



# Yukon Legislative Assembly

---

Number 184

1<sup>st</sup> Session

35<sup>th</sup> Legislature

---

## HANSARD

Monday, April 15, 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**  
**Monday, April 15, 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.

Introduction of visitors.

## INTRODUCTION OF VISITORS

**Hon. Mr. Streicker:** Mr. Speaker, we have several guests here today for our tribute to Tourism Week. Please welcome Kalin Palette, who is from the Wilderness Tourism Association of the Yukon; Dylan Soo, who is from the Tourism Industry Association of the Yukon; Amanda Deuling, who is on the Tourism Industry Association of the Yukon board but also working with Sport Yukon; and from the Department of Tourism and Culture, Kate Olynyk, assistant deputy minister, and Eduardo Lafforgue, the director of Tourism — if we could please welcome them all.

*Applause*

**Speaker:** Are there any tributes?

## TRIBUTES

### In recognition of National Tourism Week

**Hon. Mr. Streicker:** I rise today to pay tribute to National Tourism Week, Mr. Speaker, which is being celebrated throughout Canada from April 15 to 19.

Led by the Tourism Industry Association of Canada, National Tourism Week is a national grassroots initiative that celebrates and recognizes the importance of the travel and tourism sector. Tourism week is a time for us to focus on and acknowledge tourism as a key economic driver that contributes to our quality of life and the well-being of communities here at home and across the nation.

Tourism is a bigger percentage of our economy compared to every other Canadian province and territory. It is a little bit metal. In the Yukon, tourism provides sustainable, diversified opportunities that balance economic development with environmental community and cultural values. It provides good-paying jobs for Yukoners and valuable revenue to businesses. It also represents an opportunity to share the Yukon's rich culture and heritage while supporting vibrant and healthy communities across the territory.

Tourism supports reconciliation, language preservation, and cultural revitalization. This year's tourism week theme "Canada: Powered by Tourism" highlights the numerous impacts that tourism organizations, businesses, and other partners make to our economy as well as our quality of life and cultural fabric.

When you meet the folks who work in the tourism industry — from tourism operators to retail staff to interpretive and wilderness guides — you will find dedicated front-line individuals providing outstanding and memorable experiences for visitors. They embody the Yukon's story.

I have also met many incredible individuals engaged in the creative and cultural industries — artists, performers, and those working in cultural institutions such as museums and heritage attractions — who share our vibrant history and convey the unique and quirky charm of the Yukon with travellers.

I ask the members of this House to join me in thanking all of the passionate, committed, and enthusiastic individuals who champion our territory, who share the natural beauty and cultural abundance of our home. The Government of Yukon truly appreciates the tourism sector's contribution to building thriving communities and a prosperous territory. We support the shared vision under the *Yukon Tourism Development Strategy* for tourism to be a sustainable, vibrant component of the Yukon's economy and society for the benefit of future generations.

This week and all year long, we celebrate Yukon tourism.  
*Applause*

**Ms. Van Bibber:** Mr. Speaker, I rise on behalf of the Yukon Party Official Opposition to pay tribute to National Tourism Week, April 15 to 19 this year. The theme is "Canada: Powered by Tourism".

We in Yukon, with our smaller population, have been very aware of tourism and its impacts for decades. We have welcomed the world to our doorstep and have shown them our beauty and shared our part of beautiful Canada.

A northwest territory attached to Alaska has its pros and cons. Some are just passing through to get to Alaska, but more and more are coming here. We are the destination.

Through the continued work of tourism champions and businesses, this is the reason that this happened: Tourism Industry Association of Canada, regional associations such as the Wilderness Tourism Association of the Yukon, the Yukon First Nations Culture and Tourism Association, the Convention Bureau, KVA — the Klondike Visitors Association — and, of course, our own arm of TIA Yukon which encourage and support tourism. They provide a common voice to influence, promote, and assist the development of tourism ventures and advertising for their members. They have so many benefits that I don't have time to name them all.

Some would like to think our territory speaks for itself, but we compete with not only the rest of Canada but every other destination in the world. We depend on our summer traffic for the bulk of our tourists, but focus is also on winter and shoulder season, culinary tourism, sport and rec, conventions and events, and Indigenous tourism and culture. There is a plethora of possible tourism streams to capture.

This is a wonderful opportunity for young people to get a job with the service industry and support those businesses who offer tourism products. It's a great entry into the workforce, and you can learn so much while building your resumé and meeting new people.

So, Yukoners, get out and be a tourist within our amazing territory. I know people who have never ventured out of the capital city and explored the territory. Each region of Yukon has its attraction and a beauty that cannot be compared with the other areas, so I hope to hear a new story of adventure from a local.

We wish all seasonal businesses a successful upcoming opening, and I encourage everyone to get out. Be a tourist yourself and take your visiting guests out to discover Yukon. Happy tourism week.

*Applause*

**Ms. Blake:** Mr. Speaker, I rise on behalf of the Yukon NDP caucus to pay tribute to National Tourism Week. The seven-day event celebrated across Canada recognizes and elevates the impacts that the tourism sector has on every community from coast to coast to coast.

Canada truly is powered by tourism. The Yukon, with our rich and diverse culture, vast and beautiful landscapes, and warm and welcoming people has so much to offer.

The Yukon's tourism sector is supported by the cooperation between the three tourism industry associations and the dedicated Department of Tourism and Culture. This collaborative approach enhances the visitor experience, showcases the rich cultural heritage and natural beauty of the Yukon, and contributes to the sustainable growth of the tourism sector.

We also think about the Indigenous tourism operators across the Yukon who not only promote tourism within their traditional territories but also promote the culture, history, and heritage that are so important to our ties to our traditional territories as Yukon First Nations. Together, these organizations work to create memorable, authentic, and unique experiences for those seeking adventure in the Yukon. With an adventure that is suitable for every visitor, the tourism sector in the Yukon continues to expand and add vibrancy to the Canadian tourism scene.

We thank all of those who choose to be a part of such a rich part of the Yukon economy.

Mahsi' cho.

*Applause*

### **In recognition of National Public Safety Telecommunicators Week**

**Hon. Ms. McPhee:** I rise today on behalf of the Yukon Liberal government and the New Democratic Party to pay tribute to National Public Safety Telecommunicators Week, which occurs April 14 to April 20 this year.

Governments at all levels frequently celebrate our first responders who keep us and our properties safe. Whether it be the RCMP, ambulance attendants, or urban and wildland firefighters, we take every chance, as we should, to honour their role in maintaining our well-being.

But equally important is ensuring that we take time to acknowledge the people responsible for getting those folks to where the help is needed in the first place. Every day, someone around the territory needs assistance, and when they do, their

first call is to someone at an emergency telecommunications centre. The people who answer the calls are critical in making sure that help gets where it's needed — and fast. Sometimes, they also administer life-saving assistance over the phone, and always, they are the calm, supportive, compassionate voice on the other end of the line for people who might be having the worst day of their life.

The work of public safety communicators is critical and requires individuals with a depth of character and confidence that most people do not possess. Every day, they show up for work knowing that, at some point during their shift, they could be called upon to assist someone in navigating a terrible situation or tragedy — what an incredible load to carry; what an extraordinary role to play in our society.

Across the Yukon, there are a number of different groups involved in managing emergency response calls, including 911 operators with the RCMP team, EMS staff, community nurses, Whitehorse Fire Department staff, and private contractor employees. They work behind the scenes and don't necessarily get the same recognition as our other emergency responders, but their contributions to our safety are second to none.

I ask that, for today and all of this week, we remember our emergency telecommunicators and applaud them for the vital role they fill. When we call, they answer and help. Our thanks and recognition are barely enough.

*Applause*

**Mr. Cathers:** I rise today on behalf of the Yukon Party Official Opposition to recognize April 14 to 20 as National Public Safety Telecommunicators Week in Canada, held to celebrate public safety communicators for their service and commitment to our communities. These people work to dispatch emergency services throughout the Yukon, including police, EMS, and fire, and their duties extend beyond answering a phone and organizing a response. These professionals provide compassionate assistance and advice, and they help people to navigate distressing and sometimes life-threatening situations.

Being able to locate and provide the necessary information in response to a wide variety of situations while maintaining a calm and professional demeanor is crucial. Dispatch operators are trained and skilled and provide swift and efficient service to the public. Their jobs require understanding community needs, having excellent judgment and communication skills, and empathy for their fellow community members on the line.

Thank you to all the public safety telecommunicators in the Yukon and indeed throughout the country for the critical service you provide.

*Applause*

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

## TABLING RETURNS AND DOCUMENTS

**Hon. Ms. McPhee:** Mr. Speaker, I have for tabling a letter dated April 11, 2024 from the Yukon Federation of Labour, and I have for tabling an updated list of engagement with stakeholders regarding the Yukon *Health Authority Act*.

**Hon. Mr. Clarke:** Mr. Speaker, I have for tabling a letter dated April 11, 2024 addressed to Mayor Cabott of the City of Whitehorse.

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

- Are there any reports of committees?
- Are there any petitions to be presented?
- Are there any bills to be introduced?
- Are there any notices of motions?

## NOTICES OF MOTIONS

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

THAT this House congratulates the Northern Community Land Trust and the launch of the home ownership application process for Project 1096 that will create 32 affordable homes for limited-income, working-class people and families.

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

THAT this House urges the Government of Yukon to consider the recommendations of the Ombudsman and review the *Ombudsman Act* that has not been reviewed since 1996.

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

THAT this government provides an update to the House on the progress in hiring and staffing for physician assistants at Yukon hospitals.

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

## QUESTION PERIOD

### Question re: Beaver River watershed land use plan

**Mr. Kent:** Mr. Speaker, last week, I asked about the status of the Beaver River land use plan. With the latest published work plan over a year old, the minister indicated that [yukon.ca](http://yukon.ca) did not have current information and that it would be updated, although that hadn't changed as of this morning. He also indicated that the Yukon is in discussion with the First Nation of Na-Cho Nyäk Dun on — quote: "... how the Beaver River planning process may integrate and interact with the chapter 11 regional land use planning process."

So, can the minister confirm whether that means that work is now stopped on the Beaver River planning process?

**Hon. Mr. Streicker:** Mr. Speaker, I will characterize it the way I think that I did last week and say again that the plan is to take the work which has been ongoing with the Beaver River plan and to integrate it into the work that is coming on

the northern portion of the Northern Tutchone regional land use plan. So, it is not to stop that work; it is to build on it.

**Mr. Kent:** Mr. Speaker, so this announcement during Question Period last week caught many folks in and around the mining industry by surprise. We are six years into the Beaver River planning process and there has been little accomplished so far. The original company behind the all-season road has ceased operations and sold off their interests in the area.

Can the minister tell us if any consultation with industry occurred on this new direction to integrate the Beaver River planning into a regional planning process, or did they find out about it during Question Period?

**Hon. Mr. Streicker:** Mr. Speaker, whenever we have a land use planning process, we, of course, engage. The first step in regional planning is to work with those nations. In this case, it is the First Nation of Na-Cho Nyäk Dun and it is to develop a memorandum of understanding and to kick off that work. What I can say for industry is that, of course, we will be engaging with them, as we have on the planning for the Dawson regional land use plan, for example, and all of the planning work that we do. We will always engage with industry.

**Mr. Kent:** Mr. Speaker, it appears that industry also found out during Question Period last week.

The Yukon government and the First Nation of Na-Cho Nyäk Dun have been in court since 2021 over mining activity in the Beaver River planning area. The Liberals appealed the Yukon Supreme Court judgment and the Yukon Court of Appeal issued their decision last week. The *Yukon News* reported on April 12 that — quote: "The Yukon Court of Appeal has dismissed the Yukon government's appeal of a lower court decision that found it did not adequately consult the First Nation of Na-Cho Nyäk Dun ... before approving a mining exploration project in the Beaver River Watershed."

So, is the Yukon government considering further court action on this latest judgment, and if not, what does the court decision mean for projects currently active in the broader regional land use planning area?

**Hon. Mr. Streicker:** I think one of the main takeaways is that we always want to be in dialogue with First Nations about projects that are underway, and I thank the courts for providing us clarity. We are carefully reviewing the decision issued by the Yukon Court of Appeal last week. I have just had my first briefing from the Deputy Minister of Energy, Mines and Resources. We are looking to have a conversation with Justice.

These are important decisions. They guide our work. I would say that we always want to be sure to implement our final agreements and build strong relationships with First Nations and, of course, with industry as we deliver on all projects within the traditional territories across the Yukon.

### Question re: Health care services

**Mr. Cathers:** Mr. Speaker, last week, the minister of health announced that our health care system was in such a state of crisis that she has had to call in the military. According to the minister, military nurses, doctors, and other medical professionals will be coming to the Yukon to fill in shifts at our

three hospitals. She compared them to agency nurses and said that they would fill in for vacancies in shifts that need to be filled.

Mr. Speaker, if calling in the military for help isn't a clear sign that there is a problem, I don't know what is. Will the minister admit that calling in the military is a clear sign that our health care system is in a state of emergency?

**Hon. Ms. McPhee:** Mr. Speaker, it is so disappointing that the members opposite have taken this tack or point of view. It is an opportunity here for the Yukon government, with the support of the Yukon Hospital Corporation, to have signed a memorandum of understanding with the Department of National Defence that welcomes health professionals from the Department of National Defence's Canadian Forces Health Services Group to work here in the territory in health care settings and to maintain and enhance their knowledge and their skills between their deployments.

Through this partnership, the Canadian Forces Health Services nurses and other regulated health professionals — and we hope to expect doctors as well — will visit the Yukon to learn and to advance and share their expertise while enhancing our health care services across the territory.

The length of the visit will depend upon the placements — for a few weeks or up to a month at a time. The number of health professionals participating will depend on their availability and interest, but we understand that there is great interest in coming to work here in the territory. This partnership is part of an effort to implement the Government of Yukon's *Health Human Resources Strategy*. It is an option and a solution that we are very proud of. I expect the rest of the provinces and territories in Canada will be lining up to do the same.

**Mr. Cathers:** Mr. Speaker, whenever the Official Opposition, medical professionals, or patients themselves have raised concerns about the state of our health care system and the growing crisis in it, the minister has brushed them off. She claims that everything is fine.

Just two weeks ago on April 2, she claimed — quote: "... Yukoners are served by the best hospital system — perhaps in Canada."

You don't usually call in the military to help when things are going well. No other jurisdiction in the country has had to take this unprecedented step. If the Minister of Health and Social Services really thinks that we have the best hospital system in the country and that everything is fine, why has she called in the military?

**Hon. Ms. McPhee:** I'm going to say this again and hopefully the members opposite are listening. This is a solution that was brought to us in determining how to best meet the needs of Yukoners and support our health care workers in our health system. As a result, conversations took place and a front-line suggestion was perhaps that we could partner with the Department of National Defence.

This agreement is a culmination of conversations that began in January about an idea raised to us by front-line staff and we are looking forward to the innovative ways to support our health care professionals. This flows directly from our government's *Health Human Resources Strategy*, which was

released last December of 2023, and Yukoners accessing health care services will see enhanced patient care, shorter wait times, and increased access to our health care system.

I am not sure how the members opposite can spend the last perhaps two years talking to us about how there are not enough health care staff and we have a solution brought forward by our front-line staff, worked on diligently in partnership with the Department of National Defence, to have nurses and other health care professionals, including doctors, come to the territory to learn and to assist our folks in having appropriate time off and being supportive of our health care system generally — that is somehow a negative for them.

**Mr. Cathers:** From chronically underfunding Yukon hospitals and picking fights with the unions representing health care workers to overseeing the closure or reductions of health care services across almost all Yukon communities and seeing wait times grow across the board — Yukoners know that our health care system is in crisis. Front-line health care workers, unions, the Official Opposition, and a growing number of patients have been ringing the alarm bell about the state of our health care system under this Liberal government. Up until now, the Liberals have said that everything is fine, and according to the health minister, we have the best hospital system in the country, but you don't usually call in the military to help unless it's an emergency.

Will the Liberal government now admit that they have mismanaged health care so badly for the last seven years that the health care crisis has become an emergency and they have had to call in the military?

**Hon. Mr. Pillai:** Mr. Speaker, yes, there will be military staff in our hospital. That is the only part in the questions that the Member for Lake Laberge got right today.

What we have heard from the Member for Lake Laberge is cheering against Yukoners. The other side of the floor has asked for innovation. We have gone out and built an innovative agreement with the Canadian Armed Forces to ensure that the proud members of the Canadian Armed Forces can come and keep their certification up when they are not deployed — at zero cost to us, so we don't have to add that to our budgets — and we are going to have 10 more nurses by April — but that's a problem, and instead, it's a spin about a challenge instead of innovation.

Again, you can talk off-mic. You know that this is actually a really good strategy. It would have been nice, just once, if you could commend it, because it came from front-line workers in our health care system.

#### Question re: Social housing

**MLA Tredger:** On March 25, we asked the Premier how this government would support the 26 people at the High Country Inn housing project to find new housing when the building closed on March 31 for construction. In response, the Premier said — quote: "We want to make sure that those individuals do have a spot in the interim before we see the construction done." Unfortunately, despite the Premier's promises, we are hearing from people who used to live in the High Country Inn who are now completely homeless. Some are

at the Whitehorse Emergency Shelter and some have resorted to sleeping in tents. We understand that the building needs renovations and we are excited and grateful to Safe at Home for taking on the project, but leaving people homeless is not an acceptable option and not what the Premier has promised.

Of the 26 people who used to live in the High Country Inn, how many have been provided with housing?

**Hon. Mr. Pillai:** Mr. Speaker, I owe the House a lot more information on this because, when the question was asked the first time, part of what I was answering was — some of the work that we're doing at 408 Alexander as well versus what was happening with these 26 individuals. I asked last week again for the most updated information about the 26 individuals, knowing that construction is beginning to happen, and I shared that with the opposition last week — that I had more information to provide, so I am happy to do it.

We are hearing right now that some individuals have gone back to their home communities because they do have supports in rural Yukon, in some cases with the First Nations. We know that some non-profit organizations are finding other opportunities. I know that some of those individuals as well have been absorbed into the housing stock at Yukon Housing. I don't have the exact number; I will bring it back to the House.

But, yes, this is a challenge in front of us to make sure that, in the short term, these individuals who are vulnerable have an appropriate place.

Some of the language that was used in the start of this question — I don't know if that is factual. But I will come back to the House with exact information about where all of these folks are staying. The reports to me were quite positive from the Yukon Housing Corporation — that we have had solutions for many — and I look forward to question number 2.

**MLA Tredger:** Despite the Premier saying that the reports are positive, there are people who used to live in the High Country Inn who are sleeping in tents right now. It's not just them who are facing homelessness. Hotels often act as housing during the winter months and, every spring, the hotels evict their tenants to make room for tourists, leaving people homeless. The problem is worse than usual this year because, even though it is only April, the River View has already evicted all their long-term tenants, something that usually doesn't happen until later in the season. Many of the people who were formerly living in a hotel are now sleeping in tents.

Last night, we saw snowfall in Whitehorse. It is still below zero at night. Living in a tent should never be someone's only option for housing and it certainly shouldn't when it's below freezing. What is the Premier doing to find housing right now for the people made homeless by hotel evictions?

**Hon. Mr. Pillai:** Mr. Speaker, the challenge of dealing with something as critical as this — there is short-term planning which, of course, is working with non-profit organizations that we have great relationships with — groups like the Anti-Poverty Coalition, Safe at Home, and others — to make sure that we have short-term — so, what are we doing? Over the spring, we did as many renovations as we possibly could to existing stock so that we could open it up and be able to move

these folks into those rooms — more renovations than we have done in many years.

But you also have to have an obligation to short- and long-term planning. Short-term planning, I have chatted about, but long-term is about making sure that, in the next two years to two and a half years, we build the most affordable housing units that we have ever seen in Yukon history. That's what this budget does; that's what the plans do; that's what the partnerships do. We have been doing ground-breaking work for the last number of years, but we have to make sure that we have long-term plans in place and long-term infrastructure that is supported by wraparound services. That is the work that we are going to be focused on; that's what this budget will do, and I appreciate the support from the members opposite on this budget.

**MLA Tredger:** Working with non-profits doesn't work when there is nowhere for non-profits to house people. Right now — today — there are dozens of people living in tents in Whitehorse even though it's only April. We all know that April in the Yukon is a long way from summer. It is much too cold to be living outside in a tent, but that is the reality for many people right now.

Last night, Yukoners were sleeping in tents, many without so much as a sleeping bag to help them to survive the sub-zero weather. That is not safe, it is not right, and it cannot continue. So, what immediate actions is the Premier taking to find housing for the many Yukoners living in tents in the snow and freezing temperatures?

**Hon. Mr. Pillai:** Mr. Speaker, I'm going to make a commitment on the floor of the House right now. The member opposite said that there are dozens of people living in tents in Whitehorse as of last night. So, I will go there with you; I will meet with those individuals and we will find appropriate housing for those dozens of people. I'm ready to go tonight, so let me know after the day where they are at and we'll go this evening and meet with them. I want to know where these dozens of people are. I wasn't made aware that there are dozens of people in tents.

In the short term, you said: How do NGOs solve this problem when they are in a position to not have housing? Well, those folks are being displaced right now because we are about to do one of the biggest renovations that we have seen to this capital structure so we have almost 70 new places for that non-profit to actually have units. That is part of the work that we are doing and that is what I think the member opposite would say.

Again, I will make that commitment. I will put the Housing Corporation on notice that we will be looking — some of those remedies might be short term, but please, later today, just text me and I will go with you to see these individuals and make sure that these folks have options.

#### **Question re: Guaranteed annual income pilot project**

**Ms. Blake:** Mr. Speaker, section 5.7 of the *Putting People First* recommends — quote: "Design and implement a guaranteed annual income pilot, in collaboration with the Yukon Anti-Poverty Coalition, and potential funding partners

such as the federal government, health and social research programs and others.”

The experts who wrote the *Putting People First* report were clear. A guaranteed income pilot would be a valuable investment for the territory. It would reduce the administrative burden on clients and government alike and make the complex and soul-crushing social services system better.

What steps has this government taken toward creating a guaranteed annual income pilot project as recommended by *Putting People First*?

**Hon. Ms. McPhee:** Mr. Speaker, the member opposite and I sit on a committee for the purposes of discussing *Putting People First* implementation. Through the confidence and supply agreement, we meet on a regular basis to have these conversations. I certainly appreciate the work during that opportunity. I can remind folks that I spoke last week, I guess, during debate with respect to the implementation of *Putting People First* and perhaps even during Question Period. We have some 89 percent of the recommendations — 76 of them, if you will recall — in *Putting People First* underway or having been achieved. The work that is ongoing with respect to the remainder of those recommendations is diligent. We are working with our partners to determine what the best interests of achieving those recommendations would be.

With respect to the guaranteed annual income, it is part of the review we are doing with respect to social services generally and the opportunity to improve those for Yukoners.

**Ms. Blake:** Mr. Speaker, now we can have this conversation publicly. This is not a new idea. In the 1970s, Manitoba implemented a guaranteed annual income pilot for four years, which was a success. University studies completed after the Manitoba pilot have shown the positive impacts on physical health and mental well-being of individuals and families. People on universal basic income improved both their physical health and social well-being.

For example, participants went back to school, found better housing and food security, undertook job training, and connected with needed health care.

When will this government implement a universal basic income project to address poverty in the Yukon?

**Hon. Ms. McPhee:** Mr. Speaker, *Putting People First* recommendation 5.7 states that the government: “Design and implement a guaranteed annual income pilot, in collaboration with the Yukon Anti-Poverty Coalition, and potential other partners such as the federal government...” and researchers. We are holding discussions with the Yukon Anti-Poverty Coalition on work needed to advance a possible pilot project. A project of this nature will take time to develop and enable. It, of course, will require finances as well.

The Department of Health and Social Services has conducted preliminary research regarding the guaranteed annual income program, and as part of this work, we reviewed British Columbia’s final report on basic income, which suggested that emphasis should be placed on improving existing social programs, and our current priority is preparing for review of our income support programs to ensure that services effectively meet the needs of Yukoners.

**Ms. Blake:** Mr. Speaker, federal Bill C-223, *An Act to develop a national framework for a guaranteed livable basic income*, is awaiting second reading in the House of Commons. The same bill was also introduced in the Senate, called Bill S-233. A committee report on Bill S-233 titled “Beyond the Basics: Guaranteed Livable Basic Income...” studies the upfront costs of delivering the program and ways to finance it. This bill recognizes that this program is an investment in communities that pays off. The report speaks to a wide range of positive outcomes which include improved housing, higher education and skill training, entrepreneurship, employment, better physical health, improved mental wellness, and better access to nutrition and food security.

When will this government implement a guaranteed annual income pilot project to better support Yukoners living in poverty?

**Hon. Ms. McPhee:** Mr. Speaker, the Department of Health and Social Services began engaging social assistance clients — people with lived experience — in September 2023, and the focus of the initial engagement is on rates that prescribe the amount of assistance that eligible Yukoners can receive from the government. This includes assistance rates for shelter, utilities, clothing, food, and other needs. The review will continue. The department met with Crown-Indigenous Relations and Northern Affairs Canada. As well, the work continued into January, and as of March of this year, we are working with our First Nation partners for additional survey results.

The Yukon social assistance rates are among the highest in Canada and are indexed to inflation; however, we continually monitor the programs and rates. As Yukoners will know, during COVID, we provided additional services and support as well. We are finalizing the plan to respond to *Putting People First* recommendations — all the recommendations in relation to income support — and this includes action toward increasing Yukon supplementary allowance and those that deal as well with the potential of a guaranteed income. We look forward to this work continuing with the support of the Members of the Legislative Assembly.

#### Question re: Capital project commitments

**Mr. Hassard:** Mr. Speaker, when the federal budget was tabled in 2022, many Yukoners noticed that Nunavut and Northwest Territories each got \$60 million for housing, while the Yukon only received \$30 million. On April 14 of that year, my colleague asked the Minister of Finance about this and he told the Legislature this — and I quote: “That’s \$60 million to Nunavut, \$60 million to Northwest Territories, and \$62.2 million to Yukon. Now, out of that, what they’re also not telling is that \$32.2 million did not go to the other two territories for hydro expansion. That’s what we put our money for; that’s the money that we got from the federal government.”

Now that we know that Atlin hydro is not going forward, can the Minister of Finance put that \$32.2 million back into what it was meant for: housing here in the Yukon?

**Hon. Mr. Silver:** Mr. Speaker, every year that I have been the Minister of Finance, I will comment that the federal

government does a great job of defining the needs from each of the communities. Nunavut has different needs than the Yukon does and it's the same with the Northwest Territories. We work in partnership with our federal counterparts to make sure that we are accessing the dollars necessary for Yukon.

That was a long preamble to a question there, but we will look into the numbers and we will debate the budget as we move forward and we will see if the opposition believes that we have invested enough into housing and enough into the communities.

**Mr. Hassard:** Mr. Speaker, I guess I have to apologize to the minister for quoting him. Apparently, he talks too much.

The simple fact is that, in the 2022 budget, the federal government provided \$60 million to the Northwest Territories and \$60 million to Nunavut for housing. They only provided \$30 million to the Yukon. The reason the Minister of Finance gave for this disparity was that the Yukon government had decided to dedicate that federal funding to the Atlin hydro project instead.

Now we know that the Atlin hydro project isn't going ahead anytime soon. In fact, the territorial Liberal government has pulled its funding from the project. So, since the project is stalled and there is such a demand for housing, will the Yukon reconsider the decision to divert that housing money to the Atlin hydro project?

**Hon. Mr. Pillai:** Mr. Speaker, right now, what I can say is that, for this fiscal year, we are in a position where this is the largest expenditure in housing that we have seen. There is a tremendous amount of money going into affordable housing. I think that right now, when you look at the entire capital portfolio that is in front of us from Yukon Housing and the number of partnerships, our team is running at a point where they are looking to execute one of the biggest build programs that we have ever seen.

I think that the members opposite — I'm happy to see the Member for Pelly-Nisutlin come to the table today supporting housing. I hope that this translates into a supportive vote for our housing budget, which is really substantial. Definitely, the member opposite has defined and agreed with the fact that there are some gaps in affordable housing. We have a plan in front of us here that will actually meet those needs. When we cross-reference where we are on our wait-list both in the communities and in Whitehorse and then you take a look at the total buildout as well as commitments from other organizations, we are really getting to a place where we are lucky enough to be able to remedy many of these challenges. So, I hope to see that positive vote from the member opposite.

At all times, we are looking at resources that we have, our bilateral agreements with the federal government, and what we have for flexibility. But as you heard from the Minister of Energy, Mines and Resources, there is still a commitment to get good work done and to help the Taku River Tlingit's development corporation de-risk and define their project as they go forward.

**Mr. Hassard:** Mr. Speaker, when the Liberal government announced that they were pulling the funding from the five-year capital plan, the minister explained that some of

that money would be reprofiled for other projects, so all we are asking is that we do the same with the money from the federal government.

In April 2022, the Minister of Finance made it clear that the federal government had committed \$60 million to each territory for housing and that, here in the Yukon, we decided to dedicate some of that money to the Atlin hydro project. Here is what the Minister of Finance said — and I'll quote again: "That's what we put our money for; that's the money that we got from the federal government."

Mr. Speaker, will the Liberal government push to have that money rededicated back to housing?

**Hon. Mr. Pillai:** Mr. Speaker, yes, as we prepared budgets a number of years ago, two of those big priorities were housing as well as energy. We have continued to be able to focus on our housing portfolio and we are de-risking the challenges around Atlin and there is a multitude of other projects as well that we are looking to deploy money for at any point.

So, if the question is: Would we look to reallocate if it's not going to be spent on a defined project? — absolutely. We have done that throughout most of our TPAs. As many people will remember, we had some flood programs that we inherited. We went back to projects in the mining sector that would never be built because of the ownership structure, and then we have been to allocate those to other places.

Again, we will always do that. We have had success in that. I appreciate the question. We are always looking to make sure that we stretch these dollars from Canada in the best possible way to help Yukoners not just in the housing portfolio but with infrastructure and energy and all those things that we have had a real focus on after gaps in the past.

**Speaker:** The time for Question Period has now elapsed. Introduction of visitors outside proceedings.

## INTRODUCTION OF VISITORS

**Hon. Mr. Clarke:** I would like to take this opportunity to introduce Ms. Monica Sharma's grades 11/12 political studies class from St. Francis of Assisi Catholic Secondary School. I have the names.

Welcome Ashley Agapito, Gage Albertini, Damon Andrews, Kyrielle Binga-an, Gail Borres, Melissa Calpo, Mikaela Cantos, Malcolm Ellis, Karissa Forestell, John Galleta, Zuri Howard, Juan Guzman, Takura Kawonza, Sarang Kim, Avery Kinsella, and Kyle Sacramento.

Welcome to the Assembly.

*Applause*

**Speaker:** 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

**Chair (Ms. Blake):** 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.

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

*Recess*

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

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

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

Is there any further general debate?

**Hon. Ms. McPhee:** Madam Chair, I would ask that my colleagues in the Legislative Assembly help me welcome Deputy Minister Tiffany Boyd, who is immediately to my right. Beside her is Jenny Imbeau, the director of legislation and partnerships, and in the last seat down is Pamela Muir, who is our legislative drafter for Bill No. 38.

We look forward to further questions.

**Mr. Cathers:** Madam Chair, just to begin the continuation of my questions this afternoon, I am just going to briefly recap. As I noted before, we disagree with the decision the Liberal government made to sideline health professionals in planning major changes to the health system in developing this legislation that is before this House. Health professionals know the system better than anyone else does and should have been much more involved.

Last week on April 11, the Yukon Federation of Labour sent a letter to the Minister of Health and Social Services and issued a press release that was highly critical of how the government has excluded Yukon health professionals and the unions representing them. The press release was entitled “Putting Workers Last in Health Authority Transition”.

Here is an excerpt from that press release — quote: “Based on feedback from two unions impacts by the implementation of a Yukon Health Authority, the consultation with unions and the workers directly impacted by this has been ‘horrendous.’ The lack of engagement and appearance of the government pushing forward to establish a Health Authority without meaningful engagement, consultation or consideration for the unions representing workers providing our health care services, is already sending red flags for a successful or consideration transition.”

This is not the first time that this Liberal government’s lack of willingness to share information has resulted in them tabling legislation that major stakeholders affected by that legislation are very upset about. These issues should not have to wait until legislation is in front of the Legislative Assembly to be dealt with.

Now that the minister has acknowledged that neither she or the Department of Health and Social Services met with one of the unions at the hospital — the Professional Institute of the Public Service of Canada — until a month after she tabled Bill No. 38, what is she doing to make up for that serious mistake?

Additionally, when debate on this bill paused last week, I had asked the Minister of Health and Social Services several times to release the Osler report on the potential pension implications for employees as well as any other key government documents regarding employee pensions, the risk and implications for health professionals’ pensions, and any analysis done for government on that. Madam Chair, there is not a good reason to keep that information behind closed doors. It should be proactively shared with this Legislative Assembly so that we can understand the risks, and it should be shared as well with health professionals and their unions.

Now that she has had time to discuss this matter and my request that they waive Cabinet confidence on those reports and release those reports, will the minister now agree to release those key pension reports and share them with the Legislative Assembly as well as with employees and the unions representing them?

**Hon. Ms. McPhee:** In January and February of 2024, the Health Transformation Advisory Committee members, with support from the department and the Council of Yukon First Nations, hosted information sessions with 66 internal and external stakeholders to provide an update on the health system transformation and overview of the proposed legislation. These stakeholders included Health and Social Services professionals, associations, non-governmental service delivery and advocacy organizations, and municipalities.

Health professionals are experts in the implementation and delivery of services. We have been engaging and will continue to be engaging these professionals as we begin reimagining and integrating the delivery of services around Yukoners and their families. Bill No. 38 is a tool that will enable implementation and service delivery integration conversations to progress. Should Bill No. 38 pass, the Health Transformation Advisory Committee will develop and implement an engagement plan with health professionals and other stakeholders to inform policy that will shape implementation, including the development of regulations and other steps. This will include how health professionals and their expertise are woven into the fabric of the management and decision-making processes within the health authority, including through the development of the medical staff bylaws.

Engagement with health professionals will continue even after the health authority is operational, as programs and services will be continuously reviewed to ensure that they meet the health and wellness needs of Yukoners. In the letter of support from the Yukon Medical Association, they note —

quote: “The YMA welcomes all initiatives that empowers doctors, nurses, and other health care providers to put their patients first and supports them in providing the best health care possible.”

We look forward to continuing to engage with stakeholders and health care providers to build a health authority and deliver the best possible health care for Yukoners. Clearly, the allegations made by the member opposite in the part of the question that we have not been engaging with health care professionals or have left them sidelined — I think those were his words; perhaps not — is not correct.

Draft legislation is generally not shared before it is tabled in the Assembly. An exception was made in this case for Yukon First Nation governments and organizations, as the legislation was developed in partnership and on a government-to-government basis. The legislation is a framework and generally does not deal with operational matters, as will be required, and engagement with health professionals, as it will be ongoing for the purposes of building the best possible health authority.

The health authority is a standing item on and forms part of the Yukon government’s regular joint consultation committee meetings agendas. The Yukon government has engaged with the Public Service Alliance of Canada and the Yukon Employees’ Union over 21 times on Health and Wellness Yukon. The Yukon Hospital Corporation has a joint consultation committee with representatives from both of their unions. On January 22, 2024, the committee agreed to make Health and Wellness Yukon updates a standing item on their agenda. Both unions were present at that meeting.

Ongoing engagement with the Professional Institute of Public Service Employees of Canada in addition to the Yukon Employees’ Union and the Public Service Alliance of Canada representing the Yukon hospital bargaining unit employees will be an integral part of joint conversations between the Yukon Hospital Corporation, its unions, and the Department of Health and Social Services.

A joint process has been developed for both the Yukon Hospital Corporation and the Department of Health and Social Services, and their unions will engage in monthly meetings to share information, build relationships, and promote openness.

A meeting to develop this process was held on April 9, 2024, and a subsequent meeting was held on April 11, 2024. This joint process will include monthly meetings for continued opportunities to share information, conduct joint planning, and hear concerns directly from these unions. There will also be joint planning for each employer to meet the consultation requirements under their respective collective agreements as soon as we have specific proposals requiring union input and each employer has provided notice to open consultation.

Both the PIPSC and the PSAC and YEU are members of the Health Human Resources Steering Committee and have been involved in the development and the implementation.

YEU are members of the Health Human Resources Steering Committee and have been involved in the development and the implementation of the *Health Human Resources Strategy*. Since the spring of 2023, a part of the

health human resources work has been to comprehensively engage with all of the individuals and the unions going forward.

The last part, I believe, of the question is whether or not the report regarding potential information on pensions and other research with respect to pensions will be shared. I think that most appropriately that information, should it be shared in its current form, would be likely to the unions first so that conversations could happen with respect to those possibilities. Cabinet confidence will not be waived with respect to that report.

**Mr. Cathers:** It is disturbing that the minister is not willing to share that important information about pensions. Again, we have stated — and I will go on record again — that we believe that the information should be shared with the employees affected by it, with their unions, as well as with all Members of the Legislative Assembly.

I would remind the minister that financial information and projections about the government’s activities are shared with the Members of the Legislative Assembly as a regular course of action and that this type of information not being shared while the government is planning a major transition that could have negative effects on people’s pensions is concerning.

The minister attempted to brush aside our criticism of this, suggesting that we are the only ones suggesting that their consultation to date has not been wonderful, and she read out a list of meetings, but I would remind the minister of the harshly critical press release put out by the Yukon Federation of Labour on April 11 entitled “Putting Workers Last in Health Authority Transition”. That is what they characterize the government’s action to date as doing: putting health care workers last in the health authority transition process.

Again, quoting from that press release, the Federation of Labour says: “Based on feedback from two unions impacted by the implementation of a Yukon Health Authority, the consultation with unions and the workers directly impacted by this has been ‘horrendous’.”

I would challenge the minister to find an occasion previously where the Yukon Federation of Labour has used such strong language regarding anything being done by this government or any other.

Continuing on from the press release, the Yukon Federation of Labour says: “The lack of engagement and appearance of the government pushing forward to establish a Health Authority without meaningful engagement, consultation or consideration for the unions representing workers providing our health care services, is already sending red flags for a successful or considerate transition.”

Further, the YFL goes on to state: “Effective consultation is not a meeting where government or employers simply share information or advise of how they are proceeding.” That is exactly how they are characterizing the information sessions that this minister began reading — with her list of such meetings. There has not been meaningful consultation that provides the opportunity for discussion, feedback, and involvement in the decision-making.

Last week, not only did the minister not rule out layoffs, but she made it clear that any employees of the Yukon

government and Yukon hospitals who feel that a new offer of employment from the health authority corporation isn't fair will face a choice between accepting it anyway and being laid off.

Additionally, as I mentioned, we know that employee pensions — and especially the rate of growth in the future and risk of market volatility — will be impacted by this move under the health authority corporation. The Liberals refusing to release this report — and the minister just said that she is unwilling to waive Cabinet confidence — raises red flags. The government has the legal ability to waive Cabinet confidence on this pension report. Why not share that information with MLAs and with employees?

**Hon. Ms. McPhee:** I think the member opposite has quoted extensively from a Yukon Federation of Labour news release that was released on April 11. What the member opposite failed to do was also recognize that the Yukon Federation of Labour wrote to me on April 11 with a tone that I would say is not necessarily consistent with the news release. I can't really explain that. This letter was also copied to the Member for Lake Laberge, so it's perhaps disingenuous to not include this, but perhaps he doesn't see it as positively as I do. The last two paragraphs of this letter to me of April 11 are — quote: "By working together with unions and prioritizing worker representation, we believe that the Yukon Government can create a more sustainable and effective healthcare system that meets the needs of all Yukoners.

"Thank you for considering our concerns and for your attention to this important matter. We look forward to your positive response and to working collaboratively towards a successful transition to a health authority in Yukon." That ends that letter.

I look forward to responding to that and working with the Federation of Labour going forward. It is important to note that, under the *Canada Labour Code*, successorship rights are in place — I have said this before, but unfortunately, the Yukon Party doesn't either understand or refuses to listen to the details — for all bargaining unit employees. This means that employees who are represented by a union will continue to be represented by a union and will port their existing negotiated collective agreements as well as their right to a pension and comprehensive benefits packages with them if their employer is to change by the introduction of a health authority.

Our current legal advice provided to the Government of Yukon and information prepared for Cabinet is confidential under Cabinet privilege and solicitor/client privilege; however, we may share pertinent information with key stakeholders once our analysis is complete to facilitate our discussions. Certainly, once feasible pension options are identified, we are committed to consulting with the unions on these details.

I have already outlined many of the details with respect to engagement with unions and our continued commitment to ongoing engagement with the unions. I won't repeat myself there.

The transition to a health authority is not a cost-savings or a workforce-reduction exercise. Our commitment is to improve the care experience for patients without sacrificing employee

working conditions, pay, or benefits. We clearly hope to enhance employee working conditions.

The well-being of the workforce — and ensuring that staff are supported — is at the forefront of our work. This message has been communicated to the unions and will continue to be. Preserving matching levels of pay, benefits, and pensions are essential to our transformation goals, and this commitment has been communicated to staff. It has been said publicly on many occasions and here in the Legislative Assembly and will be recorded in Hansard for all time, so these commitments are not made lightly. We understand the importance of making sure that our staff and the staff of the current Yukon Hospital Corporation are protected.

Under the *Canada Labour Code*, successorship rights exist for all bargaining unit employees. I already answered last week — our protections and commitments to non-bargaining-unit employees. Unless agreed otherwise, this means that Shāw Kwā'ą will inherit the existing collective agreements and will take over the employer responsibilities under them when it is realized.

I would like to add that preserving and matching levels of pay, benefits, and pensions are essential to our transformation goals, and this commitment has been communicated — as I have said — to staff and to the public many times and to the unions, and we continue to do so. 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, classification, personnel transfer, legislation, and human resources management systems, all of which will be continuing with more initiative once a health authority does exist. The first step in having a health authority exist is the passage of this bill.

If this bill receives assent, operations of the hospital and the Yukon Hospital Corporation employees will likely be the first of those incorporated into Shāw Kwā'ą. Employees working with Health and Social Services' program and service areas who transition to the health authority will be offered continuing employment with Shāw Kwā'ą. Bill No. 38 and the *Putting People First* report speaks to what services could be delivered by a health authority. It is not a comprehensive list; we know that it will continue to evolve as we work with front-line workers and health care providers to determine how to best implement the people-centred operations of Shāw Kwā'ą.

In preparing Bill No. 38, the Government of Yukon established a strong commitment to open and transparent communication with the Yukon Employees' Union and other unions that were involved. We will build upon this foundation as we plan the operational and transitional elements related to pensions and benefits of their employees. The purpose of our conversations has been to share information, to build relationships, and to hold parties — in particular the Department of Health and Social Services — to a higher standard of cooperation, openness, and accountability.

Consultation with the unions is prescribed by the collective agreements that are in place, and regarding the unions representing the Yukon Hospital Corporation employees, it is

the responsibility of the Hospital Corporation to consult with those unions that represent employees working there. We are working, now, together. The members have heard, as has the public, of this commitment to all of the unions involved. The engagement of the Professional Institute of the Public Service of Canada will be an integral part of the joint conversations between the Hospital Corporation, its unions, and the Department of Health and Social Services. Going forward, we have determined that there is a joint process where both the Hospital Corporation and the Department of Health and Social Services and their unions will engage in further conversations to share information, build relationships, and hold ourselves to a higher standard of cooperation. I have already given details of how that is proposed to move forward.

I think that lastly it is important to say that there can be no doubt with respect to the commitment that we are making through this process to engage with unions and to work on behalf of the Yukon employees.

**Mr. Cathers:** Madam Chair, the minister used of all of her time, but we didn't get much in the way of new information.

I would point out that the minister specifically suggested that the Yukon Federation of Labour had a different tone in their press release versus their letter to her and suggested that I was somehow being disingenuous in quoting from one but not the other. I would remind the minister that, if she actually looks at those documents, many of the quotes that I quoted from the press release are found in an identical version in the letter to the minister.

Now, acknowledging that the Yukon Federation of Labour's letter to the minister does finish on a positive note expressing their desire to work together, that does not take away from the fact that throughout the letter, they reiterated those same very serious concerns to which I referred, including — quote: "... lack of engagement and unilateral decision-making by the government in establishing the Health Authority is worrisome and raises red flags..."

They also noted that — quote: "We respectfully request that the Yukon Government commits to a transparent and inclusive approach..." Further in the letter, they state: "These engagements must not just be government briefing unions on how they will be engaged or how a health authority will be established but must also allow for input, feedback and shaping of policy, legislation and direction from those that represent the workers."

I note that the letter from the Yukon Federation of Labour is specific about the word "legislation" and, of course, the only legislation that is part of this process and transition toward a health authority is Bill No. 38, which we know government did not consult them on. I would remind the minister in rebuttal to her comments that she knows very well that draft legislation can be shared with stakeholders and indeed with the public. She knows that Yukon Party governments have done that with some legislation and NDP governments have done that with some legislation.

I would also remind her, as she was very carefully picking the only positive lines out of a letter from one stakeholder, that the Yukon Medical Association letter from which she quoted

and continuously refers to as a letter of support for Bill No. 38 does not in fact say that they support Bill No. 38. While it is clear that they support a health authority model, the Yukon Medical Association is also on record and previously had a motion passed at an AGM urging the government to use the existing *Hospital Act* as the model for a health authority. Now, the letter from the Yukon Medical Association does not specifically reiterate that request for using the *Hospital Act*, but neither does it indicate support for Bill No. 38, and the minister knows it.

Moving on to my questions here that I have prepared — again, as I noted before, it is important to note that the Yukon Federation of Labour, in their press release, said — quote: "... consultation with unions and the workers directly impacted by this has been 'horrendous'." In the press release from the YFL, they state: "The unions should already have representation on any committees or working groups that are planning this transition." They also say: "Effective consultation is not a meeting where government or employers simply share information or advise of how they are proceeding. There needs to be dialogue, and opportunity for discussion and feedback to shape the direction of healthcare. This requires addressing the chronic understaffing of healthcare, as most union representatives in locals are also the front line workers, without time to adequately digest and respond to these significant and fast rolling changes. The Unions' representation needs to be involved in all conversations and aspects of this transition."

I want to repeat that part from the last sentence: They said: "The Unions' representation needs to be involved in all conversations..." Of course, what we have seen so far from this government is a process that the Yukon Federation of Labour characterizes as "Putting Workers Last in Health Authority Transition". They also characterize the involvement and the consultation with unions and workers directly impacted by this as "horrendous", and the so-called "consultation process" has not only sidelined health professionals, but going forward, most of the meetings that the minister has referenced fall into the very category that the YFL referred to as simply sharing information or advising of how government is proceeding. The minister made reference to the goals of this process, but a goal is not a plan.

Will the minister recognize that she and her Liberal colleagues got it wrong so far and commit to negotiating a binding agreement with the unions representing health care workers and the Yukon Federation of Labour about how they will be involved, including union representation on all committees and working groups that are planning this transition to a health authority?

**Hon. Ms. McPhee:** I will make note of a few of the comments from the member opposite and then answer the question.

Firstly, the preamble to the question noted the emphasis on legislation in the letter and the news release from the Federation of Labour. I think it's important to include that. There may well be other kinds of legislation as this process goes forward — either the repealing of some legislation or other kinds of legislation as we go forward — that will involve consultation

with the unions. I think the member opposite is quoting from the Yukon Medical Association — perhaps the resolutions. We can't identify those at the moment, but they are certainly not recent resolutions.

Our relationship with the Yukon Medical Association built constantly, in our cooperative approach — both from the Yukon Medical Association leadership as well as from our own — perhaps “regularly” is a term that can be used, but I would say that between upper leadership at the Department of Health and Social Services, my office, and others, we meet at least every week, I would say, to speak with somebody from the leadership of the YMA and/or directly with the deputy minister or me. If it is not absolutely every week, it is certainly several times a month, so I think that one should be careful not to speak for the Yukon Medical Association. They should, of course, speak for themselves.

The question is, as I understand it, in two parts — whether or not I should stand and admit that our government got it wrong so far. Of course, I think the exact opposite of that. The work that has been done with the Yukon First Nations, with many, many stakeholders to get us to this place — with the extensive research on what a health authority act should look like, how a Yukon health authority act could better the health system here in the territory, the opportunity to meet the goals and recommendations of *Putting People First* and the structure with which to ultimately design a health care system that is person-centred and integrated is what is in Bill No. 38.

So, no, I won't agree that we have got it wrong; in fact, I think that we have got it right. There will be opportunities for us to pivot as we go forward and we get more information and more experience in the actual building of the health authority, but we are here to debate the concept of the framework that is in Bill No. 38. I look forward to this proceeding.

I think that the second part of the question, Madam Chair, is: Will I agree to negotiate with the unions? That certainly wouldn't be my position. Under the *Canada Labour Code*, the process relating to successorship is set out. We will comply with the law; we will meet that challenge. The collective agreement and the respect for those collective agreements and the consultation responsibilities set out in those collective agreements — each and every one of them — the consultation commitments about the development of a health authority were made to all affected unions in the last rounds of bargaining.

The last two rounds of bargaining have just resulted in ratification by the two unions that represent individuals at the hospital. I think the most important part of this answer is that we will respect the process that is already set out in the law and in those collective agreements because that is the right thing to do. We will engage with unions going forward. We will work together to make sure that the health authority is an integral part of improvements to Yukon's health system.

**Mr. Cathers:** I would point out to the minister that, while she tried to suggest that maybe the Federation of Labour wasn't talking about Bill No. 38, in fact, that letter from the president is very specific that they want to be involved and have input and feedback into the shaping of policy, legislation, and direction.

Moving on to my next question, the minister was quoted in media last week as saying that the Yukon government has formally engaged the Yukon Employees' Union 21 times. Can she confirm that this is true or correct the record?

Next, how many times has the minister personally met with leadership of the unions for Yukon health care workers who would be affected by this project that the government has been working on for years? Will she begin by telling us how many times she has met with the leadership of PIPSC, how many times has she met with the leadership of YEU, how many times with the Yukon Federation of Labour, and were any of those meetings prior to this month?

Moving back to some of the specific comments made by the Yukon Federation of Labour, the Yukon Federation of Labour said this last week — quote: “The Yukon Federation of Labour calls for a commitment to a transparent and inclusive approach that includes regular consultations with unions, mechanisms for feedback from workers, and opportunities for meaningful input into the development and implementation of policies related to the health authority transition, including representation on Advisory Committees, Transformation Networks, and any other working groups. This must include the existing unions representing healthcare workers directly impacted by the creation of a Health Authority including the Public Service Alliance of Canada (PSAC) and the Professional Institute of the Public Service of Canada (PIPSC).

“The unions must be actively involved in all aspects and discussions throughout the transition process. These engagements must not just be government briefing unions on how they will be engaged or how a health authority will be established, but must allow for input, feedback and shaping of policy, legislation, and direction from those that represent the workers.

“The front line workers such as nurses, social workers, EMT's, all know their patients best and they are best informed to advise on what is needed for the care of Yukoners. Only by working together with unions and prioritizing worker representation, will a new Health Authority be more sustainable and an effective healthcare system that meets the needs of all Yukoners.”

In the YFL's letter to the minister, they say this: “The unions must be not only present in initial meetings but are actively involved in all aspects and discussions throughout the transition process. These engagements must not just be government briefing unions on how they will be engaged or how a health authority will be established but must allow for input, feedback and shaping of policy, legislation, and direction from those that represent the workers.”

Will the minister agree to all of those specific requests from the Yukon Federation of Labour and agree to enter a legally binding agreement with YFL and the unions to define the process going forward to protect the rights of workers?

**Hon. Ms. McPhee:** We have engaged with the unions on 21 occasions. I believe that those are marked and recorded in the documents that I filed today in the Legislative Assembly to provide an update of the consultations that have taken place with all stakeholders — many stakeholders — in this process.

It is certainly not the end of those consultations. If there is someone who believes that the consultations are somehow ending in this process, I think they would be sorely mistaken there. They are often just beginning. With the passing of Bill No. 38, should that happen, we will have the structure of a health authority with which to continue our work together.

I have not personally met with the leadership of the unions, nor would it be appropriate in many occasions for me to do so and certainly not while they are in negotiations, two of which have just finished negotiations. I should note that the last question was whether or not I'm prepared to enter into a legally binding agreement with the union. There is a legally binding agreement with the union; it's called a "collective agreement". The *Canada Labour Code* is also legally binding upon our actions going forward.

I look forward to that work continuing, and perhaps the other aspect of this that might not be well understood is that, in joint consultations going forward, the process will be designed — a process that makes sense for all the parties and will be led by how the unions — three of which are involved now — and potential employees who might go and work under a health authority structure — and they will be an intricate part of designing how it is that they want to engage in the process.

**Mr. Cathers:** It is interesting that the minister said that she hasn't personally met with the leadership of any of the unions at all and cited that it wouldn't have been appropriate to do so, particularly while negotiations were underway, but the minister mentioned that she has met with the Yukon Medical Association. Similarly, while the minister would not appropriately be the one doing the negotiations either with the Yukon Medical Association or with the unions representing the health employees, that doesn't prevent the minister from meeting with leadership to discuss other matters as long as they are clearly not trying to negotiate collective agreements or, in the case of the YMA, the MOU with the Yukon Medical Association. That excuse simply does not hold water. It does, however, show very clearly that the minister and her Liberal colleagues do not consider the unions representing health professionals to be important partners in this transition process, because their engagement to date has been described by the Yukon Federation of Labour as "horrendous".

I am going to move on to several of the specific requests made by the Yukon Federation of Labour in their letter to the minister dated April 11. They note — and again, they are asking for protections beyond what the government has committed to, to date. They state — quote: "... to guarantee a smooth transition process both in and out of jobs in health care and a new Health Authority.

"To ensure a fair and smooth transition, we propose the inclusion of the following provisions:

"1. Employee Protection: Employees transitioning from any job displaced by a Health Authority shall retain their seniority, job status, and employment rights as per existing regulations.

"2. Union Protection Provision: Unionized workers moving under the new Health Authority shall have their

collective bargaining agreements honoured and union representation maintained throughout the transition.

"3. Benefits Preservation Statement: Employees transitioning from the Yukon Hospital Corporation/Yukon Government shall continue to receive the same or improved level of benefits, including health insurance, retirement plans, and other employee benefits as per their previous employment.

"4. Pension Security Clause: Pension rights of employees transitioning from the Yukon Government/Yukon Hospital Corporation shall be protected, ensuring seamless transfer or management of pension plans following applicable laws and regulations, ensuring no dollar-for-dollar loss.

"5. Joint Representation on Committees: Unions representing existing healthcare workers will have voice and representation from their elected representatives on committees or working groups involved in planning this transition, policy development, and change management.

"6. Union Representation & Protection of Workers: All employees (including casuals) be defined as employees and have the right of union representation in the Health Authority."

So, my first question is: What is the minister's response to those specific requests from the Yukon Federation of Labour?

Will the government agree to them, and if so, how will they provide a binding commitment regarding those matters?

Secondly, since time is short and the minister has at times been using her full time in response, I am going to ask about employees being transferred within the Yukon government. We know that they will have their pensions removed from the federal superannuation plan structure, but what happens next is unclear. We know that they are going to be moving to some sort of so-called "pension solution", but what that is under the health authority is also unclear.

Some of the key questions include: What will the rates of growth be? Will future years of service be counted and credited in the same way as the YFL noted in their letter? Will the government ensure that there is no dollar-for-dollar loss, and will they ensure that the benefits they receive will continue to be the same or will be improved, including health insurance, retirement plans, and other employee benefits?

Again, with pensions, what will the rate of growth be? Will future years of service be counted and credited? Will pension deductions from the employee go up?

I raised concerns earlier about the potential for increased volatility in the pension plan once hundreds or over 1,000 Yukon government employees move out of the superannuation structure managed by the federal government.

As the minister should know, that has been an issue on a number of occasions with the hospital pension plan and with the Yukon College or Yukon University plan. Back a number of years ago during my time as health minister, we had to step in with \$10.4 million to bail out the hospital pension plan. Those top-ups have continued at times. As the minister knows, she provided \$2.3 million in the fiscal year that just wrapped up, and now we see a situation where the Hospital Corporation is talking about a contribution holiday, illustrating that very volatility about which I spoke.

What projections does the government have regarding the potential for market volatility affecting the pensions of people transferred under the health authority, and what projections do they have regarding the risk that government may need to step in to bail out that pension plan in the future?

**Hon. Ms. McPhee:** I will try to respond to these questions in the order in which they were asked. There were some comments about the letter from the Federation of Labour. I am happy to respond to the Federation of Labour directly and to table my response to them here in the Legislative Assembly.

I have answered questions — and I'm happy to continue — about particular employee protections, our commitment to employees, and potential pension options, which will be discussed further in the debate of Bill No. 38, which has been, by my account, more than eight hours now. I have repeatedly said that there are binding agreements already in place with collective agreements for each of the three unions — two newly ratified. The *Canada Labour Code* directs, as do those collective agreements, our obligations going forward, our notification requirements, and our commitment to employees. We are very pleased to be able to do that.

Perhaps lastly, with respect to the particular question regarding pensions, the member opposite has assumed that some choice has been made — a particular option going forward with respect to future pensions for the employees of the health authority. That has not occurred. We will work together with the unions and the employees going forward. There are employee protections in the successorship rights that are protected by the collective agreements and the associated rights therein as well as the *Canada Labour Code*. In establishing the health authority, our government is working with key stakeholders on the operational, transitional, and other elements related to pensions, all of which will proceed with some vigour after we have a *Health Authority Act*, which we currently do not. Preserving and matching pay and benefits and pension benefits are essential to our transformation goals, and we are receiving expert legal advice and financial advice on pension options. We are committed to engaging and consulting with the unions once those options are clarified, and we can convey that information once we have a *Health Authority Act* so that we can proceed with those conversations.

The Government of Yukon and the Yukon Hospital Corporation are exploring potential pension options for Shāw Kwā'ą so that pensions are fiscally sustainable, attractive to workers, supported by the unions, and equitable for staff who transition to a health authority, and this includes the plans that employees currently participate in. Pension plans are being assessed; research is being done on a set of evaluation criteria, which includes union favourability, comparable benefits to current plans, pension benefit security, and value, cost, timing, and implementation requirements.

The intention of a pension plan for Shāw Kwā'ą employees is to have at minimum a similar level of pension benefits and stability. We will consult with the unions; we will collaborate with them, and we will continue to work with the Yukon Hospital Corporation to consult and engage with the unions and communicate with employees when we know more, when a

*Health Authority Act* exists, when we proceed with the implementation of a health authority, all of which will require absolute support by our current employees and by the employees of the Yukon Hospital Corporation.

Going forward, our commitment has been — not only is it a strong commitment — I am sure that it has widely been committed to by me through this process, and we will continue to do so.

**Mr. Cathers:** Madam Chair, it is concerning that the minister is refusing to respond to page 3 of the Yukon Federation of Labour's letter and specific requests regarding a collaborative approach to a health authority transition and the specific concerns that they are clearly not satisfied with the government's existing assurances and have asked for specific provisions related to employee protection, union protection, benefits preservation, pension security, joint representation on committees and union representation, and protection of workers. Again, they have expressed in that list the concern that pension plans may not preserve a dollar-for-dollar situation and that both that and benefits may be impacted by this. The minister just stood and refused to reply to that part of their letter.

I would note that, regarding what happens with pensions, as the minister may recall, in understanding this, we are largely relying on legal advice as well as understanding the history of what happened when employees were transferred from the federal government and ended up under the Yukon Hospital Corporation. I invited the minister, if she has any other advice that contradicts that, to share it. I have repeatedly requested that she share the pension information that she is unwilling to share, including the report by Osler, and in the absence of the minister providing any information that may suggest otherwise, the best available information that we have from our legal counsel is that every Yukon government employee who transitions under a health authority will come out of the federal superannuation plan, putting them into an as yet unspecified new plan. Based on what has happened in the past, we believe that it will expose them to increased risk of market volatility that may put their future benefits at risk. If the minister has any information that contradicts that, including in the reports that she is unwilling to share, then provide it.

The minister repeatedly, in talking about this, refers to intentions and goals. Intentions and goals are not a plan. As the old saying goes: "If wishes were horses, then beggars would ride." But wishes do not always translate into reality. What we are looking for is a plan and certainty for employees.

The minister made reference to collective agreements providing protection for employees, but as she knows, that is a short-term, time-limited protection, and Yukon government employees and hospital employees who wish to have a continued career here in the Yukon do not have long-term certainty in any of what the government has shared so far.

Clearly, it is not just us saying this or there would not be this specific request in this letter from the Yukon Federation of Labour, which the minister says she is unwilling to answer here on the floor — for those specific additional commitments and protections.

I am going to move on to another part of this. We know that there are a number of people already who are dual employed by the Hospital Corporation and by the Yukon government, and that has created some uncertainty as to what will happen with those employees. What will happen with those employees as they move under the health authority corporation? Which union will represent them? Which collective agreement will apply? Again, I note that, for some people such as registered nurses, they are currently employed and protected by one collective agreement at the Yukon Hospital Corporation and an entirely different collective agreement if they are working as well for the Yukon government.

It's also quite notable that the health system transformation Q&A provided to us by government says this — and I quote: "... employees currently represented by a union will continue to be represented by a union." Notably, it does not say the same union.

So, the question for RNs from Continuing Care who are currently also working at the Yukon Hospital Corporation — if they move under the health authority, which union will represent them? Currently, they are represented by both YEU and PIPSC.

For casual employees, who represents them? Does anyone represent them? Will any cease to be employed as a result of this move to the health authority? If so, how many of them can expect to see their jobs terminated?

**Hon. Ms. McPhee:** I am going to ask that all Members of the Legislative Assembly who are engaged in this debate do not make any assumptions, as have been made in this question, about what pension plan will be used or not used for Shāw Kwā'ā. That will be something determined in the future with the unions. The unions will make choices, including which unions will proceed to represent employees at the new health authority. It might be all three of the same unions that are currently involved in representing employees or it may not, but that will be a conversation for the unions to have among themselves. There is a process set out in the *Canada Labour Code* and other pieces of legislation about how that is resolved — and that is resolved at the discretion of the unions.

I have mentioned the concept of successor rights in the *Canada Labour Code*, and they apply specifically to bargaining units and their bargaining agents. Auxiliary employees with the Yukon government and casual employees at the Yukon Hospital Corporation are included in bargaining units, which are covered by successor rights. It is important to note that casual employees in Yukon government are not represented by the union; however, they are an important part of our workforce and we expect that they will have the opportunity for employment with the health authority.

I should note that casual employees are hired for a term of up to and not exceeding six months, so it will depend on how that occurs timing-wise, but we are certainly interested in keeping every front-line health care provider and making sure that they are happy and supported as they go forward to potentially a new employer as the health authority is realized.

Some health system employees work for both the Yukon Hospital Corporation and the Department of Health and Social Services in varying capacities. We will take care to understand the impacts based on specific employee situations, but I can find in Hansard too from last week — I remember speaking about this then when we spoke about how it's very likely that there will be more work rather than less for individuals who want to do that. Overtime hours will necessarily be available depending, of course, on factors of safety — where employees do not work too long or with respect to providing safe care for their patients. I know that this is their top priority.

Where there are employee or employer impacts from moving from one employer to another is something that the health authority will work out through negotiations with the unions. Included as part of the health system transformation is the goal of reducing health care burnout and promoting a healthy work/life balance as a key factor as we move forward. When employees are working for the same employer, such as the health authority, employees will be supported through coordinated scheduling, and if additional hours are required, employees may be paid premium pay such as overtime, shift differentials, and based on the total hours worked for a health authority going forward, so impact would be positive and not negative.

Lastly, I will note that the Department of Health and Social Services and the Public Service Commission have had regular conversations with the Yukon Employees' Union regarding Shāw Kwā'ā, and the Yukon Hospital Corporation has been leading consultation and discussions with the union that represents its employees. Health and Social Services and the Public Service Commission will offer support to the Yukon Hospital Corporation to engage with its unions. As I have noted, there are already conversations with the unions and with the Hospital Corporation about moving forward on the basis of having those conversations together once the *Health Authority Act* is realized.

I will stop there.

**Mr. Cathers:** I would just note that, regarding pensions, since the minister won't share the legal advice that the government has received or the reports that they have received regarding pensions, we are left to rely on the legal advice that we have received. They are welcome to contradict it at any time if they have information that suggests even the possibility that we might be wrong — but the minister won't share that with us.

I want to move on to the question of the cost of the approach taken. Health care in rural Yukon is in a state of crisis right now. In fact, it was at the point where 47 percent of positions, according to the minister, were vacant. Our hospitals are in a crisis so bad that the minister has now called in the military to help. Years of chronic underfunding of Yukon hospitals — according to not just us but the Ernst & Young report commissioned by the Premier — sent our system down the path to the current health care and hospital crisis. Ernst & Young — I would remind the minister — said that the Yukon Hospital Corporation was at risk of not being able to meet

payroll in the 2022-23 fiscal year if they hadn't diverted \$7.3 million in capital to cover their O&M costs.

What the government is proposing here, just like the Hospital Corporation, is another corporation that would be arm's length in a similar manner. We are concerned that we may also get into serious funding problems due to the minister failing to understand the needs of the corporation and the Liberal Cabinet failing to provide adequate resources. What we do know as well is that they have budgeted \$9.4 million for the health authority project this year, which includes 28.5 new FTEs. Instead of investing in front-line health care, they appear to be spending millions on middle and upper management, policy development, accountants, and administration.

My first question for the minister is: During the current fiscal year, will any of that \$9.4 million result in more nurses or other health professionals for rural nursing stations this year? In this fiscal year, will any of that \$9.4 million be spent on adding resources for any one of our three hospitals?

Next, as I noted, that \$9.4 million appears to be spent on rearranging governance instead of investing in front-line health care services. The plan seems to be to set up a new corporation that will come up with a plan but probably not for years.

Of those 28.5 FTEs, how many of them are accountants who have been hired for the health authority so far? Did the government consider using a less expensive approach for developing a health authority corporation and investing some of the \$9.4 million in the budget for recruitment, retention, and reducing burnout of our health professionals? As well, for rural communities short of housing for nurses, has the government considered what would happen if they diverted some of the money toward building new staff housing in those communities? Last but not least, is any of the \$9.4 million associated with the project this fiscal year going directly toward recruitment and retention initiatives for any health professionals?

**Hon. Ms. McPhee:** Thank you for the opportunity to gather some information. There are always a lot of questions, which is fine, but I need to correct some of the information as well.

During the preamble to the question or in the question itself, there was a comment that community nursing was at a 47-percent vacancy rate. I know that the accurate number is that it was at a 47-percent vacancy rate but went now to a 15-percent vacancy rate across the board.

I think it is important to note that the funds allocated in the 2024-25 budget for the health system transformation — \$9.4 million includes \$860,000 for the Yukon Hospital Corporation health system transformation.

I also note that the reference in this question and in previous comments by, I believe, the Leader of the Yukon Party noted 28.5 new FTEs. I should have clarified this before.

I apologize for not doing so, but they are not all new positions and they are not all permanent positions; 22.5 of those positions are new. They are currently not all filled. Some will be filled as the transformation continues. Some will then drop off. The legislation and partnerships, for instance, with those

individuals — they might transfer to other positions to help proceed with the health system transformation.

Federal funding known as THIF was negotiated this year by our government with the federal government for an increased amount of \$10 million annually from \$6.4 million annually, put in place for a 10-year period in anticipation of health system transformation and all of the responses to health system services for Yukoners. We also negotiated a working together agreement with the federal government, which was additional funding. In particular, we allocated those funds in the 2024-25 budget to the walk-in clinic, to the on-the-land programming with Yukon First Nations, to the managed alcohol program, which will be completing initiation this spring, and to the *Health Human Resources Strategy*. THIF is the territorial health investment fund, which I should know, and I want to get the acronyms correct.

I think that part of the question was whether or not any of the \$9.4 million was being spent on front-line nursing staff or front-line health care staff. No, that is not the way budgets work. The line item for \$9.4 million is for the transformation of the health authority or the implementation of the health authority. As indicated in the documents, there are additional parts of the Health and Social Services budget, which are, in the 2024-25 budget documents, some \$594 million — larger than ever — which is, of course, the focus on our commitment to health care services and increasing services for Yukoners and making sure that they have what they need.

In another part of the budget, there is an increase of \$2.3 million provided to support the continuation of the work for addressing the health human resource shortages experienced across the health and wellness sector.

There is additional funding for a physician recruiter position for the Yukon Medical Association and there is increased funding for other parts of our legislated health services, including more than a \$10 million increase for physician claims and an increase of more than \$1.5 million for the collaborative care program. Other detailed programs include opportunities for funding for front-line individuals.

I can also say that Shāw Kwā'ą will be the first health authority stood up here in the territory, and this will be a multi-year process requiring ample consultation with Yukon First Nations and our key stakeholders, including unions, employees, and health care providers, to ensure a smooth operationalization of and a transition to Shāw Kwā'ą.

This year, our budget of \$9.4 million is to continue the work to transform the health and social system and to establish the health authority. In 2024-25, there are, as I have said, 28.5 FTEs — not all new — supporting the creation of the health authority, supporting our work toward improving cultural safety and humility within the department. These temporary positions are funded through the territorial health investment fund, known as THIF, and the positions are working in functions such as legislation, policy, finance, and business transformation. It is anticipated that there will be positions for both Yukon Hospital Corporation and Health and Social Services to support health system transformation.

To be clear — and I think that it is part of this question — they are not all currently filled positions and they will be filled should Bill No. 38 proceed with the implementation of a health authority.

We will certainly look to our talented staff at Health and Social Services and at the hospital and other places in the Yukon as these opportunities become available — individuals who are interested in being involved in this exciting transformation. There needs to be a thorough analysis completed around the existing systems and infrastructure at both the hospital and the Department of Health and Social Services to ensure that Shāw Kwā'ą doesn't experience any service disruptions. The transition period is anticipated to be primarily funded through THIF and take several years, as I have noted.

**Mr. Cathers:** We are seeing a crisis right now in health care that includes a crisis at our hospitals, a crisis in rural Yukon at health care centres, the complete lack of action by government in doing anything to develop new continuing care beds, whether it is the long-standing request of the community of Watson Lake, as represented repeatedly by my colleague the Member for Watson Lake, or taking action to address the growing wait-list in Whitehorse. We also see that, after seven years in office, the Liberal government has no plan to reduce wait times for surgeries, specialist appointments, and other health care procedures.

Recently, the orthopaedic surgeons announced an indefinite suspension of taking non-urgent referrals. We know the ability to do more surgeries of any type locally is somewhat impeded — at least the potential for growth of that — by the limited capacity of the current operating rooms and surgical services area at Whitehorse General Hospital. We also know that Yukon hospitals raised this very issue with government many times and provided them with a plan to expand operating room capacity and the surgical services area years ago. We also know that the Liberal government sat on that plan and has done virtually nothing. Now we are seeing the impacts of that lack of action.

First of all, will the minister please confirm what year the government received the operating room and surgical services area plan from the Yukon Hospital Corporation? Can she tell us what year that was?

Next, two other things that very directly impact the ability to perform surgeries are bed capacity at the hospital. We know that the hospital has struggled at times with being overcapacity and that surgeries have been cancelled many times due to a lack of beds at that facility. Is the government doing anything to address the need for bed growth at Whitehorse General Hospital other than the very minor increase in beds that will come from transitioning the secure medical unit into the mental wellness unit? Is the government doing anything to plan for or develop for the increasing bed pressure at Whitehorse General Hospital? If so, can the minister be specific about what they are actually doing?

Secondly, the ability to discharge patients from Whitehorse General Hospital — especially ALC patients — alternative level of care patients — to Continuing Care is

impeded by Continuing Care having a wait-list. At one point earlier in this government's term, it was even worse when as much as 40 percent of the hospital's bed capacity was being taken up by ALC patients, according to Hospital Corporation witnesses.

Is the government doing anything to develop continuing care capacity and move forward both for rural communities, including Watson Lake and Whitehorse, or is this something that they are just leaving to the health authority to plan? To zero in and remind the minister: With regard to the surgical services area and operating room plan, when did the government receive that from the Yukon Hospital Corporation — what year was that?

Secondly, in the area of the additional bed requirement at Whitehorse General Hospital: Is the government doing something about that, or are they kicking the can down the road and leaving it for the health authority to do something?

Finally, in the area of continuing care: Is the government doing anything to build the next continuing care facility for the territory, or are they kicking the can down the road and leaving that to the health authority as well?

**Hon. Ms. McPhee:** Let's see if we can do this in some order. Let me just start by saying that this is an entirely different approach to health care in the territory — certainly from what I have observed in the past and ultimately what our partners tell us. We are committed to working in our entirety with the Yukon Medical Association, other organizations and professionals, and the Yukon Hospital Corporation to focus on a number of issues that are here in the territory with respect to providing better health care.

We are working on an entire health system transformation — a 10-year plan. It will involve the *Health Authority Act*. It will involve Yukon health and wellness planning, which will be a 10-year plan completed for community health and wellness that will be in consultation with Yukon First Nations and all of our other partners. That will be pursuant to the *Health Act*. The *Health Authority Act* will then focus on the structure of a health authority. There will be accountability agreements. There will be accountability functions under the health authority that will be critical.

I think I was asked about specific actions that are taking place to deal with many of these challenges. Let me first say that I will determine when we received the plan — although I will need to read Hansard to make sure I'm understanding the reference to the plan with respect to operating rooms at the Yukon Hospital Corporation and will determine when that was received. We are about to issue an RFP for the health system infrastructure assessment that is being supported by the Yukon Medical Association and the Yukon Hospital Corporation. I note that this is something that has never been done before. It will look at the entire health system infrastructure and what is needed going forward. I emphasize that this has never been done before despite the building of the Yukon hospital here in Whitehorse and the other two hospitals in the territory. No infrastructure assessment was ever done prior to those services being built in communities.

With respect to the lack of beds or the pressure on beds in various places, we have an immediate-, medium-, and long-term bed capacity plan and we are developing bed capacity. The member opposite mentioned approximately — I think it will be eight and ultimately maybe 12 new beds that will open with the mental wellness unit and that will free up some beds that are already allocated to those services elsewhere in the hospital. I also note that there are a number of actions that have been taken recently for the purposes of providing other kinds of beds throughout the system. I will mention those in a moment. There is a feasibility study. I believe that there are funds in this year's budget to complete a feasibility study for long-term care. I note that long-term care in communities is an important issue. I think that we will be returning to the community of Watson Lake with the plan to provide some long-term care services in that community through the current hospital there. We will continue to work with the community. I understand that some of the concern going forward was that this would mean there wouldn't be ultimately more conversations about different kinds of long-term care available. We want to support home care there because people are always better off in their own residence. But we will continue to work with communities going forward, including Watson Lake, for the purposes of making that commitment.

I can note that — let me go here for a second — as the population grows and ages, there is increasing demand for all acute care services. Much of the work that we are doing around the health authority is exactly that recognition and the ways in which we must design a system to improve outcomes. Acute care services, including diagnostics, outpatient and inpatient services — and this is a challenge being experienced across the country — to ensure that the acute care system is able to support those in need, we are working with our partners to ensure that patients are cared for in the right place, at the right time, and with the right resources. This includes system-level response to surges in demand for acute care.

In response to the February 2024 surge at Whitehorse General Hospital, we worked with our partners to respond with a holistic system-wide approach to provide care and services. During the most recent surge experienced at Whitehorse General Hospital, we worked quickly and collaboratively with the Yukon Medical Association, the Yukon Hospital Corporation, physicians, and other health and social care providers to support system needs and ensure access to care.

Some of the immediate actions that were taken across the system — again, in answer to the question from across the way. Those immediate actions included extending the hours of the new walk-in clinic. Family physicians made more urgent appointments available to their patients. We ensured that patients who were more suitable to be cared for at home through continuing care or in another setting were able to make those transitions as quickly as possible. We proceeded with passing an order-in-council to increase hospital capacities, which were incredibly important.

Lastly, I think I should take the time to say that nobody is interested in kicking a can anywhere down the road to a health authority or otherwise. Health and Social Services has been

focused on providing the services that it does going forward and, in addition, doing the work with our partners to focus on the future and a health authority here in the territory to provide better care for Yukoners and health system transformation, which they absolutely must be commended for.

**Deputy Chair (MLA Tredger):** Do members wish to take a brief recess?

**All Hon. Members:** Agreed.

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

*Recess*

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

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

Is there any further general debate?

**Mr. Cathers:** I want to move on now to the issue of the structure of the board. We note in this legislation that there is a very significant change to the board. One of the many things that is notable here is that the Liberal government previously restructured the board of the Yukon Hospital Corporation. At the time, they extolled the virtues of the new structure and told us why it was supposedly the right model for the Yukon. Now, with no consultation with health professionals, health stakeholders, or communities on the board structure outlined in Bill No. 38, the government has come up with a different model than they previously told us was the right model for the Yukon.

There are no doctors on the board anymore under the new structure. While they included that as part of the structure the last time they changed the act, now they have claimed that would somehow be a conflict of interest, though it does beg the question of why it wasn't when the Liberal government proposed the current board model.

At the time, as well, there had been another representative of health professionals who were not doctors on the board. The Liberal government changed that and dropped them from the board the last time they changed the legislation. While we did have some concerns about that, as noted by my colleague the Member for Watson Lake at the time, we were especially happy about the inclusion of the guaranteed representation of Watson Lake and Dawson City.

It's notable that, at the time, the Minister of Health and Social Services — the member's predecessor — said that regional representation was important, and the minister criticized the previous model, saying that it was — quote: "... a Whitehorse-centric model and urban-centric view — and their consideration for what happens in rural Yukon was not really all that well-aligned. These are the comments and feedback that we heard from the constituencies in Watson Lake and directly from the community and directly from members of that community and from the First Nations in particular and from the municipality. From Tr'ondëk Hwëch'in and Dawson City, we heard the same thing from the medical association and from the doctors in those communities." That is a quote from Minister Frost on October 31, 2017 when the Liberal

government had proposed the changes that they made previously to the hospital board structure.

Again, comparing two different board structures — two very different board structures — why did this Liberal government previously extol the virtues of guaranteed community representation and guaranteed regional representation but has decided that this is no longer important under the new health authority?

It is notable that not only are the Liberals flip-flopping on what they said several years ago was the best model, but they are excluding more voices at the table. At the time when they produced the previous legislation, they cut the board size from 15 down to nine members. Now, while the act notes a seven-member structure, the act also contains the provision to cut the board down to as low as five members, which would be a third of the size of what the Yukon Hospital Corporation Board used to be less than a decade ago. It's not even a case of the Yukon government adding more First Nation representatives or representatives of the francophone community; it's just dropping off health professionals and guaranteed community representation. So, for a larger corporation with more power and operations in a broader area of the territory, why not add more voices instead of shrinking the board?

The next question on my list is about section 57 of the proposed act regarding a deficit. We know that the Yukon Hospital Corporation has struggled with inadequate resources from government, which Ernst & Young referred to as chronic underfunding. Section 57 of the proposed act prohibits the new corporation from running a deficit, stating that the health authority must not incur an annual operational funding deficit.

This seems to be intended to be a solution to the problem of recent years, but the Liberal government seems to have missed understanding that they were the cause of the problem, not the Yukon Hospital Corporation. As the main funder of Yukon hospitals, Cabinet's failure to supply adequate funding caused the deficit. If the provision outlined in section 57 was in place previously, we would have seen a situation where the Yukon Hospital Corporation would have had to make service cuts sooner than they did this year.

In two of the last fiscal years, according to the hospital's annual reports, when expenses exceeded revenues, they would have had to cut services or lay off staff. In 2022-23, this would have meant cutting over \$7 million in services. So, why is the government setting us up for future service cuts or layoffs being the only options if government fails to provide funding?

**Hon. Ms. McPhee:** I appreciate the opportunity to address several questions here.

First of all, I think there was a comment early on about there being no consultation. I think that is with respect to the structure of the board; I don't think that is exactly accurate. Certainly, there was much research with respect to health authority legislation across the country and the ability to properly address the responsibilities of the board going forward.

In 2017 — some seven years ago, I think — is the reference to changes to the then-*Hospital Act*. Of course, that is a hospital act and not an act or a piece of legislation that is responsible for

regulating a health authority, which is much broader and will be that going forward should this bill pass.

What I can say is that the principle of what was included there is the same as what we are trying to build in this Bill No. 38. There is the principle of a broader and a regional perspective, which is important. We are upholding the principle of any important board but evolving it.

As I have noted, they are two relatively completely different organizations. The competency-based board is best practice in Canada. The size and the composition of the pieces of the *Health Authority Act* that refer to the board were informed by the Yukon Hospital Corporation and Yukon First Nations through the Health Transformation Advisory Committee. The member opposite mentioned that the board is to be seven and that it could be smaller; it could also be larger. There are provisions in this act that allow it to be larger so long as it is not an uneven number of individuals. Best efforts to have cultural, regional, and gender diversity as part of the board members — again, competency-based is an extremely high legal standard and will be met through the responsibilities of the minister and others who work going forward to determine who can be and should be responsible for running this very complex corporation.

I will make reference now to section 57 and the intent there. The health authority must not incur annual operational deficits. However, it is recognized that this could happen, and the bill also presents provisions for this situation by which they must abide. They are required to prevent the health authority from accumulating a significant debt over time, and this section requires the health authority to develop a plan with the minister to eliminate any debt within three years. Conversely, this section incentivizes the health authority to be financially prudent by allowing it to use any surplus funds which are not intended to offset deficits toward its objectives. Rather than having to return those surplus funds to government, that will work in the positive to support the health authority. The government will have an accountability agreement in place with Shāw Kwā'ą for the transition period and to stand up the health authority, and the accountability agreement is one of several accountability mechanisms built into governance and the oversight of the health authority, which, of course, will be the responsibility of the board. This will help to ensure that there are no disruptions in existing services for the transition period to stand up.

The bill includes additional governance and accountability requirements over the existing *Hospital Act*, which is in part due to its broader mandate and our commitment to health system transformation, and the bill enables regulations to be put in place that will give Shāw Kwā'ą the ability to borrow money subject to Management Board approval, and this could assist with unforeseen budgetary pressures within a given fiscal year. There are protections — section 57 is important going forward, but there are also realistic options and protections there for the purpose of having Shāw Kwā'ą be successful and having it be responsible to Yukoners, who are ultimately paying for the services.

I think lastly what I should be clear to clarify — I appreciate that the member opposite and I see this differently, but there were definitely concerns over the management at Yukon Hospital Corporation — in particular of the capital funds of \$7.5 million being used for O&M expenses. The communication between the Department of Health and Social Services and the Hospital Corporation around this particular issue was less than optimal, I would say, and we searched for an independent third party who could review what was happening and support both the Hospital Corporation and the Department of Health and Social Services in having better operations together, having better communication, and clearly making whole the Hospital Corporation, which was done by Yukon government for the purpose of returning those capital funds and continuing with the exciting project of the mental wellness unit. We all look forward to that opening. We are proceeding together with better relationships and making sure that the hospital is funded properly.

**Mr. Cathers:** Deputy Chair, I do need to wrap up my questions due to the amount of legislative business, although I could quite literally easily go on for another day with questions about this model because there are many questions that we have heard from health professionals and from patients about this.

I do note that the minister made reference to the communications between the government and the Hospital Corporation being less than optimal, but I would point out that legislation isn't the solution to better communications between the government and one of its corporations. I am concerned, based on what happened with Yukon hospitals, that this section regarding the deficit would have been a recipe for service cuts sooner had it been place.

I am going to just conclude with one reference to an article and a question for the minister here before handing the floor over to any others who wish to enter general debate.

On Friday, in a column entitled "The Yukon health system does not need more overhead" by Keith Halliday, he began his column saying: "In the midst of a crisis in frontline health care, the Yukon government is embarking on a costly multi-year top-level reorganization of our health system.

"I am worried it will distract the top managers of our healthcare system for years, and end up with minimal — or even negative — effects on health services..."

He went on to note as well that the former Premier's Financial Advisory Panel did not recommend creating this — "... saying 'institutional reorganization can take many forms from moving around senior civil servants and reorganizing departmental mandates to consolidating (and then decentralizing) stakeholder boards in areas such as health care and education.'

"This is the easiest change to undertake and the least likely to increase efficiency or effectiveness in the operations of government (...) this is otherwise referred to as 'rearranging the deck chairs'.

"Bill 38 to rearrange the deck chairs was recently tabled in the Yukon legislature."

That is an opinion piece by one columnist, and I would just note that this is a concern that is line with concerns we have

heard from health professionals within the community about not just what the authority structure would be but how much time and how many resources are being dedicated toward this and not toward front-line services. It will lead, during the transition period, to duplication of upper management, middle management, policy, and administration, including, according to what the government has said, at least two people who are being paid a CEO's salary during that time period.

So, my final question is: Why not go with a model that is less heavy in upper management, middle management, policy, and administration and take some of the \$9.4 million that the government is allocating for that and instead direct it toward some of the urgent priorities in front-line health services, including providing more resources for our hospitals, providing more resources for rural Yukon, and investing in recruitment and retention of health professionals?

**Hon. Ms. McPhee:** I think that it's important to remember that the Yukon Financial Advisory Panel was struck for the purposes of looking at the entirety of financial responsibilities of Yukon government and how to improve those and assess them properly. The Yukon Financial Advisory Panel recommended that we undertake a comprehensive review of the health care sector that would be the basis of future improvements. This, of course, was the genesis of *Putting People First*, which started the transition to a health authority. Drawing the lines between those is quite easy.

The quote of the article was speaking to general department efficiencies, stating that — quote: "... institutional reorganization can take many forms..." and "This is the easiest change to undertake and the least likely to increase efficiency..." While I would agree that, in the context of a department reorganization, this may be the case but not necessarily cost-effective, the end goal of the efficiencies in this section of the report that is being referenced was making reference to saving money. We have said clearly over and over that this process is not about saving money. The authority and the development of a health authority in the Yukon is about saving lives and improving health care. It is a significant part of the transformation of our health care services here in the territory.

We have a truly exciting opportunity. It's spoken about by former Chief Bill, member of the Health Transformation Advisory Committee. She said — and I'm paraphrasing her — that when the previous health system was built, it was built without consultation. It was built without considering the impacts of our health care system on Yukon First Nation peoples. It was built — and I will add to that — in the 1950s. It was built when we certainly didn't know what we know now about how to achieve better health outcomes and that the purpose of our system is not just to provide care but to look at the entirety of a person, to look at the entirety of a patient and family, and to provide wraparound services to them so that their health outcomes are ultimately better. We are looking at prevention and we are looking at opportunities to provide overall better health and well-being, including mental health.

As a result, the first step in that process is for us to build a health authority structure. That is what Bill No. 38 is about.

That is why we are here to take this first phase 1 step: to build this health authority for the purposes of integrating acute care and a patient-centred process. The health transformation — some of the other things that we have talked about today — will come as a result of this work and it is being led by this transformation.

The report also goes back to the comment about how this wouldn't be the proper way to go about this. The report also goes on to state the exact same section — so this is back to the financial report. It talks about a more relevant recommendation to standing up the authority and says — quote: “Innovation in government administrative processes and in delivery of programs and services is arguably the most important source of potential productivity enhancement in the public sector.” We believe that the authority is designed to achieve this goal. I will say only otherwise about the article that it's I think an oversimplification and does assume some facts about what the work is here that are not necessarily accurate.

The creation of Shāw Kwā'ą will allow the department to transition its focus to providing strategic system-wide stewardship and regulation, which is the role of health ministries in most other Canadian jurisdictions, and the department will remain responsible for ensuring that services are safe and effective. This move will reduce the conflict of having the department acting simultaneously as a funder, an evaluator, and a service provider.

It will also allow for Yukoners to have one health service provider organization to support and coordinate their wellness instead of us accessing separate services between the department and the hospitals for the same health need. This will enhance the experience of Yukoners and service providers.

Health care providers will be better able to coordinate and integrate care for Yukoners, breaking down organizational barriers through a single set of standards, policies, and procedures of a single organization, stronger system planning, evaluation, and quality improvement tools and systems to improve the effectiveness of cohesive health and social services around the single goal of improving wellness of Yukoners — rather than specific programs or organizations, a stronger understanding and incorporation of the needs of communities and Yukon First Nations in the local and Yukon-wide delivery of health services. The Department of Health and Social Services will be better positioned to leverage upstream investments in prevention, health promotion, and community wellness while Shāw Kwā'ą focuses on the delivery of quality and responsive health and social services.

Working in partnership with Yukon First Nations and their governments in delivering culturally safe and relevant services in their communities to achieve health equity — these are the expected and tangible outcomes of Shāw Kwā'ą and the steps we are taking toward that.

Bringing Bill No. 38 to the Legislative Assembly for the purposes of the first phase of building Shāw Kwā'ą is something our department is extremely proud of and something that I'm very pleased to be able to reiterate here as an answer to this important question.

**Chair (Ms. Blake):** Is there any further general debate on Bill No. 38, entitled *Health Authority Act*?

Seeing none, we will proceed to clause-by-clause debate.

*On Clause 1*

*Clause 1 agreed to*

*On Clause 2*

**Ms. White:** Just in the effort of being able to have a conversation around this, I am just going to ask if we can slow down as we go through the clauses because there are lots of highlighted sections, including section 2, “Rights of Indigenous peoples”, where we are.

I would like the minister to explain and walk me through clause (a). So, under section 2, “Rights of Indigenous peoples,” it says: “For greater certainty, nothing in this Act...” — and then it goes on to highlight some things. I would like the minister to talk about that, please.

**Hon. Ms. McPhee:** Thank you for the question. This is an important part of Bill No. 38. This provision is relatively standard in pieces of legislation that recognize the rights of Indigenous peoples and for the purposes of making sure that there is clarity in that the provision reaffirms the rights of Indigenous peoples in Canada, which, of course, are in section 35 of the *Constitution Act, 1982*, and it reaffirms the concept that nothing in this bill abrogates or derogates from the rights of Indigenous peoples in Canada who are enshrined in the Constitution and, of course, in other places throughout our culture in Canada.

This provision also reaffirms that nothing in the bill affects any provision of a self-government agreement.

All of those specific rights are protected and the inclusion of a section like this is incredibly important to make sure that there is clarity in the reading of this piece of legislation in that context.

*Clause 2 agreed to*

*On Clause 3*

*Clause 3 agreed to*

*On Clause 4*

**Ms. White:** Part 2 says: “Responsibilities and Powers of Minister”. Clause 4 specifically talks about the minister's responsibilities and powers. It is important to note that clause (i) is: “... determining the cultural safety and cultural humility training program to be taken by the members of the board in accordance with section 43”. So, the first question I have about this is — and I mentioned this a bit during second reading: How are we going to determine what that cultural safety is? What feedback from which organizations and groups? And I guess that government is going to play into this. Will this same safety and cultural humility training program be replicated for staff? Will everyone be on the same page as far as the training that they have? If it's going to be for the board, will it carry over? Will it be for staff members, and will it be a common understanding throughout the organization?

**Hon. Ms. McPhee:** Thank you for the question. The board is accurate — in section 4(i), I believe, the concept of determining cultural safety to be taken by members of the board in accordance with section 43. Board members must undertake a cultural safety and cultural humility training program to fulfill

their responsibilities and duties in a culturally safe manner. In addition to working with the Yukon First Nation health committee on determining the training to be taken — what form — and it could be quite extensive — the minister must also seek input from persons who are impacted by issues of cultural safety and humility in relation to the delivery of health care and social services. The bill requires this activity to take place. As I said, we will require individuals with learned experience to inform this process in determining what training will be necessary.

Additionally, there is a requirement for the development of a cultural safety framework that will include provisions respecting the prevention of racism and discrimination in the provision of health and social services by the health authority. It also includes provisions that will require the training of employees of the health authority and medical staff on cultural safety and cultural humility. The framework must be culturally sensitive and reflect the perspectives of those most impacted by the issues of cultural safety in relation to the delivery of health and social services and must include provisions to raise awareness of cultural safety issues within the health authority.

In establishing or amending a cultural safety framework, the health authority must work with the Yukon First Nation health committee and must seek input from 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. There is also a need to seek periodic feedback from these groups on the framework's implementation. So, yes, it's consistently put in the act for the purposes of dealing both with employees and medical professionals as well as with board members. It will be effective in the event that the cultural safety training that is developed is the same for everyone for the purposes of making sure that these policies, as they go forward, and the incredibly important impact of a cultural safety framework are, in fact, consistent throughout the organization. As such, it has been consistently put in the bill.

**Ms. White:** I think that there is an opportunity for the minister to calm some of the fears that have been brought up in the Chamber today with clause 4(l). Again, it's under the responsibilities and powers of the minister, and (l) is: "... making grants or loans to the health authority in accordance with section 49". Of course, we are not there yet but — spoiler alert — section 49 talks about the funding of the health authority, so maybe the minister would like to talk a little about (l) and that responsibility of the minister.

**Hon. Ms. McPhee:** I'm happy to comment briefly on this important aspect. The paragraph here is a common provision — like under section 8 of the *Hospital Act* as a comparison — that allows the minister to make grants through a transfer payment agreement. The act permits the minister to make grants through a transfer payment agreement to the entity based on the operation and capital plans that have been submitted. That is the reference from (l) in relation to section 49, which is — again, consistent throughout — an opportunity to make sure that those are in every location that might be of assistance.

**Ms. White:** I thank the minister for that. Subsection (p) talks about tabling in the Legislative Assembly the health authority's annual report in accordance with subsection 61(3). Again, a spoiler: Section 61 talks about the annual report. The reason why I wanted to highlight this here is the question as to whether or not there will be the anticipated ongoing practice of — currently, the Hospital Corporation appear as witnesses. Is it the intention that the health authority appear as witnesses as well?

**Hon. Ms. McPhee:** Thank you for that question about section 4(p). The recollection is that the only witnesses we have in the Legislative Assembly who are legislated to appear I think are those responsible for the Workers' Safety and Compensation Board. As a result, the others who appear — the Yukon University, the Development Corporation, and the Yukon Hospital Corporation — are by invitation from this Legislative Assembly, and I certainly would expect that invitations could continue to come from this Legislative Assembly body and that the members of the board of the health authority would accept that invitation.

**Chair:** Is there any further debate on clause 4?

*Clause 4 agreed to*

*On Clause 5*

**Ms. White:** Clause 5 is "Health and social services to be provided". Under clause 1(d), it says: "... mental wellness and substance use care and services". What I wanted to know from the minister is, for example: Does (d) include things like the Sarah Steele Building and the programs at Sarah Steele?

**Hon. Ms. McPhee:** The minister, pursuant to this section, will ultimately determine what the health authority must provide beyond the services that it must deliver, such as hospital services. Of course, this will not be done alone. The act requires that the health authority delivery hospital services and operations and may assume responsibility for the delivery of some of the following as determined by the minister.

Additional services will be determined presumably by order-in-council to transfer those services. This includes services currently provided by the Yukon Hospital Corporation. It also includes services that are currently provided by the Yukon Department of Health and Social Services through its primary and community care division. There is a list of a number of services. It also includes services currently provided by the Department of Health and Social Services through its primary care — I think I have said that — and innovation, quality, and improvement, which is a separate division. It includes services currently provided by the Department of Health and Social Services as part of its Social Services division. It also includes services currently provided by the Department of Health and Social Services through the Continuing Care division as part of its Social Services division. It includes services currently provided by the Hospital Corporation and the Department of Health and Social Services that could be determined to be specialty care services, including services currently provided by the Yukon Hospital Corporation and others through rehabilitative care and services — includes those Indigenous traditional healing and wellness services.

Lastly, in subsection (2), it notes that the provision clarifies that the minister retains authority and accountability for the delivery of health and social services under the *Health Act* — those that are not ultimately transferred to the health authority — and continues to have the authority to deliver all of those services despite the fact that the health authority may be asked to provide them as well. I am going to say that I at this time cannot necessarily give an example of that, but I am sure somebody else could. I should also note that this section speaks to determining which programs and services the health authority will provide other than hospital services. It is enabling in that the health authority will deliver hospital services from the outset — as it is initiated.

A list of health and social services that the health authority could provide is included here. This is meant to signal the intended scope and purpose of the health authority within the larger system, as was suggested in *Putting People First*.

I think the specific question — not to belabour getting to it — is whether or not the services at the Sarah Steele Building, for instance, and the mental wellness services unit could be part of the acute care services. That is actually probably a good example. Our mental wellness services are a good example of something that could live both in the health authority responsibilities and the Department of Health and Social Services responsibilities depending on the kind of work that they do, but this section is to set out the opportunities for the kinds of services that are being considered in the responsibility of the health authority. Certainly, Sarah Steele and the mental wellness and treatment services that are provided there could be one of those primary care units.

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

Again, section 5(1)(i) says “social care services”, so I’m looking for a definition of what “social care services” are. Could it be things like the Child and Youth Advocate, family and children’s services, insured health, speech and hearing, social assistance, disability, community outreach, the Whitehorse Emergency Shelter, POP, EPI, et cetera? So, what does “social care services” mean in this context?

**Hon. Ms. McPhee:** Thanks for the question about 5(1)(i). It includes services that are currently provided by the Department of Health and Social Services through their Social Services division and its Continuing Care division. The idea initially would be to assess the provision of care — sort of program based. I didn’t hear all of the suggested potential programs that could be under the health authority, but the focus initially will be on acute care and making sure that the front-line acute care is health authority-directed and their responsibility.

I can also note that it could include wraparound services, for instance, with social workers on the team, which would not necessarily look like front-line services perhaps in our current context but in future will well be the responsibility or could be the responsibility of a health authority.

The focus will be on determining those through conversations with our partners, through conversations with front-line individuals, through conversations with medical care providers and allied health professionals so that there is a

continuity — but also the concept of the opportunity to provide the best integrated services for care teams. Another example might be integrated care teams and the opportunity for them to be the responsibility of the health authority. While some of those responsibilities initially seem obvious, others will need to be assessed with our partners.

**Chair:** Is there any further debate on clause 5?

*Clause 5 agreed to*

*On Clause 6*

*Clause 6 agreed to*

*On Clause 7*

*Clause 7 agreed to*

*On Clause 8*

**Ms. White:** So, clause 8 is “Purposes of the health authority” — I more want to draw attention to the purposes here than necessarily ask a specific question. I do think it’s really important that clauses (a) through (j) have been separated out in the way that they have. I think it’s really important, and I’m going to focus on (c): “... is free from discrimination for all Yukoners”. I highlight that and the fact that (b) is “... is free from all forms of racism, including anti-Indigenous racism” and (c) is “... is free from discrimination for all Yukoners”. The reason why I want to highlight this is that I believe this is important because it expands that umbrella instead of it being in one clause, and it says that discrimination is broader.

So, I think about anti-trans or I think about just other forms of discrimination that folks face. By separating it out, we really capture that. I just wanted to highlight that as we go through line by line and to thank the minister and the drafter especially about making sure that — it actually strengthens that. I just wanted to say thank you. I had no question, mostly just a comment.

**Hon. Ms. McPhee:** Thank you for the comment. I will take the opportunity to also enhance or draw attention to section 8. I think that it is incredibly important to have the purposes of this legislation set out there the way they are. I am confident that the provisions included in the framework as have been drafted here meaningfully capture the requirement that the health authority be free from discrimination for all Yukoners.

Bill No. 38 was developed to be inclusive, and equity-deserving groups — as referenced in the preamble and in the Yukon and Canadian context, which we will get to eventually — include not only the 2SLGBTQIA+ communities and other gender-inclusive diverse identities but also groups such as racialized minorities and Indigenous peoples.

As drafted, the bill includes all Yukon population groups and importantly allows all Yukoners to see themselves in this legislation. Yukon First Nations have been mentioned specifically to honour the government-to-government partnership in this work. Health transformation outcomes include equity in access and delivery of services, which means that no matter what gender, race, ethnicity, class, ability, nationality, or sexual orientation, all Yukoners will be able to access and receive services without discrimination and they are to experience health equity.

These concepts are woven throughout the legislation and I will outline, as we go through — and have the opportunity to

create a health authority that delivers on its purpose to be culturally safe, free from all forms of discrimination, trauma-informed, and compassionate.

**Ms. White:** I thank the minister for that. I would be remiss too if I didn't point out (h), which says: "... supports workers and values their work-life balance". I think it is critical. As we know, those working in the health care field right now are facing unprecedented levels of burnout. So, I think that by putting that into the purposes of the health authority, what we are really saying is that we respect people across the board and I think that is very important. So, thanks again for that.

*Clause 8 agreed to*

*On Clause 9*

**Ms. White:** I assure everyone that I do not have a comment for every single section, but this one is important because section 9 is "Relationship to Government of Yukon" and clause 9(1) says: "The health authority is not an institution of the Government of Yukon and, except to the extent that an agency relationship is created by a contract, the health authority is not an agent of the Government of Yukon."

I think this is an important one and I will ask the minister to expand on the importance of that clause, please.

**Hon. Ms. McPhee:** One of the early decisions or research items that needed to be focused on when determining how to move forward was whether or not a health authority should or should not be an agent of government. This section clearly establishes that it is not — that the health authority in Yukon will not be an agent. It will have a non-agent status. The section states that the health authority is not an institution of Government of Yukon and that, while an agency relationship may be created by contract, the health authority is not an agent of the government under this piece of legislation, and that's the establishment of a health authority.

This section also confirms that the *Languages Act* applies to the health authority, which means that the health authority is required to provide services and communicate to the public in both English and French, so that's the important section 9(2).

I think the determination that the relationship will be contractual is an important one. I think it's important for Yukoners to know that the health authority will be funded by Yukon taxpayers and providing service to Yukon citizens, and the responsibility of that will be great. It will also establish the legal relationship between the government and the health authority, and responsibilities, of course, will continue to exist, but it will be a non-agent legal status.

*Clause 9 agreed to*

*On Clause 10*

*Clause 10 agreed to*

*On Clause 11*

*Clause 11 agreed to*

*On Clause 12*

**Ms. White:** Clause 12 is about the competencies, diversity, and residency requirements of board members. I'm bringing this up in large part — when Association franco-yukonnaise originally reached out, this was in one of the sections that they had highlighted as having concerns. I believe that one way we can actually address that section is here.

Section 12(1)(b) says: "... make best efforts to ensure that the membership of the board reflects Yukon's cultural, regional and gender diversity".

I believe there is an ability here to actually make this stronger.

*Amendment proposed*

**Ms. White:** I move:

THAT Bill No. 38, entitled *Health Authority Act*, be amended in clause 12(1)(b) at page 10 by adding the expression "linguistic" after the expression "cultural".

**Chair:** The amendment is in order.

It has been moved by the Member for Takhini-Kopper King:

THAT Bill No. 38, entitled *Health Authority Act*, be amended in clause 12(1)(b) at page 10 by adding the expression "linguistic" after the expression "cultural".

Is there any debate?

**Mr. Dixon:** Madam Chair, I appreciate my colleague from Takhini-Kopper King bringing this amendment forward. However, I would note that my understanding of the amendment was that it was the result of significant engagement between the Yukon government and the Association franco-yukonnaise. I am not sure who would answer this, but perhaps either the mover of the motion or the minister could explain to the Legislature some of the background and the engagement back and forth between AFY and the Yukon government that resulted in this amendment.

I would also note that I received a letter from the minister this morning that noted that these amendments were coming and that this is one of a series of amendments in relation to those discussions between Yukon government and AFY. What I would like is if someone could perhaps table the exchange of letters between the organization and the government and perhaps give us some background as to how this amendment came about.

**Hon. Ms. McPhee:** I'm sorry; I don't know the question that has come from the member who is moving this, but I am happy to try to answer the question of the Leader of the Official Opposition. I know that we are short for time, so it is likely that the debate for the particular amendment will continue, but I can say on behalf of the government that we are committed to engaging with the Association franco-yukonnaise on behalf of the francophone community, and we advance the work to establish the health authority as we continue to do that work. I am very thankful to AFY for sharing input on how we could better reflect their concerns in the proposed *Health Authority Act*.

As far as I know, the leader of the opposition who has posed this question has received copies of the letters from AFY — at least the versions that I have are shown to be copied to the Leader of the Official Opposition. I responded to the leader of the opposition today by providing a copy of the most recent conversations between the Department of Health and Social Services, me, and AFY that took place on Friday. Maybe what I can do is to clarify later exactly which piece of

correspondence that the Leader of the Official Opposition is missing.

I'm pleased to indicate that, through engagement and in-person meetings, we have worked to better reflect the importance of the *Languages Act* and the connection to the francophone community here in the Yukon. In consideration of AFY's request, we have examined how to incorporate this provision or a word that will assist in having their concerns met to represent the promotion and the respect for the French language in the delivery of health services here in the territory. Of course, the word "linguistic" makes reference to a variety of languages. Of course, our position previously has been that language is part of culture and that culture is incredibly important to make sure that we are protecting that as criteria for providing services. As a result, it is certainly supported by our government that this amendment could be made to section 12.

If I haven't been clear about it — without speaking on their behalf — I have information that AFY is supportive of this change to section 12 if that is of concern to the Members of the Legislative Assembly. I certainly think that this enhances the recognition of the francophone community's contributions to many aspects of our society and that the amendment is a positive move.

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

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

*Motion agreed to*

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

**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 Chair of Committee of the Whole?

### Chair's report

**Ms. Blake:** 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 of the 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.*

### The following documents were filed April 15, 2024:

35-1-223

Call for Meaningful Engagement with Unions on Health Authority, letter re (dated April 11, 2024) from Teresa Acheson, President, Yukon Federation of Labour, to Hon. Tracy-Anne McPhee, Minister of Health and Social Services (McPhee)

35-1-224

Updated "Engagement on *Health Authority Act*" (McPhee)

35-1-225

Blue Bin Curbside Collection Program, letter re (dated April 11, 2024) from Hon. Nils Clarke, Minister of Environment, to Laura Cabott, Mayor of Whitehorse (Clarke, N.)

### Written notice was given of the following motions for the production of papers April 15, 2024:

Motion for the Production of Papers No. 22

Re: legal analysis of outfitter quotas (Istchenko)

Motion for the Production of Papers No. 23

Re: Yukon River crossing at Dawson City (Van Bibber)