and I am waiting for a response from this organization and it certainly deserves the time that they have asked for to respond. We will proceed, I hope, with many questions in general debate so that there won't be an issue with proposed amendments or other types of resolutions that we have proposed and are having discussions about.

Mr. Dixon: Yet again, I would feel remiss if I didn't point out the fact that those conversations would be useful to have before tabling this bill so that we are not left with the situation where we may have to amend the bill on the floor, as it appears the minister is contemplating. That is a good question for the minister: Is the minister willing to make an amendment if that is the position of AFY?

Hon. Ms. McPhee: Again, I think that speaks to the content of the conversations that I'm currently having. I'm open to all options to make sure that we produce a health authority act that is the best possible resolution for Yukoners.

Mr. Dixon: I will move on to the YMA. We have seen the letter that the minister tabled from the YMA about this. In that letter, they note a number of comments about the bill and note that they are looking forward to the implementation beyond — because that is when they seem to view their role as clicking in.

Can the minister tell us whether or not there was consultation on the bill with YMA prior to tabling?

Hon. Ms. McPhee: Sorry; I don't know the date on which this was tabled, but there was a 17-page document tabled about engagement regarding the health authority, and the Yukon Medical Association was noted to have had their official meeting back in February 2024. I can indicate that, from the very first meeting I had with the Yukon Medical Association and the Yukon Hospital Corporation back when I became Minister of Health and Social Services, the implementation of *Putting People First* was part of that conversation that we had at the officials level and at the various committees that the deputy minister is involved in which also have representation from the Yukon Medical Association on them. Conversations were constantly being had about the development of the health authority.

At probably the initial meeting that I had with the Yukon Medical Association and the Yukon Hospital Corporation on our discussion about partnership going forward, we discussed the focus being on the *Health Authority Act* and the legislation going forward. I note that in the letter from the Yukon Medical Association on March 22, it is noted in the first paragraph that the Yukon Medical Association recognizes that the Yukon health care system is fragmented and that this fragmentation can give a negative impact on the care that Yukoners receive and contributes to the unnecessary administrative burden that can cause health care provider burnout, which is, of course, a major concern for the Yukon Medical Association. It notes — quote: “The YMA welcomes all initiatives that empowers doctors, nurses, and other health care providers to put their patients first and supports them in providing the best health care possible.”

The legislation that is before this House in Bill No. 38 is a tool that will enable these conversations and these concepts to progress. After the bill receives assent, should it do so, the department and the Health Transformation Advisory Committee will lead a proposed engagement plan for internal and external health system partners and stakeholder engagement to inform policy that will help shape implementation, including the development of regulations and steps needed to operationalize the proposed health authority. As part of this engagement, health service providers, staff, unions, and other system partners will be engaged as agents of change.

Engagement will continue even after the health authority is operational because it is from broad and targeted engagement that the design of health and social services delivery will be shaped by Yukoners, including health service providers, other stakeholders, system partners, and Yukon First Nations. I was personally present at the meeting that is on the 17-page document about consultation with the Yukon Medical Association. I have absolutely no qualms about saying that almost every conversation that we have had with the Yukon Medical Association since I have been Minister of Health and Social Services and our focus has turned to the legislation for a health authority by way of a health authority act and that they too understood that our focus would be on legislation and on providing the certainty and the structure that will be built following the *Health Authority Act*, should it be passed here in this Legislative Assembly. The Yukon Medical Association, as

the member opposite has noted in the question, is well aware that our commitment to them going forward for the purposes of creating the details of the health authority is a solid commitment and they too understand the importance of their role going forward as we build and transform Yukon's health care system.

Mr. Dixon: During supplementary debate early this Sitting, the minister fielded some questions about a contract that the department has with Dr. Katharine Smart which was entered into last year. It was my understanding that, based on the reading of Hansard, that contract was intended for that person to provide feedback on the development of the legislation. Can the minister confirm that is the case? If I am incorrect about that, can the minister tell us what the purpose of that contract with Dr. Smart is?

Hon. Ms. McPhee: Yes, that is the contract as I described it earlier in this Legislative Assembly for Dr. Katharine Smart. I also noted that those services were not required. It was a contract set up some time ago for input into the health services implementation which, of course, has been set aside for now until there is a *Health Authority Act* and we turn our minds to the building of a health authority, in which case, some of the services could be considered again. At this point, we also have input from the joint management committee on a regular basis with respect to the concepts of building the health authority, and lots of information anticipated that could come from Dr. Smart came through that process. We also have input from the director of health services with the Kwanlin Dün First Nation and others who have helped to provide some of that information.

Mr. Dixon: I have a number of other questions, but I will cede the floor to my colleague from the Third Party now.

Ms. White: Understanding that *Putting People First* was published in 2020 — so that was a while ago — on March 12, 2024 in an interview with the *Whitehorse Star*, when speaking about the people involved with drafting the legislation, the minister said — and I quote: “We gave them almost no time to get us here”.

I am looking for clarity. Given that there were four years between the call for a health authority and now, why were those drafting the legislation, in the minister's words, given “almost no time”?

Hon. Ms. McPhee: Thank you for the question. My reference in that quote was to the work of the Department of Health and Social Services, the work of the legislative drafter, and perhaps most importantly the work of the Chiefs Committee on Health and the Health Transformation Advisory Committee, which, as everyone heard earlier, was formed in June 2023. I sometimes hesitate to remind people that there was a world pandemic in between, and Health and Social Services was incredibly focused on public health initiatives, on determining and providing vaccinations, on working with Canadian partners across this country to provide public health initiatives that would protect Yukoners. The government itself was focused on providing protection to Yukoners and to individuals. There were education initiatives; there were business initiatives; there were frankly initiatives that took

precedence over the importance, at the time, of implementing *Putting People First*.

I can indicate that many of the initiatives with respect to *Putting People First* have been implemented and others have been started and are well underway. We turned our focus almost immediately upon my having taken this position for the former Premier and then the new Premier to the concept of legislation and how that would play out, how we would consult extensively with respect to drafting legislation, and what the plans would be — work plan, business plan, and others — for achieving this project which is now before the Legislative Assembly.

In particular, the context in which I was answering that question was the idea that our partners all along were having conversations — we were having conversations with them and that the formalization, if I can say that, of the Chiefs Committee on Health — on the folks who — the legislative drafter, for instance, who came on board and the work that we needed to do daily for the purposes of achieving the policy work and the concepts of what that might practically look like and having the Chiefs Committee on Health and the Health Transformation Advisory Committee consider those options in detail and provide advice was giving them almost no time to do that work. We are here less than a year from the time that those committees were struck in June 2023, and that is what I was referring to.

Ms. White: Deputy Chair, I guess — I mean, all of that context is important, but when giving the interview to the media, the minister didn't fill that in, and that makes people concerned that it's going really quickly; right? When the minister says that almost no time was given to get here, it feels very quick.

Can the minister let me know when the health system transformation team initially got started?

Hon. Ms. McPhee: If the member would like to move on — we are just looking for that date, and I can provide it when the answer arrives.

Ms. White: Just some of the notes that the minister tabled — it actually says, under the heading of “Health and Wellness Yukon” — and the next thing is “Laying the foundation for change” — and quoting from that document: “To help support the implementation of these recommendations, additional staff are required. In the summer of 2021, a project team was initiated and grew to form the Health System Transformation Team.” I'm just looking for confirmation: Did the health system transformation team start in 2021?

Hon. Ms. McPhee: Thank you for the question. We were just trying to figure out from where exactly you were quoting, but I think it is fair to confirm that, first of all, if we provide it to you in those documents, that would be accurate. I can indicate that in the summer of 2021, there were two individuals hired at the Department of Health and Social Services at the time for the purposes of forming an implementation team for *Putting People First*. That developed into the health system transformation team. Those individuals and others evolved into the Health Transformation Advisory

Committee officially — or more officially — in the summer — June 2022.

Ms. White: One of the reasons why I am trying to get an idea — we know that *Putting People First* was brought forward and then it was accepted by government. We have the timeline that the summer of 2021 was the initial creation of the Health Transformation Advisory Committee, and then I think that we can see how it changed and such over the governance structure. The question is still — even understanding that those first positions were hired for that Health Transformation Advisory Committee in the summer of 2021 — and then, according to other documents that we were given, the health authority work did not begin until April 2022.

The question is — or I guess there are a couple of questions. Government had stated previously that, recognizing even that there was a pandemic in the middle there, the health authority has to happen now and that it is critical to the culturally safe health care of Yukoners.

So, if the first positions were hired in 2021 and then work, according to some of these documents, was started in April 2022, what was the work leading up to actually getting started? What was the delay?

Hon. Ms. McPhee: Thank you for the question. I appreciate that, when a timeline is reviewed, there could be an assumption that there is delay, but I don't agree that there has been delay with respect to this project coming forward. There is a tremendous amount of work that has to go into preparing for such a health transformation, considering how to do this firstly and how to ultimately get the piece of paper that we have before you, which is Bill No. 38.

Back in 2022, we put out the first annual report of *Putting People First*. During my message in that document, we committed to the core work of the *Putting People First* implementation to be the establishment of a health authority for the Yukon, which is a critical step to the success of transforming the health system as it is described in *Putting People First*. We also noted it to be a core step — a first step. We committed to doing that work.

There were many, many conversations about how this could be done moving forward and research on how other health authorities came to be — research to determine how to do this work, consultation with others who have built health authorities in other places. We worked to do policy work ahead of the work that we ultimately came to the Chiefs Committee on Health with. There were jurisdictional scans done. I am certainly not doing the work any justice in simply mentioning a few of the things that were done.

We worked to build partnerships. A ministerial advisory committee was struck, chaired by me. It involves the Minister of Finance, the Public Service Commission, the Minister of Education, the Minister responsible for the Women and Gender Equity Directorate, deputy ministers, and assistant deputy ministers. Many conversations took place at that table about how to proceed. We consulted with Yukon First Nations and with the Council of Yukon First Nations. There were bilateral discussions with Yukon First Nation governments that took over a year before the Chiefs Committee on Health was

determined to be the process chosen by the Yukon First Nation chiefs to represent them through this work. All of this went into determining the timetable where we are now.

I can note that, in addition to that, the Department of Health and Social Services was busy running the Department of Health and Social Services. We can also note that in the first annual *Putting People First* report, some 70 percent of the recommendations, remembering that there are 76 — and sorry; I might have misspoken earlier today when I said there were 72 — recommendations in *Putting People First*. It is a number that I should clearly remember. But in the first annual report of *Putting People First*, it reported that 70 percent of those 76 recommendations were underway. Some of them were implemented already.

In the December 12, 2023 second *Putting People First* annual report, it reported that 89 percent of those 76 recommendations were operational or in progress: 18 actions were operational; 50 actions were in progress; and six actions were in the initial planning phases or had yet to be started.

All of that work to transform Yukon's health care system was happening as well at the same time, and the member opposite properly noted that health was — and all government — let me just be clear — was intensely dealing in 2020, 2021, and 2022 with the COVID-19 pandemic.

Ms. White: I will go with the new timeline. Recognizing that the minister said that work really started in 2022 and the minister has talked about the importance of partnerships and she talked about how important staff was to this process, when did she first meet with the unions — both the Yukon Employees' Union and PIPS, which stands for the Professional Institute of the Public Service?

Understanding that employees are really important and critical to it and the minister highlighted the importance of partnerships, when did the minister or her officials first meet with the unions?

Hon. Ms. McPhee: The primary work with the unions early on in this process is being done through direct meetings with the deputy minister of health. The engagement on the *Health Authority Act* document on page 14 notes that a meeting between the deputy minister of health and the YEU negotiation team took place in March of 2022. There are some other meetings noted through that process. I note that the Yukon Employees' Union was a member of the Health Human Resources Steering Committee at which, of course, there were discussions about transformation of the health care system and how that would be factored into the work of staffing. The YEU is also a member of the joint consultation committee with the Public Service Labour Relations Board. The concept of a health authority and the transformation of Yukon's health care system is a standing item on their agenda now, as I understand it. I don't have any information with respect to meetings between the Hospital Corporation and the PIPSC, the other union that exists there; although, of course, there are employees at the Hospital Corporation who are also members of the Yukon Employees' Union.

I will also say that when the current deputy minister responsible for the health side had her position and the current

leadership of the Yukon Employees' Union was elected, immediate outreach came from the deputy minister's office to meet with the new leadership of the Yukon Employees' Union for the purposes of discussing all things important to the union leadership and Health and Social Services. Unfortunately, those meetings were not responded to initially.

There was some discussion about some information that the leadership wanted and those conversations have been ongoing. I understand that there has been a meeting scheduled recently and that also there was a meeting scheduled for today with the unions, but, of course, some of the officials who are here assisting us would have had to be at that meeting and they are here, so it has been rescheduled.

Ms. White: Just for clarification, who schedules the business of the afternoon? So, if there was a meeting scheduled with unions, who decided what we would be debating this afternoon?

Hon. Ms. McPhee: Well, I'm sorry; the meeting was scheduled prior to the notification going to the Department of Health and Social Services that they would be required here today. It was scheduled, I think, last week. We will get you the actual date.

The meeting was rescheduled for the purposes of making sure that all of the people who are here today, particularly the deputy minister who needs to be at that meeting, were available to go.

Ms. White: I guess my point is that we find out the business of the day at the 9:45 am meeting, but my guess is that the minister would have an idea that this would have been called — I imagine; I'm not really sure, so I was just looking for clarification. It is my understanding that the Yukon government hasn't actually met with PIPS yet. The minister had said that the legislation was tabled and there was a two-week delay before she heard from AFY. I can't imagine what that delay feels like from the side of union representation for the valuable people who will be doing the work, so I was just looking for clarification as to how the scheduling works.

Hon. Ms. McPhee: I understand that the deputy minister reached out again earlier last week to both of the unions and offered a meeting with her and the CEO of the Yukon Hospital Corporation. It was scheduled for this afternoon. As I have said, when it was determined that she would need to be here, it was rescheduled.

I fail to see the criticism there, but I am happy that this is the case — remembering that the conversations with the union needed to be quite carefully approached because they were in the process of bargaining for their collective agreement, which was a factor.

Deputy Chair, seeing the time, I will 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: Deputy Chair, 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

Deputy Chair: Mr. Speaker, Committee of the Whole has considered Bill No. 38, entitled *Health Authority Act*, 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: Mr. Speaker, I move that the House do now adjourn.

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

Motion agreed to

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

The House adjourned at 5:27 p.m.

The following sessional paper was tabled April 8, 2024:

35-1-150

*Fourteenth Report of the Standing Committee on
Appointments to Major Government Boards and Committees
(April 8, 2024) (Clarke, N.)*