



# Yukon Legislative Assembly

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Number 231

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35<sup>th</sup> Legislature

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## HANSARD

Wednesday, March 19, 2025 — 1:00 p.m.

Speaker: The Honourable Jeremy Harper

# YUKON LEGISLATIVE ASSEMBLY

## 2025 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
<b>Hon. Ranj Pillai</b>	Porter Creek South	Premier Minister of the Executive Council Office; Economic Development; Minister responsible for the Yukon Housing Corporation
<b>Hon. Jeanie McLean</b>	Mountainview	Deputy Premier Minister of Education; Minister responsible for the Women and Gender Equity Directorate
<b>Hon. Nils Clarke</b>	Riverdale North	Minister of Environment; Highways and Public Works
<b>Hon. Tracy-Anne McPhee</b>	Riverdale South	Minister of Health and Social Services; Justice
<b>Hon. Richard Mostyn</b>	Whitehorse West	Minister of Community Services; Minister responsible for the Workers' Safety and Compensation Board
<b>Hon. John Streicker</b>	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
<b>Hon. Sandy Silver</b>	Klondike	Minister of Finance; Public Service Commission; Minister responsible for the Yukon Liquor Corporation and the Yukon Lottery Commission

### OFFICIAL OPPOSITION

#### Yukon Party

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

### THIRD PARTY

#### New Democratic Party

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

### LEGISLATIVE STAFF

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

**Yukon Legislative Assembly  
Whitehorse, Yukon  
Wednesday, March 19, 2025 — 1:00 p.m.**

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

*Prayers*

### Withdrawal of motions

**Speaker:** The Chair would like to inform the House of a motion not placed on the Notice Paper: Motion No. 1210, notice of which was provided yesterday by the Minister responsible for the Yukon Liquor Corporation and the Yukon Lotteries Commission, was not placed on today's Notice Paper, as it is not in order.

### DAILY ROUTINE

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

### INTRODUCTION OF VISITORS

**Speaker:** Introduction of visitors.  
*Visitors introduced*

**Speaker:** Tributes.

### TRIBUTES

#### Unanimous consent for Tributes to exceed 20 minutes

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

**Speaker:** The Government House Leader has, pursuant to Standing Order 14.3 and not withstanding Standing Order 11(6), requested the unanimous consent of the House for the time allotted for the rubric Tributes to exceed 20 minutes.

Is there unanimous consent?

**All Hon. Members:** Agreed.

**Speaker:** Unanimous consent has been granted.

#### In recognition of Two-Spirit and Indigenous LGBTQIA+ Celebration and Awareness Day

**Hon. Ms. McLean:** Mr. Speaker, I rise today on behalf of our Yukon Liberal government to pay tribute to the two-spirit awareness to celebration day in the Yukon, which takes place tomorrow.

The fact that this day falls on spring equinox is not by chance. It aligns with the idea of celebrating new beginnings and embracing positive change.

The celebration of two-spirit day in the Yukon comes at an important time when transphobic policies based on hate and ignorance are being passed internationally, stripping transgender and gender nonconforming people of their fundamental right to self-expression and self-determination.

Two-spirit and Indigenous LGBTQ2IA+ identities, expressions, and experiences have always existed. Before colonization, Indigenous people had complex gendered systems in place. Broadly speaking, two-spirit people were well-loved and respected and often held important roles in their communities, such as negotiators, healers, counsellors, storytellers, and knowledge-keepers. However, colonial violence — both historically and ongoing — has had enormous negative impacts on two-spirit and Indigiqueer people. A colonial understanding of gender binary carries unequal power dynamics between all of us, as well as those who conform to it and those who don't. It perpetuates discrimination, disadvantages, and violence.

Recognizing and honouring two-spirit and Indigenous LGBTQ2IA identities is a step toward healing, and I lift my hands up to those two-spirit and Indigiqueer people in the Yukon and beyond who have advocated for this day. Honouring the diversity of Indigenous sexualities and gender identities is an important step in the implementation of the Yukon strategy on missing and murdered Indigenous women and girls and two-spirit+ people and the LGBTQIA+ action plan. It will bring us closer toward an ultimate vision: violence-free communities where Indigenous women, girls, and two-spirit+ people are safe and respected.

This year, there will be a community event held on Saturday, March 29 to mark the two-spirit awareness and celebration day. It will be a beautiful mix of ceremony, food, and celebration for two-spirit people, Indigiqueer people, and allies. There will be hand games, performances, and an opportunity to connect with community members. The doors will open at 1:00 p.m. I would like to thank the Community-Based Research Centre and the event coordinators for organizing this celebration. I encourage Yukoners to join in this opportunity to learn more about the experiences, expressions, and identities of two-spirit and Indigiqueer people and celebrate how their unique ways of being fosters diversity and inclusion and enriches our society as a whole.

*Applause*

**Mr. Istchenko:** Mr. Speaker, I rise on behalf of the Yukon Party Official Opposition to recognize Two-Spirit and Indigenous LGBTQQIA+ Celebration and Awareness Day 2025. This 4<sup>th</sup> annual celebration beautifully aligns with the spring equinox. The events begin tomorrow and to March 21, a time synonymous with renewal and balance.

An initiative of the Community-Based Research Centre, or CRBC, the celebrations aim to raise awareness and educate the public on two-spirit resurgence, celebrating the radiance and diversity of two-spirit identities, their expression, and their experience. It highlights the distinction between Indigenous ways of expressing themselves in a self-determined meaning of identity.

This year focuses on the theme of "Access" and highlights the significant health disparities that are faced by the two-spirit, Indigenous queer, and trans community driven by systemic racism and discrimination. Seeing these small celebrations and days of observance gain momentum and grow is a wonderful

thing, and this celebration is one that has seen much growth over the last four years and has become more widespread throughout the country.

Best wishes to all celebrating or reflecting and honouring this day. Always stay humble and kind.

Thank you and günilschish.

*Applause*

**MLA Tredger:** Mr. Speaker, I rise on behalf of the Yukon NDP to pay tribute to Two-Spirit and Indigenous LGBTQIA+ Celebration and Awareness Day.

I would like to share some words from Dr. James Makokis, a Cree two-spirit leader in Indigenous and transgender health — quote: “Two-Spirit is a contemporary English term to reflect gender diversity that Indigenous nations have always had. As Indigenous people, we’ve always had gender diversity and sexual diversity in our Nations before colonization existed on Turtle Island ... With the imposition of colonization, Christianity, residential schools and ‘the Sixties Scoop,’ a lot of these teachings of gender diversity have been lost and a lot of people are searching for their identity as Two-Spirit people and the roles and responsibilities that come with that.”

Today is a day to celebrate the two-spirit and Indigenous LGBTQIA+ and all the people in it. It’s also a day to challenge allies to do more and better. It calls us to support and create 2SLGBTQIA+ spaces that are not centred on western ideas of gender and sexuality. It calls us to address the intersections of racism, homophobia, and transphobia.

It has been an absolute delight to see the flourishing of the two-spirit community here in Whitehorse. It’s pretty exciting when I see events pop up on my Facebook feed and see that they are by and for the two-spirit community. From hand games to drag to a flag-raising ceremony, I can’t wait for the celebrations.

I would like to finish with a quote from Skye Wilson, who works at the Community-Based Research Centre. Skye said: “Our communities deserve to see each other’s success, joy and kinship; there they will find their pathways to success and sense of belonging. Together we can create a world where Two-Spirit people are celebrated.”

*Applause*

### **In recognition of National Impaired Driving Prevention Week and Jacquelyn Van Marck**

**Hon. Mr. Silver:** Mr. Speaker, I rise to pay tribute to National Impaired Driving Prevention Week, but I also want to recognize and celebrate MADD President Jacquelyn Van Marck, the recipient of the King Charles III Coronation Medal awarded on March 6 of this year. By all accounts, President Van Marck is a dedicated member of Mothers Against Drunk Driving’s Whitehorse chapter, with over a decade of experience organizing events, campaigns, car-crash displays, the 911 run, and the list goes on and on. In her tenure, she has further aided in solidifying relationships across the community, with government, and with RCMP personnel.

Just for reference, the eligibility criteria for the King Charles III Coronation Medal requires that the recipient has made a significant contribution to Canada or to a particular province, territory, or region. It is very clear to me that President Van Marck more than meets these benchmarks. She is a force for good and that is felt right across the Yukon. Recognition of President Van Marck’s effort is not only well-earned but timely, as the third week of March is National Impaired Driving Prevention Week. It is also her birthday week, for reference.

Driving under the influence of drugs, alcohol, or both is dangerous and illegal. Impaired driving is a serious offence and must be treated as such. Consequences include the suspension of the offender’s licence, impounding of the driver’s vehicle, criminal charges carrying penalties, fines, or jail time, and driver disqualifications or restrictions.

If an individual in the graduated driver’s licensing program is found to be impaired, they are also subject to a meeting with the registrar and a referral to the Driver Control Board and must restart whatever phase of the program that they were in at the time of the offence. The intention of these measures is to instill the importance of driving sober from the moment a person is licensed to operate a vehicle.

Despite these measures, the Yukon continues to experience high levels of impaired driving. This is of great concern to me and also to the government. To echo the hard work and advocacy of Mothers Against Drunk Driving and in particular President Van Marck’s contribution — awareness across the territory — I implore all Yukoners to work together to make our roads, our rivers, and our trails a safer place. Plan ahead, find a designated driver, look out for each other, and don’t be afraid to tell a friend under the influence not to drive or to report them if they choose to do so.

As many Yukoners already know, Tom Cochrane is going to be here in Whitehorse on April 5. As part of this event, Mothers Against Drunk Driving will be on-site. They will be taking donations to support their mission to stop impaired drivers and to support victims of this crime. I encourage all attendees to donate, to plan ahead, and to ensure that everyone has a fun and safe evening.

So, to President Van Marck — Jacquie — thank you very much for your years of dedication and hard work. We are very grateful for your time, your dedication, and your perseverance.

*Applause*

**Mr. Hassard:** Mr. Speaker, I rise on behalf of the Yukon Party Official Opposition to recognize National Impaired Driving Prevention Week, which takes place from March 16 to 22 this year. Impaired driving from alcohol, drugs, distractions, or fatigue continues to be a major cause of accidents on our roads, trails, and waters. It is also the single most preventable cause of traffic accidents. Impairment impacts judgment, coordination, and reaction time and has been the cause of an average of over 201,000 impaired driving crashes each year in Canada.

We would like to recognize and thank members of the RCMP M Division who work daily to keep our roads safe, and we also thank the Whitehorse chapter of Mothers Against Drunk Driving, or MADD, for their efforts in raising awareness about the consequences of impaired driving and supporting road safety.

I would also like to add our congratulations to Jacqueline Van Marck, who is a recent recipient of the King Charles III Coronation Medal for her efforts with MADD, raising awareness and aiding victims of impaired driving. Your dedication to road safety and our community is so very much appreciated. Thank you.

*Applause*

**Ms. White:** Mr. Speaker, I stand on behalf of the Yukon NDP in recognition of National Impaired Driving Prevention Week. Every year, we witness the heartbreaking consequences of driving under the influence, and it is imperative that we stand together to combat the issue.

I know that Yukoners are resilient and compassionate, and I know that it is through these qualities that we can make a difference. The impact of impaired driving affects not just the immediate victims but also their families, friends, and entire communities.

It is crucial that we continue to educate people on the dangers of impaired driving, encourage responsible behaviour whether on the roads, trails, or waterways. Programs that offer education, support, and alternatives such as designated-driver initiatives and public transportation options are vital in reducing these preventable tragedies.

There are so many ways that the government can encourage responsible behaviours: investing in and expanding public transportation options, implementing programs like vouchers or discounts for ride-sharing, taxis, or other transportation choices, and looking for ways to collaborate with community organizations to organize safe rides home.

These are just a few ideas, and I know there are many more out there that can be used to encourage people to make responsible choices and contribute to a safer community. As we honour the efforts of those who champion impaired-driving prevention, we must also remember the victims and their families. Their stories serve as powerful reminders of why this cause is so important.

By continuing to support and expand prevention initiatives, we can strive toward a future where impaired driving is a rare occurrence and our roads, waterways, and trails are safe for everyone.

So, let us all commit to making responsible choices and supporting the ongoing efforts to prevent impaired driving, ensuring that the legacy of those lost is one of positive change and safer communities. Together, we can make a difference and build a safer, more compassionate Yukon.

I too offer up a special note of thanks to Jacquie for her steadfast leadership and grace in which she leads MADD Whitehorse. I thank her for all she does for the community.

*Applause*

## In recognition of International Day of Forests

**Hon. Mr. Streicker:** Mr. Speaker, as I rise today, it is snowing outside. Tomorrow is spring. Tomorrow is also International Day of Forests. I rise today to recognize the hard-working Yukon folks in our forest industry. Over 60 countries mark forestry day, taking time to reflect on the importance of our forests and the sustainable development.

Today, I would like to highlight the important and innovative contributions of the Yukon Wood Products Association and its members throughout the territory. The people working in the Yukon forest industry are part of our communities. They are hunters, fishers, foragers, campers — people who love being out on the land and who recognize the importance of our environment.

The Yukon Wood Products Association has about 25 hard-working members. We are talking about smaller operators, family outfits, working to make a living to provide good local jobs and practising sustainable forestry. The association is keen to recruit more members, whether they are folks out harvesting wood fuel or sawlogs or crafting fine value-added wood products to sell.

The association is taking a strong role in helping to develop timber harvest plans, where and how timber will be removed, and strategies for minimizing or removing negative environmental impacts on other natural resources. Developing timber harvest plans properly involves a lot of required steps, including consultation with First Nation governments and the public.

The association supported the Dempster timber harvest plan with Arctic Inland Resources in Tr'ondëk Hwëch'in traditional territory and also the new Beaver Creek II timber harvest plan near Haines Junction in Champagne and Aishihik First Nations traditional territory.

I would like to highlight an inspiring creative initiative that the association spearheaded. This was done in partnership with Heartland Timber Homes and First Kaska, owned by the Liard First Nation in Kaska traditional territory in the Watson Lake area. Together, they have created a documentary film about an incredible story, hearing about young women and men in the region finding meaningful work, building beautiful homes, supporting their families, changing their lives, contributing to their community. This documentary is called *It's in Our Roots: Revitalizing Watson Lake Through Sustainable Forestry*. It just launched a couple of months ago and I encourage Yukoners to check it out on the Yukon Wood Products Association's YouTube channel.

The association is helping owners/operators with one-on-one sessions on business planning and streamlining their business practices and it is also focusing on an increased social media presence to keep Yukoners informed about all things fuelwood and forestry.

Mr. Speaker, as we acknowledge our forests, let us also thank our harvesters, our sawyers, and the valuable work of the Yukon Wood Products Association and the crew at the Forest Management branch.

*Applause*

**Ms. McLeod:** Mr. Speaker, I rise on behalf of the Yukon Party Official Opposition to pay tribute to the International Day of Forests.

This year, we celebrate the relationship between forests and food. Beyond the direct contributions that forests have to food, from plants and berries to wild game and animal by-products, there are many other ways in which forests support agriculture and food production. They enhance the fertility of our soil, host pollinators, and absorb carbon dioxide from the environment.

The Yukon is home to a large percentage of Canada's boreal forest, approximately 28 million hectares of coniferous and deciduous trees. The boreal forest, in fact, is one of Canada's best carbon sinks.

Sustainable forest management ensures that our forests can continue to do the important work of providing food and keeping our air quality pristine. Selective harvesting and strategic replanting have the potential to not only help a forest to regenerate but also help to stave off other threats to forest ecosystems, such as wildfires.

Forests provide an economic benefit to Canada as well, providing an economic value to a range of industries, from forestry to conservation. It's important to manage our forests while keeping in mind their many values. Balancing a sustainable forest management industry with conservation and protection is absolutely a possibility. We have seen this in southeast Yukon, which was once home to a thriving forest industry.

Remember the potential of our boreal forest and all Canadian forests, and as the Lorax said, "It's not about what it is; it's about what it can become."

*Applause*

**Ms. White:** Mr. Speaker, I stand on behalf of the Yukon NDP to celebrate International Day of Forests. Each Yukoner has a relationship with forests. You can't help it here due to our proximity to the forests that surround us. My relationship with forests goes way back, because as a kid with a silviculturist as a dad, I spent a lot of time in the woods. I was lucky to spend summer days with my dad hiking up hills to look at patches of dead trees or afternoons in the greenhouse watering seedlings.

Every March 21, the United Nations raises awareness on the importance of all types of forests. This year's theme, of course, is "Forests and Foods".

Forests are a part of nearly every aspect of our lives, from the paper we use to the medicines we have to the buildings we live in. This year gives us time to think about the importance of forests in our local economies and access to food. Our forests are a way that many people here in the Yukon practise sustainable food harvesting and living practices. Sustainably managing forests and all their ecosystems are key to combating climate change. As we look around the globe, many forests are being impacted by policy changes that do not prioritize the protection of these critical ecosystems. Forests are a key to combating climate change and contributing to the well-being of current and future generations.

This day will always remind me of my relationship with my dad and all of the hours he and I spent in the woods. When I was a young kid, he told me that we had a responsibility to forest health, whether it was thinning trees, planting trees, or letting forests reset through fire. There is a role for people to play in forest management.

Today, we celebrate this day with the conservation officers, biologists, horticulturists, forestry workers, wildland firefighters, forest harvesters, land stewards, elders, activists, and all those who participate in caring, protecting, and loving our forests.

*Applause*

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

### TABLING RETURNS AND DOCUMENTS

**Hon. Mr. Mostyn:** Mr. Speaker, I have for tabling two legislative returns answering questions from the members for Porter Creek North and Porter Creek Centre.

**Mr. Hassard:** Mr. Speaker, I have for tabling two letters, dated March 6 and March 14 respectively.

**Hon. Mr. Clarke:** Mr. Speaker, I have for tabling one legislative return.

**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?

Is there a statement by a minister?

This then brings us to Question Period.

### QUESTION PERIOD

#### Question re: Physician recruitment and retention

**Ms. McLeod:** Mr. Speaker, recently, two more Yukon family doctors closed their practice. This meant that many of their patients joined thousands of other Yukoners who do not have a family doctor or other primary care provider. In the letter announcing the closure of their family practice, the two doctors said that despite lobbying the Yukon government for support, it was just too challenging, and here is a direct quote: "It is challenging to work within a system with insufficient support for family medicine."

Can the minister tell us why the Liberal government is providing insufficient support for family medicine at a time when thousands of Yukoners can't find a family doctor?

**Hon. Ms. McPhee:** Mr. Speaker, I have met with many individual family physicians here in the territory. The Premier and I have met with them as a group in order to hear their concerns. It is our view — and certainly it has been expressed to family physicians — that they are really the backbone of our health care system. Family physicians are really experts and specialists in their own field, needing to be a person who can

treat everything from a minor ailment to a very complex medical condition and having to do so on a daily basis.

There are more and more requirements on their time at all times. There is a vast array of opportunities for family physicians here in the territory to work in their own clinics as private business owners but also to work at the hospital or at other clinics and also to work in other areas of medicine. Many of our family physicians, for instance, are also anesthesiologists, having had additional training to do so.

We believe that family physicians — primary care physicians, as they are often known — are the backbone of our system and must be supported through health care, and we do so.

**Ms. McLeod:** Mr. Speaker, as we pointed out multiple times this week, the Yukon government struggles to recruit and retain doctors. As a result, thousands of Yukoners do not have a family doctor. Despite this, the minister has been saying all week that things are going fine and that they are doing plenty already to address this, but doctors don't agree with her.

Here's more of what the two family doctors who closed their practice said — and I will quote: "In the absence of strong action by our health care administration, we fear that the territory will continue a pattern of sluggish recruitment and retention."

Mr. Speaker, why has there been an absence of strong action on recruitment and retention of doctors?

**Hon. Ms. McPhee:** Mr. Speaker, we have worked very hard to foster a strong relationship with the Yukon Medical Association and the Yukon Hospital Association — the Yukon Medical Association primarily at this time being responsible for recruiting physicians, work that they are continuing in a strong way, work that we support them with financially in a strong way, and work that we will continue to work on together.

The focus of recruiting additional physicians here to the territory is one that we have taken up not only with the letter of intent with the Nova Scotia government but by reaching out to internationally educated health physicians and health care workers.

We have managed to recruit a number of them and assist individuals who are living here in the territory with changing from their careers back to health care in which they are primarily trained.

We had in the Yukon, according to the CIHI analysis, 168 family medicine physicians per 100,000 population back in 2023 — which is their stats — placing us first in Canada for supply of family medicine physicians. They are in short supply across Canada. We are working hard to make sure that Yukoners are not concerned about this issue.

**Ms. McLeod:** Well, Mr. Speaker, the announcement of two doctors in family medicine closing their practice during a time when there are already thousands of Yukoners without a family doctor should have been a wake-up call for the minister. Instead, all week the minister has been assuring the Legislature that they are already taking action and claims that they are already doing everything they can.

Instead of denying the facts and saying that everything is fine, why doesn't the minister actually listen to what Yukon

doctors are saying and start taking real action to recruit and retain doctors?

**Hon. Ms. McPhee:** Mr. Speaker, the member opposite is characterizing my attitude in some way that is not accurate. I absolutely know the issues that are of concern to the Yukon Medical Association and to Yukon doctors, because I work with them constantly, as does our team at Health and Social Services and as does our team at the Yukon Hospital Corporation. Those are her words, that things are going fine — not what I've been saying.

I do, however, recognize and have the opportunity, although brief, in this Legislative Assembly to explain or note the number of things that are being done to address these issues — the strong relationship with the Yukon Medical Association and the Yukon Hospital Corporation being primary and the individual programs that we have in place or are designed to address these issues — and as a result, the opportunity to note those to Yukoners is incredibly important.

Our physician population here in the territory is strong. We can always use more physicians, as can every jurisdiction in Canada. We simply do not train enough physicians here in Canada. We will need to be addressing a transformation of the health care system to respond to the needs of Yukoners.

#### **Question re: Physician recruitment and retention**

**Mr. Dixon:** Well, it's not just the family doctors who are calling for stronger action from this government. In February, five surgeons with the Yukon Surgical Clinic wrote to all MLAs to express their urgent concerns about the state of doctor recruitment and retention. They laid bare what this lack of sufficient action from the Liberal government means for our health care system — and I quote: "... we are seeing longer wait times, reduced access to critical surgical services, and burnout among our colleagues. This situation has reached a crisis point, particularly in the area of family medicine, where the need for skilled professionals is at an all-time high."

Like the two family doctors who closed their practice, these surgeons are clearly calling for new stronger action from this government. When will the minister recognize that more of the same just isn't good enough?

**Hon. Ms. McPhee:** Mr. Speaker, again, words being put — or interpretations, I guess, of words being put — in the mouths of our government — not, in fact, more of the same. There is no such thing as "more of the same" in the work that we are doing to progress the transformation of our health care system to respond to the needs of Yukoners and of our health care system. This is a challenge across the country — in fact, across the world with respect to the shortage of medical professionals. We simply do not train enough primary care physicians here in Canada. We are working with our colleagues across the country to address appropriate changes to increase the way in which physicians can be trained, the way in which medical professionals can form wraparound services, team-based care so that individual Yukoners can see the medical professional whom they need to see — if it happens to be a nurse practitioner or perhaps it's a social worker or a lab tech to do a test or perhaps it is a physician.

As a result, our work on *Putting People First* was ahead of the curve. It was an opportunity for us to address the needs of Yukoners, and we are progressing the transformation of this health care system.

**Mr. Dixon:** Mr. Speaker, unfortunately, the situation that we find ourselves in today is the result of over eight years of Liberal inaction on this file. After eight years of the Liberals, this is the state of our health care system today. Here is what the surgeons say that this means for Yukon patients — and I quote: “The impact of physician shortages is felt most acutely by our patients, who face delays in receiving vital surgeries, diagnostic procedures, and follow-up care. These delays can lead to worsening health conditions, increased complications, and, in some cases, even preventable deaths.”

Does the minister herself acknowledge that, as we approach the end of her time as health minister, the health system has reached a crisis level and that Yukoners want to see change?

**Hon. Ms. McPhee:** Mr. Speaker, I appreciate the way in which the leader of the opposition is trying to form this into an election issue. I’m not interested in election issues just now, Mr. Speaker; what I’m interested in doing is providing services for Yukoners, not playing games with respect to their health care and their services that are provided for them.

It is not more of the same. We have worked very closely with the surgeons who have expressed concern. I am happy, quite frankly, Mr. Speaker, that we live in a community where individuals can express concerns in all manner of ways so that we can address the individual issues that they bring to the table. We have an opportunity with our relationship with the Hospital Corporation to work on issues that are of concern to the surgical teams. We have opportunities to address those issues. We have opportunities to meet each and every week with individuals who are experiencing concerns, whether they be with the health care system or access to it or with a situation in which they need assistance. We do that each and every week. The dedicated officials at the Health and Social Services department work tirelessly to make sure that we are responding to the needs of Yukoners, not making up election issues.

**Mr. Dixon:** Mr. Speaker, whether it is an orthopaedic surgeon leaving the Yukon because of the Liberals’ systemic underfunding or family doctors closing their practices and specifically citing insufficient support from the Liberal government or the Yukon Surgical Clinic ringing the alarm bell about the system reaching a crisis point, all of what we see in the current health care system is the legacy of this Premier and this minister. Yukon patients are suffering and waiting too long for health care, and medical professionals are frustrated and burning out and in some cases giving up altogether. So, yes, this should be an election issue. It is very important to Yukoners.

Given that this is the state of our health care system after eight years of this Liberal government, does the minister understand why so many Yukoners want to see change?

**Hon. Ms. McPhee:** Mr. Speaker, what I know that Yukoners will be pleased to know and proud to know is that this government has provided for them, in the 2025-26 budget,

the highest investment in health care in the history of the Yukon Territory — the highest investment in the history of the Yukon Territory — in the Hospital Corporation, the corporation that provides many of the services that are being noted in this question. Surgical services at the hospital have increased. The opportunity for the orthopaedic program has been increased under this government and funded completely each and every year. We have just announced an increase in the amount of scheduled surgeries that will be done by the orthopaedic team. We support that team 100 percent for the services that it provides to Yukoners not only here and having a home-based team — the opportunity for those surgeries to take place either at home or closer to home here in Whitehorse so that individuals don’t have to have the stress of travel.

That program allows individuals to receive care and surgical care that they need, very often here in the territory. It is incredibly important that we support these programs; it’s incredibly important that we support these doctors. The Yukon Party just simply wants to paint the picture of the fact that there is no care here, and that’s simply not true.

#### **Question re: Department of Education sexual orientation and gender identity policy**

**Ms. White:** Last week in debate, the Minister of Education brought up the 1962 agreement between the Commissioner of the Yukon Territory and the Catholic Episcopal Corporation of Whitehorse. In that debate, I raised some of the many ways in which the Catholic corporation is breaking the terms of that agreement. This includes the bishop breaking the sexual orientation and gender identity policy, communication protocols in letters sent through the department, and the mandatory Mass held on a professional development day for school staff during which the bishop shared deeply homophobic views.

What actions is the department taking to address the multitude of ways in which the 1962 agreement is being broken?

**Hon. Ms. McLean:** Mr. Speaker, the Government of Yukon works with the Catholic school communities and the Catholic Episcopal Corporation of Whitehorse to deliver public school programs and religious education at the Yukon’s three Catholic schools. The relationship between the Department of Education and the Catholic Episcopal Corporation is outlined, as the member opposite has stated, in the *Education Act* and in the 1962 agreement, which remain in effect.

St. Francis of Assisi secondary, Christ the King Elementary School, and Holy Family Elementary follow the same curriculum, laws, and policies as other Yukon schools. In addition, they provide religious education instruction, such as Catholic values, lessons, prayers, and church-related activities.

During our debate just recently in the debate around the supplementary budget, we had lengthy discussion around the 1962 agreement; we had lengthy discussion around some of the measures that our department is taking to ensure that the 1962 agreement is followed — and the *Education Act* as well, of course. My job as the Minister of Education is to ensure that all



of our laws and policies are followed, and we deal with issues as they arise.

**Ms. White:** Last week in debate, the minister agreed that any resources or positions related to the Catholic religion are not supposed to be supplied by the Government of Yukon under the 1962 agreement. That agreement very specifically states that the Yukon government will not pay for instruction in religious matters. Anything related to the Catholic religion is not supposed to be funded by the Department of Education, yet in that same debate, the minister confirmed that her department is paying for religious education teachers. How does the minister justify the funding of religious instruction when it directly contradicts the 1962 agreement?

**Hon. Ms. McLean:** Mr. Speaker, our government works very closely with the Catholic Episcopal Corporation to ensure that we are working in a good and right way together. I outlined in our debate last week that there is certainly a communication protocol between the Yukon Department of Education and the Catholic Episcopal Corporation in Whitehorse to ensure that parties have a comprehensive, common understanding of the agreement. We have monthly meetings between department officials, including the deputy minister and the bishop. We have other areas around the actual curriculum, of course, and how it is taught through YGLearn and ongoing engagement on SOGI inclusion.

In terms of the specific question, Mr. Speaker, this is an agreement that has been in place since 1962. There have certainly been changes along the way, and I do have some breakdown of how we are funding specific positions within the Catholic school system. I'm happy to share some of that in subsequent messages.

**Ms. White:** The minister has stated that she was quite familiar with the 1962 agreement. She said that agreement is — quote: "... legally binding on both parties..." Yet she also admitted that her department is paying for religious education despite the fact that this directly contradicts the terms of that agreement.

If the minister and her department are aware of the 1962 agreement and its contents, it sounds like they are just choosing to ignore it. The minister has claimed that all schools must follow Yukon government policies like SOGI, yet we see over and over again that SOGI policies keep being broken or tested by the Catholic corporation.

Can the minister explain why her government continues to ignore the provisions of the 1962 agreement?

**Hon. Ms. McLean:** Again, our government is working with the Catholic school communities and the Catholic Episcopal Corporation of Whitehorse to deliver public school programs and religious education at Yukon's three Catholic schools.

I am a bit concerned, I have to say, about some of what has been shared and some of the debate last week and this week. I am concerned about some of the accusations from the Third Party about public servants in the Department of Education failing to implement policies and keep students safe in school.

Public servants at the Department of Education come to work every day, Mr. Speaker, with the goal of delivering

accessible and quality education for Yukon students — whether they work at schools or in the department itself. I know that many public servants with whom I have spoken recently were deeply concerned and upset by these allegations from the Third Party.

Mr. Speaker, everyone working in the Department of Education values diversity in schools and wants to provide a safe, welcoming, inclusive, and affirming learning environment for all students. That includes implementing all of our laws and policies.

I just want to hold my hands up to all of the hard-working servants in our system.

**Speaker:** Order.

### **Question re: Alaska Highway realignment impact on Teslin businesses**

**Mr. Hassard:** Mr. Speaker, on March 6 of this year, the Minister of Highways and Public Works received a letter from the owners of the Yukon Motel & Restaurant in Teslin. I tabled that letter earlier today.

The letter was regarding their concerns around a decision by Highways and Public Works to significantly change the accessibility of the parking lot used by the business and travellers alike. These business owners have asked the department to come to Teslin to meet with them and Graham Infrastructure to look at ways to mitigate the issues before the reconstruction takes place in the coming weeks.

What has the minister done in response to this important issue raised by the owners of the Yukon Motel & Restaurant in Teslin?

**Hon. Mr. Clarke:** Mr. Speaker, thank you for the question from the member opposite. The specific answer to his question is that I have directed the Nisutlin Bay bridge Highways and Public Works team to meet with the individuals in Teslin on this topic.

However, by way of background, between 2019 and 2022, Highways and Public Works conducted an engagement with the Teslin community and local businesses, including the Yukon Motel, regarding the design of the highway alignment extending from the bridge replacement.

The Teslin community and business owners were given the option to provide input on their preferred highway alignment option. Feedback from the Yukon Motel owners was accounted for and changes were made to the design based on their input.

The current design of the south access to the Yukon Motel's business has not diverged from this agreement presented to the Teslin community and business owners in 2021. The design benefits for the new highway alignment include: maintaining the highway elevation; preserving the existing highway footprint along the grass-covered shoulder; improving access to the Yukon Motel to meet code requirements with safe grading; enhancing the embankment and drainage system; and ensuring a safe entrance.

Since 2019, we have had an ongoing dialogue with members of the community and the Yukon Motel. Regarding specific consultation and accommodations made, we have

incorporated a number of specific design elements into the project, as requested by the Yukon Motel.

**Mr. Hassard:** Mr. Speaker, on March 14 of this year, the Minister of Highways and Public Works received a letter from the Village of Teslin expressing support for this business, and I also tabled that letter earlier today. In that letter, they express concerns about how these changes would adversely affect the business and the community. The letter also points out how this change is a diversion from the commitments made during the community engagement and the YESAB process. The minister was quoted in a press release stating — and I quote: “The Nisutlin Bay Bridge project is the most significant infrastructure project ever undertaken in the territory. Not only will this new bridge result in significant positive economic outcomes for the territory, local businesses, and the community of Teslin...”

So, when will the meeting take place with all of the interested parties that the minister just announced?

**Hon. Mr. Clarke:** Mr. Speaker, yes, as I have indicated, I have directed the Nisutlin Bay bridge Highways and Public Works team to meet with the interested parties and anticipate that the meeting will happen in the near future.

But just briefly for the public, the benefits with respect to the alignment — it would realign the new highway. In March 2020, the Yukon government adjusted the alignment of the new highway approximately 15 feet away from the Yukon Motel. The plan is also to shift the north approach, as requested by the Yukon Motel. The Yukon government also shifted the north approach 20 metres further to better align with the approach on the opposite side of the highway.

The Government of Yukon has been working closely with the owners of the Yukon Motel since 2019 and has made a number of shifts to the elements of the design based on their requests. Highways and Public Works’ relationship with the community is important and we will continue engaging with the new owners of the Yukon Motel. We are certainly aware that we are now in receipt of a letter from the new owners of the Yukon Motel, as the Yukon Motel ownership was transferred in 2024.

I just recently received a letter from Mayor Curran of the Village of Teslin. We certainly look forward to ongoing discussions to reach a favourable result, but in any event, there have been active discussions since 2019 on this topic.

#### **Question re: Canadian sovereignty in the Arctic**

**Mr. Istchenko:** Mr. Speaker, earlier this month, the Government of Canada announced that they will invest billions over 20 years to establish a network of northern operational support hubs. These hubs will consist of airstrips, logistics facilities, and equipment, and they will help Canadian Forces better protect Canadian sovereignty and support a greater year-round presence. As a member of the Canadian Armed Forces and a proud Canadian Ranger, my colleagues and I in the Yukon Party have always pushed for a greater military presence in the north, so while I certainly welcome these announcements, it’s hard not to notice that the Yukon was excluded from this announcement.

Can the Premier tell us why the Yukon has been left out of the plans for this massive investment in northern sovereignty?

**Hon. Mr. Pillai:** Mr. Speaker, I think that it is important to note for all Yukoners who are listening that this is a conversation, of course, and there are answers that have to come from the federal government. That’s who we need to hear from. We need to hear from the Minister of National Defence. We need to hear from the colleagues who are working on this inside the federal Cabinet.

What I will say is that we have done a number of things to ensure that the voices of Yukoners are front and centre. The first thing that we have done is put an advisory group together with a number of Yukoners that then produced a document that shows some of the best ways that Yukoners can be supported. That work, of course, has led to support now for an investment from the federal government in feasibility and the potential of having an Arctic security institute here in the Yukon.

I look forward to the second and third question. I will say that I did speak with the Minister of National Defence before the announcement that he made in Iqaluit about two weeks ago. I was told during that conversation that there would be more than three hubs that would be announced. The first three were the investment into Iqaluit and Yellowknife — and, of course, we have already heard about the potential investment into Inuvik, which is part of the F-35 base, or maybe it will be a different style of plane, but that’s all stuff that has been announced.

I look forward to the second and third question, and I can share what I’ve heard from the federal government.

#### **Question re: Rent control**

**Ms. Clarke:** In February, local economist Keith Halliday wrote an article in the *Yukon News* analyzing the Liberals’ rent control policy. He pointed out that, according to the Yukon Bureau of Statistics, even though the Whitehorse population has grown by 5.8 percent over that period, the number of Whitehorse rental properties actually went down from April 2023 to October 2024. This means that since rent control has been in place, the rate of new rental units entering the market has not kept pace with population growth.

My question is for the Minister of Community Services: Does he acknowledge that the Liberals’ rent control policy has a negative impact on the number of new rentals coming into the market?

**Hon. Mr. Mostyn:** Mr. Speaker, I really welcome the question from the opposition this afternoon. As they will know, just yesterday, we actually brought second reading to our new *Residential Tenancies Act* and we actually moved into Committee. We had a very fulsome debate on second reading of that legislation. I indicated at the time that we are seeking balance in the Yukon as far as rent goes. We know that the Yukon Party is unremittingly endorsing a free-market approach. We know the Third Party is looking for more rights for tenants. We’re looking right down the middle to balance those rights between landlords and tenants and to come up with an act that is clear and concise and that provides understandable and stable rules for the rental market to foster investment and

make sure that Yukoners know where they stand when it comes to renting an apartment or a house from a landlord and that landlords know what their rules are so that both sides are protected, both know the rules, and both can invest in the territory.

Now, we have this issue, as I've said many times, because people are moving here because they can get a job and because the incomes are good and the territory is a great place to invest.

**Ms. Clarke:** Mr. Halliday uses two criteria to examine how the Liberals' rent control policy has affected the rental market. He looks at both affordability and availability. Here's what he concludes — quote: "This means the policy failed on our two criteria. Having rents outpace ... prices while our fleet of rental units lagged population growth is not a great advertisement for rent control."

So, in light of the clear evidence from statistics Yukon, are the Liberals willing to admit that their policy experiment with rent control has failed?

**Hon. Mr. Pillai:** Mr. Speaker, I think it is just important to note — I understand the premise of the question. The comments that were being made by the member opposite were that we saw a decrease in rental units. I think it was month over month that was used in that example.

I'm just going to go back and look at the Yukon rent survey that is produced here by our statistics branch. I know from 2021 to 2024, we're seeing growth — we're actually seeing growth from 2023 to 2024. So, if the foundation of the argument that has been identified with the economist is that there are fewer rental spaces year over year, that would be incorrect based on the statistics branch, which is where we're getting our information from.

I think the other thing that is important to note is that the new rentals that are being built — the starting price for rent, of course, does not fall under that cap in the sense that you can set your rent at what you believe that the market will bear for a new rental. Once it is in the system or the ecosystem, then you would have a rent cap. So, the starting price of new rentals would be higher; therefore, it would push up your average, which I think is an important thing to note. I don't know if it was in that article. I didn't have a chance to go through it in detail, but I will go back and look at it. But those are two important notes to take into consideration as we talk about this publicly.

**Ms. Clarke:** In the fall of 2023, the Liberals announced a landlord subsidy program. On October 20, 2023, a *Yukon News* story outlined the briefing that officials gave to the media. In that article, according to the Yukon government officials — let me quote: "... a recent regulation change made by the Yukon government caught landlords by surprise. It could be driving landlords out of the territory's rental market, resulting in less rental stock."

Can the minister explain why they were so concerned about driving landlords out of the rental market, resulting in less rental stock in 2023, that they created a cash handout to landlords, but now they don't seem to think that the policy will have the same impact going forward?

**Hon. Mr. Pillai:** Mr. Speaker, there were a number of questions; I'll do my best to speak to a couple of these points.

I think it is important to note that we have seen strain on rental investment over the last 20 years in the Yukon. What has been important is that we make sure that we find good ways to ensure private sector investment. That is why, between 2018 and now, we have seen almost 930 units being invested in — because we have been able to build programs like the housing investment fund, which took \$35 million and then leveraged that into \$350 million of investment, which has really led to the biggest work and program under the Yukon government — in the history of the Yukon government — when it comes to affordable housing. So, that is important to note.

I think that the other key thing is — we debated this a lot yesterday. There were some really strong points that were put on the floor by many. I guess, for the member opposite, I would ask: If the position of the Yukon Party is that this is such a challenging policy, why did the Yukon Party commit to supporting this policy in the CASA in their ability to try to form government with the Third Party? Of course, what we are seeing is that the Yukon Party fully supported what they are challenging right now. What they say is disastrous, they fully supported in their negotiation.

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

## ORDERS OF THE DAY

### OPPOSITION PRIVATE MEMBERS' BUSINESS

#### MOTIONS OTHER THAN GOVERNMENT MOTIONS

##### Motion No. 1209

**Clerk:** Motion No. 1209, standing in the name of Mr. Cathers.

**Speaker:** It has been moved by the Member for Lake Laberge

THAT this House urges the Government of Yukon to take immediate steps to recruit doctors, nurses, and other health professionals from the United States of America, including:

(1) allowing American board-certified doctors, surgeons, and specialists to practise in Yukon;

(2) moving quickly to speed up the licensing of other health professionals educated in the United States of America, especially in areas where recruitment poses a challenge; and

(3) launching a marketing campaign to promote the opportunities in Yukon to American-trained health professionals and to Canadian health professionals currently working in the United States of America.

**Mr. Cathers:** Mr. Speaker, I am pleased to rise here today as the Yukon Party Official Opposition health critic to speak to our motion.

During our time in opposition, we have focused on not just criticizing government for the many problems in health care and so many other areas but also on proposing constructive solutions. Today, we are once again urging the government to allow American board-certified doctors, surgeons, and specialists to practise in the Yukon.

We have stated that call for years, but now the situation south of the border provides a unique opportunity to recruit US-trained doctors, nurses, and other health professionals to make the Yukon their home, and it is also an opportunity to convince Canadian health professionals working in the United States to come home.

We are calling for a marketing campaign to promote the opportunities of the Yukon to American-trained health professionals and to Canadian health professionals currently working in the US.

As all of us who call the Yukon home know, our beautiful territory is a wonderful place to live. We have an opportunity here and now to do a marketing campaign targeting American doctors, nurses, and other health professionals.

I hope the other two parties will join us in voting for this motion and sending this clear message to American-trained doctors and other American health professionals: The Yukon wants you.

The US health care system can and should be faulted for too much of a focus on profits and the fact that some people are unable to afford the health care they need, but the standards of American medical education, training, and quality of health care that they are capable of providing is among the best in the world. Like Canada, the United States has excellent health care professionals. We also understand that some American health professionals are becoming disillusioned by the focus in their system on profits — and the focus particularly in US hospitals — and it seems that some of those professionals might be receptive to an invitation to come and work in our publicly funded health care system.

In early 2023 — two years ago — one province, Nova Scotia, began allowing American board-certified doctors and surgeons to practise there without having to jump through hoops and bureaucratic red tape, like they do if they have to practise in jurisdictions including the Yukon. My colleagues and I thought that this approach made a lot of sense. So, on March 29, 2023, I said this in Question Period: “Nova Scotia and Manitoba both recently announced changes to speed up recognition of doctors trained outside the country. The College of Physicians and Surgeons of Nova Scotia has agreed to accept US board-certified doctors.” I then went on to urge the government to consider the Yukon doing that, too.

Here is another quote from what I said that day in Question Period on March 29, 2023: “The Yukon could consider that approach and potentially recognize credentials of doctors trained and licensed in the US, the UK, and other countries with high standards of medical education.

“Will the government agree to discuss that possible solution with the Yukon Medical Association and the Yukon Medical Council and seek their views on a path forward?”

Mr. Speaker, as of next week, it will be exactly two years since we first urged this Liberal government to consider allowing US-trained and board-certified doctors and surgeons to practise in the Yukon without delay. The Province of Nova Scotia has been successfully allowing that to happen there for more than two years. This Liberal government, on the other hand, has had one photo opportunity with the Premier and his

Nova Scotia counterpart but done very little else other than put out the press release. That photo opportunity was, of course, way back in the summer of 2023.

Since early 2023, we have repeated calls for this Liberal government to recognize credentials of doctors trained and licensed in the US, the UK, and other countries with similarly high standards of medical education. For years, we have also repeatedly suggested speeding up the licensing of nurses and other health professionals, including those educated in the United States as well as other countries with high standards of training and education.

Mr. Speaker, I ask you: Does it make sense that a doctor who graduated from Harvard Medical School at the top of his or her class has to jump through hoops and navigate miles of red tape before we allow them to practise medicine here in the Yukon? If the Yukon was lucky enough to have a world-class American surgeon interested in coming to the Yukon, whether permanently or on a visit, does it make sense to insist that he or she waste time proving their competence? I would say that it does not.

In today’s motion, we decided to focus on the recruitment of US-trained health professionals and specifically propose the immediate recognition of the qualification of US board-certified doctors and surgeons. This is not to say that governments shouldn’t also welcome health professionals from other countries with high standards of education and health care. In fact, we have specifically made calls for that on multiple occasions, including in early 2023 beginning in March and wrapping up that year with a December press release on that subject.

But this motion here today is about taking advantage of the opportunity caused by chaos and polarization in the United States and specifically reaching out to and recruiting US-trained doctors and other health professionals to move to the Yukon, the most beautiful part of the proud and sovereign nation of Canada.

God keep our land glorious and free.

**Hon. Ms. McPhee:** Mr. Speaker, I am pleased to be able to stand to address the situation arisen in this motion and the wording therein. I am also happy to be able to speak about our efforts to recruit doctors and to recruit other health care professionals for the territory. We know very well that, in fact, there are challenges with respect to recruiting medical professionals of all kinds but certainly physicians in particular. We have strong numbers of physicians here in the territory.

Many physicians come here because they can have a wide variety of practice. Some open primary care clinics or participate in business ventures with their colleagues to have a primary care clinic, run that business, and have patients — often known as “primary care physicians” or “family doctors”, as we often call them. If we have a family doctor and have had the opportunity in the past to have doctors — sometimes for many, many years — to serve and care for our families, our family members, and our children, like the youngster we had here earlier today — and other family members often can go to the same family physician.

Many doctors come here to the territory for the purpose of having a wide array of opportunities. Often in other places and larger places, there are not the opportunities that exist here in the territory. There is not an opportunity to both be a family physician — primary care physician — and an anaesthesiologist, for instance, or for a primary care physician to be a family doctor and to work shifts at the hospital emergency room or to work as a hospitalist — which are positions in many jurisdictions in the country that are full-time positions alone and do not allow the variety of experiences that individuals can have here in the territory. Many family physicians or primary care physicians have the opportunity here in the territory to, like many of us, be at the ski hill with their family on the odd Friday afternoon or for a weekend in less than 20 minutes. They have the opportunities, like many of us, to camp, to be out on the land, to be out in our communities, and to travel to communities where they can run clinics and provide health care to individuals who might live in a smaller centre than Whitehorse.

These are opportunities that are not availed to every family physician or primary care physician in Canada. These are opportunities that are — I would say — maybe uniquely Yukon, and many of our family physicians have come and stayed here, had their families, raised their families, and had amazing opportunities but also provided amazing care to Yukoners.

We have seen a shift with respect to young physicians and the way in which they want to practise.

It is our responsibility as a government and as a provider of health care to our citizens to make sure that we can provide the kind of health care practice that young doctors want to participate in, that we can provide the kinds of clinics that they want to participate in, and that we can provide the kind of wraparound services, team-based care — assistance of working alongside a nurse practitioner or a physiotherapist or a social worker who can help with housing issues for patients — all manner of wraparound services that contribute to one's well-being and that contribute to one's care and health care in their lives.

Mr. Speaker, the Yukon government is committed to strengthening our health workforce through recruitment and retention. We recognize the importance of expanding pathways for qualified health professionals, including those who have been trained in the United States — as I said last week and this week in response to questions from the opposition — and in particular all internationally educated health professionals.

I appreciate the example given in the member opposite's submission to this House about a Harvard-educated professional, but there are many, many stellar and absolutely amazing medical training facilities across the world — we should be so lucky as to have individuals who come from that training. But let's be clear that the training alone and the fancy name of a university alone does not assess the competencies of a particular medical professional, whatever their background may be or from wherever they come. It is the responsibility of medical councils and colleges of physicians and surgeons here in this country to assess the competencies of a particular

individual and determine if they can and should be licensed here. Simply having a degree from the United States doesn't put you at the front of the line, although, as I had the opportunity to say earlier last week and this week, we are very welcoming to our United States colleagues and health professionals educated in the United States, and we are very open to welcoming them here in the territory.

The Yukon government has done the upfront work to establish an agreement with Nova Scotia — we have heard lots about that this week — that allows US-trained physicians to obtain credentials in Nova Scotia to be recognized for licensure here in the territory.

I think we need a little bit of background about this. The Yukon Territory does not currently have the authorities to grant licensing and address the qualifications and the credentials of any trained physicians who are not otherwise licensed in another jurisdiction. The larger populations in those places — the opportunity for collaboration with universities for the work that can be done in those larger jurisdictions is something that we partner with them on.

So, individuals who are licensed in some other jurisdiction in Canada — properly credentialed, properly assessed, and in good standing — are welcome to come here and can be admitted to work here by the Yukon Medical Council and licensed here in the territory. Currently, the only jurisdiction — and we focused here on the United States in the wording of this particular motion — in Canada that recognizes US-trained physicians is that of Nova Scotia. They allow US-trained physicians to obtain credentials in Nova Scotia and to be recognized for licensure there. As a result of that activity, they can be recognized for licensure here in the Yukon Territory. That is a direct pathway. It is one of the reasons that the Premier signed the letter of intent with the Government of Nova Scotia recognizing that a pathway for US-trained, American-trained, physicians to enter Canada was incredibly important. It was a way in which we could fast-track individuals who are trained in the United States and could be recognized in Canada — in Nova Scotia, in the only jurisdiction that does that — and then could be available to come here in the territory. Nova Scotia is the only jurisdiction in Canada that fully recognizes US-trained physicians as equivalent to Canadian-trained doctors, and they have done that, and this is an opportunity for us to partner with them to do the same thing. This means that American-trained physicians who obtain licensure in Nova Scotia and want to practise in the Yukon Territory will be recognized.

We will focus, going forward, as we have been already, on marketing efforts both in Canada and expanding this to include the United States, as we are seeing in British Columbia. I had an opportunity recently to exchange messages and information with the new Minister of Health in British Columbia, Ms. Josie Osborne, and the opportunity to speak to her about the outreach that British Columbia is doing to the United States and how we might learn from that effort. We will continue to work with them to determine how that could be beneficial to the Yukon.

The Yukon Registered Nurses Association has a process in place to license US-trained nurses without requiring a competency assessment separately, and the timeline for

licensure of those nurses varies by case but generally takes weeks, not months.

I am very proud of the work done by the Minister of Community Services last fall, in collaboration with the Department of Health and Social Services, to change the requirements for nurses to need to be registered and licensed in some jurisdiction other than the Yukon before they could be licensed here in the territory. We have streamlined that process. I don't think I heard a real understanding of that from the member opposite when he was speaking, but in fact, those changes have been made, and there has been progress with respect to that, and nurses who have completed education can now be licensed directly by the Yukon Territory.

This is a real opportunity for progress. It is something that we have worked on with the Yukon Registered Nurses Association. The process is in place for that to happen, and as a result, Yukoners have access to a wider variety of nurses who can come and be registered here immediately upon application. More importantly perhaps, nurses have the opportunity to come here in a way that — barriers have been removed and the application process has been streamlined and the authority granted here to the nurses' association and the licensing body to provide the licences.

The Government of Yukon is actively supporting internationally educated health professionals. I had an opportunity, albeit brief, to note that in the answers to questions a few days ago. I think that it is a really important aspect of what Yukoners can be aware of and should know in relation to our work on recruitment and retention of internationally educated health professionals and recruitment and retention of all health professionals.

We are acutely aware of the need for us to have expanded health care professionals. The more individuals that we have providing these kinds of services, the more access there will be for Yukoners. The more individuals we have providing these services, the more opportunity there will be for individuals to have well-deserved and well-needed breaks. There will be an opportunity for there to be coverage for individuals who need time off or vacation time or — as we all know — the important March break opportunities here in the territory or Christmas break opportunities — we often have young families who want to take the opportunity to go on vacation or to have a few days off. That's incredibly important. A pool of individuals who live and work here in the territory who can help fill those gaps is our ultimate goal.

The foreign credential recognition navigation service was launched here in the territory in January of this year. It has engaged 72 individuals, providing a pathway to information, assessments, referrals, and financial assistance, where appropriate, to do so.

This is incredibly important. It is something that is dismissed by the members of this Legislative Assembly who are asking questions. It is something that is maybe not known by them and that this is, in fact, something we put in place in the last little while to respond to the needs for recruitment and retention of health care professionals.

We have looked in every corner and will continue to do so. It was recognized early by the Premier and me that there were individuals living and working here in the territory who have health care backgrounds but who were not working in health care. Sometimes, it is because of situations of outdated training but most often because there were challenges to them becoming professionals in their chosen health care field, or in some cases, they had changed their minds but were interested to change back.

The changes that we made last fall for the nursing licences and the opportunities for other things here in the territory, like the licensed practical nursing training at the Yukon University, like the bridging program between licensed practical nurses and RNs at the university here in the territory, which is also a partnership with the University of New Brunswick and of which we are very proud, changes to the licensure requirements and the regulations to do that — all of which have contributed to the opportunities for us to have homegrown, trained nursing professionals — and those who want to enter the field and those who want to increase their education and designation to perhaps an RN or nurse practitioner — they are all supported by our government.

The foreign credential recognition navigation service, which was only launched in January of 2025, has engaged with 72 individuals and is working with them to continue their pathways. So far, 14 internationally educated Yukoners have been assisted to obtain credential recognition in their regulated fields, including 12 registered nurses, one licensed practical nurse, and one physiotherapist. This is so important as an opportunity for progress for Yukoners to have access to these individuals in their professions now. For those individual Yukoners living and working here in the territory, previously working usually in non-health-related fields — although many of them had very important jobs in other fields — they have chosen to return to their credentialed program, to their nursing skills and nursing work, and provide that kind of service for Yukoners. This is an amazing opportunity for us.

One of the first clients in this program has recently passed her registered nurses licensure exam. This is such a great opportunity. The reason we went looking for individuals here was not only to help support them to return to their health care fields and professions but because they had roots here in the territory. They already lived here. They didn't have to move here from somewhere else. They had family and friends and strong ties, and they were very pleased to be able to participate and will continue to do so in this navigation service program to literally help them move forward and become health care professionals here in the territory.

The Department of Health and Social Services, in partnership with the Yukon Hospital Corporation and the Yukon Medical Association, is developing a strategy focusing on recruitment, onboarding, retention, regulations, and education.

Acting Speaker, I am happy to address you today. I think that it's critical that we are understanding the ways in which physicians are licensed here in the territory. The medical profession registration and fees regulation exists under the

*Medical Professions Act*. It lays out requirements for all physicians providing medical services in the territory. There are three ways to obtain a full licence here in the Yukon: You could hold a full licence in another Canadian jurisdiction and apply through the *Canadian Free Trade Agreement* — formerly known as the *Agreement on Internal Trade*; you could apply directly to the Yukon and hold a Medical Council of Canada licence and certification either with the Royal College of Physicians and Surgeons of Canada or The College of Family Physicians of Canada; or you could qualify for the limited family or specialist registry and pass your certifications within 10 years.

There is a wide variety — I won't go into the details with respect to those, but I think that it's incredibly important to note that the wording of the motion that is before the Legislative Assembly certainly does make a number of assumptions. It does ask for the Government of Yukon to take certain steps that are, in my view, not necessarily permitted by the current process or doesn't — I'll say it this way: doesn't really recognize the details of how an individual can come forward.

Now, let me be clear: Just because there are rules and requirements for individuals to be permitted to practise here in the territory does not mean that those are necessarily barriers. We are working with the Yukon Medical Association to actively promote recruitment and retention of physicians. We are working with the Yukon nurses association to actively recruit and retain nurses to live here and work here in the territory, and we are working with other organizations to make sure that we are actively advertising, actively marketing, and actively seeking out other allied health professionals, whether they be technicians to run a machine, for instance, and complete tests at the hospital like an MRI or even blood tests, lab techs, or individuals who do breast cancer screening. All of these are allied, highly trained, highly sought-after medical professions which we need here in the territory.

Again, some positions are not vacant for those individuals, but we always need individuals who can spell off individuals who might need some time off or need to take leave for some reason, and we are always actively looking. I know that happens to be the case with respect to primary care physicians here in the territory looking for locums and support from colleagues, and I know that it is the case at the Hospital Corporation where we are trying to make sure that there is support for individuals who work there.

But the wording of the motion that is before us asks us to take immediate steps to recruit doctors, nurses, and other health professionals — all valiant, important steps to take — but really, we must work with the professionals who are necessary — the Yukon Medical Association, the nurses association, and the other professional organizations. The focus here is on the United States of America. I said many times in the last few days and last week when talking about this matter that we're focused on internationally educated health professionals of all kinds and from all places, and we welcome them here and are reducing barriers so that any of their education can be properly assessed and individuals can come from many places in the world to help support our Yukon health care system.

I appreciate that this focuses on individuals from the United States of America. So, in that first sentence, a few flaws — one is that I think we need to work with individual organizations and collaboratively with them. That was the work that was done for coming up with the *Health Human Resources Strategy*; that is the work that was done through that work and collaboration with those professionals, and we will continue that. We are certainly not abandoning the work that we are doing as a partner, as a strong partner, because our government believes, Mr. Speaker, that building those partnerships, fostering those partnerships, and respecting those partnerships is the way in which we will all move forward together, the way in which our interests will be aligned and we can all be pulling in the same direction.

Number 1 in this particular motion notes allowing board-certified doctors, surgeons, and specialists to practise here in the Yukon.

There is no impediment from that to be the case. I am not sure if they mean without further assessment or automatically or something, but it doesn't say that. It says: allowing them to practise here in the territory. Of course, they are already allowed to practise here in the territory. There is an application process; there is a licensing process, but that will be the case no matter where an individual American doctor might want to practise here in Canada.

We are asked to “move quickly to speed up the licensing of other health professionals educated in the [US], especially in areas where recruitment poses a challenge.” I am not sure what that last part means, but “speed up the licensing of other health professionals” — we have taken the steps to do that with respect to nurses last fall. It is showing entirely as promising, and the opportunity for a nurse who is educated anywhere in Canada or in the United States to become licensed here is available. We simply have a process by which their credentials are reviewed.

The third piece is “launching a marketing campaign to promote the opportunities in Yukon to American-trained health professionals”. I guess the focus in all of these cases on American-trained is to somehow take advantage — I think that it was said earlier in the week — of the chaos south of the border. I think that our campaigns for recruitment and retention need to be based on seeking medical professionals from all places in the world, and really, the opportunistic availability of Americans as assumed by this motion I don't think is necessarily true. We certainly don't see the Americans coming across the border or trying to in any great numbers, but I appreciate that there are some who believe that we should be capitalizing on this. I think that it is important to have a solid recruitment and retention program, a solid marketing program, a solid opportunity for individuals to become licensed here, and a solid opportunity for us to support those individuals when they choose to live here and work here in the territory.

I also note that the last part of that is about Canadian health professionals currently working in the United States.

While I understand the opportunity for this motion to come forward, I think that it is flawed in some ways. I think it's important that Yukoners know that we are working diligently

with our professional partners, our professional organizations that represent professionals in our health care system, and that is the route in which we respect that relationship and want to continue that.

I can also advise that, as a result of my comments so far and the work that we have been doing and are going to continue to do to prioritize the licensing, the recognition, the invitation, the marketing, and the ultimate programs in our *Health Human Resources Strategy* — which was developed by all the professionals who are involved responding to the health human resources challenges that exist — it's difficult or complicated to hear questions that continually come to say: You don't recognize these problems; you don't understand them, and by the way, you are not doing anything about them. Because we have lists of things — pages of information — of the things that we are actually doing about them. I want to make sure that I am emphasizing the opportunity to work with our partners — the professional organizations — to make sure that they are respected and that relationship is respected.

As a result, Mr. Speaker, I do have an amendment to place on the floor with respect to this motion, which is Motion No. 1209.

*Amendment proposed*

**Hon. Ms. McPhee:** Mr. Speaker, I move the following amendment to Motion No. 1209:

THAT Motion No. 1209 be amended by replacing the words “take immediate” with “consult with the Yukon Medical Association and other professional health care organizations on appropriate”; inserting the words “and other international jurisdictions” before the word “including”; and inserting the word “targeted” before “marketing”.

**Speaker:** It has been moved by the Minister of Health and Social Services:

THAT Motion No. 1209 be amended by replacing the words “take immediate” with “consult with the Yukon Medical Association and other professional health care organizations on appropriate”; inserting the words “and other international jurisdictions” before the word “including”; and inserting the word “targeted” before “marketing”.

So, the motion with the amendment would read:

THAT this House urges the Government of Yukon to consult with the Yukon Medical Association and other professional health care organizations on appropriate steps to recruit doctors, nurses, and other health care professionals from the United States of America and other international jurisdictions, including:

- (1) allowing American board-certified doctors, surgeons, and specialists to practise in the Yukon;
- (2) moving quickly to speed up the licensing of other health professionals educated in the United States of America, specifically in the areas where recruitment poses a challenge; and

- (3) launching a targeted marketing campaign to promote the opportunities in Yukon to American-trained health professionals and to Canadian health professionals currently working in the United States of America.

**Hon. Ms. McPhee:** Mr. Speaker, thank you for the opportunity to bring this amendment to the Legislative Assembly. I certainly hope that the members opposite in the Official Opposition and the Third Party will note that the motion as amended does not in any way take away from the spirit and intent of the motion. My colleagues and I were very careful in considering this to make sure that we were only making the motion better. I hope that, in that spirit, it will be accepted by the members opposite and they will support the wording of this motion as amended.

The wording makes the motion more inclusive, Mr. Speaker. It notes the concerns by the members opposite about the United States of America focus and also notes that we would seek to continue our work with other international jurisdictions and professionals who are educated there. Perhaps most importantly, it respects our relationships with the professional organizations that would be noted here. The Yukon Medical Association is noted specifically by title because we are speaking a lot in this motion specifically about physicians, but it also adds other professional health care organizations, because they are the experts in how we might be addressing recruitment and retention. They are the front-line individuals who work in these professions.

We absolutely must consult with them and work to collaborate with them to determine how we can best spend Yukon resources — those resources being financial, energy, opportunities, or marketing — to make sure that we are reaching the audiences that we need to in order to work to solve this problem.

The wording that I've suggested here makes the motion more accurate, and it gives us the opportunity to achieve what the original motion did but also to be more inclusive and to be respectful of our partners and the professionals who are the experts in this field in recruiting and retaining their members. And it allows us to have a motion on the floor of this Legislative Assembly to achieve the original author's intent but also to make sure that we're recognizing the important relationships of our partners, the important opportunities that are before us, and that we are all working together to do so.

**Mr. Cathers:** I'm disappointed but not surprised that the minister has proposed an amendment that waters down the original motion, and we will not be supporting it.

I would note that there was nothing in the original motion that precludes consultation with the Yukon Medical Association or others. In fact, as I stated during my speech — though perhaps the minister wasn't listening — when I raised this issue on behalf of our caucus two years ago in Question Period, on March 29, 2023, I said — and I quote: “The Yukon could consider that approach and potentially recognize credentials of doctors trained and licensed in the US, the UK, and other countries with high standards of medical education.



“Will the government agree to discuss that possible solution with the Yukon Medical Association and the Yukon Medical Council and seek their views on a path forward?”

So, literally the first day that we raised this particular proposal, Mr. Speaker, we urged the government to consult with both the Yukon Medical Association and the Yukon Medical Council. Nothing in the original motion would prevent the government from doing so if the original motion passes as it was introduced.

I would note that the minister’s proposed amendment mentions the Yukon Medical Association, but it doesn’t mention the Yukon Medical Council, which is the regulator, so it seems hastily drafted.

Also, the proposed amendment loses sight of the fact that we are dealing with an unprecedented opportunity to target US-trained health care professionals and Canadian health care professionals currently working south of the border and encourage them to move here.

It’s notable that any marketing campaign that is targeting any audience — whether it’s a tourism marketing campaign or a recruitment campaign — simply can’t target the entire world due to the resources of the Yukon. As the minister can find out from the Department of Tourism and Culture, when they are doing a tourism campaign, they pick a target market or target markets and focus their advertising resources on those areas. They do not — as the minister seemed to suggest — advertise to everyone and, in doing so, reach no one.

The minister’s proposal also takes out any reference to taking immediate action, and what we have seen from this Liberal government is a lot of lip service since we raised this issue two years ago, a lot of lip service since the Premier trotted off to Nova Scotia for his photo opportunity with the Premier there. But we have not seen the action, nor has the Yukon followed Nova Scotia’s example in allowing US board-certified doctors and surgeons to practise in their jurisdiction without delay.

Again, we do recognize — and both my speech and our past comments and press releases have been clear that we support recruiting health professionals from other jurisdictions beyond the United States, but the minister’s amendment misses the moment and misses understanding the fact that this is also about an opportunity — an unprecedented opportunity — to target a marketing campaign toward US-trained and -certified doctors and other health professionals, as well as Canadians working south of the border, and encourage them to make the Yukon their home.

With that, Mr. Speaker, that is why we will not support the proposed amendment.

**Hon. Mr. Pillai:** Mr. Speaker, I am happy to rise today to speak to the amendment for Motion No. 1209. I will state to the House that preparing today for this debate, understanding the flaws in the member opposite’s motion, we did craft a letter — the minister crafted a letter and made sure that we communicated to the medical community that the general theme of the motion is something that we are supportive of, but there were a number of technical flaws that we identified.

Whether we have the opportunity today to amend — and if we do have a chance to amend, great; we have an ability to support this. But if it wasn’t amended today, we wanted those in the community to know that we support the general theme of what was trying to be accomplished here by the member opposite.

Of course, if there are US-trained physicians or Canadian health care professionals working in the United States and we have an opportunity for those individuals to work in the Yukon, of course, that is something we think is valid. As we stated in the House today — and I had an opportunity to talk about the first Trump administration — and through our work with organizations that we have representation in the United States, in that time, through Economic Development, in conversations that we had with both state senators in Washington State and state senators in Oregon State, they actually brought that concept to Yukon officials. They said that there are a lot of individuals who are working in the State of Washington or the State of Oregon, and you really should look to see if there’s an opportunity for these individuals to maybe work in the Yukon.

As I stated in the House, it wasn’t just about health care professionals; it was about areas of tech and engineering where individuals, because of maybe their racial background or religious views, felt incredibly uncomfortable about their situation in the United States. A number of, again, state officials came and said that these are some areas where we could have a potentially targeted approach to talking about opportunities in the Yukon. This is a bit more about why we are talking targeted versus an entire country where we are trying to market, but we can touch on that in a minute.

First of all, getting into the keys of this, improving health care for Yukoners is one of our government’s top priorities. Addressing the health care workforce shortage is critical to achieving this goal. We are committed to supporting recruitment and retention efforts to ensure that our health care system can meet the needs of our growing and aging population. At the heart of this commitment is our *Health Human Resources Strategy*, which aims to support and enhance the health care professionals who are the backbone of our system. The strategy outlines a pathway for internationally educated health care professionals to join our workforce.

So, Mr. Speaker, let’s talk about how the pathway works in the Yukon and why we’ve proposed the following amendment to include consultation, first with the Yukon Medical Association and other professional health care organizations, on this matter.

The medical profession registration and fees regulation under the *Medical Profession Act* lays out the requirements for all physicians providing medical services in the Yukon. There are three ways to obtain full licensure in the Yukon. You can hold a full licence in another Canadian jurisdiction and apply through the *Canadian Free Trade Agreement*, formerly the *Agreement on Internal Trade*. You can apply directly to the Yukon and hold the Medical Council of Canada licentiate and certification with either the Royal College of Physicians and Surgeons of Canada or The College of Family Physicians of Canada, or you can qualify for the limited family or specialists register and pass your certifications within 10 years.

In addition, there is an agreement in place with the College of Physicians and Surgeons of Nova Scotia, which we spoke to.

I think that it is important to note that, as the member opposite said — I can't remember the disparaging comment about the work that we did or my work on trying to have an MOU signed with Nova Scotia; I think that it was "carting off to" or something along those lines.

For the House, I will just note that I had a period of, I think, five days to spend with my family, which I paid my way to spend with my mother and father. During that period of time, when I had the five days — which, of course, I covered the cost, because it was a personal trip to spend time with my family — I took one day while we had an opportunity to negotiate an MOU and spent that day to drive and meet with the Premier of Nova Scotia, because I thought that it was an important thing to do.

I will note that I was criticized here today, but I was criticized at that point, and the opposition are now coming into the House and pointing to that particular work and agreement as what should be best practices. Again, at that point, it was completely criticized, so what we have been able to do —

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

**Hon. Mr. Pillai:** What we've been able to do is — you know, again, I always know when we push the buttons, because they start to — off-mic, we get to hear it again. But what is important to note — and we will chat about it a bit today — is some of the other work that has been accomplished. I know that having our teams, the medical professionals from the Yukon, go out to Nova Scotia to look at red tape reduction — we will probably talk about that in the next motion — which was active work that happened which was part of our MOU.

Again, having a pathway for doctors, which is ongoing work but work that is important work, which has been noted by the member opposite —

Just to correct the record, they can go back and look at the public documents, but that is what had happened — taking a day to go and get an agreement done while I was in that jurisdiction.

Again, Mr. Speaker, what we hear today from the Yukon Party — noting more than — then there's this "everything" again, there's the "everything is broken" approach. Everything is broken is what we are hearing. No, we hear it every day. We hear that everything is broken. We have heard that before, but we hear that everything in the Yukon is broken. It doesn't matter if the economy is at the top. It doesn't matter if we have the lowest unemployment rate; it doesn't matter if we have record investment in real estate. It doesn't matter if we have the highest proportion of doctors to population. It doesn't matter. We are going to go down the track of "everything is broken", almost as though the political advice that the members opposite are getting is similar to others in the country right now. Maybe it's the same folks; maybe it's the same firm that is providing the advice, because it's "everything broken".

Yukoners stop us every day, and Yukoners say every day: You know what? We are waiting to see some new things come out, because it's just "everything is broken". That's what we are getting. We are not getting the opportunities.

Here today, I do appreciate that there is a focus to say that we could go and recruit somewhere else. All we are seeing is that the former minister of health has put down a flawed motion. We want to support it, but understand that there is a particular way that licensing happens in the Yukon. We want to make sure that the Yukon Medical Association is part of that discussion — we think that's appropriate — and other professional organizations, which again touches upon the licensing process. That's why we thought that it was important to do the work originally. That is why we are doing the work to make sure that organizations, like the University of New Brunswick, can have a partnership with us so we can streamline nursing. That's why we put legislation through last fall which gives us more flexibility in our ability to bring health care professionals into the health care ecosystem. That's why the minister went out and strategically leveraged millions of dollars — which you are not seeing in other jurisdictions — where it came to the Yukon so that we could recognize the credentials of individuals from outside of Canada and bring them into our system. That's why there are dozens of those individuals who have come forward.

There are lots of things happening. Again, you can talk the "everything is broken", which is the daily messaging, but when you look at what is actually happening here with a number of these programs, you will see that there is good work being done by our public service. I want to thank Health and Social Services as well as Community Services — people who do the heavy lifting in much of this work.

With respect to why we feel it's important to amend the motion to include consultation — because we believe, with the Yukon Medical Association and other professional health care organizations, on appropriate steps. We think this is incredibly important. The argument we just heard from the Member for Lake Laberge was: Well, two years ago, I said this.

Well, it's not in the motion, and I think that if we're going to actually support this, we're not going to go back and look through Hansard from two years ago about what the Member for Lake Laberge said at that point in time.

This was the motion. He had all the time to prepare it properly and did not have a clear indication that the organizations that represent these professionals would have an opportunity to provide advice. That's why it's here. That's why we put in: steps to recruit doctors, nurses, and other health professionals from the United States and other international jurisdictions.

Yes, we think that the US is an opportunity, and it could be fertile ground. What we know, because colleagues have been speaking with members of the British Columbia government, is that, if you're going to look at this, we are being targeted, meaning just the same argument that has been tabled by the Member for Lake Laberge. You can't market across the entire world — that's a fair comment. You might look for places where you have a strategic advantage — the same way that you're not going to look at the entire United States and try to afford to have effective platforms paid for in your marketing campaigns. You're going to look at a strategic, targeted approach. That's why, as well, we've amended this to say

“targeted”, because we’re taking the intelligence that we know from British Columbia. They are very focused on the west coast in what some would call “blue states” where some of the medical professionals are feeling uncomfortable about the state of discourse in their community. That’s all we’re saying.

It probably makes sense to sit down with the Yukon Medical Association, continue to talk to some of our other colleagues, and be able to focus the actual marketing in particular areas of health care if the Yukon Medical Association says that this is what they are hearing from colleagues. Or maybe through the relationships that are there, they can also say what they are hearing from Canadian doctors who are practising in the United States. So, I think there are a number of ways to be able to look at this.

Yes, there are some concepts that we have. We know that this is a conversation that shouldn’t slow us down in the work. It’s just an ability to sit down and understand what they believe are some of the best practices that they are seeing.

I was concerned this week when I heard that there is a school of thought — specifically from the Member for Lake Laberge — and it was that, when we have locums — doctors coming from other jurisdictions to work, and we appreciate those many folks who come — and I heard it actually from the Leader of the Official Opposition. It was: You are not recruiting them; essentially, you are not ensuring that those doctors from other places in Canada — you haven’t made sure that you have done a hard-press on them to keep them here in the Yukon. That, I have to say, would show a complete lack of understanding from both of them about what conversations are happening at the table with all the provinces and territories.

I have seen one pretty significant heated discussion between two premiers around the activities of trying to take doctors from other jurisdictions. I think that what we do here in the Yukon is that individuals come here on locums. I think that they see that this is a beautiful community. I think that they have an opportunity to go out and use the recreation facilities, whether skiing, running, mountain biking, or going to Mount Sima — you name it — and they see the uniqueness of the territory. They don’t feel when they come here that everything is broken. I think that many people feel that the Yukon has lots of opportunity. That is probably the reason why we have the second highest increase per capita in population. It is because a lot of people think that there are a lot of good things here in the Yukon.

With that being said, I do think it’s important to work with our medical organizations to have a targeted approach. I think it’s important to provide information to individuals when they come on locums, but I would say that hard-pressing on recruitment — especially individuals who come who have no interest in being here full time. They want to come here and experience it; they want to be in a northern context; they know that things like First Nation health inside our hospital is leading in the country; they want to understand how this works. When those individuals go home, if it’s sending a message back that the whole time they were being hard-pressed and recruited — it probably doesn’t play well with other jurisdictions in the country. It’s in the same way that we made a commitment at

the table among premiers to not go and recruit nurses from other jurisdictions. That was a commitment that was made to ensure that we respect the fact that nurses are in another jurisdiction and that we would also look to decrease travel nurses. I want to commend the minister; I think that we have over 300 nurses who have been hired.

Again, as my colleague the Minister of Health and Social Services has indicated: As part of the 2025-26 health human resources budget, \$170,000 is provided to the Yukon Medical Association for consulting, including our physician recruiter. That is someone who goes out and ensures — as I understand it — that we have locums. They and others make sure that we have that backup to do important work.

These are important investments. No matter what you say and no matter what the dialogue is in the House, you are in a position where there is incredible investment going into this year’s budget around health. It is the most money that we have ever seen go into Health and Social Services. There is significant money for the hospital. Nobody in this House would stand up and say that there are not always going to be places where you want to make sure that things are better with health care. We know in the country — and I think that it makes good political debate in Question Period, but collectively, I think that everybody here in the House has heard that we’re short about 23,000 doctors in Canada. If you look at the speed at which doctors are being brought online — not just here but in other jurisdictions — what you would come to understand is that with the population growth of our country and with the shortage of 23,000 doctors, we are absolutely going to be recruiting from other jurisdictions. It is required. You are not going to see the level from our Canadian medical schools keep up with the growth or the gap that is there. But you’re also going to have to understand that there is a different way to deliver the services that Yukoners and Canadians need, and that’s about making sure that the system evolves, making sure that the system that is here to support them — that they see themselves being respected in the system. That was really about *Putting People First* — the work that was done — but it’s also about the transition to ensure that Yukoners who are walking in to receive treatment feel that the treatment that they are getting respects who they are and there is not some bias because of where they come from or who they are. That was the important work that was done.

The Member for Lake Laberge put this on the table but also voted against that — voted against making sure that Yukoners who were here for generations, some for millennia, felt that they wanted to make sure that the health care system also respected them when they walk into the room and they get services and felt that there was a gap.

I think that it’s difficult to understand that unless you’re experiencing it, but I think that it’s something that all of us as Yukoners — it’s incredibly important, especially in the Legislative Assembly. We’re all here. Each MLA has a constituency, but I think that we all try to represent all Yukoners in our work here. We say that no matter what their political views are, we are all in here working on behalf of

Yukoners. I just want to remind the Member for Lake Laberge about that.

We hope today that these are improvements. As we said, we have already communicated formally to the medical community today to say that there are flaws here. We want to support this work, because sometimes what happens when you debate these on Wednesdays, the actual core of what the dialogue is gets missed by the time it gets to the media. So, we want to make sure that people know that we are here to support generally but also the fact that we think that we have been able to improve the work that was tabled today — a bit flawed — shocking from a former minister of health — but we think we got it to where it needs to be to ensure that we do go out and recruit US-trained professionals. We do it in a targeted way — the best use of Yukoners' money — and we make sure that we do it with the advice and support and guidance of the people who actually work inside that sector here in the Yukon.

**MLA Tredger:** I am pleased to rise today to speak to this amendment to the motion from the Member for Lake Laberge.

I always appreciate amendments in this Legislature. I know that sometimes they get a bad reputation, but I think there is a really incredible amount of expertise in this room on all sides of the House. Everyone in this room is hearing different things from their different networks and their different constituents. What the Member for Watson Lake hears from her constituents is going to be different from what the Member for Whitehorse West hears from his constituents, and that is going to be different from what I hear from my constituents in Whitehorse Centre.

It is really important that all of those perspectives are brought here into the Legislature. Each member of this Legislature has their own professional experiences — a real wealth of experiences — as well as their own personal lived experiences. If this Legislature were just a place to rubber stamp motions and bills that came before the Legislature, I think that would be a real waste of that skill, knowledge, and experience and all the work that everyone here does to hear from their constituents. I really appreciate when we are able to work together as a Legislature to amend things.

Now, I know that we have all seen amendments come — particularly on Wednesdays — that are meant to dilute or water down or straight out negate the intention of the original motion. I have seen those, but I also have seen really good amendments in this Legislature. I think of the time that the Member for Lake Laberge caught a typo in an act that could have had real consequences, and I really appreciated that he was able to point that out and we were able to amend that as a legislature.

I can think of a time when I brought forward a private member's bill on gender and sexuality alliances in schools. I didn't love the amendment that was brought forward. I thought it was not as good as the original, but I understood that the amendment would allow everyone in this House to support that bill, and that was really important. So, I think that amendments can really be times when we work together as a legislature to

make something stronger, and I think that's what this amendment does today.

There are two pieces that I really want to talk about in this amendment and that I think are sort of the meat of this amendment, and the first is about consulting with the Yukon Medical Association and other professional health care organizations — about consulting before we decide how to move forward.

Consultation is a double-edged sword, but it is really, really important. I don't think anyone in here would disagree that it's important to consult. I don't think anyone anywhere would disagree with the idea that people should have a say in what matters to them, but I have a really particular memory that really shows to me — really, every time I think about consultation and the idea about making decisions on behalf of other people.

I want to share it because I think it's a lovely, vivid example of how you can go wrong, even with really good intentions, without appropriate consultation. I was at the annual general meeting of a non-profit. It was a national non-profit. The board of the non-profit had proposed a change to the governance, and there was a section of the non-profit's membership who felt this was a real problem, that this was going to weaken their voices, weaken their ability to influence the direction of the organization, and weaken their ability to share their perspectives, which were fairly unique, and they were really upset about it. It was a tense meeting, I will say.

I learned a lot in that meeting about *Robert's Rules of Order*. I learned about the benefit of having a chair who really believes in everyone being heard. It was the first time I had ever seen a chair replaced, and I saw the temperature of that meeting change dramatically when that happened. The AGM ended up taking two days. Everyone was really upset. But one of the things that happened was that a different group of people said: Hey, I agree; this is a problem. It's not affecting us; it's affecting these other people; they said it affects them and it's a problem. We have an idea about how to change it. And then they missed a really crucial step, which was going to talk to the people who were being affected by the change. So, they came to the membership at this AGM and they proposed an amendment. They had this idea. They had really good intentions about how to fix the problem, make things better, and make sure that everyone's perspectives were heard. Let me tell you how that did not go well.

When the people who were being affected said: You never talked to us, you never actually asked if this amendment would address our concerns, and you never asked if this will make things better or worse. You know, in your attempts to make our perspective heard, you skipped hearing our perspective. And that was the point where the AGM really went downhill and tempers were running very, very high. I learned a lot about procedure, and I learned a lot about collaboration, and that has really stuck with me. When I see this move to consult with the Yukon Medical Association and other professional health care organizations, I think that is a really good idea. I think that makes a lot of sense to include that consultation.

Before I was elected as a Member of the Legislature, I was a speech language pathologist, so I was a health care professional, and I worked in a variety of different settings. In some places, I felt like my work as a speech language pathologist was taken into account as the organization made decisions, particularly here in the Yukon. I worked for a really phenomenal non-profit, the Child Development Centre, which did a really good job of making sure that the health care professionals were the ones — and their observations and feedback were really what was driving administrative processes. I worked in other places where that was not the case, where we would get decisions handed down to us from the top, and we would say: What is this trying to solve? What is this trying to do? I can think of a lot of ways that this is going to affect us that is not good. I can think of all of the ways that this is going to affect my day-to-day work, and I don't understand why. I don't think that anyone above me understands how it is going to affect me, but somewhere, someone made a policy, and now we are left trying to figure out how to implement it in a way, without any say. I want to be really clear that this wasn't in the Yukon.

I really do believe that health care professionals and the organizations that represent them need to be really fundamental to making policy decisions. So, I think that this is really good, that this motion, if amended, will talk about that consultation, because they are the experts. You know, I learned a lot today just from listening to the Minister of Health and Social Services talk. I found her speech really interesting, and I learned a lot about the things happening and I am really glad I got that. How much more expertise would we have if we were talking directly to the doctors? I think that is so important. I say “doctors”, but I really mean other professional health care workers as well.

I have a lot of thoughts on the original motion that I am going to save for speaking to the original motion, but I do think that doctors are only part of the puzzle when it comes to health care. They are a critical piece; they do things that no one else can, but a health care system that only focuses on doctors, I think, loses a lot and leaves a lot of patients behind and really misses out on the chances to bring in the expertise of so many other people. So, I say “doctors”, but I really want to be specific and say that I mean all health care professionals.

That said, I have, in my time here, seen consultation used as an excuse to delay or to perhaps avoid acting altogether. We have talked about plans to make plans. I have certainly seen consultations happen where the decision was made before the consultation was even started. There was an Auditor General report — I'm thinking particularly about an Auditor General's report on mental health services in rural Yukon — that found that the decision for the model that was going to be used was made before the consultation started.

It's really critical when you have consultation that you are only consulting on things that you are actually open to input on, because otherwise, it's a waste of people's time. I often think in consultations how the people running the consultation are usually paid to be there, but the people who are actually coming there with their experience are usually not. They are volunteering their time, their expertise, and their lived

experience to participate. They are very rarely compensated for it, so it's really important that consultation is genuine when it happens and that it's going to lead to genuine action.

I remember that when I started in this job, the former Member for Riverdale South, Jan Stick, took me into one of the offices. She showed me a shelf, and said, “These are all the reports. They are sitting on this shelf gathering dust.” That's what they're doing everywhere; they're not being acted on. We have report after report after report, starting with the 1970s and 1980s with the typewritten font and the little plastic spines all the way up to really beautifully formatted ones from more recently. I think that we can all probably think of some reports that are gathering dust and not being acted on.

The concern, of course, about adding in a piece about consulting is that it is going to lead to delays and a lack of action. I don't think that the solution is to not consult; I think that the solution is to consult with a real commitment and urgency to that consultation and a real commitment to the action that comes afterward. I do intend to support this motion and support that consultation. I would really urge the people implementing it to make sure that the consultation is genuine, that it asks questions that we really want answers to, and that it leads to action quickly. I think that part of the amendment is good.

I also want to talk about this other international jurisdictions piece, because there are professionals right now in the Yukon who are qualified health professionals in other jurisdictions who are not able to practise, and that is a real loss for all of us. I remember going to the Canadian Filipino Association of the Yukon AGM last year, and — sorry, one moment.

I went to the AGM, and two of the people running for the board — two separate people — talked about how they were qualified doctors back in their home jurisdictions and were unable to practise in the Yukon. Instead, their skills, their talents, their years of education, and their years of expertise were being wasted, and they were working in low-level care-providing jobs. I don't mean to diminish those jobs in any way; I think that they are really important jobs, but they are certainly not using the full breadth of expertise that those people had available to them.

I do think that it's really important that we look at international jurisdictions, particularly for the people who are already here in the Yukon and are already ready to work and eager to work and have made this their home.

Now, the Member for Lake Laberge made the point that we can't target everywhere, and that's a fair point. It's true. But I actually think that the international jurisdictions piece is really important, even if we're only looking at people who are currently practising in the United States, because I think there are a lot of people — particularly people who are not American citizens or people who are there on various work visas — who are feeling pretty nervous about entering the United States right now.

I mean, we're all very aware of the Yukon-born Canadian who entered on a work visa — or attempted to enter the United States on a work visa — recently and ended up being detained

for, I believe, almost two weeks and experiencing some pretty horrific conditions, some pretty — I think that we were all pretty shocked and horrified by that, and it's hard to see how much has changed in a very short period of time. You know, I spoke with a friend of mine recently who is in the United States on a work visa, and she's trying to decide: Do I leave and go back to Canada? You know, my best friend is getting married this summer. Is it safe to go back to Canada and re-enter the States? I don't know — unless we think that is only true of people — that it wouldn't apply to doctors.

I actually want to refer to an article from NBC from — let me check the date — March 16. The title is: “Brown Medicine professor and doctor deported to Lebanon despite having valid visa, court filings claim”. The sub-headline is: “Court documents say Customs and Border Protection violated a court order to halt the deportation of Dr. Rasha Alawieh, which the agency allegedly carried out ‘without any justification’”.

This article talks about how Dr. Rasha Alawieh, who was an assistant professor at Brown Medicine — so, this is someone with quite a lot of standing, quite a high position in the country. She holds a work visa, and she has travelled to her home country to visit her family, according to the petition that was filed in the federal court. When she returned, she was held at the Boston international airport for 36 hours and then deported despite having a judge's order to halt her deportation.

There is a lot to be concerned about here and a lot that gives people very reasonable fear. It's a real loss. We were talking about an opportunity here, but I think we also need to acknowledge that it is a real loss for our southern neighbours when the people who are doing really important work in their country aren't able to do it anymore. The court petition reads, according to this article: “The Division of Nephrology at Brown Medicine is extremely distressed at this treatment of their colleague ... She is an assistant professor and has serious responsibilities. Her colleagues have been covering for her, but that is no solution.”

In another article, it talked about how there are 200 to 300 people waiting for kidney transplants who she was supposed to working with and can't now.

I think it is fair to guess that there are a lot of internationally trained physicians and other health care workers who have been working in the States who are pretty nervous about doing it now, who are wondering if they can leave the United States to visit their families and come back. They might have work visas and were planning to enter the States and are now reconsidering. I think those are also people we could consider recruiting.

In this really awful and difficult situation where the Yukon Party has suggested that we look at a silver lining and see if we can recruit health professionals for the Yukon, I think that effort would be more well-rounded, more successful, and more wide-ranging if it included internationally trained physicians from countries other than America as well as American-trained physicians.

I think those are all really important pieces, and I think that the amendment strengthens the original motion. All that is to say that I will be supporting this amendment. I think it is a good

amendment. I appreciate the Minister of Health and Social Services bringing it forward. I look forward to the debate on both the amendment and the rest of the motion.

I also want to say that I will comment more on the foundation of the motion later, but I just want to thank the Member for Lake Laberge for bringing it forward. I think we are in a very, very difficult time for health care in Canada and the Yukon, and seeing creative ideas come forward is a good thing. I look forward to supporting both the amendment and the motion.

**Speaker:** Are you prepared for the question on the amendment?

**Some Hon. Members:** Division.

### Division

**Speaker:** Division has been called.

### Bells

**Speaker:** Mr. Clerk, please poll the House.

**Hon. Mr. Pillai:** Agree.

**Hon. Ms. McPhee:** Agree.

**Hon. Mr. Streicker:** Agree.

**Hon. Ms. McLean:** Agree.

**Hon. Mr. Clarke:** Agree.

**Hon. Mr. Silver:** Agree.

**Hon. Mr. Mostyn:** Agree.

**Mr. Dixon:** Disagree.

**Mr. Kent:** Disagree.

**Ms. Clarke:** Disagree.

**Mr. Cathers:** Disagree.

**Ms. McLeod:** Disagree.

**Ms. Van Bibber:** Disagree.

**Mr. Hassard:** Disagree.

**Mr. Istchenko:** Disagree.

**Ms. White:** Agree.

**MLA Tredger:** Agree.

**Ms. Blake:** Agree.

**Clerk:** Mr. Speaker, the results are 10 yea, eight nay.

**Speaker:** I think the yeas have it.

I declare the amendment carried.

*Amendment to Motion No. 1209 agreed to*

**Speaker:** Is there any further debate on the motion as amended?

**Hon. Mr. Streicker:** Mr. Speaker, I just want to speak to a few things. I appreciate all of the debate back and forth today. I think that the important thing to hold onto is that this is a critical thing, going out and recruiting doctors. The Member for Lake Laberge, when he was speaking to the amendment, talked about how it's important in tourism, for example, for us to do targeted ads. There are times when we do that sort of work, but there are also times when we cooperate with tourism and marketing. The analogy is appropriate here, because we have these other Canadian jurisdictions that we can cooperate

with, whether it is the Maritimes or whether it is British Columbia.

I want to thank those jurisdictions for working with us. We are a small place, and it helps when we work together. I hope that, even though the Official Opposition did not support the amendment, they still will support the motion as amended, because it is so important that we look to do this recruitment for doctors to address the shortage that is here in the Yukon and across Canada. Sorry, I should say “beyond doctors” — for medical professionals — because I think that, once people find the Yukon, like I think the Member for Lake Laberge also noted, they discover that this is a wonderful place and recruitment is easier to do, because this is a great community.

**Ms. White:** Mr. Speaker, I am happy to join today’s debate on Motion No. 1209. You know, I think that there have been a couple of things that have been discussed and re-discussed that I think are important, and happy to add my voice.

I mentioned, actually yesterday in the hallway, when I realized that this motion was called forward, that in some of my podcasts — in podcasts, you hear commercials all the time — that better health is mental health. One, for example, a game that I play on my phone, Best Themes, was advertised on one of my podcasts, and interestingly enough, this last weekend, I was listening to one of my favourite murder podcasts, and New Zealand is currently recruiting for early childhood educators and elementary school teachers. The reason why it is of note is that I heard this commercial multiple times in a podcast that I was listening to, and it is targeted advertising. It is targeted because it is hitting Canada, which is where I was listening from, and I think that is an important part.

I look at BC, and I think about the CBC article that is entitled: “B.C. aims to poach U.S. doctors and nurses by highlighting ‘uncertainty and chaos’ south of the border...” It has been quoted, as highlighted by the Member for Mount Lorne-Southern Lakes, but I am just going to read a portion of it — and I quote: “British Columbia has turned its eye toward luring doctors and nurses from the United States to move north in what Health Minister Josie Osborne is calling an ‘unprecedented’ recruitment opportunity.

“Osborne says the province is changing its licensing rules so U.S.-trained doctors can begin practising in B.C. right away, without any need for further assessment, exams or training.

“She said there will be a similar scale-back of the barriers facing U.S.-trained nurses and that a marketing campaign will be unveiled in Washington, Oregon and California within the next few months.”

She goes on to say — and I quote: “With the uncertainty and chaos happening south of our border, we have an unprecedented opportunity to attract skilled health-care workers interested in moving to Canada...”

That’s partially what this motion is about, which is recruiting those doctors, but the point I want to make here is that it is targeted and it highlights the targeted areas.

One of the things that we heard from the minister of health, when she moved the amendment, was the importance of

targeting. We heard very briefly from the Minister of Tourism and Culture about the ability, when advertising tourism opportunities, to do it in a targeted way. The reason why I bring up my podcast and the commercials that I hear is that they are targeted. That ad to recruit teachers from New Zealand is targeted. It is probably playing on podcasts that are being broadcast across Canada, because teachers in Canada could easily transfer their skills to New Zealand. I think it is important that, when we look at this amended motion, we talk about how it’s targeted.

There is no doubt in my mind right now that there are political challenges from the Trump administration when we talk about health care, whether we talk about the tariffs and the economic strain — how the imposition of tariffs has resulted in economic strain for many health care providers, impacting everything from the costs of medical supplies to the financial stability of institutions. We have heard about the mass deportations and immigration policies, including from the professor from Brown University. When we talk about some of the absolute mind-blowing policy changes in the States, for example, from women’s rights to access health care, when we talk about abortion supports, or when we talk about an individual’s ability to access gender-affirming care — from a medical profession, when you are there to take care of people and you’re committed to taking care of the health and well-being of people, that really flies in the face of those kinds of decisions.

Whether we talk about the — we highlighted just the sheer reduction and modifications in website data in the States so that public health websites or data sites are altered or removed. For instance, several important health-related websites maintained by the Department of Health and Human Services, such as those from the CDC or the FDA, were either pulled down or modified. That included key resources related to HIV, assisted reproductive technologies, and health disparities among LGBTQ youth. We know that, in some cases, websites are removing any kind of reference to folks from the 2SLGBTQIA+ communities, where websites or the information is being removed altogether.

There was a significant reduction in scientific and health research funding. There have been impacts on the global health leadership — policies such as withdrawing from the World Health Organization, dismantling the United States Agency for International Development. So, they have also undermined the US’s leadership in global health, affecting global initiatives on HIV prevention, infectious diseases, food security, and malaria prevention. I think that there is a real opportunity to take advantage of that, but I do think that it’s important that we do so in a targeted way.

To the point that was being highlighted by my colleague — the Member for Whitehorse Centre — there are opportunities for other international jurisdictions. Today, I got a website — or a news article sent to me by a person in Whitehorse who was talking about a Ukrainian doctor wanting to practise in Canada, right — fleeing Ukraine — trained doctor, wants to practise in Canada. That is an example of another jurisdiction. To the Member for Whitehorse Centre’s

point, knowing that we do have trained doctors here from other jurisdictions who are not working in the medical field is an indication that, you know, if we could identify those folks and work to get them their Canadian-equivalent credentials, we could have doctors here right now, already.

I think that it's important, when we look at this, that we recognize that there is probably no one solution here, unfortunately. If there were only one thing required, I think we could — you know, I think we could quite easily get there. Unfortunately, that's not the case.

You know, I recognize the comments made by the Premier about some of the benefits of Yukon as a destination for health care professionals, and it's true, but at the same point, I also say that there are concerns that have been highlighted by the Yukon Medical Association and what some of those challenges are. I think that if we collectively do our best to address those, I think that there is real opportunity.

You know, the Yukon NDP has consistently fought for access and the expansion of services in the areas that have negatively impacted — or have been negatively impacted by the US administration's policies — you know, support for gender-diverse folks, affordable family planning services. You know, those are two things that I'm really proud of. I'm grateful that this government did make gender-affirming care some of the most accessible and inclusive in the country for Yukoners, and I would like to think that the Yukon NDP really worked hard to get that conversation to the forefront, because we worked on it for years in the 33<sup>rd</sup> Legislative Assembly.

I am really proud that the NDP fought for the in vitro fertilization tax credit to reduce the cost of fertility treatments for families, including surrogacy.

As an advocacy, as a political party, we have pushed for the expansion of health services including the new dental program and the opening of a walk-in clinic. We are continuing to champion for additional government-run clinics. We have brought forward ideas and solutions, for example, to address the substance use health emergency with the opening of the supervised consumption site, the ability to access safe supply, or the managed alcohol program.

When I look at the amendment to the motion, I know how it feels to have your motions amended. It happens quite often, as the smallest political party in the Chamber, but I actually do think this strengthens it and I think it's important that it is the united front going forward.

I appreciate the comments from the Minister of Health and Social Services, the Minister of Tourism and Culture, the Premier, and the comments from the Member for Lake Laberge and from my colleague from Whitehorse Centre. I am looking forward to voting in favour of this motion.

**Speaker:** If the member now speaks, he will close debate.

Does any other member wish to be heard?

**Mr. Cathers:** We are a bit disappointed that the amendment passed. It does water down the motion in our view; however, overall, the motion still has most of the things that we

proposed in there, and we are hoping that this is an indication that, after literally two years of the Yukon Party urging the government to consider following the example set by Nova Scotia and allowing US board-certified doctors and surgeons to practise here, perhaps they are finally going to take action.

As I mentioned, when we first raised this issue in the Legislative Assembly two years ago on March 29, 2023, I stated — and I quote: “Nova Scotia and Manitoba both recently announced changes to speed up recognition of doctors trained outside the country. The College of Physicians and Surgeons of Nova Scotia has agreed to accept US board-certified doctors.” And I said: “The Yukon could consider that approach and potentially recognize credentials of doctors trained and licensed in the US, the UK, and other countries with high standards of medical education.

“Will the government agree to discuss that possible solution with the Yukon Medical Association and the Yukon Medical Council and seek their views on a path forward?”

Again, those are from my comments in Question Period in March 2023, two years ago coming up next week.

I just want to briefly comment, since the motion has passed, that the inclusion of the word “targeted”, which some members have suggested was substantive, was in my view just an entirely semantic change. The reference to a marketing campaign intended to target American-trained health professionals and Canadian health professionals working in the United States of America was, in my view, implicitly understood as a targeted campaign, so I don't take any issue with the inclusion of that word.

The motion as amended overall is still a positive step forward as long as the government actually acts on it. It did lose the focus that we thought was important. It also suggests that the Premier or the minister are somewhat missing the moment when it comes to understanding the impacts of the situation south of the border in the United States and what a unique opportunity it provides to the Yukon and to other Canadian jurisdictions to go after US doctors, nurses, and other health professionals and make them an offer of what opportunities exist here in Canada.

As my colleagues from the Third Party made reference to, the Province of British Columbia is taking steps now to go after US doctors and is doing advertising targeting the jurisdictions of Washington, Oregon, and California. We didn't come here with a specific set of states in mind for such a campaign. Indeed, while we had envisioned that it would generally be promoting the opportunities to American health professionals and Canadians living in the United States who are health professionals to move to the Yukon and make it their home, if, for financial reasons, it turns out to make sense to target some recruitment efforts on specific states due to cost reasons, we could certainly understand that concept if it turned out to be necessary. But we would hope that the government would be looking generally to focus on recruiting US-trained and -licensed health professionals to come to the Yukon.



Again, as I mentioned before, the Yukon is a beautiful place. All of us who live here are proud to live here. This motion fundamentally was about taking advantage of the opportunity created by chaos in the United States and specifically reaching out to and recruiting US-trained doctors and other health professionals to move to the Yukon, the most beautiful part of the proud and sovereign nation of Canada.

We are hopeful that this will lead to the government taking action in this area. We have been calling for action for two years, specifically on the area of recognition of US board-certified doctors and surgeons. But I would be remiss if I didn't again mention that, even that day, we made reference to the possibility of having doctors trained and licensed in other countries with a high standard of medical education being a positive thing. We have also on multiple occasions urged the government to take more steps to speed up the licensing of nurses and other health professionals from other countries with similarly high standards of education and practice. Again, the reason that we focused today primarily on the United States is that we believe that, at this moment in time, a focused marketing campaign targeting US-trained health professionals and Canadians working south of the border is taking this unique opportunity at this moment in time.

In wrapping up, I would note that, as part of our efforts to offer solutions and push the government to take action that we believe is necessary, we have had some successes in those areas including — it is well-known that the Liberal government had no interest in developing a new health human resources strategy until following years of the Yukon Party pushing for a new health human resources strategy, and they finally and belatedly took action.

On the issue that the minister referred to earlier this week — of clearing up some of the payment backlog for fee-for-service physicians and automatically paying for a number of those fee codes — I would remind the minister that it was only after we relentlessly pushed the government over the issue of them owing payments to family medical doctors, sometimes well in excess of 90 days and totalling hundreds of thousands of dollars, posing a serious issue both for the retention of physicians — according to doctors themselves, it was causing locums who came up to cover in family practice to decide that they did not want to come to the Yukon again.

The minister and the Premier should not fool themselves into thinking that they have fixed those problems. There is still more that needs to be done there, but we do appreciate that we prodded them into action.

Last but not least, we all know that the government would not have provided the 4.8-percent increase to the Hospital Corporation's core funding this year if not for our relentless efforts in pushing them to provide more funding to meet the needs of our hospitals.

With that, Mr. Speaker, we will be supporting the motion as amended and hope that the government will actually follow through this time and take action in this important area.

**Speaker:** Are you prepared for the question?

**Some Hon. Members:** Division.

## Division

**Speaker:** Division has been called.

## Bells

**Speaker:** Deputy Clerk, please poll the House.

**Hon. Mr. Pillai:** Agree.

**Hon. Ms. McPhee:** Agree.

**Hon. Mr. Streicker:** Agree.

**Hon. Ms. McLean:** Agree.

**Hon. Mr. Clarke:** Agree.

**Hon. Mr. Silver:** Agree.

**Hon. Mr. Mostyn:** Agree.

**Mr. Dixon:** Agree.

**Mr. Kent:** Agree.

**Ms. Clarke:** Agree.

**Mr. Cathers:** Agree.

**Ms. McLeod:** Agree.

**Mr. Hassard:** Agree.

**Ms. White:** Agree.

**MLA Tredger:** Agree.

**Deputy Clerk:** Mr. Speaker, the results are 15 yeas, nil nays.

**Speaker:** The yeas have it.

I declare the motion carried.

*Motion No. 1209, as amended, agreed to*

## Motion No. 1204

**Deputy Clerk:** Motion No. 1204, standing in the name of Mr. Dixon.

**Speaker:** It has been moved by the Leader of the Official Opposition:

THAT this House urges the Yukon government to work with the Yukon Medical Association to establish a joint task force tasked with finding solutions to reduce the administrative burden on doctors and increase the time that doctors have to see patients.

**Mr. Dixon:** I will be very brief in speaking to this motion, as I think the motion speaks for itself, but I will note that I have heard from many Yukon doctors about the administrative burden that they face here in the Yukon. I have heard that it contributes not only to a decline in their ability to provide service to their patients, but it contributes to their own — sometimes negative — feelings about their work. I know that, for many doctors, they want to be seeing their patients, focusing on their patients' needs, and not worrying about administrative burden and paperwork.

In many cases, the paperwork that they are faced with seems to be redundant and could be done in different ways, in a way that would allow them to be more efficient. This is an action that I think has been taken successfully in other jurisdictions, like Manitoba and Nova Scotia, with great success in both of those provinces. They have seen reductions in the number of hours that doctors are spending filling out paperwork for the government and an increase in the number of hours that they are spending in front of their patients.

I think it is a reasonable course of action to take. We have seen it work successfully in other provinces. We know that it is an issue here in the Yukon, so we hope that the government will agree and begin to take these actions to allow Yukon doctors to reduce the red tape and administrative burden that is so problematic for so many of them.

**Hon. Ms. McPhee:** I appreciate the opportunity to stand.

A healthy and strong community of primary health care physicians is critical to ensuring that Yukoners have access to excellent primary care. I am very pleased to have the opportunity to address this. I think it is critical that Yukoners know that we have heard concerns about administrative burdens or red tape, because we have been working on this topic with the Yukon Medical Association for at least three years at the time that we were negotiating the MOU that is currently in place and will soon be renegotiated.

We know that there are administrative burdens that present obstacles for physicians, and we are working to ensure that their contracts and payment systems are up to date and in line with modern standards. As part of the *Health Human Resources Strategy*, we have provided funding to the Yukon Medical Association to explore the development of a family medicine residency program, which will help to grow the number of physicians learning and working in the territory. They are addressing the gap in access to primary care providers, and that's a priority for our government and the physician community.

The Joint Management Committee consists of the Yukon Medical Association, the Yukon Hospital Corporation, and the Department of Health and Social Services. They have identified stabilizing primary care and the administrative burden that goes along as a key priority for their work plan. In 2025-26, we budgeted \$5.6 million to support physician benefit programs, the majority of which are administered by the Yukon Medical Association. The amount may be adjusted once the MOU negotiations are complete as we proceed.

In 2023-24, the Yukon has supported 248 physicians, which includes resident general practitioners, specialists, locums, and visiting physicians. In 2023, there were 33,830 unique patients seen and 477,733 unique patient encounters at care settings. Physicians' claims are paid in under 60 days for fee-for-service and 30 days for invoices, with the Yukon Medical Association stating that this is no longer a matter of concern for its members. That is the amount of time for payment.

We have formed a Physician Payment Advisory Committee with the Yukon Medical Association to improve the claims and the payment system. Our physician community has also identified concerns with the current administrative burden, and we have heard that concern, including but not limited to the billing and payment process as well as the electronic medical records.

In the fall of 2023, the government modified more than 20 fee codes to allow for automatic payments. The number of claims going to manual assessment has decreased from

30 percent to 20 percent, and this is an average of 600 claims per week no longer being manually assessed by default and proceeding through the process quickly. These are concrete examples, Deputy Speaker, about changes that have been made in collaboration with the Yukon Medical Association to address red tape issues.

Work is also underway to make the system more efficient. We are working with the Physician Payment Advisory Committee to identify and determine additional opportunities to decrease processing times. As part of the memorandum of understanding with the Yukon Medical Association, we negotiated fee increases back in 2022, again, to the end of the memorandum of understanding that is currently in place. We continue to work with the Yukon Medical Association and our health system partners to ensure physicians are supported and explore alternative payment models.

In 2023-24, the Department of Health and Social Services provided \$33.7 million in fee-for-service payments to physicians, including \$16.1 million for hospital-based services.

Deputy Speaker, we will not be supporting this motion in this form. There are currently — let me just be clear: It asks for the creation of a task force to do work that is already being done at several tables. If we are trying to reduce administrative burden, I think that we should be careful not to task individuals with yet more work to do. We have several tables established to focus the efforts on a wide range of issues and priorities relating to physicians in the Yukon. In particular, the Joint Management Committee oversees efforts to prioritize issues important to physicians. This table, which includes representation from the Yukon Medical Association, Health and Social Services, and the Yukon Hospital Corporation, serves as a collaborative body with a mandate to oversee initiatives that impact physician practice, ensuring effective communication between stakeholders; it sets priorities to address systemic changes, such as administrative burdens; and it works to advance health care delivery in the Yukon. The committee meets regularly to review progress, provide strategic direction to subcommittees, and approve annual work plans, like the one set for the year ahead.

In addition to the JMC — the Joint Management Committee — other collaborative tables already are in place, with participation by both of our organizations — the Yukon Medical Association and Health and Social Services. The committees that are set up for bilateral negotiations for the next memorandum of understanding between the Yukon Medical Association and the Government of Yukon is but one. The others are: the Health Human Resources Steering Committee, which meets monthly; the Fee Liaison Committee; the joint administrative committee; the Physician Payment Advisory Committee; and the digital health strategy working group, as well as tripartite leadership meetings that are called as needed to address issues that are urgent and time-sensitive to find collaborative and immediate solutions. This structured relationship has proven an effective and responsive mechanism for meeting the needs of the moment.

Respecting red tape reduction, the Joint Management Committee is currently tracking a range of initiatives across

various subcommittees aimed at reducing administrative burdens. For example, through the digital health strategy, we have prioritized hiring a consultant led by the YMA, with financial support from the department, to explore options for a common electronic medical records system, with candidate assessments underway as early as February and an award expected soon.

We are developing a digital medical travel application form to streamline administrative interactions between providers, clinics, and the medical travel program, with this work currently in the discovery and the scoping phase.

Additionally, the Meditech ambulatory project in Community Nursing, also led by the department, is progressing, with a gap analysis targeting completion in the spring of 2025, which I am told is tomorrow. The joke about spring being tomorrow — sorry. This is aimed at the spring season of 2025, aiming to integrate records and reduce administrative hurdles by ensuring that providers and hospitals have timely access to patient information.

These are all examples of activities and actions that have been taken in collaboration with the Yukon Medical Association to reduce red tape. There are tables set up for this work to be happening now. A task force will only add to burden; it will not add to support.

On the payment side, as I have noted, the Physician Payment Advisory Committee has successfully reduced manual claims processing from Medigent from 30 percent to 20 percent — did simplify fee codes and automatic assessments. Future work is underway to adjust after-hours premiums to 100 percent.

These examples highlight tangible steps forward, though we are all recognizing that there is more potential to unlock.

Given our recent opportunities to work with the YMA and, for the past number of years, the commitment to supporting our physician community through that work, I note that the JMC is intending to bring red tape reduction to its next agenda to prioritize any concerns expressed by physicians. They might not have been aware of the activities and the progress being made.

It is also my understanding that our teams will further explore this topic, and red tape reduction is part of the upcoming memorandum of understanding negotiations between the Yukon Medical Association and the Yukon government. Discussions would likely include the substance of benefits programs and fee-for-service payments, along with the process that is aimed toward improving the reduction of red tape and finding ways to ensure that physicians can spend more time focusing on patients.

Mr. Speaker, as a result of all of that, as a result of the tables that are in place already, and as a result of the focused number of individuals both at the YMA and at the Department of Health and Social Services and the concern about resources and making sure that the tables that are set up are respected and that work happens there, I would move that this Legislative Assembly consider the following amendment to Motion No. 1204.

*Amendment proposed*

**Hon. Ms. McPhee:** Mr. Speaker, I move:

THAT Motion No. 1204 be amended by deleting the words “establish a joint task force tasked with finding” and replacing them with the following: “find”.

**Speaker:** The amendment to the motion is in order.

It has been moved by the Minister of Health and Social Services:

THAT Motion No. 1204 be amended by deleting the words “establish a joint task force tasked with finding” and replacing them with the following: “find”.

The motion would read:

THAT this House urges the Yukon government to work with the Yukon Medical Association to find solutions to reduce the administrative burden on doctors and increase the time that doctors have to see patients.

**Hon. Ms. McPhee:** Mr. Speaker, I will be brief on the amendment. We must and do recognize this issue of red tape for physicians and that it is an issue of concern. We must respect that as an issue of concern for them. As a matter of fact, our entire transformation of the health care system here in the territory is based on the fact that we need to recognize that the practice of medicine — the running of the business of the practice of medicine the way in which we have for 70 years, with doctors seeing patients and providing medical attention — is transforming.

It is changing, and a big piece of that is because of the changes that young physicians and other physicians are interested in seeing with respect to modernizing how we provide health care and how they provide health care to their patients.

I have brought this amendment because a task force, Mr. Speaker, is not what is needed. We should not duplicate tables that exist already. I am happy to have provided a list of places where this topic is of priority and concern — places where there is joint commitment and collaboration to addressing these issues. We should not duplicate those tables. I appreciate that perhaps the member opposite didn't know about all of those places in which these conversations are taking place, but I urge them to support this amendment, because a task force is not the solution. We should, as we have, work with the YMA to set up tables where they are satisfied that these matters are being addressed and they come prepared to address these, to share their concerns, and to meet solutions, as does the Department of Health and Social Services.

Again, I am not saying — as will likely be communicated on my behalf — that all things are solved here. What I am saying is that there already exist places for this work to be done. This work is being done. It is being done since the initiation and the ratification of the MOU from 2022, and it continues to be done as we move forward. It is a priority. It is certainly recognized as the issue that it is for primary care physicians and for other physicians in the territory.

We should not add to the red tape. There are other tasks that need attention. There are already dedicated individuals named to these committees and doing this work. There are

places for it to be done. I certainly agree that the work is being tackled and must continue to be done. As a result, I have introduced this amendment, and I hope the members opposite will support it so that there is a continued focus on us all addressing the red tape and this House directing the Department of Health and Social Services to make this a priority as well.

**Mr. Dixon:** Mr. Speaker, we brought forward this motion with the wording of “task force” because it was a model that had worked successfully in other provinces, but quite frankly, I’m agnostic about the table or forum or working group that is used. Ultimately, what we want to see is red tape reduced, administrative burden lightened for doctors, and letting doctors spend more time with their patients.

So, as far as I’m concerned, this amendment maintains the original intent of our motion and will allow further action to be taken and — as the minister just indicated — priority given to the department to get to work on this. The reason why we brought it forward, Mr. Speaker, is because we have heard from doctors that they want to see action fast and to happen quickly to address this burden. As far as I’m concerned, the minister has indicated that will be a priority going forward, so we will support this amendment.

**Speaker:** Are you prepared for the question?

**Some Hon. Members:** Division.

## Division

**Speaker:** Division has been called.

## Bells

**Speaker:** Deputy Clerk, please poll the House.

**Hon. Mr. Pillai:** Agree.

**Hon. Ms. McPhee:** Agree.

**Hon. Mr. Streicker:** Agree.

**Hon. Ms. McLean:** Agree.

**Hon. Mr. Clarke:** Agree.

**Hon. Mr. Silver:** Agree.

**Hon. Mr. Mostyn:** Agree.

**Mr. Dixon:** Agree.

**Mr. Kent:** Agree.

**Ms. Clarke:** Agree.

**Mr. Cathers:** Agree.

**Ms. McLeod:** Agree.

**Mr. Hassard:** Agree.

**Mr. Istchenko:** Agree.

**Ms. White:** Agree.

**MLA Tredger:** Agree.

**Deputy Clerk:** Mr. Speaker, the results are 16 yeas, nil nays.

**Speaker:** The yeas have it.

I declare the amendment carried.

*Amendment to Motion No. 1204 agreed to*

**Speaker:** Is there any further debate on the main motion as amended?

**Ms. White:** Mr. Speaker, I appreciate the collective work here to get to a point where the motion is accepted by everyone. I really want to highlight the work of the CFIB report *Patients Before Paperwork*. The Canadian Federation of Independent Business puts out a regular report entitled *Patients Before Paperwork* to describe Canada’s progress on reducing the physician administrative burden. A 2022 survey showed that 89 percent of doctors who responded wanted government to find ways to reduce unnecessary paperwork for doctors so that they could focus on patient visits, a low-cost way for government to address health care challenges, including access, wait times, and shortages of health care professionals.

In December 2023, the Yukon government, as we heard, launched the *Health Human Resources Strategy*. The HHR Steering Committee includes participation from YMA, the Yukon Medical Council, and the Yukon Registered Nurses Association. As we have heard, the HHR has established eight working groups. We understand that these working groups are focused on recruitment, engagement, housing, immigration, licensing, internationally educated health professionals, integration, data and planning, training, and emerging positions. I think it is important to note that Nova Scotia leads the country in initiatives to measure and reduce physician burden.

They are the first in the country to measure physician administrative burden and set initial reduction targets at 10 percent. That target was expanded to 80 percent in 2023. They implemented the *Patient Access to Care Act* in 2023 that includes administrative reduction measures like interprovincial recognition of health care workers’ licences and registrations. The act also makes it quicker and easier for health care workers to come to Nova Scotia from other parts of Canada. The act allows government control over Workers’ Compensation Board forms and documents.

The CFIB report has five core recommendations: measure total physician burden, identify impact of doctors’ administrative burden, identify sources of doctors’ administrative burden and top irritants, set reduction targets, and assign responsibility.

The Yukon government signed a memorandum of understanding with Nova Scotia in July 2023, so we have heard lots about this memorandum of understanding. The MOU is in effect for two years, and the clock is running out to make the most of a partnership with a leading region in reducing administrative burdens on doctors. So, the questions for the Yukon government become: What are you doing, what have you done, and what have you learned? Because really, it’s about lessons learned from another jurisdiction.

Nova Scotia released a report on its progress in November 2023 and that report has 45 initiatives, including a record of how many hours each initiative saved. The saving so far is 200,000 hours annually, and with 3,500 doctors listed in Nova Scotia, that means that each doctor has an additional 57 hours to spend with patients instead of spending it on paperwork. In the Yukon, we have to make the most of the opportunity to collaborate with the country’s leading success

on reducing administrative burden. Nova Scotia is showing the rest of Canada what works and how to do it, so it's really up to us to follow it.

In Manitoba, they are also doing really innovative things. Manitoba has been referenced in the *Patients Before Paperwork* report as one of the best in the country. The Manitoba government announced a joint task force to reduce the administrative burden on physicians in March 2023. Participants included: the Manitoba government, Doctors Manitoba, physicians representing Manitoba Health, and a CFIB representative. Again, it sounds very similar to how the HHR is made up here. In Manitoba, the task force found that, consistent with estimates in other parts of Canada, each physician spent 10.1 hours per week on administrative tasks. The task force also found that 44 percent of those tasks were unnecessary. So, in Manitoba, they set a goal to reduce 10 percent of the unnecessary paperwork, and they have identified a number of areas that could be more streamlined, could be eliminated, clarified, or delegated to someone else. They are also working with local groups and organizations to improve on those areas. The Manitoba task force will be issuing a report to measure progress. The reason why I highlight that is that this is another area where we see improvements happening.

I think it is important that, when we talk about administrative burdens on doctors or we talk about the very essence of red tape — which is really unnecessary paperwork or administrative tasks that include work that doesn't require a physician's clinical expertise and could therefore be completed by someone else — really, if we talk about opening government-run clinics, doctors would be doctors and administrative people would do the administrative work, so that would be important.

I think that it is important that, in working with this, we work alongside the Yukon Medical Association. In a recent meeting, I was told that, although there is funding to help cover office costs, the burden of actually meeting those requirements is very challenging. So, as an example, you have to set two days a week or two half-days a week aside where you have to make a minimum number of appointments. The challenge becomes that it doesn't necessarily mean that the patients you are meeting with those days don't require extra time. Let's say that you picked a Wednesday to be one of your half-days to meet that burden, that challenge, and you have to meet a number of patients. But let's say that two patients have complex needs. So, then the question becomes: Do you spend the time you need with those patients with their complex needs, or do you speed up the process so that you can hit the number of patients? So, instead of, for example, looking at the number of patients that a doctor sees a week or that a doctor sees in a month so that it can be amortized over that time, it has really specific timelines. What I was told by the YMA is that those restrictions make it really hard to access, so it is a burden. Instead of being a program that could be really helpful — which, for example, will help to offset the cost of running a clinic — it becomes very challenging and the people who suffer are actually the patients.

It is important that when we move forward in these ways, we are actually listening to the folks who are dealing with it. It

is going to be that the Yukon Medical Association is going to have lots of ideas and suggestions, and I hope that we follow both Nova Scotia and — I will point out — an NDP government in Manitoba that are making great strides in making it easier for doctors to practise.

I appreciate the motion that came from my colleague from the Yukon Party and I am looking forward to seeing the proof — what can we do with this and how can we make it easier to be a doctor in the territory. I thank my colleague for bringing forward the motion and we will be voting in favour.

**MLA Tredger:** Mr. Speaker, I am pleased to rise on behalf of the Yukon NDP to speak to this motion today. I appreciate the amendment that came forward from the Minister for Health and Social Services, because it would be a real shame in efforts to reduce red tape if we actually created more red tape. So, I think it is really important that she identified a way that this motion can be streamlined and make sure that it does its intended purpose and that it doesn't actually create more red tape for the very people it is trying to help.

I want to talk a little bit about some of the strategies that have been used in other jurisdictions to reduce red tape for doctors. My colleague the Member for Takhini-Kopper King talked about the Canadian Federation of Independent Business — their report — and how they identified that Nova Scotia is far ahead of the rest of Canada when it comes to making things better for the administrative burden on doctors.

One of the things that stands out immediately when I look at what Nova Scotia is doing is that they set a mandate to measure, reduce, and report on physician administrative burden. That may seem a little counter-intuitive to add another measure when you are trying to reduce red tape, but there is a principle in management that you optimize what you measure. The things that you are reporting on — whatever it is that you are measuring and the way that you are measuring success — is what is going to be improved.

So, it's really important that, when we choose things to measure, we are choosing the right things to measure. Sometimes, you see, for example, this go wrong in health care. For example, I have heard of situations where people were trying to optimize the number of patients they saw or reduce the number on the wait-list. They seem like great things, but if that is all you are measuring, then you are incentivizing people to go through patients quickly or to take on really big caseloads that they can't sustain and then they burn out. It is really important that we pick the right things to measure when we are making decisions in health care.

I think that if one of the things that we want to do is reduce administrative burden or red tape for physicians, then we need to measure it; otherwise, it is too easy, with other initiatives, just to add more red tape — add more things that they need to report on and measure. So, I think that is a really smart thing that Nova Scotia did.

Nova Scotia issued a report in November 2023. It's called *Patients Before Paperwork: Reducing Red Tape for Physicians*. It talks about what they have done so far and what is left to be done. One of the things that I think is really cool

about this report is that, on the very front page, it says, “Have an idea how government can reduce red tape for physicians? We want to know. Submit your idea here.”

I think that really speaks to the fact that a lot of the things that would be helpful are hard to come up with, sitting here in the Legislature as people who are not doctors. It is people who are actually on the ground — and not necessarily just doctors. It might be their assistants, it might be their admin people, it might be the nurses who work with doctors, or it might be other health care professionals who say: We could take this on for them — or — this worked really well for our profession; maybe it could work for them too. I think that it is really cool that they are doing a call-out for ideas from people more widely.

The report outlines 45 recommendations, and every single one of those is already completed or underway. The goal is to reduce administrative burden by 400,000 hours a year, and as of September 2023, they had already saved more than 200,000 hours per year. If the Yukon could do something like that, it would mean that doctors here would have 114 hours more every year to spend with their patients. That is substantial. That’s a lot of patients being seen who aren’t being seen right now.

Doctors in Nova Scotia have said that the top contributors to unnecessary administrative burden include: completing medical forms; doctor’s notes; business operations; and billing and paperwork related to licensing and privileging. Before I get into those in too much detail, I just want to highlight that my colleague the Member for Takhini-Kopper King has already talked a bit about how business operations are an administrative burden. And that is something that we have been proposing for a while that a government-run medical clinic could do, because doctors didn’t get into the field to do paperwork or so that they could be the ones to try to read the lease for their commercial space and figure out how to navigate it or so that they could be the ones who are approving expenses to order stationary. These aren’t things that doctors should be doing. They should be seeing patients. If the government was running the medical clinics, they would be overseeing all of those logistical pieces and the doctors could do the work that they do best.

I think it is really important that, as we apply what has been learned in other jurisdictions to the Yukon, the conversations are had with Yukon doctors. I think that there is so much that we can learn from other jurisdictions, and I’m going to dive into that a bit, but the Yukon is different. We can’t just pick up cookie-cutter solutions from another jurisdiction and drop them down. We need to adapt it to the specific situation in the Yukon. In Whitehorse and all rural communities, they are small jurisdictions, so there are going to be changes that will have to be made to the blueprints that we can take from other places, but I think it’s important that we at least learn about them.

Before I start going into the recommendations, I just want to point out that just 15 of the 45 initiatives in Nova Scotia save their physicians 50,000 hours, so that would be 14 hours for each physician to spend with their patients. I point that out because it’s not an all-or-nothing approach. Adopting even some of these ideas could have massive impacts on our health care systems.

For example, if the Yukon were to adopt the top five initiatives that Nova Scotia has, it would mean significantly more time each year to spend with patients. I want to highlight some of the recommendations that came from this report from Nova Scotia. The very first one is: “Limit the Use of Sick Notes”. This is actually an idea that has come up for lots of reasons already in this House. I had the honour to sit on the Making Work Safe committee, which was a joint initiative between the Liberals and the Yukon NDP that was about paid sick time. On that committee, we spent quite a bit of time talking about sick notes and what a burden they are on both physicians and patients. Sick notes come up when employers require an employee to prove that they really do need the sick time that they are taking, that they are entitled to, by going to their doctor and getting a note saying that yes, they need this time off.

You can probably see some of the problems with this. One is that when people are sick, it is not really a good time for them to be heading into the doctor’s office, particularly if they have something contagious. We don’t want them infecting all the other vulnerable people in that office as well as, if they have their own condition that is made worse by spending their time navigating the health care system rather than being at home recovering —

It is something that is only accessible to some Yukoners. I should say: if you have a family doctor. I think that there are many Yukoners — I hear often — who say: I feel incredibly lucky to have a family doctor; I just wish I could see them sooner. So, even though they have won that health care lottery and gotten themselves a family doctor, they can’t actually just get an appointment tomorrow. Some clinics have provisions that allow for that, and some of them don’t. Many, many people, if they need to provide a sick note, are not going to be able to just call up their doctor and just get one. What is going to have to happen, if they don’t have a family doctor, luckily now they have the option of the walk-in clinic — which I am really proud that the NDP made happen — but many people are going to end up in emergency looking for that sick note. You know, we talk about physician time and resources in the doctor’s office; now, let’s put that in emergency where you also have to have triage nurses and specialized equipment and paramedics. The system, which is incredibly important but also incredibly resource-intensive to run, is now being used so that someone can get a sick note.

I am trying to remember the exact recommendation that came out of the Making Work Safe Panel, but it was certainly to limit the use of sick notes. That is really important for fairness for equality of access that I just talked about, but it is also a waste of physicians’ time in a lot of situations to say that yes, this person does have the flu, or yes, this person does have a cold, or yes, this person does have that back injury that they have had before. I am not saying that there is never a situation where that is an important and necessary tool, but I do think that limiting them is really important.

What Nova Scotia did is — I’ll just quote from the report: “The new Medical Certificates for Employee Absence Act prohibits employers from requesting sick notes from employees

for the first two illness-related absences, of five days or less, in the preceding 12-month period.” That seems pretty reasonable to me.

Additionally, Nova Scotia Health has changed its policies to significantly reduce its requests for sick notes for staff whose illness extends beyond five days. I think that is a really interesting point, because you know, the government has a number of levers that they could use to talk about sick notes: One is through legislation that looks at what employers throughout the Yukon are doing, but the Government of Yukon is itself a very large employer. They have many, many, many staff — many of whom, if being asked for sick notes, are going to be taking up doctor resources. It would behoove the Yukon government to make sure that, in its own policies, sick notes are only being asked of their employees when they are really, truly necessary. I’m curious if there are policies like that in place and what they are for the Yukon government. I would ask if this government would consider reviewing those policies to see if they can reduce that requirement for doctors through their own HR policies.

The next recommendation from the Nova Scotia report is to enable the use of physician assistants in our health care system. Of course, this is near and dear to our heart at the Yukon NDP, as my colleague — the Member for Vuntut Gwitchin — brought forward a motion very similar to this I think two years ago now. It was supported unanimously by this House. You know, it’s always a bit of a puzzler or a frustrating situation when we see the government — that has the power to act on these motions — support them here in this House and then nothing happens. This has happened with a number of motions. I would, you know, point to the review of Connective services that we’re all still waiting to be tabled. The one about physician assistants is unfortunately one of them. My colleague — the Member for Vuntut Gwitchin — asked a follow-up question about it recently in the Legislature. In all of the answers from the minister, I didn’t actually hear anything about concrete steps that her department was taking to look at the use of physician assistants. Maybe that is happening and she didn’t get to it in her reply. I hope so, but I would be really interested to know what is happening there.

The physician assistant model is one where — well, I’ll read from this report. Nova Scotia “...Health is hiring physician assistants to augment various care teams currently in place in order to expand physician capacity. Physician assistants work under the supervision of a physician and can do many tasks that physicians do, such as conducting exams, and prescribing medication or treatments freeing up physicians to concentrate on doing more of the things that only a physician can do.”

I actually had the experience once of seeing a specialist — this was outside of the Yukon — who did have a physician assistant. In this case, what the assistant did was take the case history from me, because it was a fairly long and complicated history related to this particular specialty. So, we spent I think about 20 minutes talking about all the different appointments I had in the past, what things had been tried, and what worked and what hadn’t. Then the physician was able to come in and take a quick scan through the notes, which she could do in under

a minute, and then we were able to start the part of the appointment that really only the physician could do.

I think that this is a really interesting use of that model. I think that has a lot of potential for people. One of the challenges patients often experience with physicians is that there are so many pressures on doctors to do more and see more patients, yet the time that people take — when they are able to take the time to really talk to people and understand their problems, it goes a long way to people having a positive patient experience. I think that whenever we can augment the use of physicians with other people who can help contribute some of that relational capacity, I think that has a lot of potential benefits for both patients and physicians.

One of the items here — the next one is to expand the scope of pharmacists. That’s something that has been underway in the Yukon. I know that their scope has been expanded in the past years, and I commend the government for that. I am curious what ways that could continue to happen. I also think that this is a real potential for integrated clinics. I know that BC in particular is working on having integrated clinics where pharmacists practise alongside doctors. I think that is really important, because physicians know an incredible amount of stuff, but I think that there are things that other professions have a deeper depth on. Pharmacists know a lot about pharmacy. They don’t know about all aspects of health care, but they know a lot about pharmacy. There is a lot of benefit for a physician to partner with a pharmacist, so instead of having to be: Right, that medication, let me look it up; I’ve only seen it once in my 10-year career; it’s going to take me some time to research it and make a decision — they could have a pharmacist on their team and consult with them. I think it would be more efficient; I think it would be more effective. I think it would actually lead to everyone having a more positive experience. I think that is a very cool item. I’m excited about the work that’s already happened with that in the Yukon. I am curious about what further steps can be taken there to reduce physician burden.

As we have already been discussing today, one of the pieces is “Accelerate the Evaluation of Internationally-Trained Physicians”. We have talked about that quite extensively today, and I spoke on the previous motion about people I have talked to who are internationally trained physicians working in positions that have much, much lower qualifications in the Yukon right now, because they aren’t able to have their credentials recognized in the Yukon. That is such a shame and such a waste.

There is lots more here in this report. They talk about restricted physician licences, virtual meetings of the college, updating the health bylaws to simplify hiring and intake, streamlining, privileging and credentialing, implementing mobile primary care clinics — which I think is a pretty cool idea that actually has a lot of potential to do much more than reduce administrative burden but also really improve patient experiences. We have seen a lot of success, for example, with the referred care clinic here in the Yukon, which I think is a similar idea.

There is lots of really cool stuff in here. I will talk about some virtual consultation things, credentialing, streamlining,

streamlining the peer review program, reducing barriers to gender-affirming surgery. That's something that I think the Yukon is probably leading on and I am grateful for that, but I think it would be worth looking at whether those processes can be streamlined even more.

"Remove Requirement for the Disability Support Medical Form". I am sure this is not something that translates exactly to the forms in the Yukon, but I do think that reducing the burden for physicians — this is an example of how we can really improve patient experience. Folks with disabilities have spent a lot of time jumping through hoops to try to get the benefits that they are entitled to. When we reduce the burdens for them, we are also reducing the burdens for the doctors who support them.

There are a number of forms listed here that are similar to that. It talks about duplicating test results. I could go on about the forms. There is a lot of different forms, but I am sure they don't translate exactly to here, but I think anyone can tell you that there are a lot of government forms out there, and the more we can reduce those burdens on physicians, we are also improving things for patients.

The other thing that stands out in Nova Scotia is that they implemented the *Patient Access to Care Act* in March 2023. This is a piece of legislation that is designed specifically to reduce administrative burdens on health care providers — again, giving them more time to see patients. It also makes it easier for health care professionals from other parts of Canada to work in Nova Scotia, which is something we have been talking about lots today.

Some of the measures it includes are waiving licensing or registration criteria for health care providers coming from other parts of Canada as needed in accordance with Canadian free-trade obligations. Regulators cannot charge health care professionals licensed in other parts of Canada an application fee. Applications must be processed within five business days. I really appreciate that there is an actual timeline there, because I think that sometimes it's tough. I know that everyone is working extremely hard. People are understaffed, people go on holidays, and it's easy enough for things to get lost in the mix. But when you have a concrete deadline that people have to respond to, then the measures get put in place to meet that deadline. I think that's really important.

It talks about making sure that professionals can work to their full training in an expanded scope of practice through regulations rather than legislation. Again, it talks about that sick note piece — the legislative bit. Though as I pointed out earlier, there is a lot that the government can do through its own HR practices.

My point with all this is that there is a lot to look through already. I am really excited about this motion, because no one wants doctors to be spending their time on paperwork. We want doctors to be seeing patients and that is true across the board for health care professionals. I am excited that there are lots of models we can look to and I know that they will have to be adapted for the Yukon. I really look forward to seeing what this government and the Yukon Medical Association can come up

with to improve both physician experience and patient experience.

**Speaker:** If the member now speaks, he will close debate.

Does any other member wish to be heard?

**Mr. Dixon:** Mr. Speaker, it looks like we have unanimous consent, so I look forward to voting.

**Speaker:** Are you prepared for the question?

**Some Hon. Members:** Division.

### Division

**Speaker:** Division has been called.

### Bells

**Speaker:** Mr. Clerk, please poll the House.

**Hon. Mr. Pillai:** Agree.

**Hon. Ms. McPhee:** Agree.

**Hon. Mr. Streicker:** Agree.

**Hon. Ms. McLean:** Agree.

**Hon. Mr. Clarke:** Agree.

**Hon. Mr. Silver:** Agree.

**Hon. Mr. Mostyn:** Agree.

**Mr. Dixon:** Agree.

**Mr. Kent:** Agree.

**Ms. Clarke:** Agree.

**Mr. Cathers:** Agree.

**Ms. McLeod:** Agree.

**Mr. Hassard:** Agree.

**Mr. Istchenko:** Agree.

**Ms. White:** Agree.

**MLA Tredger:** Agree.

**Clerk:** Mr. Speaker, the results are 16 yea, nil nay.

**Speaker:** The yeas have it.

I declare the motion carried.

*Motion No. 1204, as amended, agreed to*

### BILLS OTHER THAN GOVERNMENT BILLS

#### **Bill No. 309: Act to Amend the Elections Act, with Respect to Political Contributions — Second Reading**

**Clerk:** Second reading, Bill No. 309, standing in the name of Ms. White.

**Ms. White:** Mr. Speaker, I move that Bill No. 309, entitled *Act to Amend the Elections Act, with Respect to Political Contributions*, be now read a second time.

**Speaker:** It has been moved by the Leader of the Third Party that Bill No. 309, entitled *Act to Amend the Elections Act, with Respect to Political Contributions*, be now read a second time.

#### **Motion to adjourn debate**

**Ms. White:** Mr. Speaker, I move that the debate be now adjourned.



**Speaker:** It has been moved by the Leader of the Third Party that debate be now adjourned.

*Motion to adjourn debate on second reading of Bill No. 309 agreed to*

**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*

## COMMITTEE OF THE WHOLE

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

The matter now before the Committee is continuing general debate on Vote 3, Department of Education, in Bill No. 216, entitled *Third Appropriation Act 2024-2025*.

Do members wish to take a brief recess?

**All Hon. Members:** Agreed.

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

*Recess*

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

### Bill No. 216: *Third Appropriation Act 2024-25* — continued

**Deputy Chair:** The matter now before the Committee is continuing general debate on Vote 3, Department of Education, in Bill No. 216, entitled *Third Appropriation Act 2024-25*.

#### Department of Education — *continued*

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

**Hon. Ms. McLean:** Deputy Chair, I am happy to be back today in Committee of the Whole to discuss the Department of Education *Supplementary Estimates No. 2* for the 2024-25 fiscal year.

Joining me here today is Mary Cameron, Deputy Minister of Education, and Ash Kayseas, the department's Assistant Deputy Minister of Corporate Services and Programs. I would like to welcome them. I'm happy, given the limited amount of time we have today, to move right into some questions.

**Ms. White:** I thank the minister for that and, of course, echo my welcome to the officials here.

The last question I asked before we adjourned on March 13 was around the 2023 Catholic professional development day where attending Mass was a mandatory requirement. The minister had said herself that one-third of the employees got up and left due to the transphobic and homophobic nature of that Mass. I asked: Were those employees protected by the sexual orientation and gender identity policy of Yukon Department of Education? The minister said that there is a short and a long answer.

We didn't quite get to it, because then we adjourned, so I'm asking again: Employees who attended the 2023 Catholic professional day where attending Mass was a requirement of that day who then got up to leave due to the nature of that Mass — are those employees protected under the sexual orientation and gender identity policy of the Department of Education?

**Hon. Ms. McLean:** Yes, the last time we were talking about the professional development day — again, the Department of Education supports inclusive professional development opportunities for all educators and staff and promoting respect for diversity and well-being of all students. In 2023, the Department of Education heard and acted upon concerns about — at the time, Christopher West proposed participation in the Catholic school's professional development day. To be clear, Christopher West was not invited to speak. The department respects the individual rights and freedoms. Attendance at religious ceremonies, including Mass, is always voluntary.

To the best of my knowledge, no department officials mandated attendance at the Mass held during the professional development day on May 1, 2023; rather, it was an opportunity for Catholic educators to start their day together at the Sacred Heart Cathedral prior to their professional development day, which was held at a conference room in the Gold Rush later and continued on later that day.

I confirmed in our last discussion that, yes, there were staff members who left that Mass. To be clear, I didn't give the reasons why they left that Mass, because there is limited information about that.

In terms of raising workplace concerns, educators who have concerns related to their work should bring them forward through the appropriate channels. The channels include the school's administrative team, the office of the superintendent, the Human Resources branch of the Department of Education, and the Yukon Association of Education Professionals. These are all avenues.

There are a number of specific supports that can be put in place and a number of policies that apply around this particular area of raising workplace concerns. There is very little knowledge and no clear records of complaints that may have been raised through these channels. I just want to be clear about that. When we discussed it, I did confirm that this had happened, but we have very little information about it due to not having those types of records of formal complaints.

**Ms. White:** I just have a couple of questions for clarification. The minister just said that the Mass was voluntary. Can she let me know how it was communicated to staff that it was voluntary? The staff whom I spoke to were told that it was mandatory, which is why they attended. The only people I know who didn't attend were the ones who were setting up the room for the PD day. Can the minister just let me know how it was communicated that attending Mass was voluntary?

As far as the next steps for reporting, it is my understanding that it was brought forward. School administration brought it forward, the superintendent who was in attendance was made aware of the issues, and the YAEP actually asked for a copy of

that Mass and was never given one. If educators followed all of those things and raised all of those concerns, they still feel like it hasn't been addressed.

I will highlight that, at the Holy Family Elementary School Council meeting that I attended a couple of weeks ago, there were two teachers who said that they were still waiting to hear from the Department of Education about the Mass that they left during the PD day. They were still hurt, they felt that they had been left by the Department of Education, and they felt like no one heard their concerns. When I ask about the sexual orientation and gender identity policy and how it applies to staff, that policy says that it covers staff — it covers school employees.

So, those staff members want to know why they haven't heard from the department about it. Why hasn't there been a reconciliation? There haven't been meetings and there hasn't been an opportunity for folks to talk. They are still hurt. That was very clear to me at the school council meeting. They are still hurt.

So, I want to know how it was communicated that it was voluntary. I want to know, after all of those steps were taken, why nothing has happened yet. Then I would like to know if the department will meet with Catholic educators who were harmed in 2023 by the bishop's words at that — as they described it — mandatory Mass.

**Hon. Ms. McLean:** I am happy to look into it more, of course. The information that we have is that it is always voluntary, but I'm happy to look more deeply into that and to bring information forward as it becomes available to me.

All schools follow the same laws, curriculum, and policy, and it is expected that folks follow those policies in our schools. That is clear.

I am happy to meet with Catholic educators or the department officials to learn more about this — if they are willing to come forward to have that discussion — either senior officials or, if it's appropriate, I will attend to learn more about that.

It's short time today — sorry, folks. There is a lot more that I would like to say about that, but Deputy Chair, seeing the time, I move that you report progress.

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

*Motion agreed to*

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

**Deputy Chair:** It has been moved by the Member for Klondike that the Speaker do now resume the Chair.

*Motion agreed to*

*Speaker resumes the Chair*

**Speaker:** I will now call the House to order.

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

## Chair's report

**MLA Tredger:** Mr. Speaker, Committee of the Whole has considered Bill No. 216, entitled *Third Appropriation Act 2024-25*, and directed me to report progress.

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

Are you agreed?

**Some Hon. Members:** Agreed.

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

**Hon. Mr. Silver:** I move that the House do now adjourn.  
*Motion agreed to*

**Speaker:** It has been moved by the Minister of Finance 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 legislative returns were tabled March 19, 2025:

35-1-164

Response to Written Question No. 37 re: Dawson City recreation centre (Mostyn)

35-1-165

Response to Written Question No. 36 re: commitment to develop lots (Mostyn)

35-1-166

Response to Written Question No. 58 re: Nisutlin Bay bridge (Clarke, N.)

## The following documents were filed March 19, 2025:

35-1-302

Impacts to the Yukon Motel & Restaurant from the Nisutlin Bay Bridge approach construction, letter re (dated March 6, 2025) from Cole Hunking and Jennifer Clark, Yukon Motel & Restaurant co-owners, to Hon. Nils Clarke, Minister of Highways and Public Works (Hassard)

35-1-303

Impacts to the Yukon Motel & Restaurant from the Nisutlin Bay Bridge approach construction, letter re (dated March 14, 2025) from Gord Curran, Mayor, Village of Teslin, to Hon. Nils Clarke, Minister of Highways and Public Works (Hassard)