



# Yukon Legislative Assembly

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35<sup>th</sup> Legislature

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## HANSARD

Monday, March 31, 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
Hon. Ranj Pillai	Porter Creek South	Premier Minister of the Executive Council Office; Economic Development; Minister responsible for the Yukon Housing Corporation
Hon. Jeanie McLean	Mountainview	Deputy Premier Minister of Education; Minister responsible for the Women and Gender Equity Directorate
Hon. Nils Clarke	Riverdale North	Minister of Environment; Highways and Public Works
Hon. Tracy-Anne McPhee	Riverdale South	Minister of Health and Social Services; Justice
Hon. Richard Mostyn	Whitehorse West	Minister of Community Services; Minister responsible for the Workers' Safety and Compensation Board
Hon. John Streicker	Mount Lorne-Southern Lakes	Government House Leader Minister of Energy, Mines and Resources; Tourism and Culture; Minister responsible for the Yukon Development Corporation and the Yukon Energy Corporation; French Language Services Directorate
Hon. Sandy Silver	Klondike	Minister of Finance; Public Service Commission; Minister responsible for the Yukon Liquor Corporation and the Yukon Lottery Commission

### OFFICIAL OPPOSITION

#### Yukon Party

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

### THIRD PARTY

#### New Democratic Party

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

### LEGISLATIVE STAFF

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

**Yukon Legislative Assembly**  
**Whitehorse, Yukon**  
**Monday, March 31, 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 wishes to inform the House of a change made to the Order Paper. The following motion has been removed from the Order Paper, as the action requested in the motion has been completed in whole or in part: Motion No. 1201, standing in the name of the Member for Whitehorse West.

**DAILY ROUTINE**

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

**INTRODUCTION OF VISITORS**

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

**Speaker:** Are there any tributes?

**TRIBUTES**

**In remembrance of Walter Huebschwerlen**

**Hon. Mr. Streicker:** Mr. Speaker, I rise today to honour Walter Huebschwerlen, a remarkable Yukoner who passed away in January. Walter loved the outdoors. He was hard-working and had an unwavering commitment to the land and community that he loved. Walter contributed immensely to the development of our territory, taking on many roles throughout his career. He worked as a farmer, foreman, outfitting guide, truck driver, and heavy-equipment operator. He was a very good heavy-equipment operator, which probably affected his hearing later in life. His work with the Northern Canada Power Commission, now ATCO Electric, and Canadian National Telegraphs, now Northwestel, helped connect Yukoners by bringing electricity and telephone lines to our communities.

As his MLA, I can say that Walter was never shy to share his political views and convictions. His hearing may have been going a bit, but his voice was clear as a bell and he loved to chat, and I will miss him.

Beyond his work life, Walter was a passionate advocate for hunting, conservation, and the responsible stewardship of the Yukon's natural resources. He loved the bush. Walter devoted 55 years to the Yukon Fish and Game Association. He spent four decades as a volunteer director, ensuring the preservation of our fish and game.

His contributions were recognized in June of last year when he retired from the Yukon Fish and Game Association Board and was honoured with the title "Director Emeritus", a testament to his unwavering dedication.

Walter's passion for the outdoors was evident in his love for living off the land, camping, trapping, fishing, and hunting. In 1978, he realized his dream of developing a farm along the Alaska Highway near Annie Ned Creek. Walter embodied the true spirit of the Yukon: resilient, resourceful, and deeply connected to the land. When he was at Whistle Bend Place, he told his daughters that he had enough of that place and that he was ready to head out camping and hunting. He was happiest in the bush.

His impact on our territory is immeasurable and his absence will be profoundly felt. I think that his legacy of hard work, conservation, and community service will continue to inspire generations to come. To Hot Rod, Little Devil, Muktuk, and to all who were fortunate enough to know Walter, including his large extended Huebschwerlen clan, I rise to share our gratitude and deepest condolences. Blue Angel will be truly missed.

*Applause*

**Mr. Dixon:** Mr. Speaker, I too rise today to pay tribute to Walter Huebschwerlen. I should begin by thanking his daughter Rose for helping to prepare this tribute today.

Walter was born in Shearerdale, British Columbia and grew up on a farm near Dawson Creek, BC. In the early 1950s, his parents and brothers relocated to Whitehorse, Yukon, with Walter being the last to join them in 1956. Shortly after his arrival, Walter met and married his soulmate, Marion Huebschwerlen, née Carvill, in January 1957.

Many old time Yukoners recognize the name Huebschwerlen because of the family that moved here, had jobs, were married, and had children throughout the communities. Walter is predeceased by his beloved wife, Marion, his parents, Vernie and Nina, and his siblings, George, Violet, Peter, Cecil, Eugene, and Jessica. He is lovingly remembered by his daughters, Violet Matthews, Dianna Mueller, Rose Sellars, and their families.

Walter is a well-respected figure in the Yukon, renowned for his versatility and numerous skills. Throughout his life, he embraced various roles, including farmer, outfitting guide, truck driver, welder, mechanic, and heavy-equipment operator. Walter's expertise was sought after by various mining companies, both as a heavy-equipment operator and as a camp foreman. He played a significant part in constructing many of the main and mining roads in the Yukon.

Additionally, his contributions extended to working for the Northern Canada Power Commission and Canadian National Telegraphs, where he aided in bringing electrical and telephone lines to the region. In 1978, as a testament to his passion for farming, Walter developed a farm along the Alaska Highway.

He cherished being in the wilderness and had a deep-seated love for living off of the land, camping, trapping, fishing, and hunting. His dedication to the outdoors was further evidenced by his 55-year membership with the Yukon Fish and Game Association, where he served as a board member for an astonishing 40 years.

He was an advocate for ensuring that hunting, fishing, and being outdoors remained a possibility for all Yukon residents. He was instrumental in helping the Yukon Fish and Game Association to create a kids camp, a camp free or with minimal cost, to entice young Yukoners to learn about and understand how to live in the bush.

Mr. Speaker, he will be fondly remembered by all of those who knew him. He always had a smile on his face and was willing to talk with anyone and tried to have a very positive outlook on life. Thank you to Walter's family for being here and all the best, and our condolences at the loss of a truly great Yukoner.

*Applause*

**Ms. White:** Mr. Speaker, I stand on behalf of the Yukon NDP to celebrate the life of Walter Huebschwerlen. I thank my colleagues for their stories and reflections, because although I wasn't lucky enough to know Walter personally, I have been reading and hearing the stories and knowing the legacy that he has left. I feel confident in saying that he was a good man — a man who loved his family, community, and the natural world, and I have it on good sources that the Yukon Fish and Game Association will miss his ticket-selling prowess when it comes to the raffles.

Ralph Waldo Emerson wrote beautifully about life in nature, and today I share a poem that I feel encompasses Walter's good life — so I quote:

What is success?

To laugh often and much;

to win the respect of the intelligent people

and the affection of children;

to earn the appreciation of honest critics

and endure the betrayal of false friends;

to appreciate beauty;

to find the best in others;

to leave the world a bit better

whether by a healthy child, a garden patch,

or a redeemed social condition;

to know that one life has breathed easier

because you lived here

this is to have succeeded.

Walter was a successful man in all of the ways that counted, so our condolences to his family, friends, community, and all of those who will feel his absence.

*Applause*

### **In recognition of National Indigenous Languages Day**

**Hon. Ms. McLean:** Mr. Speaker, I rise today on behalf of our Yukon liberal government to recognize National Indigenous Languages Day, a time to honour the strength, resilience, and cultural significance of Yukon First Nation languages. These languages hold the wisdom of elders, the histories of communities, and the knowledge that has sustained First Nations since time immemorial.

However, all eight Yukon First Nation languages face immense challenges from centuries of colonization, including the residential school system, which disrupted intergenerational transmission of language.

Across the territory, we see incredible work to reclaim these languages. Yukon First Nation governments, community organizations, and the Yukon Native Language Centre are driving real change, ensuring that these languages are spoken, taught, and embraced by new generations.

The Government of Yukon is supporting these efforts through key initiatives like the accreditation of Yukon First Nation traditional knowledge, culture, and language learning policy, allowing students to earn high school credits by learning from elders and knowledge-keepers.

We also launched a pilot program that supports two First Nation language teachers in full-time studies to strengthen their fluency. The Department of Education now offers Southern Tutchone classes for staff, delivered by a talented instructor from the Champagne and Aishihik First Nations, deepening our connection to the Yukon's cultural heritage.

None of this work would be possible without elders whose dedication to teaching and preserving their languages informs every program and curriculum, yet much more remains to be done. For these languages to survive, sustained long-term investments and full-time immersive learning are essential. While apps and dictionaries provide valuable support, immersive programs remain the most effective way to create fluent speakers. By creating space and support for learners, we will foster the next generation of teachers, storytellers, and knowledge-holders.

On National Indigenous Languages Day, let us not only celebrate the beauty and resilience of Yukon First Nation languages but also commit to actions so they will continue to thrive for generations to come.

Mr. Speaker, there are many events and celebrations going on throughout the Yukon today and throughout the week. I would like to highlight one of those events. Kwanlin Dün First Nation will be holding a storytelling and language day this Thursday at the Kwanlin Dün Cultural Centre as part of their 20 years of self-government celebration. This will be a day of oral storytelling and bringing the community together to share their experiences.

Mahsi' cho, gunalchîsh, sógá sénlá, shāw nithän, mēduh.

*Applause*

**Ms. Clarke:** I rise on behalf of the Yukon Party Official Opposition to recognize National Indigenous Languages Day. Neenjit dāgdonch'uu — the Member for Vuntut Gwitchin taught me this. It means, in Gwich'in: How are you?

Mr. Speaker, it is incredible to see just how far language revitalization has come in our country. Not so very long ago, there was a legitimate fear that those elders who were fluent in their Indigenous languages may be the last speakers of those languages. Much time and dedication were put into passing along these languages to younger generations and that work is still being done today.

The Yukon is home to eight Indigenous languages, each with multiple dialects. Southern Tutchone, Northern Tutchone, Tlingit, Tagish, Kaska, Han, Gwich'in, and Upper Tanana make up those eight languages, with many others having been spoken in years past.

We would like to give recognition and thanks to those who dedicate their lives and careers to language revitalization through the Yukon Native Language Centre, through First Nation communities, and in our schools. Much work has gone into training and capacity-building efforts as well as resource and curriculum development.

Many of these are spoken languages, and little has been done in terms of documentation and digitization until recent years. It is so important to preserve these languages for future generations as well as the linguistic and cultural knowledge that is held by elders and language speakers.

Shāw nithān, mahsi' cho, gunalchīsh, thank you to everyone involved in keeping their languages alive for future generations.

*Applause*

**Ms. Blake:** Mr. Speaker, I rise on behalf of the Yukon NDP to pay tribute to National Indigenous Languages Day. I'm fortunate to be surrounded by elders and adults who continue to speak the Gwich'in language.

Our Indigenous languages are more than words; they are the heartbeat of our ancestors, the wisdom of our elders, and the voices of generations yet to come. They carry the stories of our people, the sounds of our lands, and the teachings that guide us.

These languages, passed down through time, have endured despite every attempt to silence them. They stand as powerful symbols of our resilience, proving that no force can erase who we are. To speak our languages is to reclaim our identity, to honour those who fought to keep them alive, and to strengthen the ties that bind us together as nations.

Each word spoken, each story shared, and each song sung weaves a thread in the fabric of our cultures, keeping them strong and vibrant. Our languages connect us not just to the past but to each other. They remind us that we are never alone, that we walk with our ancestors beside us, and that our voices matter.

As we celebrate our languages, we celebrate unity. We stand together in pride, lifting each other up, teaching, learning, and ensuring that future generations will always have the gift of their mother tongue. The survival of our languages is a testament to our strength and their revival is an act of love.

May we continue to speak, to teach, and to sing so that our languages, our cultures, and our spirits remain resilient.

Mahsi' cho to all those across our territory who work tirelessly to revitalize our languages.

*Applause*

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

## TABLING RETURNS AND DOCUMENTS

**Hon. Mr. Streicker:** Mr. Speaker, I have for tabling a document entitled "Statistics of the 33<sup>rd</sup> Yukon Legislative Assembly".

**Mr. Hassard:** Mr. Speaker, I have for tabling a letter dated March 14.

**Ms. White:** Mr. Speaker, today I have for tabling a letter dated March 31 stating concerns regarding the sustainability of early learning and childcare programs in the Yukon.

**Speaker:** Are there any reports of committees?  
Are there any petitions?  
Are there any bills to be introduced?

## INTRODUCTION OF BILLS

### Bill No. 310: *Act Respecting the Yukon Medical Association* — Introduction and First Reading

**Ms. White:** Mr. Speaker, I move that a bill entitled *Act Respecting the Yukon Medical Association* be now introduced and read a first time.

**Speaker:** It has been moved by the Leader of the Third Party that a bill entitled *Act Respecting the Yukon Medical Association* be now introduced and read a first time.

*Motion agreed to*

**Speaker:** Are there any further bills for introduction?  
Are there any notices of motions?

## NOTICES OF MOTIONS

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

THAT this House congratulates Dylan Loblaw on his re-election as Chief of the Ross River Dena Council as well as Frans Etzel, Clifford McLeod, Lorraine Sterriah, and Jimmy Smith on their elections to council.

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

THAT this House congratulates Yukoner Robert Joe for winning Best Indigenous/Native Peoples Film at the Remember the Future World Film Festival in Cannes for his film *Fistful of Vodka*.

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

THAT this House congratulates Jane Isakson, Meshell Melvin, Randi Nelson, Jeneen Frei Njootlin, Aubyn O'Grady, and Jackie Olson, who were selected as the six finalists for the 2025 Yukon Prize.

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

THAT this House congratulates Elizabeth Lowell Boland, daughter of long-time Carcross resident Kells Boland, for winning the inaugural Juno for the songwriter of the year award

for non-performers for her work on Beyonce's *Cowboy Carter* album and The Beaches' *Takes One to Know One*.

I also give notice of the following motion:

THAT from 3:00 p.m. to 5:30 p.m. on Tuesday, April 29, 2025, Michelle Grant, senior vice-president, and Graham Page, senior vice-president, for PricewaterhouseCoopers appear as witnesses before Committee of the Whole to answer questions regarding the receivership, operations, and management of the Eagle Gold mine site.

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

THAT this House urges the Minister of Health and Social Services to provide a public update on the surgical sterilization equipment problem at Whitehorse General Hospital, including:

(1) the number of surgeries that have been cancelled, delayed, or rescheduled due to the problem; and

(2) clarification about the date when staff of the Yukon Hospital Corporation first identified a need to repair or replace parts of the sterilization system.

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

THAT this House urges the Government of Yukon to order an independent investigation into each death at the Whitehorse Emergency Shelter since April 2024.

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

## QUESTION PERIOD

### Question re: **École Whitehorse Elementary School replacement**

**Mr. Kent:** Mr. Speaker, over the winter, the Government of Yukon made a number of announcements related to the construction of the replacement for École Whitehorse Elementary School in the Takhini neighbourhood. One of those was a series of promises that were made to the local sports community. The government has promised that the new school will have a larger gym for sport groups outside of school hours. They also made a series of promises to the softball community. Those included a new diamond in the Pepsi complex and a four-diamond complex in the yard of the school and significant upgrades to the Robert Service diamonds.

However, a notable omission from any of these promises was a budget. There is no money in the current budget for these additional promises nor any indication of dollars for any of these promises in the five-year capital plan.

Can the minister tell us what the budget for all these promises is and why there is no mention of any of these things in the current budget or the five-year capital plan?

**Hon. Mr. Mostyn:** Mr. Speaker, I really want to thank the member opposite for the question, giving me the opportunity to talk about all the work we're doing with sporting groups across the territory to make sure that they have the

infrastructure they need going forward. Of course, the member opposite is absolutely correct that we have made promises to increase the size of the gym inside the new Whitehorse elementary school up in Takhini. Work on budgeting that school is currently underway and work identifying what needs to be done on the ball fields as well is currently underway. That will be reflected in the budgets going forward.

What we have identified is that there is a great need for more recreation space in the territory and certainly more recreation space in Whitehorse. We are just commissioning the new gymnastics facility in Whistle Bend. That is an absolutely stellar facility. We hope to have that open later this summer. People going through that will see what an extraordinary facility that is for Yukon and for sports enthusiasts here in Whitehorse. We are going to make sure that we have more large gym space. We came to that conclusion in consultation with Sport Yukon. While I was in Fort McMurray, I talked to Tracey Bilsky.

I am happy to answer more of these questions in the coming questions, Mr. Speaker.

**Mr. Kent:** Mr. Speaker, hopefully, the minister can speak specifically to the budget for the promises that were made to Sport Yukon and Softball Yukon.

Another significant hurdle facing this project is the requirement to go through several different municipal processes. According to public comment from the City of Whitehorse in the fall, the Yukon government needs to seek a change to the city's OCP, they need a master plan for the site, and they need to apply for a rezoning of the property. Each of those steps requires approval from city council and each of those steps requires public input before proceeding to the next step. So, each of these steps, of course, takes time and requires the Government of Yukon to take action.

Has the government initiated any of these important steps yet? If so, what stage are they at? If not, when will they begin?

**Hon. Mr. Mostyn:** As I was saying, Mr. Speaker, I did have this conversation with Tracey Bilsky at Sport Yukon when I was in Fort McMurray. She and I had a great conversation there. It was her idea to actually start working some of these larger sport infrastructure facilities within our schools. You build it into existing capital; you actually then have a facility within a facility that makes it a lot more efficient to run and heat; you are not creating stand-alone buildings. Not only can the children use it during school hours, but we can also then use it for the rest of the public after school and on weekends.

So, it's a really good use of resources. We're committed to making schools big enough for the community, and we saw what happened under the Opposition House Leader's reign in Riverdale where he actually built a school that was 30-percent smaller than necessary for Riverdale.

We don't want to go that way again. We want to make sure that our schools are big enough and that they work.

As for working with the city, I met with the mayor on Friday. I actually got a letter from the mayor on this very subject this morning. We are going to work through, of course, all the proper channels to get the school properly zoned. This is just par for the course; this is the work that we do and we'll

continue to do that work, working closely with the municipality on this project.

**Mr. Kent:** Mr. Speaker, last fall, we asked the minister to hold off on awarding a tender for the construction of the school because of the controversy surrounding the location and, of course, the lack of consultation. We then passed a motion calling on the government to consult with Yukoners about alternative locations for the school to the lot in Takhini.

Here's what the minister said on October 8 in the House — and I quote: “To look at a different site would entail having to go through a lengthy territorial and municipal rezoning process followed by those sites needing to be serviced for sewer and electrical. This is not viable given the urgent need to replace school infrastructure.”

Just six months ago, the minister said that the government couldn't consider other sites because the timing was just too urgent. So, can the minister give us a current timeline for this project?

**Hon. Ms. McLean:** Mr. Speaker, I am happy to rise today to talk about new school infrastructure. We have a growing population, and this is a very popular program that is being delivered out of the École Whitehorse Elementary School, which is currently located downtown. The member opposite knows very well that this is an aging piece of infrastructure. We made a decision to go ahead with the replacement of this aging school. We are currently going through a planning process. The Department of Education is currently in a pre-design phase. We work closely with Highways and Public Works and Community Services, as you have heard today.

We have a number of analysis reports that are underway. We have done the work at the site. We have just completed a traffic study. We're actually going to be chatting with a lot of folks this week — starting this week — to talk about that traffic study and other concerns or issues that they may want to talk to us about at the community level. Those meetings start this week. Happy to be investing in the future of our young people in the Yukon, Mr. Speaker.

#### **Question re: Khàtinas.àxh Community School in Teslin**

**Mr. Hassard:** Earlier this month, the Mayor of Teslin wrote to the Minister of Education and the Minister of Highways and Public Works about the school in Teslin.

The first issue that is raised in the letter is the availability of clean drinking water — and I'll quote from that letter: “We also discovered that there was only one working drinking fountain for all the students, although Teslin Tlingit Council provides coolers and delivers water regularly. The other working water fixture in the kitchen, and is unclear how well-maintained the filter is.”

Can the minister tell us what steps she is taking to ensure that the school in Teslin doesn't need to rely on another level of government to provide drinking water to the students?

**Hon. Ms. McLean:** All of our Yukon schools have access to clean, identified sources of potable water. For the start of the school year, each school had at least one clearly

identified potable water source that meets Health Canada's guidelines for Canada's drinking water quality.

The Department of Education supported the Department of Highways and Public Works and contracted a third-party firm to complete water sampling in all schools owned and operated by the Yukon government. The sampling was finished in December 2024 and all results have been received. Potable water fixtures have — or were sampled at the Independent Learning Centre as well in March 2025.

The departments of Education, Highways and Public Works, Environment, Health and Social Services, and the chief medical officer of health have developed an action plan to access — to address fixtures that exceed Health Canada's guidelines for Canadian drinking water quality. Mitigation work includes removal or isolation of fixtures among a number of other areas that we are addressing.

**Mr. Hassard:** In his letter, Mayor Curran goes on to raise a number of concerns about how the school appears to be in disrepair and lacking maintenance. There are concerns raised about the heating system, including that there are widely varying temperatures in different rooms, and several plumbing concerns, and here is how the mayor put it — quote: “It is unclear how we can expect our students to take pride in their work when clearly those in charge of the building are not taking care of the place they are learning in.”

So, what steps is the government going to take to bring the Teslin school back into a reasonable state of repair?

**Hon. Mr. Clarke:** Highways and Public Works, as the member opposite knows, leases the Khàtinas.àxh Community School from the Teslin Tlingit Council. We work with the Teslin Tlingit Council to identify maintenance issues with the school and to address them as quickly as practicable, recognizing that the health and safety and well-being of students is a top priority.

Highways and Public Works and the Teslin Tlingit Council are currently working to finalize an upcoming five-year lease, as the current one-year lease expires this summer. Highways and Public Works representatives and the Teslin Tlingit Council representatives meet biweekly with intent to finalize lease negotiations and to address any ongoing maintenance priorities.

Officials also started meeting weekly in January 2025 to discuss maintenance of the biomass system. Mr. Speaker, I did have the honour and privilege of attending Teslin, which I do fairly often, and signed the heat-purchase agreement with the Teslin Tlingit Council a few summers ago toward the biomass system that is being used there quite effectively. So, kudos to the Teslin Tlingit Council on that renewable energy source that they have adopted.

**Mr. Hassard:** The Mayor of Teslin also points out that both the municipality and the First Nation are interested in beginning a conversation about replacing the school outright. In 2023, the Liberal government launched a process to seek input from the school community about capital planning for schools in Whitehorse, but they made a point of excluding rural Yukon.

Can the minister tell us why rural Yukon communities, like Teslin, who want to be engaged about the government's capital planning, were excluded from that consultation? When can rural communities expect a similar school capital planning and engagement process that occurred in Whitehorse to be initiated in rural Yukon?

**Hon. Ms. McLean:** In 2020, a long-term school planning report by Colliers International provided the Yukon government with guidance for prioritizing school replacement expansions, major renovations, and seismic mitigation. Government of Yukon's five-year capital plan includes school replacement and renovation projects to ensure all buildings are safe and suitable.

We just heard the Minister of Highways and Public Works talk specifically about the Khàtinas.àxh school in Teslin. I think what is notable is that there is a new chief and council in Teslin, recently elected. Our government is working closely with them. A lot of discussions will take place in the near future around what the priorities are for the Teslin Tlingit Council. Infrastructure, I'm sure, will be part of that discussion.

Again, Mr. Speaker, the capital planning decisions are based on current information and facility assessments supplemented by educational program needs and emerging enrolment trends and pressures. I'm happy to continue working with Teslin Tlingit Council and the community.

**Question re: Health care professionals recruitment and retention**

**Ms. Blake:** Mr. Speaker, three years ago, the town of Williams Lake, BC was faced with a primary care crisis, multiple hospital closures, and a community that was worried about the state of their health care. The town decided to try a new recruitment and retention strategy. They hired two health care landing coordinators who make sure that, when locums or visiting specialists arrive, they have a fully stocked fridge in their rental units, toys for their kids, and even arrange to take them to yoga, for walks, or mountain biking.

They also help coordinate daycare options and employment opportunities for the partners of doctors. This work has made a huge difference for the community of Williams Lake. Since February 2024, they have recruited six physicians and two specialists to Williams Lake, and the community says that locums are returning more reliably.

Given the ongoing shortage of health care providers, has the Yukon government considered investing in a similar program?

**Hon. Ms. McPhee:** Mr. Speaker, I can appreciate the question. I know very well the strategies that are at work here in the territory and there are many of them. The ones suggested by the member opposite are also good strategies. We are working closely with our partners, the Health and Social Services department, the Yukon Hospital Corporation, and, of course, the Yukon Medical Association.

We have the *Health Human Resources Strategy* that has come together on the basis of those decision-makers and many others coming to the room and working very hard to set up a health human resources strategy that is being implemented with

some success across the territory. We certainly have had success in recruiting nurses and allied health professionals.

We continue that work. We have had some success in recruiting new physicians, and we have continued that work with respect to supporting them in many ways, including the reduction of administrative burden by simplifying some fee codes with respect to claims and billing that need to be done for the fee-for-service approach.

We have our Find a Primary Care Provider program. We are reaching out individually to medical professionals, and our work together continues to address this issue.

**Ms. Blake:** Nova Scotia has opened a new Physician Assessment Centre of Excellence clinic, which will shrink the typical 18 months it takes for an internationally trained doctor to re-licence to just 12 weeks. About a third of family doctors in Canada are trained abroad. By fast-tracking a licensing process like Nova Scotia has done, we could get more doctors working in the Yukon faster.

According to the College of Physicians and Surgeons of Nova Scotia, this clinic could add 40 doctors to the province's health system per year. We know the territory has a memorandum of understanding with the Nova Scotia government regarding health care. Has this government assessed the feasibility of operating a similar program in the territory?

**Hon. Mr. Pillai:** To the House, no, we haven't, Mr. Speaker.

We have continued to look at the model of the Atlantic registry as a tool to be able to have doctors come into the Yukon. Since our debates in the House, we know that there is at least one doctor who has used the system.

I want to go back to that first question. I think the concierge service that should be offered to doctors is very effective. I can share with the House that, on Sunday, I spent an hour with the new pediatrician who is looking to come to the Yukon. The discussion has to be around what those doctors want. In that particular case, it was the recreational activities that the family enjoys and where they want to live. The offer, of course, is that individual — now they have booked a ticket, as of yesterday, to come in June; it gives us an opportunity to take them out.

I think it's a role that — doctors are so important — in my job, making time to make sure I can spend a bit of time with each and every one of those doctors — that's just one thing. Last week, we also had somebody come in to look at opening a clinic and being able to recruit as well. Of course, the YMA met with us last week and have identified four new hospitalists.

We met with the YMA. We think there are about 20 to 25 doctors who can really, over the next 36 months, relieve the pressure that is there and make sure the hospitalists have an opportunity to do what they want.

Really, after 10 days, I think we are very well on our way.

**Ms. Blake:** Mr. Speaker, the Yukon Medical Association, the Canadian Medical Association, and the health care professionals across the country have been advocating for team-based care models. Team-based care would reduce the administrative burden on physicians, improve patient experiences, and increase access to primary care providers.



This would allow our medical system to work not only to respond to health concerns but to provide preventive health care, stopping issues before they start. Research from Ontario shows that patients who have access to team-based care are less likely to have to visit the emergency room.

The minister has said that team-based care is something that the government is working on. Can the minister provide an update on the timeline and steps that are being taken to make team-based care available to Yukoners?

**Hon. Ms. McPhee:** Thank you for the question. I appreciate that the Yukon Medical Association and the Canadian Medical Association are supportive of team-based care. I met with the former president of the Canadian Medical Association and the current one, Dr. Reimer. She spent some of her career in a team-based care approach, and we certainly had a great chat about that.

Team-based care — I appreciate that the YMA and the CMA are on board with respect to that, but team-based care for the Yukon is something we have been working on for at least the last five years. It is the preferred approach in *Putting People First*. We know the success of the Nuka model in Alaska. We know the success of the reports of that in *Putting People First*. Examples of team-based care that are in the process of transforming our system here in the territory are some of the clinics that we have — the Whitehorse Walk-in Clinic, the Constellation Clinic, the new clinic that will be run by doctors who are also focusing on OB/GYN and births for families; the midwifery clinic is also one that is reaching out to have those processes incorporated in service for Yukoners. It is the way of the future.

#### **Question re: Crime in Yukon**

**MLA Tredger:** Mr. Speaker, downtown Whitehorse residents deserve a safe, vibrant, and liveable neighbourhood. Studies show that increasing vibrancy of neighbourhoods reduces crime rates; things like empty buildings and lack of foot traffic in the evenings are tied to a lack of vibrancy and decreased feelings of safety. This raises important questions about the long-term vision for the downtown core. We need this government to carefully consider what downtown residents want our neighbourhood to look like.

To achieve a vibrant and liveable neighbourhood, resources and infrastructure that enhance the quality of life for downtown residents need to be prioritized. If this government wants people to live downtown, they could show it through actions like developing abandoned lots or committing to a downtown elementary school.

What is the government doing to support increased vibrancy and liveability in downtown Whitehorse?

**Hon. Mr. Streicker:** This past weekend, I had the opportunity to sit down with Mayor Cameron. We talked about the downtown; in particular, the reason that I was talking with him was because of the funding coming forward for the new convention centre, but we talked about the importance of the downtown as a whole, and he explained to me that his council is focusing on this. I think that they are just working on their

strategic plan right now, but this was one of the topics that he raised with me.

I know that we will have conversations with other departments, because Community Services works with the city very regularly, because Education is working on the potential of a school downtown. So, it was in that light that the conversation took place about what would be the shape of the downtown for Whitehorse. It was a good conversation; it was an early conversation. As always, when it comes to our municipalities, we follow the lead of the municipality around what their vision is for their community. In this case, it will be the City of Whitehorse and their vision for the downtown, but we are, of course, supportive of having a vibrant, sustainable downtown full of life and investing in the infrastructure of the capital.

**MLA Tredger:** Concerns around safety extend beyond downtown Whitehorse and throughout the territory. Families are worried about their children's safety and the risk of them getting involved in crime. Our territory has one of the highest youth crime rates in the country at over triple the national average. Recently, an incident downtown involving multiple young people shocked many of us and made many people feel very unsafe.

The Yukon needs a serious and comprehensive response to this issue, and youth have already given their feedback in the territorial youth strategy in 2024, a strategy that this government signed on to. In this strategy, youth provided the following solutions: a barrier-free youth shelter, sober events, recreational spaces, increased recovery support, funding for treatment, and intervention supports.

Research shows that many people who are involved in lifelong crime first offend as youth, which is one of the many important reasons that we need to invest in prevention and programs for youth. Which recommendations from the territorial youth strategy has this government acted on?

**Hon. Mr. Pillai:** Mr. Speaker, I think, you know, first of all, I want to thank the many groups who were party to the youth strategy. Many of the groups whom we know have done years of service here had come together with the support of the Yukon government. Of course, we are just days away from an ability to go into their second youth summit.

Of course, we are coming back to that conference, and we are going to be speaking to them about some of the deliverables from the Yukon government, but as the member opposite went through a number of different elements within the start of that question, I think that first and foremost, we needed to talk about the fact that the recreational facilities is just one point. There are many there, and I don't want to disregard any of them, but that was part of what we felt as a government was incredibly important. Whether it was new arenas in communities who were waiting and they were long overdue, whether it was the ability to build new multiplex facilities, whether it was the ability to look at a long-term strategy in Whitehorse and then couching that with the fact that mental wellness hubs were incredibly important, making sure that there wasn't just one mental health nurse going through and being able to support those youth across the territory but ensuring that there were

specialists going out into all of our communities are some of the key pieces.

Here, we will continue to support — I am happy to go through the funding as well that we are providing so that those other organizations can also implement the strategy.

**MLA Tredger:** Mr. Speaker, Yukoners are concerned about the increase in organized crime in the territory. We hear from business owners who are worried about safety and parents who fear that their children are vulnerable to getting involved in gang activity. This feeling isn't confined to Whitehorse; it is prevalent across the territory. While the RCMP can respond to crime once it has happened, we also need to focus on prevention. Experts across the country and within the territory have given this government feedback across multiple plans and engagements about community safety. Community members have sat through many meetings and engagements and provided their solutions and suggestions, but many of those solutions and recommendations are being ignored. Calls to build a sobering space, to build post-treatment housing and additional shelter options have still gone unmet.

Why is this government going to produce yet another plan instead of following the recommendations that they have already been given?

**Hon. Ms. McPhee:** Mr. Speaker, there are certainly a number of achievements with respect to the report that recently came out regarding organized crime here in the territory which Yukoners should view very positively. Certainly, there is integration of non-identifying data from the Government of Yukon's Department of Health and Social Services into the RCMP's analysis, and that demonstrates a strong partnership between the Yukon government and the RCMP. This collaboration offers a comprehensive understanding of organized crime's impact on Yukon communities. There was a highly successful cocaine seizure in March resulting in the seizure of illegal firearms, and multiple charges were laid as well as seizure of drugs.

We have programs like Car 867, which pairs police officers with mental health nurses to deliver harm-reduction services and treatment referrals. It showcases a really progressive approach to addressing the substance use health emergency here in the territory. It has been very successful and very well-supported by individuals who come in contact with these specialists.

We are tackling the root causes of organized criminal activity through a combination of policing, the safer communities and neighbourhoods unit, crime prevention initiatives, and more. There is much opportunity for us to continue this good work on behalf of Yukoners.

#### **Question re: Consultation on school replacement**

**Ms. McLeod:** Mr. Speaker, earlier this year, the government issued a news release stating that they were planning engagement for the development of a new school in downtown Whitehorse. As well as committing to engage with school councils, school boards, and education stakeholders, the government committed to engaging with the Downtown Residents' Association, and here's a quote from that release:

"The Government of Yukon believes that downtown residents need to be involved in shaping the future of downtown."

This quote stood out to many folks from the Takhini neighbourhood, so my question for the minister is: Why is it important to engage with residents of downtown about the possibility of a new school when the government refused to engage residents of Takhini about a new school in their community?

**Hon. Ms. McLean:** Mr. Speaker, I'm happy to rise today to talk about our investment in our children in the territory. I'm very proud that we are building schools throughout the Yukon. Talking about today the planning for a new Whitehorse downtown school — but we're also planning for the École Whitehorse Elementary School, which, yes, will be located in the Takhini neighbourhood — having a lot of discussions with our partners as the assessments come out from the lead contractor.

We are also building Kêts'ádañ Kù in Burwash Landing and continuing to plan for new infrastructure that will serve generations of Yukoners. I think that one of the things that we have talked about a lot over the last year and a bit is the increase in population and the growth of the Yukon, and meeting the needs of our education system through new infrastructure is vitally important, and we are going to continue to do that good work on behalf of Yukoners.

**Ms. McLeod:** Mr. Speaker, the release issued in February also says that the government will be engaging with the City of Whitehorse.

In April last year, the City of Whitehorse passed a motion calling on the territorial government to keep an elementary school in the downtown core. On the day that the motion was passed, the Minister of Community Services wrote a letter to the city council about their motion. A CBC North article from April last year reported that the minister — quote: "... threw the ball into the city's court by asking it to find a spot in the downtown core where a new school might be built..."

So, can the minister confirm that he requested that the City of Whitehorse find a new location for a downtown school?

**Hon. Mr. Mostyn:** Mr. Speaker, I'm happy to rise on this issue today. I did send a letter last April to the mayor and council in response to the motion that they put on the council floor that day. I have actually followed up with that.

As I said, I met with the Mayor of Whitehorse on Friday; it was one of the agenda items. I also received a letter from the mayor today that we will action as well.

We are certainly working with our municipal partners on the location of a new school downtown, which we have committed to and which the members opposite weren't giving us full credit for.

We also have been consulting with Takhini and other residents. We have been consulting with everybody for a very long time — again, something that the members opposite are not giving us credit for, something that they didn't do. I guess they're trying to put their own inclinations on us.

The third thing, Mr. Speaker — and the House Leader earlier today talked about how our school is not in the five-year capital plan; it is in the five-year capital plan. The new school

in Takhini is in the five-year capital plan. The member opposite was incorrect in his assertion in his first question.

So, we are working very closely and pricing these infrastructure projects — in making our community a liveable place by putting new recreation facilities in our schools. The former gymnastics facility in Riverdale is getting an upgrade. We have the new gymnastics facility in Whistle Bend; we have a new school going in Takhini that will have a new gymnastics facility. The future is looking good for Whitehorse.

**Ms. McLeod:** Mr. Speaker, on November 12 of last year, the Minister of Education discussed a number of possible locations downtown that the government was considering for a new school. One that stood out was 5<sup>th</sup> and Rogers. She said — quote: “Certainly, one of the parcels of land downtown is 5<sup>th</sup> and Rogers and certainly also a consideration — potentially even if the group that is building there considers it viable.”

So, can the minister tell us if there have been any negotiations or discussions about purchasing part of 5<sup>th</sup> and Rogers as a location for a downtown school?

**Hon. Ms. McLean:** Mr. Speaker, I am happy again to rise and speak about our investment in school infrastructure. I have gone through some of the major projects that we’re working on. We are also absolutely happy to be working toward planning a school downtown. We recognize that many people feel that a school in downtown Whitehorse would be essential and we will continue to work with resident stakeholders, First Nation governments, and the City of Whitehorse so that the planning for a new downtown school can occur.

We are in the early stages of that and our government will continue to have those good discussions to determine the best location. There are a number of pieces of land downtown that may serve — that are in the hands of other partners and stakeholders. So, we will continue to have those discussions and I will be happy to bring forward information once that information is in our hands.

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

## ORDERS OF THE DAY

### GOVERNMENT MOTIONS

#### Motion No. 1229

**Clerk:** Motion No. 1229, standing in the name of the Hon. Mr. Streicker.

**Speaker:** It is moved by the Government House Leader:

THAT, pursuant to Standing Order 2(5), the House be empowered to sit beyond 5:30 p.m. on Monday, March 31, 2024-25, for the purpose of:

(1) completing Committee of the Whole considerations and Third Reading of Bill No. 216, *Third Appropriation Act 2024-25*, as required; and

(2) receiving the Commissioner to grant assent to bills that have been passed by this House.

**Hon. Mr. Streicker:** Mr. Speaker, I will be very brief. In recent years, we have focused more time in debate on the

supplementary budget, and again, that is true this year. We have one government department that is left, which we have put on the Order Paper for today, but, of course, this is the last day of the fiscal year and so we are putting forward this motion just to ensure that we can complete the House business today on the supplementary budget so that we can get to a vote by the end of the day.

So, that is why this motion is here, and I just encourage all members to support it so that we can do the work together.

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

Does any other member wish to be heard?  
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.

**Ms. Van Bibber:** Agree.

**Mr. Hassard:** Agree.

**Mr. Istchenko:** Agree.

**Ms. White:** Agree.

**MLA Tredger:** Agree.

**Ms. Blake:** Agree.

**Clerk:** Mr. Speaker, the results are 18 yeas, nil nays.

**Speaker:** The yeas have it.

I declare the motion carried.

*Motion No. 1229 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*

*Speaker leaves the Chair*

**COMMITTEE OF THE WHOLE**

**Chair (Ms. Blake):** I will now call the House to order.

The matter now before the Committee is continuing general debate on Vote 15, Department of Health and Social Services, in Bill No. 216, entitled *Third Appropriation Act 2024-2025*.

Do members wish to take a brief recess?

**All Hon. Members:** Agreed.

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

*Recess*

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

**Bill No. 215: Third Appropriation Act 2024-25 — continued**

**Deputy Chair:** The matter now before the Committee is continuing general debate on Vote 15, Department of Health and Social Services, in Bill No. 216, entitled *Third Appropriation Act 2024-25*.

**Department of Health and Social Services — continued**

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

**Hon. Ms. McPhee:** I am happy to welcome back with me the Deputy Minister of Health and Social Services, Matt King, and to his right, his senior adviser, Jared Wong — still here with his injury, so we appreciate his attendance today. Again, to Jared's right is Melanie Wallace, the director of Finance at the Department of Health and Social Services.

I will sit so that we can get to any questions that the members opposite might have left.

**Mr. Cathers:** I would like to thank the official as well for being here.

I just want to start with, first on my list of questions: In Question Period today, the minister, in response to a question, said, according to my notations during Question Period — of course, check against the Blues for the exact accuracy of every word, but I believe the minister indicated that the government has — quote: "... had some success in recruiting new physicians..."

Can the minister explain what she meant by that statement? We have heard the Yukon Medical Association indicating that, in the last 18 months, the Yukon lost four family doctors — sorry, four family doctors closed their practice in that 18-month period. That includes two recently who had closed their practice, and we saw a surgeon leave the orthopaedic program, citing a lack of funding. While the Yukon Medical Association had some success recruiting 153 doctors to come here on a locum, we know that the record that was — out of 153 doctors who visited the territory in 2024 to provide coverage on a locum, none of those doctors actually stayed here.

Could the minister please clarify her statement and explain if she considers a net loss of doctors success and why she considers that success?

**Hon. Ms. McPhee:** I appreciate the question and I appreciate the opportunity to clarify the specifics. In a minute and a half, we often do not have that opportunity in Question Period with respect to this. I will clarify. I can re-read Dr. McIntyre's letter, but I think that he was talking about not a lack of funding with respect to his own interests in staying here, but he was pointing out that there were needs of the surgical teams going forward. I agree with him on that. I thought so at the time when I read the letter.

Just to clarify, there are two doctors who have closed their practice here in Whitehorse but have remained in the Yukon and have remained in Whitehorse as part of medical care in other parts of the system, and they continue to do that. There is a newly announced pediatrician who has come to town and set up a practice.

There is a new doctor in Watson Lake. We recruited another new doctor last year in Watson Lake. Watson Lake happens to be well cared for with respect to family physicians, and the team that is set up there is providing care to that community.

We have a tripart selection process that has been very successful lately. It hasn't been used previously to my knowledge, and they have successfully recruited a new obstetrician/gynecologist physician. The tripart selection committee will now turn its focus to recruiting a new orthopaedic surgeon. We look forward to that.

We provide the Yukon Medical Association with funds to have the physician recruiter for locums and also expanding some of her work into the recruitment area for family physicians and others here in the territory. We have provided the Yukon Hospital Corporation with funding and they will expand their attempts to recruit physicians. It's a system that is complicated, because, of course, vacancies that are knowable and available at the Yukon Hospital Corporation are positions for physicians that are funded by the Department of Health and Social Services, so we must work closely together to sort that out.

If there are vacancies, recruitment will continue under the *Health Human Resources Strategy* — in the information that was given to the team doing the strategy for health human resources — and ultimately putting the strategy in place were experts in the field.

I met last week with the president and former president of the Yukon Medical Association. We spoke extensively with them about recruitment efforts and supports and strategic enhancements. I received a document from them that outlines the plans and the strategic enhancements going forward, as well as the metrics and results and efforts to actively recruit physicians and implementation of those physicians here in the territory. I do find that to be positive progress.

**Mr. Cathers:** I do appreciate the information, but I would have to remind the minister that the two family doctors who closed their practices, resulting in hundreds of Yukoners losing their family doctor, specifically cited insufficient support by government for family medicine in their letter.

Dr. McIntyre, the former orthopaedic surgeon who was here, did specifically cite a lack of funding in his letter

indicating his decision to move to British Columbia. Again, the situation is not quite as rosy as the minister would suggest that it is.

I would also question the case of the recruitment of doctors to Watson Lake. How much of a role if any did government actually play in that? We know that this clinic has been often very successful through their own efforts in recruiting doctors to come to Watson Lake, but unless there is information that the minister can provide about that, it would seem to be a case of the minister taking credit for the work of a private medical clinic.

Also, with regard to the *Health Human Resources Strategy* — I am glad that the minister mentioned that, as she knows that we had urged this government for years to develop a new health human resources strategy and were pleased that they finally did act on that. We were, however, concerned that while there is mention of recruitment, we continue to hear from doctors and other health professionals that working groups and activities that were supposed to be conducted regarding recruitment and retention keep being delayed, and they tell us that they keep being told that those will be dealt with at a later date. It seems to be not close to the top of the priority list for government, which is quite concerning considering how many Yukoners don't have a family doctor or other primary care provider and the increasing health care wait times.

I would also note that we are pleased that the government members, along with the NDP, did support, after a minor amendment, the motion that we brought forward last week urging government to recognize the licences of US board-certified doctors and surgeons and to do a marketing campaign specifically aimed at doctors and other US-trained health professionals, as well as Canadian health professionals practising in the United States, aimed at taking advantage of the situation south of the border by targeting those individuals and encouraging them to move to the Yukon and make it their home. I would just take the opportunity to point out how timely this is as supported by an article on CBC's website dated today, March 31, 2025, entitled: "Trump threats open 'floodgate' of inquiries from U.S. physicians about moving north" with the subheading "Some Canadian doctors are also turning down opportunities in the U.S."

The article begins by noting — quote: "Renowned Ottawa heart surgeon Marc Ruel was planning a move to the United States last year, with the University of California, San Francisco 'thrilled to announce' that he would be leading a heart division in their surgery department.

"But Donald Trump's threats toward Canada were such that Ruel has now decided to remain in Canada.

"'Canada is under duress right now,' he told CBC. 'I felt my role and duty at this point was to directly serve my country from within.'"

I won't continue to quote from that article. I would just draw to the minister's attention and point out that indeed, based on the information from that and other sources, it is clear that there is an interest in Canadian doctors and other health professionals currently working in the US to come back home. There is clearly a demonstrated interest of US doctors and other

health professionals — that some of them are interested in moving to Canada. It is a timely time for the government to act on the motion that was passed and to move quickly to develop a recruitment marketing campaign targeting health professionals in the United States and encouraging them to move.

I would ask the minister: Following the agreement of this House on that concept, can the minister tell us when the government plans to take action to actually begin directly marketing to health professionals in the United States urging them to move to the Yukon?

**Hon. Ms. McPhee:** I appreciate that these are not supplementary budget questions, but nonetheless, I will do my best to answer them succinctly.

First of all, I should be clear that I am not worried about government taking credit for anything. I was asked to clarify an answer that I gave earlier about whether or not I thought recruitment of physicians was positive or has had some success.

I outlined those — as a matter of fact, I'm appreciative of the opportunity, because there was one that I forgot that was on the top of my head, which is about a US-trained physician who came through the process of accreditation in Nova Scotia and then ultimately has recently become a physician here in the territory, so our partnership with Nova Scotia has worked. I understand that this person is a US-trained physician.

I can indicate, with respect to recruiting other health professionals from the United States, that the government is committed to strengthening our health care workforce recruitment and retention efforts, and we recognize the importance of expanding the pathways for qualified health professionals, including those who are trained in the United States.

The Yukon government has done upfront work to establish an agreement with Nova Scotia, as I just noted, which allows US-trained physicians to obtain credentials in Nova Scotia and then to be recognized for licensure here in the territory. There was a question earlier today in Question Period that alleged that we could change the licensing process here in the Yukon. That is not an easy process. We currently do not have the appropriate oversight for physicians, and we rely on other jurisdictions to license them first. Our medical council then works with its partners in the event there are matters that need to be reviewed.

The marketing plan with respect to US recruitment is underway. Officials are connected with a US-based physician and a recruiter to build and inform that plan. Efforts began before the motion debate and remain a high priority for our work of recruitment.

With respect to the *Health Human Resources Strategy* work, the HHR group meets monthly and did so last week. There is good attendance and participation in building the year's plan to guide efforts across the system. They are definitely taking it seriously. It's very important work, and we are appreciative of the collaboration.

I think that the other thing that should be noted is that the Health Human Resources Strategy Steering Committee — first of all, the strategy itself was not built only by Yukon government. As a matter of fact, there were many partners who

came to the table. The implementation of that is the responsibility of all of those parties, not simply Yukon government.

Thank you for the opportunity to clarify that information.

**Mr. Cathers:** I do appreciate the information provided. I would also point out to the minister that, while we also understand that there has been one US-trained doctor who has come in via the agreement with Nova Scotia — and that is positive — our understanding is also that this doctor was already living in the Yukon and simply took advantage of the ability to actually begin to practise here in the profession for which they are trained. So, it has not been successful, to our understanding, of recruiting even a single doctor who wasn't already a Yukon resident.

I would ask the minister to — in the area of physician costs and payments: Could the minister please clarify what the total cost was in this current fiscal year for fee-for-service payments provided to doctors as well as the amount that was provided to physicians under contract or alternative payment arrangements?

I would also then — just recognizing that will likely take some time to get that information — we understand that there is a steering committee at the hospital dealing with the surgical services renewal project. I may not have the proper name for that committee, but I believe that it is roughly titled the “surgical services renewal project steering committee”. Could the minister tell us how many times that committee met during the current fiscal year if indeed they did meet?

I would also like to just move on to an area related to — there have been a number of measles outbreaks across the country due to low vaccination rates, as the minister will no doubt be well aware. Could the minister provide us — if she has that information — what the measles vaccination rate in the Yukon is for I believe it would be the MMR vaccine, and do they have that information broken down by age group so that we are able to get a better understanding of what age groups may be at potentially lower vaccination rates and more vulnerable?

**Hon. Ms. McPhee:** The first question is really more related to the mains, and I'm happy to give the numbers that I have at the moment that are approximations. They are for a two-year period from January 1, 2023 to December 31, 2024. The approximation for expenditures on fee-for-service to physicians is almost \$60 million — \$59,427,645. On alternative payment, for the same period of time — alternative payment plans to physicians — some \$39 million.

I'm afraid I don't know how often a committee at the Whitehorse General Hospital meets. That's a good question for the Whitehorse General Hospital.

I can note, with respect to measles vaccinations, that approximately 86 percent of Yukon children ages two to six have received the MMR vaccine. That would be about — appropriate evidence for us to also note that, as of February 2025, there have been no known measles cases in the Yukon territory for the last 20 years.

I can also note that there was, I think, one potential exposure that was dealt with but did not turn out to be a case of measles.

**Mr. Cathers:** I appreciate that information. I look forward to hearing more about whether that committee dealing with the surgical services renewal project met during this year and if so how many times.

I would note those statistics around measles and urge the minister to ensure that they are reaching out to parents as well as to any unvaccinated adults and emphasizing the importance of being vaccinated against measles.

I am just moving on to another couple of questions here. I want to go back to the issue of Emergency Medical Services. The numbers in a number of communities — it's a concerningly low number of volunteers in some of those communities. Could the minister indicate what is currently being done regarding rural training and the number of times that EMS may be making training available in rural communities and/or providing support to people from rural Yukon to come in to get trained in Whitehorse?

As well, I want to return to the issue of gaps around communities and note that, in follow-up to the questions that I asked at the end of last week in discussing this with my colleague the Member for Kluane, he continues to hear concerns from constituents about the lack of EMS coverage, which I understand covered the period of March 14, 15, and 16 — in that area roughly around the weekend.

He indicates that weekend is typically one of the biggest weekends in the Haines Junction community, with local snowmobile races happening. Hotels, restaurants, gas stations, and stores are very busy welcoming much-needed economic income during the slower winter months as well as a number of visitors from Whitehorse and throughout the Yukon. There was an incident, and our understanding is that the local nursing station told them that there was no ambulance coverage on this weekend. When they called 911, they were apparently told that air medevac was also not available and that an ambulance from Whitehorse could only come as far as Mendenhall, which is approximately halfway between Whitehorse and Haines Junction.

The question on behalf of my colleague the Member for Kluane and his constituents is: Why was there no EMS coverage arranged for in the community, whether through providing support from volunteers in other communities temporarily or through paramedics coming out of Whitehorse, when this was such a high-volume weekend for the number of people in the community, thus clearly and obviously increasing the risk of there being an incident occurring requiring EMS coverage?

**Hon. Ms. McPhee:** Again, this is not a budget question with respect to the supplementary budget, although we do have funds for emergency medical services in the supplementary budget, so I appreciate that.

I can indicate the numbers that I have. I said this last week when we were here talking about this important issue: November 2024, 91-percent coverage in Haines Junction;

December 2024, 99-percent coverage; January 2025, 99-percent coverage.

We have some 16 community responders in Haines Junction, which is a very strong community of community support. We do encourage event organizers for any range of events — hockey tournaments and other events like the one that the member has described — and in particular those with any added risks to speak to the nursing station and to the EMS folks in Haines Junction or in any community — to staff up. Usually, if it is possible, I think that lots of event organizers do that just as a matter of course. That is a very good practice. We do have support that comes to communities from a roster of individuals and emergency medical services that occur in Whitehorse and can be used to support communities.

I don't have any specifics and I wouldn't be able to speak about them in any event, but I certainly hope that the member opposite, the Member for Kluane, will write to me or provide those so that we can look into a specific situation if it is of concern and provide more specifics on that situation. I don't have them today and I don't think it would be appropriate to speak about them here, but I encourage anyone from the Yukon Party who has that information to write to me about it. Hopefully, if there is a situation where a family was affected or individuals were affected, they could write to me directly as well.

**Mr. Cathers:** I would just point out, in terms of the reason for raising these questions during debate on the supplementary budget, that this type of information about the gap — such as the EMS gap that my colleague the Member for Kluane brought to my attention — is the type of information that the minister would typically not have at their fingertips during Question Period, and also, it is something that occurred in the current fiscal year.

So, it would seem to us that supplementary budget debate is as good a time as any to ask those questions, but if the minister doesn't have information about the question that I asked previously regarding this gap in EMS coverage in Haines Junction, I would appreciate it if the minister would commit to a legislative return to get back to me on that so that the Member for Kluane is able to share that with his constituents and so that all of us on this side of the House are better able to understand the situation there and the gaps that occurred there.

As well, I continue to be concerned — as I mentioned previously during debate with the minister about gaps in local EMS coverage in rural communities — because as with the situation that my colleague brought to my attention, there are times when an air medevac out of Whitehorse is not available and is not even a backup option to fly paramedics out and provide local EMS coverage due to times when they are busy with other calls. In addition, there is also the problem, of course, that if a call is something that is quite urgent, such as a stroke or heart attack, it is simply nowhere near possible for paramedics to dispatch from Whitehorse and reach communities within the target time for responding to a health emergency of that type. Unfortunately, every one of those gaps does carry some risk of someone having medical distress such as a heart attack or stroke and simply not having anyone reach

them in time when they would otherwise have been saveable. So, we will continue to raise this concern, because it is a very important one.

Could the minister tell us the number of times during this year that paramedics were dispatched from Whitehorse by air or by ground to rural communities due to gaps in local coverage? Also in the area of EMS, the minister provided us with information, which we appreciate, on the spikes in call volumes for EMS going up by 77 percent in a five-year period — going from roughly 8,500 calls in 2019 to almost 15,000 calls in 2024. Can the minister tell us: What do they ascribe that increase in call volume to? What are the major drivers of that large increase in calls?

**Hon. Ms. McPhee:** Deputy Chair, happy to address the three items in that question. First, with respect to a legislative return about something that occurred on — I have the dates of the weekend, but I don't have enough — happy to do a legislative return; let me say that.

First of all, our government has done hundreds and hundreds of them, and we will continue to do them, because they are an incredibly important way to be transparent and accountable as a government. What I can indicate is that it is not my understanding that the former government did maybe any of them — or maybe one or two. That being said, I am happy to do that. I simply just do not have enough information. So, again, I encourage the members opposite — either the Member for Lake Laberge or the Member for Kluane — to provide that information to me, and I am happy to have our folks look into it and to provide a necessary answer to that either by way of a letter that we can table or a legislative return, whatever is sought, but I don't have enough information right now to do the specifics of that situation.

With respect to the next item, which is how many times, either by air or by ground, would EMS have gone — I assume in the last year — to fill gaps in service, I can indicate that I don't have access to that number right now or maybe even how that would probably require us to search scheduling details. What I will say is that we work on a system-wide ability to support not only EMS staff but volunteers.

There are often situations where there would be a volunteer who needs to be away or isn't going to be available — or even a staff EMS provider. So, we do have a system by which those gaps can be filled, we hope, always to the benefit of Yukoners.

With respect to call volume and the increase, there is money in this supplementary budget for an increase to Yukon's Emergency Medical Services. They're facing increased pressure as our population grows and ages. That brings with it more complex medical situations.

Call volumes have risen significantly, and we're seeing more demand for emergency services than ever before. Partly, it is a result of all of those situations causing perhaps a perfect storm — population increase, aging population, more complex medical services needed. There is a substance use health emergency that we must continue to respond to. This year, as noted in the question, 77-percent increase in call volume over the last five years — so not this year. I noted that last week.

Labour hours have also increased by 11 percent between 2023-24 and 2024-25, reflecting additional demand for emergency services, but that's also showing increased coverage for those individuals to be on the job. We are managing those pressures sometimes through auxiliary-on-call staffing, and that is not ultimately in the initial budget. As a result, the request is before the House for an EMS increase. These positions do help stabilize the system and ensure timely emergency response.

I can note that we have built \$1.975 million into the EMS 2025-26 main estimates. This includes an increase to cover 24-hour ground ambulance coverage and 12-hour air ambulance services, and this reflects an estimated 11-percent increase in EMS hours worked year over year, ensuring enhanced emergency response capacity.

In the mains, we have also requested an additional \$420,000 to support an increase to the community responder honoraria rate that has been announced. We look forward to supporting our community responders with increased honoraria. The main estimates do reflect year-over-year changes from previous main estimates. The AOC staffing fluctuates based on operational requirements. We are also investing, as I have indicated, \$1.975 million to support EMS upstaffing and to meet growing service demands, including the upstaffing I have mentioned of ground ambulance service.

We have also introduced a float team to provide flexible support where needed to help maintain safe staffing levels, especially in rural and remote communities, and the EMS team also works to support Community Nursing to ensure consistent and reliable care coverage. All of those things contribute to the call volume being increased and the additional budgetary items being needed.

**Mr. Cathers:** I appreciate the information. I would also note one of the things that the supplementary budget includes on the handout we were provided by officials is it notes that there is an additional \$1.3 million in funding to respond to increased Naloxone demand. My understanding, from what I asked officials regarding the total budget, is that the total budget then for that item — Naloxone, that is — is \$1.5 million. That seems like not only a substantial increase but a substantial spike over what government had anticipated. I would ask how that interacts with the EMS increased volumes — or to say that, perhaps in a less complex way, what portion of those EMS calls in this current year would have required responders to use Naloxone kits in response to an overdose situation? Does the minister have that information?

**Hon. Ms. McPhee:** Thank you for the question. I appreciate that the question is quite specific in terms of how many times EMS might have used Naloxone kits in their delivery of medical services in an emergency situation, but we don't have that figure. I think that what is important to note, if the question is really about \$1.3 million for Naloxone kits, is that in the 2024-25 Naloxone kit line item, they were underfunded and this supplementary catches up to what was actually spent, which is what supplementary budgets are for.

The number of Naloxone kits distributed in 2024 was some 12,354 kits. We should remember that those kits are distributed

across the territory in many, many places. They are free for individuals to pick up everywhere from our warming centre here in this building to a pharmacy, to health centres, to First Nation government offices, to hospitals, and to anywhere the public might come in and see a Naloxone kit and make sure that they have one.

I can also note that many, many people are now used to seeing them and have been trained on the uses of how a Naloxone kit could be used to save an individual. We know that they have been used many times to save individuals, for example, at 405 Alexander or at the supervised consumption site. They have also been used by individuals literally at a person's home or in a situation where an overdose may be occurring.

The entirety of the budget for Naloxone kits in the supplementary budget is to pay for the ultimate cost that has been appropriately assessed now for 2024-25, remembering that those kits are always free in hundreds of places across the territory — and will hopefully remain free — so that individuals can have at their fingertips something that might save a life.

**Mr. Cathers:** My next questions regarding EMS relate to the wilderness response capacity. First of all, as the minister will recall, I have written to her on several occasions in the wake of incidents that happened in response to a medical emergency on trails near Whitehorse and the fact that EMS did not have the equipment to safely transport an injured patient, nor did fire departments. The issue there, as the minister will recall, is that while the Whitehorse fire department, for example, has the ability to transport an injured patient on a side-by-side, EMS does not have that capacity, nor do any of the volunteer fire departments. I have raised it with the minister previously; there has been some indication that they might look into it. I would ask if the minister could provide an update on what is being done regarding that capacity gap to respond to medical emergencies on trails, especially near Whitehorse, in situations where it's important that a patient be transported on a backboard or stretcher board.

The second question that I have regarding wilderness response capacity is related to the ability to respond via helicopter. My understanding is that the government had discontinued the SOMET program that had been in place. Can the minister describe to us what is in place in terms of: If a helicopter response in a wilderness area is required by someone, what ability does EMS have to respond to it, and how many paramedics have the required training to respond to situations where there might be a more difficult landing than a standard flat-surface situation?

**Hon. Ms. McPhee:** I can indicate that if 911 is called, of course, our emergency medical services respond across the territory, coordinated from Whitehorse. Wilderness response capacity is certainly something that is top of mind based on where we live. The Yukon EMS partners with the Royal Canadian Mounted Police and Yukon Search and Rescue to respond to requests for backcountry rescues throughout the territory. Should off-road vehicles be required in the backcountry, rescue EMS works with the RCMP to coordinate



the deployment of such tools and the provision of medical assistance. Of course, to access emergency services in the backcountry, we encourage individuals to call 911 or 867-668-9911 by satellite phone. We have four paramedics who are helicopter trained and hover-exit trained. We have snowmobiles, ATVs, UTVs — and all individuals trained through the RCMP. The partnership with Yukon Search and Rescue, the RCMP Incident Command are the lead with respect to backcountry rescues and that is an important opportunity. There is a partnership between these organizations for the medical services and for search and rescue and for the RCMP skills. That is incredibly important and we support that, absolutely.

I should also just note that, for Yukoners listening and for everyone, EMS is equipped and capable and dedicated to responding in a timely manner absolutely across the territory.

I appreciate that these questions are not at all to challenge whether the skillset or the dedication of EMS staff is in question, but it is a great opportunity for me to thank those individuals and for us to remember how difficult a job it is that we ask them to do each and every day.

**Mr. Cathers:** We certainly do appreciate the work of all of our first responders, and the reason that I continue to raise questions about this is because of incidents that we have heard of, including the one that I mentioned, as well as the winter situation. I have heard — as have a number of my colleagues — from people in the Dawson area about an incident several years ago regarding the need to respond by snowmobile when there were issues around the ability to do it and the gaps in capacity. My concern is that, especially if one of these situations is quite time-sensitive in terms of the response, the ability to respond quickly has at times not been something that has actually happened. I am concerned that, despite good intentions of first responders, we might have a situation where somebody is simply not responded to in time, whether in the Whitehorse area or in the Dawson area or elsewhere in rural Yukon.

The incident that I mentioned earlier regarding my colleague from Kluane's concerns — that he has heard from constituents about the recent situation involving Haines Junction — is further evidence of where there may be problems in that case, even with the ability to respond promptly by road with an ambulance.

The minister made reference to the RCMP having equipment that they can access under a partnership. Can the minister tell us: How many side-by-sides equipped with a backboard or a stretcher board — whatever the appropriate term would be — does the RCMP have, and how many skimmers or sleds to tow behind a snowmobile do they have that are equipped with a backboard or a stretcher board? Again, in both cases, the concern is the ability to transport a seriously injured patient, especially one who might have a spinal injury.

**Hon. Ms. McPhee:** This is a matter of looking at the information from the RCMP through the Department of Justice. I don't have that information with me.

Yes, I am the Minister of Justice. Yes, I can access that information. I will do so and provide a legislative return with

respect to specifically the numbers of side-by-sides with a stretcher. I understand the question to also include snowmobiles. It's not a problem.

**Mr. Cathers:** I appreciate the minister's commitment to come back with more information. The reason that I keep raising this is just a concern that I have heard from constituents as well as people in the Dawson area and in the Haines Junction area and also in the Tagish area, just to name a few examples of where there have been situations that have caused people concern.

I do appreciate the minister's commitment to get back with more information. My objective in raising this is simply that I don't want to see a situation where somebody loses their life or is unnecessarily paralyzed or otherwise seriously injured as a result of capacity gaps for wilderness response on trails or helicopter, for that matter.

I will move on. I recognize that the minister made a commitment to getting back with more information.

So, I'm going to turn to the topic of addictions treatment. We know, regarding Connective, that one report done on 405 Alexander Street for government by an independent entity noted that, of clients surveyed at 405 Alexander Street, 25 percent at the time indicated that they had been turned away from addictions treatment — primarily detox.

Could the minister tell us what the current capacity is at the Sarah Steele treatment centre and identify what the typical wait-list is for addictions treatment though that facility, as well as any other addictions treatment services that are provided by the Yukon government?

**Hon. Ms. McPhee:** There are withdrawal management services — I think that this question is about a number of opportunities for Yukoners to get help — there is withdrawal management services, which is a 24/7 medically and psychosocially supported program that provides a safe place for people to withdraw from substance use. Our government has increased funding for withdrawal management services to hire additional licensed practical nurses. With these additional providers, the program has been able to increase admissions and provide more comprehensive withdrawal care to continue to keep clients from unnecessarily attending Whitehorse General Hospital. There are 14 beds available, as I said last week, for adults and four beds for youth.

In 2023, Mental Wellness and Substance Use began hiring additional nursing staff to increase the number of bed nights in withdrawal management services. Although bed-night data can vary, the percentage increase of bed nights is considered to be an accurate reflection of an increase in bed usage at withdrawal management services. Between 2022 and 2024, bed-night usage increased by 42 percent. In 2024, the program had approximately 3,830 bed nights. There were 1,123 total admissions in 2024, compared to 1,017 admissions in 2023 and 953 admissions in 2022.

Services include: medical assistance with withdrawal from substances; psychoeducational programming; referrals to ongoing treatment; counselling and social work supports; and therapeutic groups and other support services. Withdrawal

management staff can also refer individuals to the Referred Care Clinic and opioid treatment services.

In 2024, withdrawal management services trained staff in phlebotomy and IV therapy, which helped reduce hospital transfers and improve patient care right at the program.

Withdrawal management services offers after-care programs, including foundations, recovery group, and art therapy for clients needing to have post-withdrawal supports.

Mental Wellness and Substance Use services has partnered with the local Indigenous-led recovery program to offer programming for clients wishing to continue recovery-path work, and Mental Wellness and Substance Use services provided an additional food program for bed-based participants as part of our efforts to develop a more culturally accessible program, and this started in 2024 and has expanded to include supporting community and First Nation events by providing traditional foods.

There is — in addition to that, I can indicate that withdrawal management services operates a drop-in on a first-come, first-served basis. Clients wanting access to withdrawal management services may be admitted immediately or typically within 24 to 48 hours if all beds are occupied at the time that they ask. Individuals wishing to access withdrawal management services who live outside of Whitehorse can call and reserve a bed — as I also said last week — before travelling from their home community so that they know that they have a space. For them to access the psychiatric outreach program and early psychosis intervention program services through Mental Wellness and Substance Use services, there is approximately one to three weeks' waiting time, depending on the urgency. None of this, by the way, is with respect to individuals who might be seeking a residential program of treatment outside of the territory, which many individuals do access either through Health and Social Services assistance or through assistance from their First Nation.

I can also indicate that, at the same location, there is intensive treatment services. Intensive treatment services offer bed-based treatment programs in which clients live in the program for between two and 12 weeks to focus on changing their relationships with substances. Programming includes therapeutic group activities, community-based programs, culturally focused programs, and individual counselling. Intensive treatment services are available at the Sarah Steele Building in Whitehorse, and from January 1 to December 31, 2024, intensive treatment services had 127 admissions.

The treatment program consists of the SPRUCE program, which is a continuous-intake, group-based program focusing on skills to help to meet clients' goals and addressing their substance use, including harm-reduction or long-term recovery goals. This program is available often. Individuals who have come to the Sarah Steele Building for the withdrawal management services might avail themselves of this kind of treatment as well.

**Mr. Cathers:** I appreciate the information from the minister regarding addictions treatment services, wait times, and the volume of admissions.

Now, when the minister and I discussed this on March 24, the minister indicated that the managed alcohol program O&M budget is indeed \$2 million. We understand from officials that a total of seven clients have been served. My question would be — I recognize that the government established the program as a result of the agreement with the NDP, but considering that cost of \$2 million in O&M for seven clients served at the managed alcohol program, my question for the minister would be whether the minister thinks that other addictions treatment services or expansion services would be more cost-effective than that \$2 million spent on the managed alcohol program.

**Hon. Ms. McPhee:** Deputy Chair, I think that it is important to note that the managed alcohol program only just began last November, so it is not even six months old. It is a long-term program geared toward supporting individuals who live with severe and treatment-resistant alcohol-use disorder. The residential managed alcohol program opened here in Whitehorse, as I said, last fall, early winter, and this initiative will help protect one of Yukon's most vulnerable populations and will support public health and resource allocation.

I can also indicate that the program has 10 beds, and it is a residential facility located here in downtown Whitehorse. There have been renovations to the building. Participants of the program have access to medically approved volumes of alcohol that are served under staff supervision. The program is supported with an interdisciplinary team. While the structure and the composition of the teams may change as we evaluate the program, the current team is dedicated to intake and assessment, support workers, and medical oversight. In order for individuals to participate, an individual who is being referred there must have been diagnosed with alcohol-use disorder. The individual must be unable to seek other treatment for alcohol dependence. Alcohol is prescribed by physicians as medically necessary, and physicians must continue to follow and regularly assess the necessary care of the individual. There are other support services that happen for individuals who are there.

I think that it is important to note that this is a kind of treatment here in the territory that has not existed before — that it is necessary for certain individuals and it is medical care.

It's also important to note that in the substance use health emergency situation that we are currently residing in here in the territory, we were very careful to name that situation. I can indicate that, at the time back in 2022, there were lots of people talking about opioid crisis and opioid this and opioid that. It is incredibly important that we address the issues of opioids availability and the toxic drugs that are often a death sentence for individuals.

But of substances that are used in our general community and have an adverse impact on our general health and well being, alcohol by far outweighs other drugs. At the emergency department here at Whitehorse General Hospital, the estimate is that some 80 percent of cases that involve an abuse of substances of some kind involve alcohol.

**Mr. Cathers:** I appreciate the information.

The next question I have relates to Connective. I did ask the minister questions about this on March 24. However, in

reading the minister's answers as reflected in Hansard, I wasn't entirely clear on what the minister was indicating there. So, if I could just ask the minister to further clarify it. It may be my misunderstanding in reading what is written here, but it's not clear to me.

When the minister made reference to funding for Connective, the minister said — quote: "... bringing the total agreement for Connective to \$15.39 million over three years." That was on page 6536 of Hansard.

Could the minister just clarify whether she was referring to that \$15.39 million as the amount related to managing the shelter at 405 Alexander Street or is that the total amount of Connective's funding for everything that it's doing for government? And if the minister could just clarify what that total annual cost is for Connective running the shelter at 405 Alexander.

**Hon. Ms. McPhee:** The reference was to a little over \$15 million over three years for the operation of 405 Alexander.

**Mr. Cathers:** I thank the minister for clarifying that. At this point, I will save my remaining Health and Social Services questions for the mains or Question Period. I will hand the floor over to the Member for Vuntut Gwitchin. I thank the minister and her officials for the information provided this afternoon.

**Ms. Blake:** I would like to thank the officials for being here today.

I will start off with a question with regard to EMS. The EMS helicopter access in Dawson is only available during daylight hours. This means that currently during freeze-up and breakup, residents in West Dawson have no access to emergency medical services during the night. What is being done to address this gap?

**Hon. Ms. McPhee:** Thank you for the delay. I was here a few seconds ago and now I'm back.

I appreciate the question. I think that there are limited periods of time — first of all, all EMS responses have to be done in a safe manner. Helicopters can operate during daylight hours for the visual flight rules that are required for safety of the operation of such a vehicle. I can also note that, except for periods of freeze-up and breakup, there are generally other ways in which EMS can respond. There are other modes of transportation with their partners and others. There is boating, there is the ferry, and there is the ice bridge that is strong and solid for a few more weeks now — into maybe even six weeks — into the season. As a result, EMS works to respond in any way that is safe to medical emergencies that might be occurring on the other side of the river in Dawson.

**Ms. Blake:** My next question is with regard to emergency responder training. Is there any work being done with the department and Vuntut Gwitchin Government to provide training in the community for the folks who are often first responders when emergencies happen in the community?

**Hon. Ms. McPhee:** Emergency Medical Services offers a variety of training methods and programs to increase recruitment and retention of community responders and to ensure support for community responders. This includes a training centre, mobile training unit, high-fidelity training mannequins, online learning platform, local training nights, and

certificate courses in addition to peer support programs and mental wellness and supports with a focus on psychological health and safety of our first responders.

Emergency Medical Services also provides accredited programs and certification for community responders, and Emergency Medical Services provides compensation for four hours of non-operational pay per month to encourage community responders' attendance and to support biweekly training nights. If individuals are interested in being community responders in any community, including Old Crow, we encourage you to contact us and we will connect you with Emergency Medical Services — or to connect with them directly — so that their recruitment and training goals could be met. The more community responders we have in each community, the better off we can be. I also encourage individuals who live in any community and who want to increase their training to do so. We have expanded the training recently and are very pleased to make sure that it is available for individuals who are interested in being a community responder.

EMS does not have full-time operations in Old Crow. Residents are encouraged to seek, of course, support at the new health centre and there are services that are available there, but community responders in that community would be certainly something that we would encourage.

**Ms. Blake:** My follow-up question is: Would any of the training be available to be brought to the community to make it more accessible for folks in Old Crow to access, or is the training primarily online or based here in Whitehorse?

**Hon. Ms. McPhee:** We have both available. There is training that can travel to communities, and the program could be set up for training there. There are opportunities for there to be online training but hands-on training as well. Again, it's not something I can commit to here today, but certainly, we would be interested in determining what sort of a training program could happen in any community.

**Ms. Blake:** I'll be sure to pass that information on to the Education department at Vuntut Gwitchin Government.

My other question I had — so, in the last couple of years, there have been a few citizens in the community of Vuntut Gwitchin who we lost due to a heart attack. I'm just wondering: How many AEDs are currently available in Old Crow?

**Hon. Ms. McPhee:** I don't have that information available. I will take the opportunity to extol the amazing virtues of the new health centre in Old Crow and the wide availability of care services that are there. There is no doubt at least one available in that building, but I wouldn't have the locations of where they might otherwise be.

I wouldn't want to guess, but we could ask our health professionals in Old Crow to determine if that's a number that we can find out, or we could also maybe ask the Vuntut Gwitchin Government. They may well have that kind of information as well.

**Ms. Blake:** The other question I have is: Earlier today, the minister mentioned that there was a new team-based OB/GYN clinic that is being worked on here in Whitehorse. Can the minister provide more information on that, please?

**Hon. Ms. McPhee:** Thank you for the question. I was noting earlier a number of different types of services that are available here in Whitehorse. My reference to that clinic is — I believe I have the name right — Equinox clinic, which will be opening in the next few months, I believe. By the end of April is the estimated time. It includes 10 general practitioner primary care physicians who are moving from another clinic that is separating apart, with different doctors going to different places — 10 of the primary care physicians who provide health care to individuals and have a focus on obstetrics and gynecology are forming the Equinox clinic. They will, of course, have regular patients but with a focus on providing that kind of care to pregnant people.

**Ms. Blake:** The next question I have is regarding testing drinking water in schools. In this government's latest update on testing drinking water in schools for lead, they said that elevated lead levels were found but that it was not a concern for the health of students or staff. I assume that this was based on advice from the chief medical officer of health. It was surprising to read, because Health Canada states that there is no safe level for exposure to lead and lists many health conditions that can come from lead exposure with levels that were lower than what was found in the schools.

Has this department received any advice on this from the chief medical officer of health? Can they share any details or reasoning that he shared that would help to explain why they felt confident in saying that there are no risks to staff or students in schools?

**Hon. Ms. McPhee:** Deputy Chair, I don't have the information that I think the member opposite is looking for. I won't speak on behalf of the chief medical officer of health, and I am certainly not able to speak on behalf of the Department of Environment or Education, but I can indicate that I am aware that there is mitigation action that has been taken with respect to installation of certain filters in each school. Again, I'm not able to relate that to what the CMOH — the chief medical officer of health — has said about this particular topic, but I'm sure that questions to Environment or to Education might be of assistance.

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

**All Hon. Members:** Agreed.

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

*Recess*

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

The matter now before the Committee is continuing general debate on Vote 15, Department of Health and Social Services, in Bill No. 216, entitled *Third Appropriation Act 2024-25*.

Is there any further general debate?

**Ms. Blake:** I think I'll ask my next set of questions — I'll just stack them, because I think I'm running out of time.

What supports are in place for people after they complete detox to ensure that they don't relapse while waiting for

treatment or housing? Who do these folks rely on for support? Is there a system in place to connect people from detox directly to treatment, counselling, or transitional housing? What funding or programs exist to support individuals who have completed detox but do not have stable housing or employment? How does the minister plan to address gaps in aftercare and long-term recovery support for individuals leaving treatment programs?

**Hon. Ms. McPhee:** I think that this is a complicated question and I answered some of it today. I guess I want to emphasize that if a person were to enter withdrawal management services or attend there for assistance, there are a number of ways that someone is supported in that programming.

Services include: medical assistance with withdrawal from substances; psychoeducational programming; referral to ongoing treatment; counselling and social work supports; therapeutic groups; and other support services. Withdrawal management staff can also refer individuals to the Referred Care Clinic and opioid treatment services. Of course, if an individual did not have housing, there would need to be support for that. Withdrawal management services offers aftercare programs, including Foundations, a recovery group and art therapy for clients needing post-withdrawal supports. Mental Wellness and Substance Use services at the Department of Health and Social Services has partnered with a local Indigenous-led recovery program to offer programming for clients wishing to continue on the recovery path. There is a traditional foods program as part of that.

If someone was interested in pursuing the intensive treatment services program, it offers a bed-based treatment program. Clients live in the program from between two and 12 weeks — that is here in the territory — to focus on changing their relationship with substances. Programming includes therapeutic group activities, community-based programs, culturally focused programs, and individual counselling. Intensive treatment services are available at the Sarah Steel Building in Whitehorse. I can also indicate that the treatment program consists of the SPRUCE program and is a continuous-intake, group-based treatment program focusing on skills to help meet clients' goals for addressing substance use, including harm-reduction or long-term recovery goals. The first stage of the SPRUCE program relies heavily on counselling and treatment supports from the Mental Wellness and Substance Use services staff.

I can also indicate that there is support — if we are speaking about aftercare, we have funded the land-based healing programs. A lot of those are focused on recovery and aftercare. In communities, they have a wide variety of opportunities for First Nation governments to obtain funding through the land-based healing fund, and 11 First Nation governments have applied for the land-based healing fund and have received their first instalment of funding of \$1.1 million. Three Yukon First Nation businesses or organizations have received the entirety of their funds — up to \$185,000. That is not per organization; that is a total, and 13 Yukon First Nation businesses or organizations have received the first instalment

of their funds — some \$438,000 — and one Yukon First Nation individual has received the entirety of their funds of \$25,000. Three Yukon First Nation individuals began receiving funds of some \$62,000.

The focus of those land-based healing programs is primarily about covering the gap that is left by aftercare. I can also indicate that our government is working closely with the federal government to support a local First Nation healing centre here in the territory; it will have a variety of care available, as I understand it. We are also continuing our work on other options for aftercare here in the territory.

**Ms. Blake:** I thank the minister for her response to those questions.

In the briefing, one of the conversations that came up was the number of children currently in care. Can the minister share recent statistics on the number of children in care, the number of children who identify as First Nation, reunification rates, and outcomes for youth who have aged out?

**Hon. Ms. McPhee:** As of January 31, 2025, there were 99 children in the care of the director of Family and Children's Services. Of those children, 95 percent identified as Indigenous, and 66 percent of those children identified as Yukon First Nation members.

As of January 31, 2025, there were 93 children residing with extended family members as opposed to being in the care of the director of Family and Children's Services. The members of this Legislature may recall that was an option in the new family and children's services act, so we are promoting much more opportunity for extended-family care agreements so that children can remain with their extended family.

Of those children, 99 percent of them identified as Indigenous; 87 percent identified as Yukon First Nation.

Lastly, I can note that Family and Children's Services continues to always explore options with families and Yukon First Nations to reconnect children with their communities and their cultures. The legislation requires us to do so now. It is the right thing to do. We have been very excited about the operation of the family and children's services act and the impact it has had on relationships between First Nation communities and the Department of Health and Social Services. Reunification is absolutely always the goal if it is an opportunity that can be explored on behalf of children.

**Ms. Blake:** My next question I guess would be: How is the department addressing the overrepresentation of Indigenous children in the child welfare system in the Yukon, and what measures are in place to ensure that children in care and children in extended-family care agreements have access to stable long-term placements?

**Hon. Ms. McPhee:** In July of 2024, the Assembly of First Nations, chiefs of Ontario, Nishnawbe Aski Nation, and Canada reached a \$47.8-billion agreement on the long-term reform of the First Nation child and family services program. The agreement is a 10-year commitment of \$47.8 billion to support First Nation children, youth, and families on reserve. The agreement is informed by evidence and built on the foundations of incremental investments in prevention, post-majority support services, capital, and other elements which

have been put in place in recent years. The agreement is subject to the engagement with Yukon First Nations, final approvals, and by agreement with the parties in the Canadian Human Rights Tribunal.

The long-term child welfare reform settlement agreement has not been finalized, but the Government of Yukon is continuing to work with the Government of Canada to understand the implementation of long-term reform measures in the territory.

Parties continue to negotiate and work toward child welfare reform in Canada. I can also indicate that Family and Children's Services here in the territory supports children in out-of-home care, including those in extended-family care and those under the care of the director. Between April 2024 and March 2025, Family and Children's Services expended some \$5.3 million on costs related to children in out-of-home care. As I noted, there were 192 children in out-of-home care, 99 children in the care of the director, and 93 children in extended-family care.

The number of children in out-of-home or in extended-family care are impacted by the changes that were made to the *Child and Family Services Act* some brief years ago. The Government of Yukon's transitional support services group has a capacity of 42 bedrooms; they were available for 46 children and youth. Family and Children's Services is actively recruiting community caregivers and extended families to increase placement options for children in out-of-home care. We continue to explore making sure that children are connected with their communities and cultures; in fact, there is a requirement, and we certainly fund the Council of Yukon First Nations to assist us in developing a cultural program for each and every child to make sure that they are connected to their home communities and to their home culture. It is one of the first things that was implemented in the transition into the new *Child and Family Services Act*. I can indicate that it is absolutely dedicated by the Department of Health and Social Services as a priority, and we continue to do work with many community organizations, First Nation governments, and First Nation cultural programming to support children.

**Ms. Blake:** My next question is: What mechanisms are in place for children and youth in care to report mistreatment or concerns about placements?

**Hon. Ms. McPhee:** Thank you for the question. All children are assigned a social worker once they are involved with the Department of Health and Social Services and often prior to that so that we can avoid a child coming into care if we can work with extended family and opportunities there.

We make sure that children are connected to their family members, to extended family members, to their community members, and there are lots of opportunities for children to be in situations where they could report something that was of concern to them. Our staff who care for these children — the ones who are in the custody and care of the director — of course, the director is their parent and has all the responsibilities required to make sure that they are properly cared for and that there is opportunity, if there is something that needs to be reported, to do so.

The Child and Youth Advocate is available if a child is older and wants to speak to someone. There are also, of course, provisions through all of the connections that they make at the Department of Health and Social Services. Any mistreatment or maltreatment of a child is completely and absolutely prohibited. Our care of those children is our top priority and their safety and care is something that is checked on regularly. I have also noted previously that there is cultural programming that is required to be done and is implemented for each and every child. That would have them be connected with extended community members — maybe it's not someone who is necessarily in a parental or caregiving role, but there are many opportunities for children and for checking in with children to make sure that, should they want to speak about something and have a counsellor speak to them about something, this could be done.

In addition to that, there are community health workers who focus on children and children's care and counselling.

**Ms. Blake:** My next set of questions are: What mental health and trauma-informed care services are provided to children and youth in care? How does the government support youth aging out of care to ensure that they have housing, education, and employment opportunities? What services are available to help biological families regain custody of their children?

**Hon. Ms. McPhee:** Whitehorse has 11 clinical counsellor positions, one registered nurse, and two clinical supervisors who carry caseloads for a child, youth, and family treatment team. Clinical counsellors provide individual, group, and family therapy services. Group programming is offered to support children, youth, and families.

Programming includes topics like: understanding ADHD, dialectical behaviour therapy for adolescents, parenting support, emotional and behaviour regulation, substance use and anxiety, and depression care.

A support group for youth who have a loved one living with substance use services is also being developed. There are rapid-access counselling sessions available within 72 hours and they are designed to provide timely access to support for youth over the age of 13 and for caregivers working to support a family in crisis. There are counsellors via the clinical outreach counselling. They are regularly scheduled in high schools and other agencies throughout Whitehorse. There is a youth outreach clinic that provides minimal-barrier access to health and wellness services for youth aged 12 and over. That clinic provides youth-friendly, non-urgent primary care services by a registered nurse. Services can include mental health and substance use care, sexual and reproductive health information and care, emergency contraceptive blood collection, and immunizations. The outreach clinic offers drop-in hours and the services are also available at Mental Wellness and Substance Use services locations and through the Mental Wellness and Substance Use services' secondary school programming. A registered nurse and an outreach counsellor attend monthly groups at the Boys and Girls Club of Yukon.

Probably not all of it — but I will note that it is a wide range of counselling that is available to children and youth.

As part of the answer to the last part of the question, we are supporting the Council of Yukon First Nations to operate their family reunification home pilot where people in out-of-home care are reunified with their parents in a supportive 24/7 staffed environment. The Council of Yukon First Nations delivers an annual caregiver training module on Yukon First Nation culture, and this training will be included in the overall caregiver training so that children have culturally safe homes.

It is my experience — and some of it is from personal experience — that individuals who step up to provide out-of-home care for children who might be in the care of the director of Family and Children's Services often do so because they are committed to the cultural intensity and the cultural needs of children, and they are very willing to take this kind of training or to be otherwise supported and — certainly in the cases that I am aware of — often have connections with the children's biological family and make sure that there is access for those children in a safe way to those kinds of supports and to that care.

**Mr. Kent:** I'm going to enter debate here this afternoon with a few topics to touch on.

The first one — I'm hoping that the minister can provide us with some numbers of how many Yukoners currently have a family doctor. How many Yukoners are on the Find a Family Doctor list at this time?

**Hon. Ms. McPhee:** Deputy Chair, thank you for the question.

I don't have a number about how many individuals in the Yukon would have access to a primary care provider, because there are many different models of individuals. Some individuals access primary care at a health centre in their community; some access primary care through an itinerant doctor from their community or through a nurse practitioner and other methods.

What I can say is that, in the spring of 2023, we expanded the Find a Primary Care Provider program to include nurse practitioners, and as of January 24, 2025, a total of 2,167 individuals have been matched to a primary care provider through the program. There are approximately 4,000 people waiting for a match, which represents about 11 percent of the Whitehorse population — not including necessarily communities, although it is not clear with respect to whether individuals who do not live in Whitehorse have their names on that list. It is also not necessarily available to us when individuals come off that list. It is a fast-moving list, and I think that, no matter how many people are on that, it is too many.

The Yukon has established primary health care clinics to improve access to primary health care providers in the Yukon. That includes the Centre de Santé Constellation Health Centre, which, as of August 26, 2024, had received 2,837 eligible applications since opening in August 2022 — some two years. I know that the Constellation Health Centre is attaching individuals who come there to other health care primary providers in the territory — in Whitehorse as well, but there is no immediate way in which the individual's name might come off that list. We also know that there are individuals on waiting lists at individual clinics, and when they are attached to that

particular clinic, there is no way for their name to come off of the Find a Primary Care Provider list.

We have also established the Whitehorse Walk-In Clinic, which opened in December 2023 and offers care to Yukoners without a primary care provider. It is staffed by an interdisciplinary team, including two permanent nurse practitioners and two physicians, and as of July 2024, the clinic has provided care to over 3,362 patients who would not have received care or who might have needed a visit to the emergency department at the hospital.

The Referred Care Clinic, which provides primary care services by referral to vulnerable adults living with mental health disorders or substance use issues — they can attend that clinic if they don't have a primary care provider. Sometimes, if they do, they are referred to that clinic so that their specific needs can be met. I can note that we understand that, although it is not a primary responsibility or focus of the Whitehorse Walk-In Clinic, they have also been successful in attaching individuals to primary health care providers.

**Mr. Kent:** When we get to the mains, my colleague from Lake Laberge will probably circle back and dig in on some of those more specific numbers on how many Yukoners have a family doctor or a primary care provider.

I wanted to move on to a constituency issue that has been brought to my attention. I have heard from constituents who provide care for their adult daughter that they would like to provide that care at home, but that option is limited in the territory, so they have to place her in a government-run group home instead. I have done some preliminary work with staff on looking at other jurisdictions. Nova Scotia, for instance, has an alternative family support program that will support persons with disabilities in an approved private family home, and that's exactly what these constituents are looking for.

It looks as though there are many different programming options in other jurisdictions, and this could potentially be a starting point for Yukon to look into supplementing other options into existing policy. I am just curious if the minister has heard about — not this situation in particular — but is aware of this kind of situation and if she is willing to look at what other jurisdictions do in this regard and perhaps design a program that would work here in the Yukon for those families who would like the support to keep their children at home or in a private home on their property rather than in a government-run group home.

**Hon. Ms. McPhee:** Thank you for the question. I don't want to guess, but I might be aware of the constituency matter that the member opposite is speaking about. But I'm happy to speak directly or have more specific information prepared if appropriate.

Yes, I'm aware of the alternate family support care that is available. We do have, here in the territory, an excellent home care nursing and nursing and home care attendants program. We also have the availability of respite care. I think that's critical for some situations, but I won't speak to any specific situations.

I can also note that we have completed an engagement with disability services clients as part of our quality improvement

initiative to inform our review and enhancement of programming for people with disabilities.

There have been in-person interviews as well as an online survey, and there have been responses that have been very helpful — 78 individuals shared their input on how to improve programming and services. The following *Putting People First* recommendations related specifically to the design and delivery of disability services, and we will be continuing to address — this is part of the cross-departmental collaboration on better meeting the needs of Yukoners who are living with disabilities. I can also note that we are working on other *Putting People First* recommendations to better meet the needs of those individuals with disabilities. There has been an increase to the disability top-up amount financially to individuals qualifying for that subsidy to reflect inflation since 2005 — the index in the disability income to inflation going forward — and the recommendation is being pursued as part of the review of social assistance and the modernization of income support services.

Recommendation 5.10 of *Putting People First* calls for the creation of a separate stand-alone disability benefit for those with permanent disabilities. I think that this is specifically a longer question, but we do continue to make sure that progress and improvement to support Yukoners with disabilities are top of mind. We are working with the Yukon Home Care Program to make sure that services include acute, chronic, palliative, respite care, and rehabilitation. Yukoners with disabilities who cannot be supported to live at home or within the disability services residential continuum may be eligible for longer term care, but I appreciate that there are options in between. There are good lessons to be learned from other health and social services departments across Canada.

**Mr. Kent:** I will follow up with the minister on the specific case involving my constituent in an e-mail or a letter.

I did want to touch just briefly on a few topics related to type 1 diabetes. This Spring Sitting is more than likely the last Sitting before an election. I will take us back to the first one that we did in 2021. We passed a motion unanimously calling for the creation of a T1D strategy to be in place, I think, by 2022.

Obviously, that hasn't happened, so I'm wondering if the minister could provide an update on where we're at with the development of this strategy. Does she believe that it will be in place prior to what is potentially an election this fall? As part of that, are there efforts to create a public education campaign? What I've heard from some T1D advocates is that people are still being misdiagnosed.

There are a few questions in there. I will turn it over to the minister.

**Hon. Ms. McPhee:** We continue to work with our partners — including Yukoners with type 1 diabetes, their families, their advocacy groups, and service providers — to develop the type 1 diabetes action plan for the Yukon. This initiative aligns with recommendations from *Putting People First* to enhance the health and well-being of all Yukoners. I am pleased to note and remain ever hopeful. It certainly isn't as quickly as we had wanted, but the truth is that this work needs to be carefully done. We wanted to hear from advocates, family members, individuals with type 1 diabetes and the type 1

diabetes support network to make sure that everything that we could come to agree on is in the diabetes strategy.

The departments of Health and Social Services and Education are working with the T1D Support Network to develop and implement a territory-wide type 1 diabetes strategy. The action plan addresses areas such as accessing health technologies, person-centred responsive and timely care, education and awareness, and data collection and system improvement. We recognize that the strategy has been in development for quite some time and we are not waiting to implement supports. We have been doing a number of things in the meantime. Building on the success of a pilot project with the T1D Support Network, our government became the first in Canada to provide continuous glucose monitors for all individuals with type 1 diabetes and to offer funding to those with type 1 diabetes over the age of 18 to cover their choice of glucose-monitoring device.

We are involved in the working group that includes the Yukon Hospital Corporation and the T1D support network that will review several areas of concern, including discharge planning and potential for outreach and support for Yukoners with type 1 diabetes. I remain ever hopeful that the strategy will be completed and will be released with the support of our partners. I also want to just take a moment to note for Yukoners that we have recently signed a pharmacare agreement with the federal government that will provide diabetes medication and equipment for individuals with both type 1 and type 2 diabetes. I am very proud of the work that has come to fruition to make sure that Yukoners have access to this important project and pilot with the federal government. It will, of course, also include contraceptives for individuals of all ages. It is an opportunity for individuals to have access to those funds to have those drugs paid for up front; it is not a payer of last resort program.

We look forward to the work that will happen at the Department of Health and Social Services to make sure that the pharmacare benefit comes to Yukoners as soon as possible.

**Mr. Kent:** I am glad that the minister was talking about the insulin, because my next set of questions is with respect to the biosimilars. Looking back at the minister's briefing binder — the most recent one that we have access to, which was last fall — it says that biosimilars are highly similar but less expensive versions of the original biologic drug, with no clinically meaningful differences in safety and efficacy. Switching to biosimilars will result in significant cost-savings that will improve the sustainability of the Yukon's drug plans. The minister's notes go on to say that eligible Yukoners enrolled in pharmacare or the chronic disease and disability program will have six months from the time of listing of the biosimilar to work with a health care provider to switch to a biosimilar included in the initiative to maintain coverage, concluding that exemptions can be made if there is a valid medical reason.

We have heard from a number of Yukoners who are having adverse reactions to the biosimilar for insulin. There is a range of challenges that they have seen with respect to this.

They have had their physicians reach out to the Department of Health and Social Services, and in some cases, those requests to switch back to the previous type of insulin have been denied.

So, a couple of questions: When was the decision made to switch to the biosimilars, and who was consulted? What constitutes a valid medical reason under the exemptions? Because we've heard from — as I've mentioned, we've heard from some individuals who are having trouble with the biosimilar and want to move back, but have been denied that even after their physician has reached out to the department.

**Hon. Ms. McPhee:** Thank you for the question. I can note that *Putting People First*, in their final report, did, in fact, recommend that some lower cost and alternative drugs might be available and recommended us looking at the use of biosimilars. I can also indicate that — I think part of the question was: Who would decide this situation? There is a "use of biosimilar" policy that indicates that individuals who cannot — after a trial period — take a biosimilar should challenge that under the policy to make sure that they could be approved for an additional kind of medication, whatever that might be.

In this case, you've asked about insulin. It would be — it looks like they would be — the policy requires that they review it within five days so that there would not be a delay in this request. The request requires a physician or primary care provider to tell the department the reasons why and how the person is not able to take those. I understand that those requests are reviewed by the medical advisor, and we also have a pharmacist advisor, but individuals who are still not satisfied or don't believe that there has been an appropriate review of their situation should ask for that to be done.

Again, we're certainly not interested in having individuals not take medication that will assist them.

**Mr. Kent:** I'll pass that along to the individuals who raised this with me and see if they would like me to advocate further on their behalf. Perhaps I'll send a letter or an e-mail to the minister in that regard.

My final question or comment, I guess, for the day is with respect to a letter that was sent by the Yukon T1D Support Network to an official in Health and Social Services. It's dated April 9, 2024, and it's specific to the insulin pump policy — and a February 12, 2024 memo. Rather than take an extended amount of time to go through this and go back and forth with the minister, maybe what I'll do is send a copy of the letter over to the minister with the page and just, at some point, if she can get back to me and let — the letter hasn't been responded to, and it goes back to April 9, 2024 from my understanding. So, I'm just looking for some sort of a response from department officials to this specific letter that I will flag for the minister. I will just send it over to her now.

With that, I'll conclude my remarks. I thank the officials for coming and for supporting the minister here today, and I look forward to moving on.

**Hon. Ms. McPhee:** I look forward to seeing the letter. My office responds to hundreds and hundreds of letters. I certainly have a policy that all letters are responded to if they are appropriately determined that we need to respond. This, I



see, is not written to me, so I'm happy to look into that and determine how we can respond to that.

I appreciate the questions. We will — I appreciate the copy of this so that we can look into it. Thank you to my able assistants here today. It's the third time being here, and I appreciate their support on this supplementary budget.

**Deputy Chair:** Is there any further debate on Vote 15, Department of Health and Social Services?

Seeing none, we'll proceed to line-by-line.

**Mr. Kent:** Pursuant to Standing Order 14.3, I request the unanimous consent of Committee of the Whole to deem all lines in Vote 15, Department of Health and Social Services, cleared or carried, as required.

**Unanimous consent re deeming all lines in Vote 15, Department of Health and Social Services, cleared or carried**

**Deputy Chair:** The Member for Copperbelt South has, pursuant to Standing Order 14.3, requested the unanimous consent of Committee of the Whole to deem all lines in Vote 15, Department of Health and Social Services, cleared or carried, as required.

Is there unanimous consent?

**All Hon. Members:** Agreed.

**Deputy Chair:** Unanimous Consent has been granted.

*On Operation and Maintenance Expenditures*

*Total Operation and Maintenance Expenditures in the amount of \$28,104,000 agreed to*

*On Capital Expenditures*

*Total Capital Expenditures in the amount of \$2,310,000 agreed to*

*Total Expenditures in the amount of \$30,414,000 agreed to*

*Department of Health and Social Services agreed to*

**Mr. Kent:** Pursuant to Standing Order 14.3, I request the unanimous consent of Committee of the Whole to deem all remaining Votes in Bill No. 216, entitled *Third Appropriation Act 2024-25*, carried.

**Unanimous consent re deeming all remaining Votes in Bill No. 216 carried**

**Deputy Chair:** The Member for Copperbelt South has, pursuant to Standing Order 14.3, requested the unanimous consent of Committee of the Whole to deem all remaining Votes in Bill No. 216, entitled *Third Appropriation Act 2024-25*, carried.

Is there unanimous consent?

**All Hon. Members:** Agreed.

**Deputy Chair:** Unanimous consent has been granted.

*On Operation and Maintenance Expenditures*

*Total Operation and Maintenance Expenditures in the amount of \$114,327,000 agreed to*

*On Capital Expenditures*

*Total Capital Expenditures in the amount of \$15,786,000 agreed to*

*Total Expenditures in the amount of \$130,113,000 agreed to*

**Deputy Chair:** We will now return to Schedule A of Bill No. 216, entitled *Third Appropriation Act 2024-25*.

*On Schedule A*

*Schedule A agreed to*

*On Schedule B*

*Schedule B agreed to*

*On Schedule C*

*Schedule C agreed to*

*On Clause 1*

*Clause 1 agreed to*

*On Clause 2*

*Clause 2 agreed to*

*On Preamble*

*Preamble agreed to*

*On Title*

*Title agreed to*

**Hon. Mr. Silver:** Deputy Chair, I move that you report Bill No. 216, entitled *Third Appropriation Act 2024-25*, without amendment.

**Deputy Chair:** It has been moved by the Member for Klondike that I report Bill No. 216, entitled *Third Appropriation Act 2024-25*, without amendment.

*Motion agreed to*

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

**Deputy Chair:** It has been moved by the Member for Mount Lorne-Southern Lakes that the Speaker do now resume the Chair.

*Motion agreed to*

*Speaker resumes the Chair*

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

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

**Chair's report**

**MLA Tredger:** Mr. Speaker, Committee of the Whole has considered Bill No. 216, entitled *Third Appropriation Act 2024-25*, and directed me to report the bill without amendment.

**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.

**GOVERNMENT BILLS**

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

**Clerk:** Third reading, Bill No. 216, standing in the name of the Hon. Mr. Silver.

**Hon. Mr. Silver:** Mr. Speaker, I move that Bill No. 216, entitled *Third Appropriation Act 2024-25*, be now read a third time and do pass.

**Speaker:** It has been moved by the Minister of Finance that Bill No. 216, entitled *Third Appropriation Act 2024-25*, be now read a third time and do pass.

**Hon. Mr. Silver:** I want to thank my colleagues for the debates and conversations through the different departments of this supplementary budget, and I look forward to the bill receiving assent.

**Mr. Cathers:** Mr. Speaker, in rising to this as the Yukon Party Official Opposition Finance critic, I would just note again for the record that this, like all budget votes, is a matter of confidence. We continue to have no confidence in this Liberal government and will, of course, be voting against it.

**Speaker:** Does any other member wish to be heard?  
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:** 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:** The yeas have it.

I declare the motion carried.

*Motion for third reading of Bill No. 216 agreed to*

**Speaker:** I declare that Bill No. 216 has passed this House.

We are now prepared to receive the Administrator of Yukon, in his capacity as Lieutenant Governor, to grant assent to the bill which has passed this House.

*Administrator Inverarity enters the Chamber accompanied by the Sergeant-at-Arms*

### ASSENT TO BILLS

**Administrator:** Please be seated.

**Speaker:** Mr. Administrator, the Assembly has, at its present session, passed a certain bill to which, in the name and on behalf of the Assembly, I respectfully request your assent.

**Clerk:** *Third Appropriation Act 2024-25.*

**Administrator:** I hereby assent to the bill as enumerated by the Clerk.

*Administrator leaves the Chamber*

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

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

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

*Motion agreed to*

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

*The House adjourned at 5:27 p.m.*

### The following documents were filed March 31, 2025:

35-1-313

Statistics of the 33rd Yukon Legislative Assembly, letter re (dated March 31, 2025) from Hon. John Streicker, Government House Leader (Streicker)

35-1-314

Condition of Khâtinas.àxh Community School, letter re (dated March 14, 2025) from Gord Curran, Mayor, Village of Teslin, to Hon. Nils Clarke, Minister of Highways and Public Works, and Hon. Jeanie McLean, Minister of Education (Hassard)

35-1-315

Concerns regarding the sustainability of early learning and child care programs in the Yukon, letter re (dated March 31, 2025) from Creative Play Daycare, Downtown Days Early Learning Centre, Early Learning at the Gardens, and Whitehorse Montessori Society to Hon. Jeanie McLean, Minister of Education (White)