



# Yukon Legislative Assembly

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35<sup>th</sup> Legislature

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## HANSARD

Tuesday, April 9, 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

Clerk of the Assembly	Dan Cable
Acting Deputy Clerk	Allison Lloyd
Table Clerk	Christopher Tyrell
Sergeant-at-Arms	Karina Watson
Deputy Sergeant-at-Arms	Joseph Mewett
Hansard Administrator	Deana Lemke

**Yukon Legislative Assembly  
Whitehorse, Yukon  
Tuesday, April 9, 2024 — 1:00 p.m.**

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

*Prayers*

## DAILY ROUTINE

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

Are there any visitors for introduction?

## INTRODUCTION OF VISITORS

**Hon. Mr. Pillai:** Mr. Speaker, I would like to recognize and welcome to the House Kerri Scholz, who is here for our tribute today to Vimy. She and her family spent a tremendous amount of time supporting the legion. I thank her for attending today for our tribute.

*Applause*

**Speaker:** Are there any tributes?

## TRIBUTES

### In recognition of Vimy Ridge Day

**Hon. Mr. Pillai:** Mr. Speaker, today I rise to pay tribute to Vimy Ridge Day and the brave Canadian soldiers who fought for the freedoms we enjoy to this day.

April 9 is a day to remember and reflect on the astounding effort and sacrifices made by Canadian forces during the Battle of Vimy Ridge, which occurred from April 9 to 12, 1917 during the First World War.

The Battle of Vimy Ridge was the first time all four Canadian divisions fought together. Canada's eventual victory is considered a defining moment for the country, a time for Canada to step out of Britain's shadow and establish itself as a power on the world stage. Unfortunately, despite the victory, there were more than 10,000 killed and wounded.

Yukoners were present at the Battle of Vimy Ridge, including Lieutenant Howard Grestock and Private William Hayhurst. Additionally, the Yukon Motor Machine Gun Battery, which laid down supporting fire, was originally financed by Joe Boyle — a wealthy Yukon miner — and was crewed by volunteers from Dawson.

As we continue to see conflict around the world — in Ukraine and in Gaza particularly — it is important that we do not lose the lessons of the world wars and that we take time to honour those who still must fight for their freedom.

I hope Yukoners will join me today in commemorating the Battle of Vimy Ridge and the brave actions of Canadian soldiers. This is also an opportunity to remember the important part that Yukoners played in this pivotal battle.

*Applause*

**Mr. Istchenko:** Mr. Speaker, I rise on behalf of the Yukon Party Official Opposition to mark the 107<sup>th</sup> anniversary of the Battle of Vimy Ridge, which took place from the April 9 to 12, 1917.

Attacking together for the first time, the four Canadian divisions stormed the ridge at 5:30 a.m. on April 9, 1917. More than 15,000 Canadian infantry overran the German troops all along the front. Incredible bravery and discipline allowed the infantry to continue moving forward under heavy fire even after their officers were killed.

There were countless acts of sacrifice as Canadians single-handedly charged machine gun nests or forced the surrender of Germans in protected dugouts.

Hill 145, the highest and most important feature of the ridge, was captured in a frontal bayonet charge against machine gun positions. Three more days of costly battle delivered final victory. The Canadian operation was an important success even if the larger British and French offensive of which it had been part failed. But it was victory at a heavy cost: 3,598 Canadians were killed and another 7,000 wounded.

In 1922, the French government gave Vimy Ridge and surrounding land to Canada. Canada's national memorial at Vimy Ridge, unveiled in 1936, stands at Hill 145 as a tribute to the 11,285 Canadian soldiers killed in France who have no known graves. I can attest to how impressive this memorial is, having been in a Remembrance Day parade there in 1988 as a young Canadian soldier. We tributed the 100<sup>th</sup> anniversary of the RCAF last week and the Vimy memorial was domed in blue lights. It looked outstanding, Mr. Speaker.

Many consider the Canadian victory at Vimy a defining moment for Canada when the country emerged from under the shadow of Britain and felt capable of greatness. Canadian troops also earned a reputation as formidable, effective troops because of the stunning success.

So, today, Mr. Speaker, we remember their bravery and sacrifice, and we remember all those who fought to protect our freedoms.

Lest we forget.

*Applause*

**Ms. White:** Mr. Speaker, I rise on behalf of the Yukon NDP to pay tribute to the 100,000 brave Canadians who fought in the Battle of Vimy Ridge. It has been said already that our experience in World War I, in particular the unity and selfless heroism of Canadians at Vimy Ridge, was a watershed moment in the development of our country. It is said that Canada came of age as a country on those hard days in April 1917 and that coming of age wasn't easy.

On this, the anniversary of Vimy Ridge, we remember the men and women who paid the ultimate price for freedom — the children who would grow up never knowing their fathers, the mothers mourning the loss of sons, and the sisters who would never again see their brothers. On this day, we recognize the bravery and the horror and the achievement and the loss in such a brief moment on this very day 107 years ago.

Lest we forget.

*Applause*

## In recognition of Oral Health Month and National Dental Hygienists Week

**Hon. Ms. McPhee:** Mr. Speaker, today I rise on behalf of the Yukon Liberal government to pay tribute to national Oral Health Month and National Dental Hygienists Week. This period serves as a vital reminder of the significance of oral health in our lives and offers an opportunity to celebrate the contributions of dental hygienists.

We understand the profound connection between oral health and overall physical health. Good oral hygiene is crucial for preventing not only dental problems but also serious health conditions related to chronic diseases, including respiratory and cardiovascular issues.

Oral diseases, though prevalent, can be effectively prevented. Simple daily practices like brushing, flossing, and regular dental checkups form the cornerstone of oral health. Programs and services supported by the Government of Yukon are designed to support these practices, ensuring that all residents, pre-schoolers, children, and seniors have access to the care that they need.

Embracing the goals of the World Health Organization's global strategy on oral health, we are committed to improving oral health care within our territory. Through collaborative efforts, we aim to achieve the objectives set forth in the World Health Organization's global oral health action plan, prioritizing health and well-being through 2030.

The Government of Yukon offers a broad spectrum of dental programs for all age groups, reflecting our commitment to oral health. From the Yukon Children's Dental Program to services for seniors, we ensure comprehensive care that is accessible to every resident. Recognizing the barriers that prevent many Canadians from accessing dental care, the Government of Canada has made significant strides in expanding access to dental services. This includes the introduction of the Canadian Dental Care Plan, which aims to support uninsured residents across the country, including in the Yukon.

As we commemorate national Oral Health Month, Yukoners are encouraged to prioritize oral health hygiene. Schedule that appointment with your dentist or hygienist and make actionable steps toward better oral health. This month, we also shine a light on the heart of our oral health services: our dental hygienists and dental therapists. Their dedication to patient care, education, and preventive services is unparalleled. During National Dental Hygienists Week every year from April 4 to April 10, we honour their commitment and the positive impact that they have on our community.

Let this month be a time of action and awareness. We are not only seeking to improve our oral health practices but also extend our gratitude to those professionals who guide us in these efforts and help us achieve better oral health. It is time to schedule that cleaning and get to your dentist.

*Applause*

**Ms. Clarke:** Mr. Speaker, I rise on behalf of the Yukon Party Official Opposition to recognize April as Oral Health Month in Canada.

Oral health is imperative to whole body wellness. It is said that a very large number of health problems can be traced back to mouth, teeth, and gum issues, so it is important to take preventive care very seriously and to instill good habits in children around brushing and oral care. Oral Health Month is a great time to take a look at your own oral health routines and those of your family.

This week, we also celebrate National Dental Hygienists Week and celebrate the important role that hygienists play in our oral health. Annual or biannual cleanings help individuals to keep up on mouth, tooth, and gum health. A dental hygienist is trained in not only teeth cleaning but also in performing dental assessments, providing health screenings, reviewing dental history, and advising patients on proper oral hygiene. This week would be a great time to see if you or your family members are due for a cleaning and to make an appointment. Talk to your children about the importance of brushing and flossing and find ways to make oral health care fun.

I would like to thank our dental hygienists and all other dental professionals for their roles in our health and well-being. Salamat po.

*Applause*

**MLA Tredger:** I am pleased to rise on behalf of the Yukon NDP to pay tribute to Oral Health Month and National Dental Hygienists Week. As many know, the NDP believes that everyone should have access to oral and dental health care regardless of financial status. We hear regularly from Yukoners who have accessed the Yukon Dental Program that we negotiated for through the confidence and supply agreement. For many, this program has allowed them access to dental care for the first time in years. For many, it has been life-changing. It goes without saying that they are thrilled.

We have heard from clinics, dentists, and hygienists as well that they have been busier than ever, and I want to thank them for stepping up to take on the new patients.

Since it's National Dental Hygienists Week, I want to give a special thanks to them. From X-rays to teeth cleaning, they take good care of us, all the while checking for early signs of oral disease. Having freshly polished and clean teeth is a lovely feeling and that is thanks to them.

Happy Oral Health Month, everyone, and remember that oral health care is health care and it's for everyone.

*Applause*

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

Are there any reports of committees?

Are there any bills to be introduced?

Are there any petitions to be presented?

Are there any notices of motions?

## NOTICES OF MOTIONS

**Hon. Mr. Streicker:** Mr. Speaker, I rise to give notice of the following motion:

THAT this House congratulates Eagle Hill Energy LP on reaching commercial operation for the Haeckel Hill-Thay T'aw

wind energy project, becoming Yukon's first independent power producer wind energy project to enter commercial operation.

**Hon. Mr. Mostyn:** Mr. Speaker, I rise to give notice of the following motion:

THAT this House congratulates Joe Hanson on signing with Valour FC, becoming the first Yukoner to sign with a Canadian Premier League club.

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

## QUESTION PERIOD

### Question re: Health care specialist wait times

**Mr. Dixon:** Mr. Speaker, yesterday, the minister of health was asked about the latest round of cuts in services in our health care system. In regard to the orthopaedic surgery program, the minister said that these services "... 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."

That is exactly the opposite of what her government is doing. As a direct result of the Liberal's decision to not provide sufficient resources, the orthopaedic program is no longer accepting referrals, and all non-urgent and semi-urgent consultation requests are being sent out of the Yukon.

How can the minister continue to be so out of touch with what is happening in our health care system?

**Hon. Ms. McPhee:** I would appreciate it — and I am sure Yukoners would — if the members opposite were providing accurate information. There have been no cuts with respect to funding that would affect the orthopaedic surgeon program.

The territory has committed to investing in a resident orthopaedic program. It has been operating since 2017. A tripartite memorandum of understanding has been developed between Health and Social Services and the Yukon hospital's orthopaedic surgeons, and the Yukon is currently supported by two resident orthopaedic surgeons, with additional coverage provided by locums. They are looking for an additional surgeon to be a local member of their team. The Yukon hospitals have met and exceeded the service levels agreed to in the memorandum of understanding. The memorandum of understanding states that 100 total joint procedures in 2023-24 would be performed — to 107. Total joint procedures were completed — 55 total knee replacements and 42 total hip replacements. The memorandum of understanding also states that 480 total surgical procedures completed — of all types — would be the expectation. In 2023-24, 568 procedures were done.

**Mr. Dixon:** Mr. Speaker, what has been cut is the level of service that Yukoners can expect from this program. Here is what the letter from the orthopaedic surgeons said — and I quote: "The waitlist for orthopaedic surgery in the Yukon has grown exponentially and is well beyond what is manageable

with current local resources. We have been participating in extensive consultation and negotiations with the Yukon Government for over two years, but there has been no increase in operational funding or support for the orthopaedic surgery program..."

Mr. Speaker, how can the minister justify her comments yesterday claiming that they are expanding orthopaedic surgery when we are hearing the exact opposite from the Yukon doctors who are running the program?

**Hon. Ms. McPhee:** Mr. Speaker, we are certainly aware of the letter that was sent by the orthopaedic group indicating resource pressures and the rising demand. We are also very aware of the rising demand. Yukoners are proud of the service that is provided here at home. The Department of Health and Social Services is very proud of the fact that this program was stood up in 2017 and that we are continuing to support this orthopaedic group and the surgeries that are done here at home for the purposes of providing great care to Yukoners.

The Department of Health and Social Services is working with the Yukon Hospital Corporation to secure resources to increase the number of total joint replacements per year. In addition to scheduled orthopaedic surgeries, it also must be remembered that those surgeons also provide urgent and emergency consultations and surgeries. The orthopaedics program is seeing increased demand for urgent and emergent surgeries, and this means that the available surgical time for orthopaedics is increasingly being used to support non-planned surgeries. That is, of course, an emergency priority.

Total joint replacement wait times are unacceptable to all of us and we are working to resolve.

**Mr. Dixon:** Mr. Speaker, I am glad to hear that the minister is now aware of this issue, but what we would like to hear is when she is going to provide additional resources to address this issue. According to the letters from surgeons, as of last Thursday, all non-urgent and semi-urgent consultation requests are being referred out of the territory, which means that Yukoners needing even just an early stage consult will be forced to fly south. Aside from being far more inconvenient and difficult for those patients, it will also likely cause significant new medical travel costs in our system.

Has the minister determined what impact this service cut will have on the medical travel budget, as so many Yukoners will now have to go Outside for these services, and how much will wait times increase as a result?

**Hon. Ms. McPhee:** Mr. Speaker, I am glad that the members of the opposition have realized that it will be difficult for patients; we certainly do. We recognize that the program that was stood up in 2017 was designed specifically to make it less difficult for Yukon patients, and that has been a proud program. Since supporting the launch of the resident orthopaedic surgery program in 2017, our government has continued to work with the resident orthopaedic surgeons and the Yukon Hospital Corporation to expand the program, to respond to challenges, and to review the program.

I am certainly aware of the frustration expressed by Dr. Westberg and Dr. McIntyre, our two resident orthopaedic surgeons. We must remember that increasing funds year over

year has been our practice and that any particular surgery requires some 11 services for the operation at the hospital. It is not a matter of just having surgeons available and having nurses available. Up to 11 additional services are required to operate every operating room when a surgery occurs. There is a wide variety of skills necessary. We have them here in the Yukon and we support them.

**Question re: Safe at Home project funding**

**Mr. Hassard:** Mr. Speaker, when the Premier first committed to the Safe at Home project to purchase the former High Country Inn and convert it into housing, the estimated cost of renovations was around \$6 million. Yesterday, the Premier confirmed that the renovation cost had increased to \$27.6 million. That is an increase of over four and a half times, Mr. Speaker.

So, yesterday, the Premier attributed this increase to — and I will quote: "... a change in building code approach to this particular project."

Can the Premier explain what it was that changed to cause the renovation price to more than quadruple?

**Hon. Mr. Pillai:** Mr. Speaker, yes, we had a good discussion here yesterday. The leader of the opposition rose three times to ask questions, and in all those cases, there was an opportunity for Yukoners to understand if the Yukon Party supports this project. The sense is that they do not. This is a critical piece of infrastructure that is required, especially for vulnerable folks in our community. There are two more questions, and hopefully, the Member for Pelly-Nisutlin can speak on behalf of the Yukon Party in his former role as leader and we will get a sense of if they support the project.

What I was pertaining to —

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

**Hon. Mr. Pillai:** And there seems to be a bit of ire. We're hearing a lot of folks across the way getting a little upset on this one, but hopefully, we'll see if they actually support the project.

It was led by Safe at Home. Analysis was done as they went through by CMHC. The understanding that we have is that, because it was moving from short-term residential to long-term permanent residential, there had to be actual engineering done to ensure that it met the current seismic code. That work in an older building was very substantial and, of course, that is what led to the increased capital cost. I think that Safe at Home has done an incredible job of going and working with CMHC to get more funds to do this project. We think it's important, and it's important just to say that it's still coming in at a very good price per square foot for the Yukon government. We support this project; let's hear if the Yukon Party does.

**Mr. Hassard:** Mr. Speaker, earlier in this Sitting, the Premier tabled a response to a written question about this project. In that response, he confirmed that the only assessment of the building prior to purchase was an appraisal that was commissioned by the former owner of the hotel. It also confirmed that the building condition assessment did not look at whether the building met code, nor did it look at whether it was compliant with zoning.

So, why would the Yukon Housing Corporation support the purchase of a hotel without first getting an independent appraisal that actually looked at the structure of the building and whether or not it was up to code and compliant with zoning?

**Hon. Mr. Pillai:** I didn't hear if they support the project. Hopefully, we will hear if they support the project.

Again, we are hearing three from the crew on the other side and the leader trying to keep them quiet, but they are not listening to the leader.

What I will tell you is this: When they went in to do the project, it met code, and they went through a process. Then, at that particular time, as we understand — I want to be very clear — they looked at the acquisition; there was an appraisal done; CMHC led this process; CMHC was doing all of the risk management. We are contributing dollars to this project. The majority of the partnership is coming from the federal government. We think, for the dollars that we are putting on the table, it makes sense. Why do I think that? Because when we went out to public tender on projects like our tenplex in Watson Lake and then we compare it to the contribution to this, it is a good deal for Yukoners.

Again, if you want to try to find some conspiracy, you can, but there is not. The group went in; they looked at the code; they then met with the city officials; CMHC did their work; we looked at the sign-off. We are contributing dollars to a great project. Do you support the project or not?

**Mr. Hassard:** Mr. Speaker, we know that there is a massive need for housing in our communities and there is only a limited amount of money to build that housing, so what we're talking about is the expenditure of tens of millions of dollars that have been allocated for housing over the past three years and that has so far produced very little housing.

As well, we're talking about tax dollars being used to purchase a hotel based on what was obviously very incomplete information. I don't think that many Yukoners would think it's reasonable to spend over \$10 million on a building that you plan to renovate without first getting a proper assessment of the structure.

So, can the minister explain why this hotel was purchased for over \$10 million without getting an independent building assessment that actually looked at whether or not the building was up to code?

**Hon. Mr. Pillai:** All that leading with your chin — I really find it fascinating that the members opposite are going to get up. I hear the Member for Lake Laberge off-mic telling us: "Weak answer."

We know who sat on millions of dollars of housing. We know why we have been in this challenge for many years. We know which government absolutely mishandled — I would love to talk about — at some point, we'll talk about Watson Lake and housing. What's the value for money? How many millions of dollars was spent in Watson Lake for a building that never provided one unit of housing in the acquisition of two hotels? Their record is horrendous.

What I can say is this: Our contribution to this project, even with the increase of capital cost, is still in line on what we're

seeing for value for money when we look at publicly tendered contracts like the tenplex in Watson Lake. It went through an accountable process; it went through a multitude of different submissions, and at the same time, we're looking at this one as good value for money.

So, we know that, when it comes to housing, we're not going to take any advice, especially from the Member for Lake Laberge, who is talking off-mic. He has the worst record in Yukon history as a minister on housing. We know that we are putting the biggest amount of money ever into affordable housing. We know that it's a long-standing problem, and we're going to continue to invest in it. But, again, I guess they don't support the project, because they had a chance to say if they did, and they don't, because we didn't hear it.

**Question re: Financial support for fertility treatment and surrogacy-related expenses**

**Ms. White:** Mr. Speaker, Yukon families and individuals seeking in vitro fertilization must leave the territory and pay out of pocket for the travel and treatment. The treatment costs alone are in the tens of thousands of dollars, and for many, this will be well beyond their reach and ends their hopes of having a family.

When recently questioned on this topic, the minister explained that they are committed to exploring opportunities to make fertility treatment more affordable and accessible to Yukoners, but it was two years ago nearly to the day that the minister said — and I quote: “We are developing a program to support Yukon families who are struggling with prenatal or fertility issues.”

What if anything has been done by this government to address fertility treatment options that are out of reach for so many Yukoners?

**Hon. Ms. McPhee:** Mr. Speaker, I appreciate the question and appreciate, as I always do, being quoted here in the Legislative Assembly for the purposes of repeating things and promises and commitments that we have made to Yukoners. I think that, in particular, the member opposite is aware of many of the steps that have been taken to proceed with the concept of providing fertility treatments or benefits for fertility treatments to Yukoners.

I can also indicate that the work is ongoing. We have a number of priorities, and fertility treatment is one of them. It is a concept in the CASA agreement — fertility treatments and procedures such as in vitro fertilization are not insured health services at the moment and are not eligible for coverage. Our government is working to determine the opportunities that would make fertility treatments more affordable for Yukoners, including working to include eligible Yukoners who travel to access fertility treatments under the travel and medical treatment program. I expect that to be done quickly and our conversations, particularly with the Third Party, to continue on other options.

**Ms. White:** The question of coverage for travel and treatment options for fertility is not a new one. In fact, this issue was included in the Liberal platform in 2021. It's 2024, and it doesn't appear that this government is any closer to supporting

these families and individuals. This is a critical issue for LGBTQ2S+ people who are hoping to start families, and it's a critical issue for people facing infertility. It's gut-wrenching to talk with families and individuals who saw a glimmer of hope in their journey to start a family and have now been dragged along for years with no end in sight.

People are faced with going tens of thousands of dollars into debt now or waiting in the hope that they may get support, knowing that every year they wait could make it harder for them to conceive. Does the minister understand that refusing to give a timeline on fertility support is putting Yukoners in an impossible situation?

**Hon. Ms. McPhee:** I am very pleased that part of this question refers to gender-affirming care and families who have gender diversity, because the Yukon continues to demonstrate leadership in this area in collaboration with community organizations and in advancing access and coverage for gender-affirming care and supporting the 2SLGBTQIA+ Yukoners.

We have completed necessary regulatory amendments to allow Yukoners to receive health care insurance coverage for gender-affirming care services that are not insured by other provinces or territories. In fact, we are the first jurisdiction to do this. These changes do not impact other services that are not insured under the Yukon health care plan. Yukoners can access a host of gender-affirming services that are incredibly important to the community. There are services provided to Yukoners at their request.

Fertility treatments are being processed in a two-step process. Firstly, we are working to include fertility treatments in the medical travel program, the access to medical travel being the first step in access to fertility options and some coverage being the second.

**Ms. White:** British Columbia has recently announced a program where the government will cover the cost of one round of IVF treatment starting in 2025. The Yukon and the territories are currently the outliers when it comes to a lack of coverage. Almost every province in Canada provides support for fertility treatment.

While our provincial partners are acting now so that their citizens can start families, Yukoners are being left behind. We have heard stories of Yukoners leaving the territory to start a family, as it is just not possible here, and that is unacceptable.

Looking back through Hansard, much has been asked and answered about support for families and individuals but no real changes.

Allowing Yukoners to access medical travel funding for fertility treatment should have been a simple regulatory change, yet we still have not seen any progress. Yukon families aren't getting answers, and we are not getting answers, so we are going to ask again today: How much longer will Yukoners have to wait for funding for fertility treatments and medical travel?

**Hon. Ms. McPhee:** Thank you for the question.

The medical travel change to regulatory responsibilities is tracking to be done in the near future. What I can say about fertility treatment is that the CASA speaks about a tax credit for fertility coverage for families.

Early conversations between the Department of Health and Social Services and the Department of Finance recognize that this was probably not the way in which to provide the best service for Yukoners. It would likely not cover all of the families that might want to avail themselves of this opportunity. As a result, that work is continuing. A jurisdictional scan is continuing. How and which other provinces and territories deal with this is continuing. This is a conversation that is being held with those departments as well as with the committee struck to deal with this matter through the confidence and supply agreement. As a result, the best opportunity to support as many Yukoners as possible is being explored based on the responsibilities and the coverage in other provinces and territories, and we look forward to finding a solution for Yukoners.

#### **Question re: Social housing**

**Ms. Clarke:** Mr. Speaker, during the supplementary budget debate, the Premier shared that there are a total of 239 Yukoners on the Yukon Housing wait-list in Whitehorse, including elders and seniors. Yukon Housing is rebuilding the Ryder Apartments. That means that there are 24 fewer Yukon Housing units available until that project is completed in the fall of 2026. Last fall, the Yukon Housing Corporation issued a request for information for a local organization to take over operations of the 18-unit apartment building located at 408 Alexander.

Can the Premier explain to those clients on the Yukon Housing wait-list why he directed the corporation to take the 18 housing units at 408 Alexander out of the Yukon Housing portfolio by handing it over to a private organization to operate?

**Hon. Mr. Pillai:** Some big grasping at straws today, for anybody who's listening.

What I can tell you is that the list — if we're talking about the housing list — was over 500 people just two and a half years ago. Now it's almost cut in half. That's the most substantial progress that the Yukon Housing Corporation has made in the history of the corporation. That's the first thing.

The second thing that I can say to Yukoners who are on the waiting list is that, unlike the previous government, we're going to invest in affordable housing. We're not going to sit on the money because somebody is telling us that we shouldn't do it — or one of our advisors because they don't want competition. We're going to go out and we're going to use all the means in front of us to work with a multitude of non-profit organizations. We're going to make sure that we drive the private sector on their ability to build new housing. We're going to look at creative ideas when it comes to land development with the private sector, and we're going to see the most substantial growth in the portfolio for the Yukon Housing Corporation that we've ever seen. We're going to see that over the next number of years to add on to all the work that we've already done.

So, that's what I would say to those who are on the wait-list. There actually are solutions coming. We're not going to just take the money and not spend it or not know how to spend it; we're actually going to build units. That's what they want to see.

**Ms. Clarke:** Salamat, Mr. Speaker. Yukoners have heard that the only submission to take over 408 Alexander came from Connective, which runs the Whitehorse Emergency Shelter right across the street. Yukoners have learned that Connective's proposal is to relegate the men's halfway house that they operate to the 408 Alexander location.

Can the Premier confirm that Connective was the only organization to submit a bid, and can the Premier confirm that the Connective proposal includes relocating the men's halfway house to 408 Alexander Street?

**Hon. Mr. Pillai:** I can confirm that Yukoners may have the right information, but the Yukoner asking me the question has all the wrong information. All of that is absolutely —

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

**Hon. Mr. Pillai:** I am — absolutely everything that you have just asked me is absolutely incorrect. That is actually factually incorrect. That is not the organization that submitted, and everything that you have asked me in that question and the preamble is absolutely incorrect.

#### **Question re: Government support for local media**

**Ms. Van Bibber:** Mr. Speaker, the upcoming closure of the *Whitehorse Star* newspaper has been met with shock and disappointment from many Yukoners. This small business has been around for 124 years providing quality local journalism and employing many friends and family over the years. Local newspapers have been asking the Yukon government for months to restore balance in advertising expenditures by moving away from multi-national social media giants and back to local publications.

Can the minister tell us how much of the government's advertising dollars are spent locally as opposed to being spent with multi-national tech giants?

**Hon. Mr. Pillai:** That is a good question. We have gone out to all of our departments to ensure that we have a strong number that I can bring to the House for questions such as this. Our team has reached out directly to the *Whitehorse Star* to just ensure that we can cross-reference what our expenditures are. We know that we have spent quite a bit on a monthly basis with the *Whitehorse Star*. There has been a move I think on one thing — procurement — I have been told, but that is a figure that I can bring to the House.

Today, there were some individuals talking about different solutions. I didn't get an opportunity to hear Mr. Butler on *The Current*. I am watching and seeing that Yukoners are very moved by what is happening, and, of course, this means so much to so many Yukoners, and it is such a part of the Yukon's history. It looks like there are a number of leaders in our community who are looking at different solutions, and as soon as I have the number on our monthly expenditures from an advertising perspective, I absolutely will bring it back to the House. I apologize to the House that I don't have it here at my fingertips today.

**Ms. Van Bibber:** In June 2021, shortly after the election, my colleague wrote to the Minister of Highways and Public Works asking him to return to the practice of advertising all tenders and contracts in local papers. The minister failed to

follow our advice, and now we see only one of our oldest small businesses shutting down next month. We have asked several questions about this issue since that date and have been met with little or no action.

Why is the Liberal government insistent on spending more money with Facebook and Google than they are supporting local publications and local jobs?

**Hon. Mr. Pillai:** Mr. Speaker, look, I think what we should be able to do is to have a discussion based on factual information. What I will do is — I'm going to get a cross-reference about how money is expended both — there is, of course, the *Yukon News*, another newspaper here. I know that, during the pandemic, we assured that we stepped in and leaned in to help the *Yukon News*. We did the same thing to make sure that we helped the *Whitehorse Star*. We did so with other newspapers because, of course, we respect what they do and we understand the importance of what they do.

Today, I don't believe that the member opposite has a sheet of expenditures in front of her. I am just gathering that information. I think there are a lot of assumptions being made based on the preamble of the conversation — a lot of assumptions. Yes, there was a change when it came to procurement, but when we talk about total quantum of expenditures and how much has been going there, that is something that I will bring back to the House — and happy to debate the decisions that have been made, but let me provide the facts, and let's make sure that the questions from the other side of the House are actually based on facts.

#### **Question re: Campsite reservation system**

**Mr. Istchenko:** Mr. Speaker, I have some questions about the campsite reservation system that will become available tomorrow morning at 9:00 a.m. Starting tomorrow, Yukon campers will be able to reserve campsites online at some so-called frontcountry campgrounds, including Marsh Lake, Pine Lake, Wolf Creek, and Tombstone Mountain.

We know that many Yukoners purchase an annual camping permit every year that covers the entire season, but we understand that annual camping permit holders will not be able to use their annual permits to book sites on the new system.

Can the minister confirm whether or not this is accurate, and if so, why is that the case?

**Hon. Mr. Clarke:** As the member opposite did indicate, during the first year of the pilot, annual permits will not be eligible to be used for making reservations, and there has certainly been some discussion about that in the launch.

While we are committed to enabling annual permit-holder reservations for the 2025 camping season, we will need to ensure that our systems can accommodate this function. Annual permit holders will continue to be able to use their permits to camp at any frontcountry territorial campground on a first-come, first-served basis.

Mr. Speaker, we are working to meet the needs and expectations of our valued visitors as our parks system grows and user volume increases in the Yukon. Over the course of this pilot project, we will continue to listen to Yukoners about how

the system is working for them and determine the best approach for managing campsites and camper experiences in the Yukon.

**Mr. Istchenko:** Once someone logs on to the site and selects the date they wish to camp, they are taken to a map of the campground that they choose, and then they pick a campsite. According to the Yukon government website, campers must check in and register at the site that they have reserved by noon on the day after they are scheduled to arrive. So, once someone books a site online, how will someone who is there in person know that the site has been booked? What happens if someone books a site online, but someone else claims that same site in person by registering physically at the site?

**Hon. Mr. Clarke:** I am certainly prepared to return to the Member for Kluane with some of those fairly specific, logistical questions, but at this point, our Yukon campgrounds are highly popular with both Yukoners and visitors to the territory. Following our engagement with Yukoners on the 2020 *Yukon Parks Strategy*, we heard from the majority of survey respondents — 58 percent — that they are in favour of at least testing out a reservation service at territorial campgrounds, and we have listened to that feedback.

We are piloting an online reservation system for some of our most popular campgrounds to improve access to these campsites. As user volumes at Yukon campgrounds continue to increase, the new reservation service will help users to secure and access campsites in a reliable and predictable manner. We are piloting the new online reservation system service for the 2024-25 camping season. The pilot project will allow us to learn from Yukoners and visitors about what works, what does not work, and where we need to readjust for future camping seasons.

To the member opposite, there was, of course, a press conference and a technical briefing with respect to the logistics of this. My staff, of course, continue to be more than willing to answer operational questions.

**Mr. Istchenko:** I do look forward to the minister getting back to me with some of those answers, because these are questions that we are asking on behalf of Yukoners who enjoy our campgrounds.

Mr. Speaker, many Yukoners look forward to camping during the short summer season, and with this new reservation system, many Yukoners will want to try it out to ease the scramble of finding a spot with the first-come, first-served system.

As a result of this new system, has the government had to hire any additional parks staff? Will there be any changes related to enforcement of the system, or will the same cohort of enforcement staff be available?

**Hon. Mr. Clarke:** Mr. Speaker, there is exciting news with respect to that final question from the Member for Kluane. As I indicated this year, the Government of Yukon is piloting the new reservation service for four frontcountry and three backcountry campgrounds. For the frontcountry campgrounds, we are in the process of trying to identify campground hosts. We certainly believe that will improve the service and also regularize some of the reservation processes, whether it's in

person or online. As part of this pilot project, we will be having campground hosts, as this is part of this project as well.

Just so Yukoners do know, the pilot accounts for approximately 103 sites of the approximately 1,100 frontcountry campsites across the territory. This is still a relatively small pilot, but we certainly have listened to the engagement that occurred and we are in the process of implementing this pilot. I certainly wish all Yukoners and all persons visiting the Yukon all the best for a fantastic camping season.

**Speaker:** Order, please.

The time for Question Period has now elapsed.

We will now proceed to Orders of the Day.

## ORDERS OF THE DAY

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

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

*Motion agreed to*

*Speaker leaves the Chair*

## COMMITTEE OF THE WHOLE

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

The matter before the Committee is continuing 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:** The Committee of the Whole will now come to order.

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

### Bill No. 38: *Health Authority Act* — continued

**Deputy Chair:** Is there any further general debate?

**Hon. Ms. McPhee:** Thank you very much to the officials for joining me this afternoon. With me, to my right, is Tiffany Boyd, the Deputy Minister of Health and Social Services; also, Jennifer Imbeau, who is the director of legislation and partnerships with the Department of Health and Social Services; and Pamela Muir, our legislative drafter with respect to this project. I certainly thank all of them for joining me, and we are pleased to continue to respond to questions.

**Ms. White:** Thank you, Deputy Chair, and I echo the minister's welcome, of course, of the officials today in the Chamber.

Just looking at the Blues yesterday, the last we were speaking about was on unions, and so, I am just going to pick up from there. Can the minister help me understand what the difference is between a formal and an informal meeting? What is the difference between a formal and an informal meeting?

**Hon. Ms. McPhee:** Thank you for the question. I am approaching this question from the concept of it being in connection with the unions or meeting with the Yukon Employees' Union or others.

A formal meeting would be a meeting that is classified or prescribed by the collective agreement for the purposes of — it could be negotiations; it could be otherwise — to meet formal obligations around consultation that are in the collective agreement.

The approach that we have been taking with respect to those meetings is that the formal meetings prescribed by the collective agreement are, in fact, the bare minimum and that the opportunity to hold other meetings, whether they be — I guess they will be classified as informal in this context — is for the purpose of information-sharing, building better relationships, and holding the parties, in particular Health and Social Services, to a higher standard of cooperation and accountability. They are for the purpose of being able to have open conversations with respect to, in this case, something like the creation of a health authority.

Formal conversations would, of course, be those that are required and prescribed by the collective agreement in the event that this legislation is passed, but we're working at this time to build relationships with the unions that are involved or could be involved in the creation of a health authority, should this act pass. Meeting with them on an informal basis outside the prescribed meetings or confines of the collective agreement is an incredibly important opportunity, as I have said, to build relationships, to build cooperation, to be accountable to them, and for information-sharing purposes.

**Ms. White:** Just to ask this in a more formal way: Was the meeting this morning with officials, the YEU, and PIPS formal or informal?

**Hon. Ms. McPhee:** The meeting this morning, if you are making reference to that, would be classified as an informal meeting. It wasn't prescribed by the collective agreement and was certainly not approached in that way. The deputy minister who was present at that meeting described it as an informal opportunity for the purposes of, again, information-sharing, proceeding with relationship building, proceeding with the way in which the union and the Department of Health and Social Services and ultimately other partners will be progressing with conversations about the potential impact of a health authority process and the potential impact of the transformation of Yukon's health care system.

I can also note that it was an opportunity to share some information, to cooperate, to hold the Department of Health and Social Services accountable to the unions and the conversations that will come and, in particular, to set a schedule for those meetings, going forward.

**Ms. White:** In *Appendix A — Engagement on Health Authority Act*, we are able to see meeting dates that were

scheduled with the YEU starting back in 2022, which the minister referenced yesterday, but how have you engaged with PIPS so far?

**Hon. Ms. McPhee:** It is the responsibility of the Yukon Hospital Corporation to engage with the two unions that represent employees who work there. One of those unions is the PIPS union. I'm sure I will get the proper name for the — not to use the acronym; my apologies to Hansard for that.

The responsibility has been with the Yukon Hospital Corporation; it is not for the Department of Health and Social Services — even on a topic as important as the implementation and the considerations of the health authority — it is not for the Department of Health and Social Services to reach into a union that is responsible for employees who are the employees of the Hospital Corporation. We have provided many pieces of information to the Yukon Hospital Corporation for the purposes of passing on that information or sharing that information with unions, employees, et cetera.

I don't have the answer on whether or not specifically that information was shared with the PIPS union. I think that this has been an important opportunity for us to learn that confirmation of that information going to the unions would have been a good idea. I'm not sure whether it did or not, but it's important for us to know whether or not it proceeded there.

The meeting this morning was attended by the deputy minister, Tiffany Boyd, and by the chief executive officer of the Yukon Hospital Corporation. The purposes of having those meetings together — they also happen to be the members of the Health Transformation Advisory Committee, so they are knowledgeable on the topics.

The opportunity for this morning's meeting going forward is to make sure that those conversations happen with both of the unions and, of course, with the leadership of the Hospital Corporation in attendance.

**Ms. White:** So, just for clarification: The minister and the Department of Health and Social Services never reached in to have conversations with the Professional Institute of the Public Service of Canada? So, that's PIPSC; that is the union that represents, at the hospital, registered nurses, pharmacists, social workers, physiotherapists, occupational therapists, and dieticians.

So, just for clarification: Never once did Health and Social Services or the minister, in the process of developing the health authority, reach out directly to that union to have a conversation ahead of today?

**Hon. Ms. McPhee:** Deputy Chair, thank you for the question. To be clear, we did not reach out, as the Department of Health and Social Services, directly to the union at this point. We did provide information to the Hospital Corporation and expected that information to be passed on. The Professional Institute of the Public Service of Canada employees are an integral part of the conversations, going forward. We have now determined a process whereby both the Hospital Corporation and the Department of Health and Social Services can, at this stage of the process, appropriately be involved in conversations. Those would be informal conversations, as I defined those being not required by specific consultation in the

collective agreements. I think that it is important for Yukoners to know that, during much of the process of the last year, the unions at the Yukon Hospital Corporation had been involved in collective bargaining with the Hospital Corporation, and again, it would be inappropriate for us to be reaching out specifically to unions that are in consultation and negotiation with a separate entity of something like the Hospital Corporation.

I can also note that there are key milestones — after the health authority legislation is passed here in the Legislature — in the event that it is — there are key milestones set out in a work plan that will involve meetings, discussions, and consultations with all of the unions involved so that the parties can all work collectively in the transformation of Yukon's health care system and, in particular, in the way in which the health authority will be built — again, should the legislation pass.

**Ms. White:** As the minister currently responsible for the legislation that is moving forward — the bill for the health authority — what responsibility does the minister have to engage with all stakeholders? I appreciate that she has said that the Professional Institute of the Public Service does not fall under the jurisdiction of Health and Social Services, but what responsibility is there for the minister and the officials navigating their way through the *Health Authority Act* to engage with stakeholders?

**Hon. Ms. McPhee:** Thank you for the question. I think it's important that I describe our approach. I believe that the question was: What is the responsibility of the minister in developing legislation?

I am very pleased to say that our government's approach to every piece of legislation that we brought before this Legislative Assembly is to make sure that we have the broadest possible opportunity for Yukoners to support the bills that are brought to this House. They require the support of a wide cross-section of Yukoners. Our government's approach has also been to focus on reconciliation of pieces of legislation to be brought forward to the House — actually, in many more ways than that — in recognizing the importance of Yukon First Nation governments and Yukon First Nation relationships focused on reconciliation going forward.

The employees in this case who are going to be affected are critical to making sure that they have the understanding that is satisfactory to them, that will support them in those cases where someone might move to a new employer in the event that a health authority is created.

We have many examples of how we have approached the development of legislation. First, we listen to Yukoners. In this case, it's a pretty direct line from *Putting People First*, from the consultations that were done with Yukoners and the importance of that document to this piece of legislation — to this bill. A pretty straight line can be drawn — our marching orders were presented by Yukoners, and we have focused on achieving that for them. I think it is important to remember that this piece of legislation is enabling and will be supported by regulations that will be developed with key milestones in place for further and deeper consultation.

It is important to recall that engagement with our partners will be to develop deeper engagement with our stakeholders to the transition to a health authority, and through that process, we will be meeting extensively with stakeholders for the purpose of doing that. We have done so. The Department of Health and Social Services has done so with over 60 stakeholders in the conversations that took place to develop the policy decisions that would be moved forward to be included here in the *Health Authority Act*.

We have done extensive research as well and shared that with some parties for the purposes of having feedback. The key milestones in the work plan that will be developed going forward, should this bill pass the Legislative Assembly, will be absolutely critical to building a health authority with the input of our front-line employees, members of the health care profession, members of the public who have keen interest in making sure that a health authority works for them — remembering that the concepts in the health authority are to provide a much improved, integrated system that is patient-centred and will provide primary care for Yukoners in a way that is integrated, in a way that is improved, and in a way that is developed in consultation with Yukon First Nations and stakeholders as we go forward and that Shāw Kwā'ą will be an improved opportunity for Yukoners to have health care delivered in a way that they have indicated they want and that they need.

**Ms. White:** I guess, just for clarification purposes for the minister, I don't disagree that the health authority will accomplish these things. I am just trying to get an understanding of whom the discussions were held with. I mean, I can see the YG engagement with the YEU — again, starting in 2022 and going straight through 2024. I can look at the external stakeholder with the stakeholder information sessions. I could read in the multiple pages of it, but I am hopeful that I won't have to.

The minister has said that it was not within the purview of Health and Social Services to have a conversation with the Professional Institute of the Public Service of Canada, which represents a long list of folks at the hospital — registered nurses, pharmacists, social workers, physiotherapists, occupational therapists, and dieticians.

So, I think that it is excellent that the Yukon government has put together these stakeholder information sessions with a list of who has been involved and they have the YEU engagement on the health authority listed, but I guess my concern is that the Hospital Corporation is a significant partner in this transformation. It is the physical place where a lot of these services will happen. It is important to note that the chief executive officer of the Yukon Hospital Corporation is also a member of the Health Transformation Advisory Committee.

I want to know — I would hope that the minister has it — when those meetings happened with the Professional Institute of the Public Service of Canada, because that is an important — I would say — partner in this transformation. My real concern is that today was the first time they had a conversation about the health authority with officials.

I am just looking for clarity. Can the minister tell me how her partner in this health transformation — the chief executive officer of the Yukon Hospital Corporation, also a member of the Health Transformation Advisory Committee — engaged the Professional Institute of the Public Service of Canada? How did they engage? What meetings were held? How were they engaged in the same way that the minister engaged with the Yukon Employees' Union?

**Hon. Ms. McPhee:** Deputy Chair, I thank the member for the question. I appreciate the point that I think the member opposite is trying to make with respect to less engagement than she thinks is appropriate in the circumstances. I would want to point out that we need to be careful to respect the jurisdiction of the union that operates at the hospital and represents professionals — the Professional Institute of the Public Service of Canada. It is important to respect the jurisdiction of that union and the employer in that case.

I can say that the chief executive officer of the Yukon Hospital Corporation is a member of HTAC, of course, which developed a consensus-based approach to policy and legislative development for the health authority.

The department provided engagement materials — I have said some of this before, but I think it's worth repeating for this question. The department provided engagement materials to the Yukon Hospital Corporation to engage with their staff. The Hospital Corporation's CEO released a message to all staff and launched an internal information webpage on the health system transformation in November 2023.

I do think it's important to make the distinction — and I'm happy to stop and make it here — between Health and Social Services being engaged directly with a union or union leadership that is currently in negotiations with another organization of which their employees are part — and the fact that we are being extremely careful in that instance — but that doesn't mean that information was not flowing through the Department of Health and Social Services — and various opportunities to do so — to employees, to staff, and to folks who are employed at the hospital — not, of course, with respect to the union relationship or union representation but with respect to providing information.

The Yukon Hospital Corporation's transformation network was established in November 2023 to provide an avenue for the workforce to participate in the health system transformation by providing input and voicing thoughts of their teams, acting as peer-to-peer change champions. This was encouraged and, of course, individuals and their front-line experiences are absolutely critical to how we will proceed if the *Health Authority Act* is passed by this Legislative Assembly.

The department hosted an information session on March 8 for its employees, and the Hospital Corporation employees and the CEO also participated in that session. It was virtual, and the ability for people to log in from where they were and participate was critical. The Yukon Hospital Corporation held an employee town hall on March 20, 2024 to provide information on the health authority and the legislation. I participated in that event.

The Government of Yukon has engaged 21 times with the Yukon Employees' Union since February 2022. It is noted on the master engagement document. Health and Social Services and the Yukon Hospital Corporation employees have been engaged through the town hall meetings that I've noted, through other opportunities and messages from the deputy minister and the chief executive officer to the Yukon Hospital Corporation, and through employee transformation networks.

Since January 2023, transformation networks have been formed to provide an avenue for the workforce to participate in the health system transformation by providing input and voicing the thoughts of their teams, acting as peer-to-peer change champions.

I have noted that the transformation network group and the transformation network members, including the Yukon Hospital Corporation, participated in two days of training on change management and the system-wide preparations for a health authority back in November of 2023. The Yukon Hospital Corporation and the Department of Health and Social Services met with the Yukon employees and the representatives of the Professional Institute of the Public Service of Canada — as noted by some of the previous questions today — to continue the conversations and to brief the unions on the legislation and implementation of the health authority and make commitments going forward as to how they will be engaged — remembering that, unlike other stakeholders, the unions have collective agreements and that those collective agreements must be abided by and that the opportunity for those conversations to go forward has been — perhaps the member opposite would criticize: “too late in the process”, but we absolutely must be careful with respect to how and more specifically what conversations can take place at this point on a hypothetical health authority — but absolutely dedicated partners going forward to make sure that the information that is necessary gets to employees and more importantly that great, strong relationships are built.

Additional joint meetings between the Department of Health and Social Services and the Yukon Hospital Corporation, as I have said earlier, and the unions representing all of the employees at Health and Social Services and the hospital are currently being scheduled, and we are committed to ensuring that all the unions representing employees receive information regularly and the same information. Discussions with the unions and employees will continue to deepen once the *Health Authority Act* is passed. As an arm's-length, non-agent entity, the health authority will have a significant role in the discussions with affected unions. I can also note that our request is that these meetings would take place jointly on a monthly basis for progress to continue.

**Ms. White:** So, the minister previously referred to the Department of Health and Social Services meeting with an impressive number of stakeholders independent of bargaining. The department has recognized that the Yukon Employees' Union is a stakeholder.

Does the minister recognize the Professional Institute of the Public Service of Canada as a stakeholder?

**Hon. Ms. McPhee:** Unions in this context are, of course, stakeholders in the process. Of course, we must recognize their unique category of stakeholders in that we must respect the employee/employer relationship.

We also, as I have said earlier, must respect the jurisdiction of the union to represent its employees. I must also say that there are obligations pursuant to the law with respect to the *Canada Labour Code* in the event that the *Health Authority Act* is passed.

There are obligations with respect to the obligations in the collective agreements, but, of course, all of those aspects of the relationships will be respected. More importantly, we have committed as a government in the process of building a health authority and transforming Yukon's health care system to one that is respected and required by Yukoners that we will work together with the unions, in particular, for the purposes of having all of their employees understand the porting of their collective agreements in the event that some employees are to move to be employed by a health authority.

I can also indicate that, in the past, there has been engagement — in the past, probably up to and including the present, engagement has been through the Yukon Hospital Corporation with those unionized employees. But with the passage of this piece of legislation, we look forward to moving forward jointly with the conversations of the current hospital under the *Hospital Act* — with the Department of Health and Social Services and with all of the unions involved for the purposes of achieving the best possible results for Yukoners.

**Ms. White:** Recognizing the unique category of stakeholder which the minister has just used to describe unions, she referenced that, 21 times, the Yukon Employees' Union has been in conversation since February 2022. I'm just trying to get a sense — my concern is that the Professional Institute of the Public Service of Canada represents about 250 really important positions at the Yukon Hospital Corporation. That union is important, and the president of that union represents their members; 250 really important people in the Hospital Corporation have union representation other than the Yukon Employees' Union. It's impressive that the Yukon government has documented the 21 times that the Yukon Employees' Union has been spoken to, engaged, presented — conversation has happened. I'm trying to get to the point that, in my conversations with the president of the Professional Institute of the Public Service of Canada, today was the first time that they had even an informal conversation about the health authority, and the legislation was tabled, as the minister pointed out, weeks ago.

So, I would think that the chief executive officer of the Yukon Hospital Corporation, an important partner in this who sits on the Health Transformation Advisory Committee — I would expect that the minister would say: I would like a record of how you have engaged with the union within your organization.

That's what I'm getting to. I am trying to figure out where conversations have happened.

My concern is that today is the very first time that, even in an informal way, that union representative has been involved in

a conversation about the health authority. All of these questions are trying to get to just that. If it's an oversight, that's okay, but we need to say it and we need to make sure that we get that person representing all of those people on board, understanding what the health authority is, what it means, and how it's going to work. Just inviting someone to one of the information sessions as the president of that union isn't enough.

Yesterday, we talked about it because there was an initial meeting scheduled, and that person could have been there in person physically yesterday. Today, they were not. Today, they were working and they were on the phone because they could not leave. That is the concern that I have. Asking these questions, I am trying to get to an understanding.

Can the minister just let me know — yes or no — if there is a record from the Hospital Corporation that she has that says when they have engaged with the Professional Institute of the Public Service of Canada, similar to her engagement with the union 21 times? That is what I'm looking for right now.

**Hon. Ms. McPhee:** I don't have the answer that question — yes or no. I will find out the answer to that question. If I haven't said so in the other answers that I have provided here today, I certainly commit to doing that.

I just think it's incredibly important to remember that there were limitations, appropriately so, on having the Department of Health and Social Services contact the leadership of that union directly. The expectations were that the Yukon Hospital Corporation was doing so. We will confirm if that's the case.

I do want note that I have described on several occasions in answering these questions — which I am happy to do — other opportunities for employees themselves to understand the development of a health authority and what that might mean as we go forward.

I don't disagree that it is a positive question about how the leadership might have been engaged — or not engaged, if we find out that it is in fact the case. We will seek that information.

Certainly, my apologies exist for what I can say about the individual being able to be there in person or not. Clearly, when a meeting is scheduled, that would be the expectation — if the person is living and working here in Whitehorse — that they could come in person on a day when they were not otherwise engaged. Clearly, it's almost impossible to achieve the concentration that you would need to have a conversation like the one that took place this morning and to be able to properly represent the employees whom you represent.

Certainly, we commit going forward to having those joint meetings, as I have said in another answer. We commit to arranging those at a time when the people can attend in person. That's certainly a reasonable request.

The other information, I can get. I am sorry that I don't have it today.

**Ms. White:** I do appreciate that answer from the minister.

The minister wrote a letter to the editor saying that, as an assurance, employees wouldn't have to be concerned about pensions. I just want to focus on that a bit. In that assertion — and I am trying to get a copy of it right now, and I apologize for that. I may have one soon. In that assertion, the minister said

that pensions would be protected. I want to understand how employees will be assured that their pension, their pay, their leave, and their benefits will be equal or superior to what they have currently. How is that going to happen?

**Hon. Ms. McPhee:** Deputy Chair, I can note that the letter that was provided to the *Whitehorse Star* on the issue of pension and benefits was the result of a number of allegations being made by the Yukon Party with respect to the fact that people should be afraid for their jobs, that people should be afraid for their benefits and pay, and that they should be afraid for the pensions that they have worked for many years to earn.

That is not, in fact, the case. It is not what is required by the law and it is not the promises that have been made with respect to the implementation of a health authority here in the territory.

For the most part, individuals who will be transferring employment to the health authority will, in fact, maintain the exact jobs that they currently have, should they want them. Should they wish to change opportunities, that will be available as well. But my point is that on the morning that the health authority comes to light and employees are transferred to the employment of a health authority — if they are employees of the hospital, if they work in the lab, if they work in long-term care, if they work in the kitchen at long-term care — all of those jobs will exist where they currently exist. The employer will change, should this bill pass.

Preserving and matching the pay, the benefits, and the pensions are essential. Preserving and matching pay, benefits, and pensions are essential to our transformation goals, and this commitment has been communicated to staff, and the opportunity to say that in a local newspaper was incredibly important.

The Public Service Commission is supporting the Department of Health and Social Services in planning the human resources management for Shāw Kwā'ą, including the pensions, benefits, union engagement, classifications, personnel transfer, legislation, and human resources management systems. If the bill receives assent, operations of hospitals in the Yukon — Hospital Corporation employees — will eventually be incorporated into Shāw Kwā'ą. Employees working within Health and Social Services' programs and service areas who transition to be employed by the health authority will be offered continuing employment with Shāw Kwā'ą.

Bill No. 38 and the *Putting People First* report speak to what services could be delivered by the health authority, but it is not a comprehensive list. We know that hospital operations will transfer to the health authority. However, at this time, no decision has been made with respect to what other specific functions, programs, or services will become the responsibility of the health authority — when the transition will occur. We have, of course, noted that it would be appropriate, likely, for long-term care to move under the health authority for the purpose of the hospital and the long-term care operations being smooth and integrated with one another as a first move.

We have also discussed the opportunity for the Emergency Medical Services to do the same, and as we go forward,

working with stakeholders, parties, health care professionals, and employees, our conversations about what other opportunities exist for the health authority to provide the acute care, the front-line care for Yukoners, will be part of the planning going forward.

In addition to the fact that this commitment has been made, successorship rights under the *Canada Labour Code* exist for bargaining unit employees in Health and Social Services and the Hospital Corporation. We have talked about that a lot this afternoon. That gives protection to the terms and the conditions of employment through a transfer of operations. It anticipates that this could happen on occasion.

Unless agreed to otherwise, all union employees will port to Shāw Kwā'ą, once it is determined which ones those will be, with their existing union. They will port to Shāw Kwā'ą with their existing union, their collective agreement, their pay, and their benefits intact. If this results in inequities, such as a different pay for similar work, then those inequities will be addressed by bargaining with the unions representing those employees — an incredibly important process outlined there.

The *Canada Labour Code* allows for the review of bargaining unit structures after a transfer is complete. It is not yet known whether any of the affected parties will seek this review, and it's not appropriate to speculate on what that might be. Those are decisions for the unions and other parties. The final bargaining structure of Shāw Kwā'ą will be the result of the successorship process and what those parties wish to pursue. As I said, it's not appropriate to speculate, but we are legally obliged to work with all employee bargaining units through the process legislated under the *Canada Labour Code*, and we fully intend to do so. I have nothing but the greatest respect for that process, as does the leadership team at the Department of Health and Social Services. Our focus is on making sure that all parties are brought along for the success of Shāw Kwā'ą.

Pension plans are being assessed based on the set of evaluation criteria, which includes comparable benefits to current plans — important work to be done — the pension benefit security, the value and the cost, and the union favourability, as well as the timing and the implementation requirement. Assessment work will proceed at the Department of Health and Social Services so that we are learning about those criteria and then having the conversations with the union that represents those employees for the purposes of making sure that all of those criteria are satisfactory to the employees and that their ultimate pension, which will take several years to come to balance, will not leave a single Yukoner in any more of an adverse position than they were previously. I think that I started by saying that preserving and matching pay, benefits, and pensions are essential to our transformation goals.

**Ms. White:** I do thank the minister for that. This is going to feel like repetition, but it's an important question: If there is any difference in pension value, will the Yukon government ensure that the employer has a vehicle in place to make sure that there is no loss in pension value? By that, I mean things like administration costs, onboarding, or anything else that could come out of an employee pocket versus an employer

pocket. I am looking to make sure that there is something in place to make sure that there is no difference or loss in pension value.

**Hon. Ms. McPhee:** Thank you for the question. I think that it's maybe a bit impossible to answer in all eventualities. Of course, it's quite subjective on the basis that, depending on what someone's perspective is, the question is whether or not the government will commit to no loss in pension values. Ultimately, the answer to that is yes. It, of course, involves conversations — responsibilities of the unions.

There is a commitment to pension favourability. Pensions are necessarily complex, so I think I will just take the opportunity to review the set of evaluation that is currently being used to assess the concept of pensions. The conversations going forward will be based on these. Pension plans are being assessed based on evaluation criteria that include comparable benefits to current plans. I think that is one of the things being asked about here.

Pension benefit security, of course, is critically important to the overall benefits of the plan, the value, and the cost of the pension plan, whether or not the union is favourable to the pension plan options, and the timing and the implementation of requirements. These conversations will be complex. These conversations will be critical to the ultimate success and the ultimate employee satisfaction with respect to the development and the creation of the health authority.

**Ms. White:** I do appreciate that response from the minister. It's an important one, and I appreciate that the letter to the editor was one way, but I think having this conversation on the floor is important as well.

When will informed pension conversations happen with both the Yukon Employees' Union and the Professional Institute of the Public Service of Canada?

**Hon. Ms. McPhee:** Thank you for the question. Subject to the *Health Authority Act* passing this Legislative Assembly and after assent, should that happen, I will be seeking the permission of Cabinet to engage in these conversations — in the work that is being presented — not only initially to the ministerial subcommittee with respect to Shāw Kwā'ą Health and Wellness Yukon but also ultimately to receive permission to go forward — I guess I am being asked about the formalized conversation — with informed discussions with unions.

We hope that this engagement with the unions would take place beginning as early as June of this year if that were possible based on their schedules. As well, a timeline will be worked out with them, going forward. We will consult on the timelines, of course, under the collective agreement. This is sort of a two-part answer. I think that what is being asked about are the conversations going forward in relation to the pension conversations. There are requirements under the collective agreements for certain notifications and other things, which, of course, will be abided by. We would hope that those conversations could start as early as this summer. We will be receiving — in the preparation work for those conversations — expert legal and financial advice as well as advice about the complicated process of determining pension options going forward. We will, of course, work to share that information so

that informed discussions can take place with all of the parties responsible for making sure that these pensions and the choices going forward are not only informed but benefit our Yukon employees.

**Ms. White:** I thank the minister for that. The minister has referenced the transfer of employees and provided assurances that workers' jobs will be transferred in whole. So, given the short staffing throughout all of Yukon health care, many Yukoners work for both employers — in some cases, working more than a full-time equivalent. As an example, a nurse at the Yukon Hospital Corporation also does auxiliary-on-call support work with Health and Social Services.

So, does the minister recognize that a guaranteed transfer with no loss may lead to workers being guaranteed multiple roles and/or possibly overtime?

**Hon. Ms. McPhee:** We absolutely recognize that. These are conversations that have to be had going forward. Nothing in this world of health care options goes without saying, but we have a shortage of incredibly talented health care workers — or support for the incredibly talented health care providers — who we have in the territory.

I can note that the opportunity for individuals to work for a single employer will presumably provide them some comfort and presumably provide them with options that they might not otherwise have outside of this new health authority structure. Some health system employees work for both the Hospital Corporation and the Department of Health and Social Services in varying capacities, and we don't currently know how many of those employees are affected, but we will work toward getting this information while complying with the privacy legislation. We will certainly seek the opportunity to talk to individuals who have this employment situation going forward, and care must be taken to understand the impacts that are based on specific employee situations.

Where there are employee or employer impacts from moving to one employer — again, there are options for this to be positive, but this is something that the health authority needs to work out through negotiations with the unions, of course.

We have been talking about unions all afternoon and that is because of the importance of their role in representing these individuals and determining the employees' best interests as well as working with individual employees included in this part of the health system transformation. The goal is reducing health care burnout and promoting health workforce work/life balance.

It's not something that we have the opportunity to emphasize as much as I would like, but one of the key benefits of a health authority moving forward is that there is better work/life balance and that there is better health care professionals' work satisfaction and support for them through this process. It is a key factor. We talk a lot — because they are the core values of a health authority going forward — about patient-centred and integrated care. That sounds like it is about patient experience, but the health care professionals' experience is an improved experience for them. Improved supports and improved work/life balance is equally as important.

When employees are working for the same employer, they will be supported through coordinated scheduling. If additional hours are required, employees may be paid premium pay, such as overtime or shift differentials, based on total hours worked for the health authority. With respect to the hours of work or any cap on any hours of work, this falls within the authority of the health authority board and is something that will be worked out through negotiations with the unions. I think that it is incredibly important to remind individuals that I do not expect that limitations will be placed provided that safety is the primary concern and that they are not working far too much, but we also know about our nurses, our allied health professionals, our social workers and other support individuals, our lab technicians, and others who work in this system that their primary concern is the safety of their patients.

The ability to work for one employer in more than one role or in more than one capacity — for instance, in determining our casual or auxiliary — depends on the employer's policies in the collective agreements. Again, those can and will be worked out. The health authority will create its own policies and will not necessarily adopt either of those from the Yukon government or the Hospital Corporation. We know that this is one of the opportunities for improvement. Before the health authority has established its own resource policies, we will be working with employees. They will be represented by the collective agreements that currently exist for them. I hope that answers your question.

**Ms. White:** Deputy Chair, I thank the minister for that. I would just be remiss, before I go on, if I don't acknowledge that there are the three officials right now sitting next to the minister, and I believe that there are four in the gallery who have been involved, which is really important. Every time that I ask a complicated question, there is someone in the Yukon government right now who is listening and doing their best to get the response back, and that is an incredible testament. So, I appreciate the work from the folks whom I can see here, but I know that there are legions of people behind trying to come up with the answers and sending them to support the minister.

You know, I said in my response at second reading that I'm incredibly supportive of this, and I believe that everything that we can do to support and to calm people's fears is critical right now.

This conversation isn't easy, and I'm not asking simple questions, but they are really important, so all of the work that's being done right now to make sure that the minister has access to that information is really important. I would say that I think that I'm through the hardest part, but I have no idea. When I walk into it, sometimes it is a lot more complicated than I expected. Here is another example.

I wanted to know what kind of conversations have happened between Yukon government, as we look at moving toward a health authority, with non-insured health benefits. The reason I bring this up is that my colleague often reminds me that, no matter what kind of system we have in place, it's still a two-tiered system because Yukon First Nation individuals are covered under a separate system that often is still

discriminatory and often leaves them lacking. So, what kind of conversations have happened with non-insured health benefits?

**Hon. Ms. McPhee:** Thank you for the question. I recently met with federal Health minister Mark Holland, who is not ultimately responsible for NIHB but clearly has an interest in the work that his colleagues do with respect to that programming. I have reached out to Minister Hajdu with respect to a future conversation. I hope to do so in person to discuss this, in particular, with her.

What I can do at the ministerial level with the federal government is critical, but it is only beneficial if we are working here in the territory to resolve the issues the way in which we want to. This is a live issue for HTAC; it is a live issue for the Chiefs Committee on Health; it is a live issue at my table with the federal health ministers and others. I agree that the NIHB process system is inherently racist. I have said so to the ministers whom we deal with at the federal level.

I can also indicate that equity is key — that we will not be solving anything with the development of a new health system that does not have built into it important steps to recognize the inherent racism of the former systems and to resolve those issues.

One of the moves that we have taken at the Department of Health and Social Services in response to the substance use health emergency is to direct insured health, through a health directive and direction from my office, that treatment be available to all, that the NIHB restrictions should not result in anyone who is wanting to seek treatment outside of the territory from receiving that service from the Yukon government with support through insured health services.

We have set up a trilateral table with respect to health involving the Yukon government, the federal government, and Yukon First Nation governments for the working group there to have an opportunity to discuss how we move forward to resolve these issues. There is work being done at the federal level with the distraction-based Indigenous health-equity legislation. Our work is important to make sure that we have a voice at that table.

I have said this before and I know that my colleagues have said it on several occasions, but when the Yukon comes to the federal-provincial-territorial tables, we have a voice that is beyond our size, perhaps, or our population. We have worked extremely hard to make sure that this is the case. It happens because at every turn, our ministers go forward representing innovative ideas that are happening here in the territory and representing moves like the dental program, for instance, or choices — let me say “initiatives” — like the dental program initiatives and choices like the early learning childcare benefits. All of those come before a national program or are perhaps designed better than a national program. We are proud of that work.

I have many other examples. Our restorative justice program, for instance — information about it is sought by many across the country. There are many other examples, but my point being that our voices at the federal-provincial-territorial table matter, are looked to for innovative ideas, and are often

copied and initiated in other jurisdictions as well, as we learn from the others.

This conversation about NIHB is critically important and has been brought to the attention of the federal ministers responsible on many occasions and, in particular, as we develop a health authority.

We have developed a health authority bill — Bill No. 38 — and an act, potentially, that is here before you being supported by every First Nation in the jurisdiction, by the Chiefs Committee on Health, and by HTAC, which has responsibility to inform the Chiefs Committee on Health, and the Chiefs Committee on Health is working with the minister’s office to make sure that these important issues are responded to.

I can note that section 45 in the *Health Authority Act* is a possible avenue to address the agreements with the Government of Canada to delegate powers to the health authority, but this will, of course, require some conversations with Canada and with the Yukon First Nation health committee. That section — and the concept in this enabling legislation — was determined to be in response to how we can deal with some of these types of programs going forward.

Lastly, I would just like to thank the member opposite for the recognition of the officials who are here. That member is quite right. There are many, many others behind the work and we appreciate those who were able to come today and certainly those who are here to assist me in the opportunities to answer these questions.

I have one other note to make, but I think I can do it in a moment.

**Ms. White:** I thank the minister for that.

In the government’s *LGBTQ2S+ Inclusion Action Plan* that was released in 2021, on page 7 — for Hansard purposes — it says — and I quote: “In the next two years ... Explicitly acknowledge Two-Spirit, trans, non-binary populations in policy and guidance documents.”

The reason why I am bringing this up is that two years is 2023 and we are working on this new health authority legislation right now. So, given this commitment, why have these populations not been explicitly acknowledged in the health authority legislation?

It is part of the *LGBTQ2S+ Inclusion Action Plan* released by this government in 2021, so where is that explicit acknowledgement in the health authority legislation?

**Hon. Ms. McPhee:** Deputy Chair, I thank the member for the question. There is reference in the preamble to addressing — all equity-deserving groups are referenced there, including, of course, LGBTQ2S+ individuals. It’s not specifically named — first of all, let me say about a preamble in a piece of legislation that it’s not included in every piece of legislation. We did include it in the *Family and Children’s Services Act* that was developed in collaboration with Yukon First Nations. I have said it many times, but I am very proud of the preamble in that piece of legislation for the purposes of setting the tone for, up front, the rules, the calculations, and the considerations that went into determining how a piece of legislation should be taken to account — for much work that

has gone ahead of a bill. It is certainly an opportunity to express the context in which the bill should be read. This preamble addresses specifically equity-deserving groups.

I can also note that it sets out the purpose of the health authority in section 8 and includes purposes to provide integrated, person- and family-centred health and social services in a manner that is culturally safe; it is free from all forms of racism, including anti-Indigenous racism; and — separate section — free from discrimination of all Yukoners; it is trauma-informed, compassionate, and utilizes a wellness approach to health, including prioritizing health promotion and disease and injury prevention. There are other provisions of that section going forward, but the concept of being free from discrimination for all Yukoners should properly be read and does properly include LGBTQ2S+ communities.

**Ms. White:** Although I appreciate it, the reference that the minister has made — section 8, “Purposes of the health authority”. I am not sure if she was referencing specifically clause (c): “is free from discrimination for all Yukoners”. I also note that unfortunately preambles have been ignored previously — preambles have been ignored. I mean, the *Education Act* that guarantees all students an education has been ignored. My concern — that the preamble is enough to highlight it.

Noting that I imagine that the LGBTQ2S+ *Inclusion Action Plan* language was chosen very carefully when it says: “Explicitly acknowledge Two-Spirit, trans, non-binary populations in policy and guidance documents” — “explicit” has a really clear definition: stated clearly and in detail, leaving no room for confusion or doubt.

So, how to say that section 8(c) is free from discrimination for all Yukoners — or in the preamble, how is that explicit? How does that explicitly acknowledge the two-spirit, trans, and non-binary population? How are they explicitly defined here?

**Hon. Ms. McPhee:** Thank you to the members opposite for their patience. Let’s see how to get to the broad answers with respect to these concepts being embedded in this legislation, reminding us that the legislation is a framework and therefore necessarily broad, that the provisions that I mentioned earlier are for the purposes of the formal structure, and that there are many opportunities going forward — I will mention a few here.

I will also stop to say that the *Human Rights Act*, which is quite specific with respect to — and I take the point of the member opposite about the strategy going forward, but the *Human Rights Act* is necessarily appropriate and applies to all employers in the territory, and the health authority, should this bill pass, will be, in fact, an employer. A review of the literature across Canada reveals that equity-deserving groups in Canada are understood to include Indigenous people, racialized minorities, and 2SLGBTQIA+ persons. These concepts and terms are also introduced in the *Health Act* as consequential amendments to the *Health Authority Act* coming into force.

I can indicate that the cultural safety framework, which is required under the plan going forward, requires that we: seek input on the overarching policy and the framework to guide the health authority on cultural safety; that we seek input from equity-deserving groups; that we build a cultural safety

framework that requires periodic check-ins and consensus changes; that reasonable efforts are made to come to consensus with the Yukon First Nations committee; but in addition, the requirement that equity-deserving groups be consulted with in the creation of the cultural safety framework, which will be a driving force in the requirements of the health authority as an employer and service provider — both aspects of that.

The cultural safety framework, parts of that, could be and properly perhaps should be included in regulations going forward. All of the concepts can be enhanced — the concepts that we are talking about here can — and in my view should — be enhanced through regulation to make sure that we are very clear — again, making sure that we understand that this is framework and is necessarily broad as a piece of legislation to build the frame of a health authority but that, when we go to build — I think of it sometimes as the frame of a building — the steel girders that stand before we work to put up the walls and put in the furniture and put in all the services that exist in building a comprehensive health authority that is by legislation, as I have noted earlier, required to provide service appropriately in recognition of no discrimination for any Yukoner.

**Deputy Chair:** Would members like to take a brief recess?

**All Hon. Members:** Agreed.

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

*Recess*

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

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

Is there any further general debate?

**Ms. White:** Thank you, Deputy Chair, and just jumping right back in — again, page 7 of the LGBTQ2S+ *Inclusion Action Plan*, in the third bullet point under “In the next two years”, it says, “Provide training to Health and Social Services’ employees and health care providers focusing on anti-racism and the intersectional realities of Two-Spirit, trans, non-binary individuals.”

The legislation discusses cultural safety training for staff but does not discuss LGBTQ2S+ inclusion. It doesn’t reference the World Professional Association for Transgender Health or other training, so how is the government ensuring that this commitment is followed by the health authority?

**Hon. Ms. McPhee:** Thank you for the question. The references that have been made to the action plan on page 7 are incredibly important. The framework that is being built by the health authority will be informed, as I have said perhaps earlier, by the cultural safety framework and by the accountability framework that will both be built pursuant to the plans going forward for the operation of the health authority. The framework — let me just back up to say that the entire purpose of the act is set out in section 8, and the entire act is informed by the purpose set out in section 8 which requires non-

discrimination and opportunities for all Yukoners to be treated without discrimination.

I can also note that intentionally separation from forms of discrimination that make reference to anti-Indigenous racism and separation of that idea, which is individuals to be free from all discrimination — all Yukoners — the purpose being that a health authority will be built with these requirements embedded into the operations of the health authority, including by way of regulation, if necessary.

The question is: How will the government ensure that's the case? We will build a health authority that includes those references and those protections, and then we will make sure that the accountability framework and the cultural safety framework which will be guiding operations for the health authority also require those criteria and those protections to be met. In the event that this is not happening, we will — I have absolutely no reason to believe that it won't be happening. The health authority is at arm's length from Yukon government but responsible in many ways, through this piece of legislation, to make sure that government is directing the strategies going forward.

As I mentioned yesterday in response to some answers, there is a 10-year planned strategy. None of this existed before for the health system here in the territory, and that will bring improvements with it.

There is no question in my mind that the work that this government has done to increase protections, to engage with communities for the purposes of protecting the rights of LGBTQ2S+ individuals will continue to guide the work of this government going forward. We will embed protections at every opportunity so that they cannot be reduced or reversed in any easy manner, because those are commitments that we made from the very first moment that we became ministers. Then-minister Frost, the Minister of Education and the Minister responsible for the Women and Gender Equity Directorate, and I met with a group of individuals who I would say impressed upon us very early in our experience as ministers for the need for this to be a provision, a priority for our government going forward. I think that we have shown that it has been a priority for us. We have made many changes to legislation; we have introduced strategies; we have recognized rights, and we will continue to do so for the purposes of making sure that these protections are available to members of the LGBTQ2S+ community because it is the right thing to do.

**Ms. White:** I guess the challenge that I have is that the minister has talked about how this *Health Authority Act* is the girders — the framework — of what is going to happen, but my concern is that, if we don't, when framing a house put in, for example, for access to windows, it is really hard to go back and put them in after; right? So, she has talked about: This is the framework; it's like putting up the walls. I have highlighted my concern that I didn't think the foundation had been laid, which has led to more staff meetings or engagements or conversations, which I will touch on after.

When I am asking questions specifically about this strategy, the LGBTQ2S+ inclusion plan that government put together after a lot of work with community members — the

concern I have is that I believe that there are probably opportunities in the legislation where it could actually be strengthened by additional language. Whether we were talking about clause 44, under subclause (4): "The framework must...", it says, "... (a) include provisions respecting the prevention of racism and discrimination in the provision of health and social services by the health authority."

There is an opportunity there to strengthen it. Again, whether we are talking about gender identity, sexuality, disability, or other equity-seeking groups, there is a reason to put the windows in the frame of the house as we go as opposed to trying to go back and add them after.

Page 10 of the strategy under "What we will do: Improve access to supportive mental health and wellness services for LGBTQ2S+ Yukoners", it says: "In the next five years..." — which I believe would be prior to 2026 — "... Review and evaluate health care facilities and resources across Yukon for LGBTQ2S+ inclusion."

So, has this review and evaluation occurred already? If not, why did it not occur prior to the health authority legislation being drafted so that recommendations from this review could be included with the health transformation? If it has occurred, how has this review and evaluation been taken into consideration with drafting the *Health Authority Act*?

**Hon. Ms. McPhee:** I too am extremely attuned to making sure that we have protections, particularly here in the Yukon where we have not only proceeded past many, many jurisdictions — but to lead, as I have said, with respect to gender-affirming surgery and other issues that are of concern to LGBTQ2S+ communities. I certainly appreciate the points that are being made, but with respect to the drafting of an enabling piece of legislation, the decision was made to not single out any particular equity-deserving groups because all are equity-deserving. To embed the process of a cultural safety framework in the legislation and require it to be done, to embed the concept of an accountability framework in the legislation and expect that to be done, and to note in the preamble the importance of these commitments to equity-deserving groups — the preamble overlays the act.

I appreciate the comment earlier about preambles not being followed. Preambles are required to overlay the act and to provide to users of the act and to those understanding it the context in which it was prepared and the expectation of how it will be interpreted. The preamble overlays the act to address the commitment to equity-deserving groups, as does section 8, the purpose of the act. It too, by definition, overlays the responsibilities and the concepts in the act. The concept of being culturally inclusive is embedded into the cultural framework and the accountability framework, as I noted. There are broad regulation-making powers if need be.

I also appreciate the reference to section 44. Maybe I haven't been clear in my maybe-not-specific analogy, but the idea of the steel girders of the building, not the walls — we will build all of that as we go forward. But in section 44(7): "In establishing or amending the cultural safety framework..." — so the initial cultural safety framework and then any additional concepts of a cultural safety framework — the law would

require the health authority — they must seek input from a number of groups that are named, not the least of which are persons or representatives of groups that are impacted by issues of cultural safety in relation to the delivery of health and social services by the health authority.

So, required to work with groups, to seek input from groups — and then, beyond that, subsection (8), which requires that: “In implementing the framework, the quality assurance, patient safety and cultural safety committee must provide for periodic feedback from ... persons or representatives of groups that are impacted by issues of cultural safety in relation to the delivery of health and social services...”

Those paragraphs were carefully chosen with respect to wording in that they would identify the broadest possible groups and specifically require not only input from them as this goes forward but require them to get periodic feedback and to provide periodic feedback as we go forward.

**Ms. White:** I thank the minister for that. I see that we will have lots to talk about when we get to line-by-line debate. I will have those questions and the minister can repeat them.

Again, I am just pointing out that the LGBTQ2S+ action plan was released by this government in 2021, and it does have very clear language, including “explicitly acknowledge”, so I will ask again when we get there about how that is going to be mitigated or recognized within that.

One of the things that the minister has referenced — and I think it’s important — is the ongoing conversation and engagement with staff, and I thank her for that and I thank all those who are doing the gargantuan work of that. I appreciate it very much.

Can the minister tell me how many additional information sessions for staff have happened since the end of March — March to now, April 9? And then I am going to ask what is happening between April 9 to the end of the month.

**Hon. Ms. McPhee:** Deputy Chair, I thank the member for the question. Up to and including April 9, which is today, six meetings have taken place of the nature described, scheduled for staff and public engagement. Those meetings were held both in person and by Zoom. They are designed, through collaboration, to be available for employees who want to have more information, primarily Yukon government and Yukon Hospital Corporation staff. They are attended by at least one member of the Health Transformation Advisory Committee.

They are mostly attended by more than one member of the Health Transformation Advisory Committee and associate officials from the Department of Health and Social Services to answer questions. They involve presentation of the health transformation that is anticipated by the *Health Authority Act*. That presentation has been given to both, I think, opposition parties, so you would have some idea of what is occurring at those meetings.

I have the next question, which I think is the one that was anticipated, which is that 12 further meetings are scheduled between April 10, which is tomorrow, and April 30. They are both virtual and in-person meetings. There is one meeting for staff scheduled in each of Dawson City and Watson Lake. The

Dawson City one is also available to the public, as is one of the meetings in Watson Lake. One is for hospital staff in Watson Lake, but one is a public meeting. Also, on those trips to communities, there will be meetings with Yukon First Nations from those communities with hospital staff and with Health and Social Services staff separate to each of those meetings, and there will be public meetings as well in those communities.

These meetings are scheduled at various times — sometimes at 10:00 a.m., sometimes at 7:30 p.m., and sometimes at 2:00 p.m. depending on what the opportunity is, hopefully for individuals to attend who might be working or working shift work. Also, the presentation has been — I was going to say “taped”, but that’s a pretty out- — I think “recorded” is the appropriate term now; I’m showing my age — but recorded for the purposes of individuals being able to access it outside of attending these meetings. That access is available on demand.

In partnership with the Health Transformation Advisory Committee, we have determined that it is appropriate to host multiple open houses per week over the next three and a half weeks.

We are partway through that process. The department is hosting a public event in mid-April here to provide Yukoners with information and answers to their questions. I should note that the public meeting on April 22 here in Whitehorse will be at 6:00 p.m., so those of you in the Legislative Assembly will have to rush over there. It will be held at the Kwanlin Dün Cultural Centre. The multi-purpose room is available to the public. I’m told that there will be very good food served at that meeting. I encourage you to come if interested and those Yukoners listening as well.

The department will be visiting communities, prioritizing visits to the communities where, of course, there are hospitals. Visits to the communities will take place as scheduled on this schedule but also again to communities between the end of April and the summer. Should the bill receive assent, 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 the steps that are needed to operationalize the proposed health authority.

As part of this engagement — as I said earlier today, but it is valuable to emphasize — the health service providers, staff, unions, and other system partners will be engaged as agents of change as we build a health authority.

**Ms. White:** Deputy Chair, I thank the minister for that. Are Health and Social Services employees and Yukon Hospital Corporation staff able to attend the same sessions? Are they all open, and have we seen any kind of cross-attendance? One of the reasons that I ask is that initially this was something that I encouraged to make sure that people felt like they were getting the same information — not that I anticipated that information would be different, but the more people felt that they could hear their questions asked by others, the better the understanding

would be. So, are staff from both wings able to attend any of those meetings?

**Hon. Ms. McPhee:** For the most part, yes. Let me say that the vast majority of the meetings are open to Yukon government and Yukon Hospital Corporation staff. One meeting was held at the Whitehorse General Hospital cafeteria, which was in person, so Hospital Corporation staff were invited.

One meeting specifically was held in Carcross with the Carcross/Tagish First Nation. I should note also that there will be one public meeting in Dawson, which is obviously open to everyone in Dawson City. There will be a staff meeting at the hospital in the meeting room there — so likely only Yukon Hospital Corporation employees, but others would be welcome if they happened to be working at the hospital or find out about the meeting. It's not closed for any reason, but it's focused on providing that information to the staff there.

One of the meetings in Watson Lake will again be targeted to staff at the hospital for the purposes of responding to their questions and information. They might request — and one of the Watson Lake meetings will be public. Otherwise, all of the meetings that I've noted will be available to Yukon government and Yukon Hospital Corporation employees.

**Ms. White:** For the public meetings — the one that the minister referenced in Whitehorse on April 22 at the Kwanlin Dün Cultural Centre — where are they being advertised? Where can people find out about these meetings ahead of time?

**Hon. Ms. McPhee:** Thank you for the question. There will be radio ads and posters in communities, and advertising will also take place on social media. There will also be print media used. I should note that the advertisements for this meeting and information available about other meetings or the public meetings in communities are all joint communications with the Yukon Hospital Corporation and the Council of Yukon First Nations with the Department of Health and Social Services.

**Ms. White:** I thank the minister for that. That is reassuring news.

I know that no one is going to believe this, but I think that I am almost done for questions for this part before we move on.

When we talked about employees, we really focused on unionized employees — so, whether they work with the Yukon Employees' Union or whether they work with the Professional Institute of the Public Service of Canada — but there are non-unionized workers like casuals or auxiliaries on call, and both are exempted right now with the Yukon government and the Yukon Hospital Corporation. Who speaks for those workers? Are those groups considered stakeholders? How is YG engaging with those folks?

**Hon. Ms. McPhee:** Deputy Chair, thank you for the question. If I haven't made it clear, I should — that the meetings that we have been discussing, the town halls, and the specific meetings at hospitals and other public locations are certainly open to all employees regardless of their categories of employment and, of course, including management employees.

We have committed to using the same principles for everyone that we have been discussing all afternoon. We will engage the same way with everyone for the purposes of protecting our relationships with employees, protecting our relationships with them to retain all employees to the health authority, to attract more employees to the health authority for the purposes of enhancing services here in the territory and are committed to that regardless of whether or not they are members of the union — casual employees not represented by the union, but I note that auxiliary-on-call individuals have some protections in the collective agreements, and, of course, we would abide by all of those but not looking to have distinctions between how those individuals are treated and whether or not it is only by union representation. We are very keen to make sure that employees are supported, that they are making a transition that is beneficial to them that is ultimately — when it is beneficial to them and their new employer, as the health authority, it will ultimately be beneficial to Yukoners and to the overall structure and success of a health authority.

**Ms. White:** Deputy Chair, I thank the minister for the answer and that correction. I realized that once "AOC" left my mouth, that I had gone one classification of employee too far.

One of the things that the minister has just talked about was the same principles — like, no matter what the employee was — so I will go back through it with Hansard, but I believe that when we were talking about successorship that the minister said — like, referenced all employees. I know that successorship really applies to unionized staff, but when the minister talks about the same principles and I believe before referenced "all employees" — the minister may be able to clarify this for me now.

Does the minister mean to include all non-unionized workers in that conversation around successorship?

**Hon. Ms. McPhee:** Thank you for the question.

I have no qualms whatsoever about making references to all employees, because our commitment to them and the principles that will guide our work going forward is based on the protection of employees, based on the retention and recruitment of — retention of old employees and recruitment of new employees to the health authority. The *Canada Labour Code* does apply only to unionized employees because its reference to collective agreements and successorship rights apply in that process, but the common law protects unlawful dismissal of any kind.

Our plan going forward is to retain employees, and as a result, we have committed — I have done it publicly and also here in the Legislative Assembly — that the principles and values that will guide our work with employees as they are asked to transfer to the health authority and offered positions — perhaps the same as what they are currently in — and, as I said earlier, the health authority becoming the new employer will be an option going forward. Ultimately, the same principles will apply in the work that we will do with unionized and non-unionized employees for an extremely important result, which is to support employees, to have them transfer in the smoothest possible way, and to have them stand up the new health authority.

**Ms. White:** Thank you, Deputy Chair, and I do thank the minister for that. I think that is great news, and I think that it goes to the next one, which I am going to tell you right now is a bit tongue-in-cheek. So, the minister is painting a future that is very idyllic.

Given the benefits of that improved scheduling and consolidation and the fact that we are acknowledging that staff will be able to work multiple jobs, does this mean that we won't need agency nurses in the same way going forward?

**Hon. Ms. McPhee:** Thank you for the question. I guess, pun intended, ideally, yes — we will be reducing overtime, decreasing the need for the use of agency nurses.

Let me just say that I am very pleased that I am painting a picture — if that is what is happening — of a better future, a brighter future, for health care in the territory. That's what we are trying to do. That's what the aim is here, but that should not in any way be interpreted to mean that there is not an unbelievable amount of work to get there.

We are very realistic about the challenges that have come so far and the informing of the work to go forward. Some of that is long-term planning in the work that has been ongoing and the work of getting here to a *Health Authority Act* that is a framework — phase one; step one — and focus on a piece of legislation that can create a health authority is what we have done. That has been a tremendous amount of work. It, of course, informs all the work going forward — all the work that we've been talking about today.

I'm glad that there is a positive picture being painted but also a realistic one. Our reduced reliance on agency nurses is incredibly important. There are provisions of the *Health Human Resources Strategy*, which was released last year, for the retention and recruitment efforts under that strategy through Health and Social Services for community nursing and other nurses who work in home care and other places — long-term care — throughout Health and Social Services and the good work done by the unions with respect to the health provisions and the health care that is provided at the Yukon Hospital Corporation — I understand that both of those unions have now ratified agreements that have been negotiated by the unions on behalf of those employees.

I also note that there are provisions to support — both in the Yukon government collective agreement to support allied health professionals through an appropriate assessment of pay and bonus systems there. I understand that those will also come under the newly ratified collective agreements that are coming for the folks at the Hospital Corporation, all of which is designed ultimately to recruit and retain more allied health professionals and nurses and ultimately reduce our reliance on agency nursing.

We have seen a slight reduction in that most recently, and we are continuing to expand what we hope to be the nurses who are employed, at least now, by the Hospital Corporation and by the Yukon government and ultimately by a health authority to be a positive workforce — a workforce that is supported, a workforce that is employed by those organizations and ultimately by a health authority in the future — to make sure that ultimately our reliance on agency nurses can be reduced.

It is certainly a goal. It is a goal of not only our government but a goal of health ministers across the country. A conversation about agency nurses and the cost to taxpayers is a critical conversation that we are having at that table too.

**Ms. White:** I thank the minister and the officials whom I can see in front of me and the legions who are listening and have spent so much time supporting the conversation now. I am sure I have indicated by the questions that I have had this afternoon that I will have questions when we get to line-by-line debate. I really do appreciate the conversation and the clarity that has been offered, and I look forward to sorting myself out when I read Hansard. I am looking forward to the next steps. Thanks for the time this afternoon.

**Mr. Cathers:** I am pleased to rise here today. I will just begin by briefly recapping some of the comments that were made earlier and noting that, if government is proposing major structural changes to our health care system — a system that is vitally important to all Yukoners — it is also important to ensure that any model reflects the needs of patients and health professionals. It is also important to note that this change that the government is proposing will directly impact more public employees than the devolution process did.

As I noted earlier, we do disagree with the decision that the Liberal government made to sideline health professionals in planning major changes to the health system in developing this legislation. Health professionals know the system better than anyone else does.

We do support the concept, of course, of making the health care system better for all Yukoners, including working with First Nation governments to improve health care for all Yukoners, but working with them did not force the government to make the decision to exclude health care professionals from the process for the last five years. As I have noted before, I strongly believe that Yukon health care professionals should have been more involved in this process every step along the way.

The minister has referred to the act as “a framework” and “enabling”, but there are some choices made within that legislation that do have an impact and, once passed, exclude the possibility of making changes to reflect input from those health care professionals.

Again, the Liberal government did not see the value of involving health care professionals for the past five years but is indicating now that going forward it will be better.

It was particularly concerning to hear the minister indicate and confirm that it was not until today that Health and Social Services first met with PIPSC, the Professional Institute of the Public Service of Canada, the union representing registered nurses and other professionals at the hospital, totalling some 250 health care workers approximately. That this legislation is now at the stage — the bill has had one day of debate in Committee of the Whole, and it is four weeks after the minister first tabled the act. After five years of working on this — the lead-up to this legislation — that it is only today that the Department of Health and Social Services had its first meeting with union representatives after cancelling a meeting yesterday is quite concerning.

The minister again noted that they — I wrote it down as she said it — quote: "... did not reach out ... directly to the union" when she was referring to PIPSC. That is quite problematic, and we do question, after five years of excluding health care employees, whether those employees should have much confidence in assertions from the government that, after Cabinet has the ability to do whatever it wants through passage of this legislation, things will somehow be better and consultation would improve.

I'm going to move on to one of a number of specific questions I have. Yesterday, the minister said this — for the reference of Hansard, I'm quoting from page 5079 — quote: "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."

My question is: What if an employee feels that the offer of transfer from this new corporation — the health authority corporation — isn't a fair offer? If they don't accept the corporation's offer, will they be laid off or terminated?

**Hon. Ms. McPhee:** It is critical that I correct the member opposite. I think that we have been having a very good discussion here this afternoon. I think that everyone is making best efforts to give accurate information to Yukoners who are listening. It is simply not correct. The characterization of five years of excluding health care employees, health care professionals, was, I think, the reference on several occasions. Health care professionals have absolutely not been sidelined in this process. I think that yesterday there was criticism of how this process was moving too fast, but now the characterization of five years of work — I am not sure. I guess that is at the beginning of *Putting People First*. I don't want to speculate about that.

But let's be clear. Health care professionals are critical to the building of a new health authority. We have worked to build relationships with the Yukon Medical Association, with the YRNA, and with other professional representation organizations. We have worked to build relationships with individual employees and provide them with information. The conversations that officials have had — with the Department of Health and Social Services — and that I have personally had with members and leadership at the YMA and with members and leadership at the YRNA have been supportive of us moving forward to improve Yukon's health system. They are the individuals who truly know the impact of a system that does not work for patients or for professionals.

I will make one quick comment about working with the Professional Institute of the Public Service of Canada just in case the member opposite didn't understand earlier that we were very careful about interacting with that union particularly because those employees do not work for the Department of Health and Social Services and, perhaps more importantly, they were in bargaining. I expect that the Hospital Corporation has information coming forward that will help with responding to that question as well.

What I can note with respect to employees and the change of an employer, which is anticipated for many employees who will become part of a Yukon health authority under the *Health Authority Act* as we proceed — for many of the employees, it will simply be a change of employer with no changes whatsoever to their employment, but employees who are offered in advance an offer of transfer — that is one that will be required by the collective agreement. There are notice provisions in the collective agreement that will be abided by; there are layoff provisions in the collective agreement that will be abided by. Employees can make a choice. Their collective agreement rights will apply. For non-union employees, the concepts of common law will apply. Lastly, I should emphasize that their pay benefits and pension benefits will transfer with them from one position to another. I guess, to be completely clear, it's not one different job from one place to another but the same job with a different employer.

**Mr. Cathers:** The minister didn't answer my specific question there. I would note that, when it comes to consultation, the minister has stated and claimed that they couldn't meet with PIPSC because of bargaining being underway, but that is not, in fact, correct. I would accept the excuse that they couldn't meet with them about the collective agreement, but discussing a path forward did not prevent them from consulting them as a stakeholder on future considerations while making it very clear, no doubt, at the outset of any such meeting that discussions regarding the collective agreement were not on the table. So, it's a pretty weak excuse.

We know that the minister has not seen working with health professionals as front and centre to this project. I asked the minister — again, I referenced her statements from yesterday about programs being transferred and employees being given an offer of transfer. I asked her: What if the employee feels that the offer of transfer isn't a fair offer? If they don't accept it, will they be laid off or terminated?

I also have to remind the minister that, although she said that there would be no changes to the terms of employment, this only applies during the current collective agreement for any employee who has moved over. She should be well aware of that.

So, I would ask her to provide clarity on what happens if an employee who is moving from either Health and Social Services or the Yukon Hospital Corporation to this new corporation — the health authority corporation — is given an offer of transfer and they don't feel that the offer of transfer is fair. If they don't accept the offer, are they at risk of being laid off or terminated?

The next question I will ask her, since time is short here, is that — the government on the one hand says that pensions will be protected, and then they walk that claim back a bit with statements like this one made by the minister in Hansard, page 4972 — quote: "The pensions will be an issue that needs to be dealt with pursuant to a new health authority. The pension solutions will be determined through negotiations and conversations between those currently responsible for representing those employees and how that should move forward. It is one of the big conversations."

On the next page, Hansard, 4973 — quote: “I think what I have just said — and I am happy to say it again — is that I cannot confirm which version of a pension will be available to employees of a new health authority.” Again, to repeat, the minister said, “... I cannot confirm which version of a pension will be available to employees of a new health authority.”

So, my question is about the Osler report regarding pensions and any other documents that the government currently has that are guiding their consideration about pensions.

I asked the minister previously: Will she agree to ask Cabinet to waive confidence on the Osler report and any other pension reports they are dealing with and share with all members of this Assembly and employees what the impacts of the various pension scenarios are that they are considering?

If the minister will not share that key information about pensions with Yukoners, what is she hiding?

**Hon. Ms. McPhee:** Deputy Chair, I thank the member for the question. A quick reference to the quotes — which I’m always happy to be quoted from Hansard, but my quick reference to those notes is that we were discussing in the second supplementary budget issues of pension solvency at that time — not exactly the same thing — somewhat related but not exactly — in this context of the health authority. I can note that, with respect to the documents being requested and with respect to pensions and the early work and early advice being given, I think that it is critical that we take into account the information provided there and more importantly the new information that will come as a result of the work going forward.

I understand the request to waive Cabinet confidence; I still need to have conversations with Cabinet about the process going forward. I won’t commit to waiving or seeking Cabinet to waive confidence; it is not for me to do alone at this time. I understand that, despite — perhaps some requests — that the Yukon Party government never waived any Cabinet confidences and probably for good reason. I seek that support — their understanding with respect to that and the opportunities for expert legal and financial advice and advice about pensions going forward.

I have already spoken to today, for the purposes of making sure that our conversations with unions going forward are not only authorized by Cabinet but ultimately that the expert advice that we will receive there to inform those conversations with unions — that will need to be shared — I have no trouble with that commitment going forward after I receive the authorization to engage after I receive support, votes, and assent of this bill.

Lastly, I can say that the pension plans are being assessed based on a set of evaluation criteria that includes comparable benefits to current plans, pension benefit security, values, and costs to both employers and employees, union favourability and their support, and the timing and implementation requirements.

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

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

*Motion agreed to*

**Hon. Mr. Streicker:** 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

**MLA Tredger:** 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 5:28 p.m.*