



# Yukon Legislative Assembly

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Number 240

1<sup>st</sup> Session

35<sup>th</sup> Legislature

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## HANSARD

Thursday, April 3, 2025 — 1:00 p.m.

Speaker: The Honourable Jeremy Harper

# YUKON LEGISLATIVE ASSEMBLY

## 2025 Spring Sitting

**SPEAKER — Hon. Jeremy Harper, MLA, Mayo-Tatchun**  
**DEPUTY SPEAKER and CHAIR OF COMMITTEE OF THE WHOLE — Annie Blake, MLA, Vuntut Gwitchin**  
**DEPUTY CHAIR OF COMMITTEE OF THE WHOLE — Lane Tredger, MLA, Whitehorse Centre**

### CABINET MINISTERS

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

### OFFICIAL OPPOSITION

#### Yukon Party

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

### THIRD PARTY

#### New Democratic Party

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

### LEGISLATIVE STAFF

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

**Yukon Legislative Assembly**  
**Whitehorse, Yukon**  
**Thursday, April 3, 2025 — 1:00 p.m.**

**Speaker:** I will now call the House to order.  
 At this time, we will proceed with prayers.

*Prayers*

**Withdrawal of motions**

**Speaker:** The Chair wishes to inform the House of changes made to the Order Paper. Motions No. 933 and 949, standing in the name of the Hon. Premier, have been removed from the Order Paper at the request of the member.

In addition, Motion No. 1248, notice of which was given by the Member for Whitehorse West yesterday, was not placed on the Notice Paper, as it was out of order.

**DAILY ROUTINE**

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

**INTRODUCTION OF VISITORS**

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

**Speaker:** Tributes.

**TRIBUTES**

**In recognition of businesses' anniversaries**

**Hon. Mr. Pillai:** Mr. Speaker, I rise today to pay tribute to four notable businesses here in Whitehorse that are celebrating anniversaries this year. This includes Whitehorse Motors, G-P Distributing, Cultured Fine Cheese, and Trinit Technology. These establishments have enriched our territory and continue to be mainstays in our community.

G-P Distributing has been a significant provider of wholesale food and supplies across the Yukon for 30 years now. Restaurants, hotels, and many other establishments rely on the bulk delivery of goods to maintain their operations and G-P delivers with uniquely northern expertise. They remain a fantastic example of a Yukon business that works to build up other local businesses. With a strong reputation for giving back to the community, the Yukon is a demonstrably better place because of the contributions of G-P, and I congratulate them on three decades of service to the territory.

Next, Whitehorse Motors was opened as a new business in 1969 by Rolf Hougen and associates. After many years of growth, revitalization, and service, the dealership is now owned by Tina Woodland and Wendy Tayler, prioritizing quality experiences and meaningful employment for Yukoners. They have donated to and supported various Yukon organizations investing in northern people and events. I am glad today to have an opportunity to recognize and celebrate their success. Congratulations, Tina, Wendy, and the Whitehorse Motors team — past and present — for all that you have achieved.

In June 2015, the Horwoods Mall welcomed a new shop that would quickly become iconic in our city. Owned and operated by Larra Daley, Cultured Fine Cheese has brought high-end products from around the globe to shoppers here in Whitehorse.

On any given day, you can find over 100 varieties of cheese in the shop in addition to various oils, vinegars, and hors d'oeuvres. Yukoners know Cultured as a premier cheese shop in our city, and this recognition is well-deserved. A decade of success is no small feat, and I congratulate Cultured on their ongoing success.

Trinit Technology, established near the corner of Main Street and Second Avenue in Whitehorse in 2014 — the team at Trinit Technology continues to offer reliable products and expertise to Yukoners. As the largest independent technology retailer and IT service provider in the territory, they provide services that are tailored to local customers and demonstrate a personal understanding of the tech needs of northern communities. This evening, Trinit will be hosting a 10<sup>th</sup> anniversary event at the MacBride Museum. I wish them all the best with this event and congratulate them on this significant anniversary.

Mr. Speaker, while they represent very different sectors, these businesses are mainstays in our community and fantastic examples of the entrepreneurial spirit in the Yukon.

*Applause*

**Ms. Van Bibber:** Mr. Speaker, I rise on behalf of the Yukon Party Official Opposition to pay tribute to several outstanding businesses in Whitehorse.

Cultured Fine Cheese became a dream's reality for Larra Daley 10 years ago. The small corner in the Horwoods Mall morphed into a tiny shop just around the corner. The shop holds many culinary delights, with cheese the main focus. The choices to sample and enjoy are a cheese lover's heaven — an international variety, like England's caramelized onion cheddar to Canadian Ontario's ricotta and, one of my favourites, France's Roquefort Société blue cheese.

There are surprise bags, gift certificates for those hard-to-buy-for folks, and such knowledgeable staff that they make you feel so welcome. Stop by if you haven't experienced this lovely shop.

Trinit Technology — tagline: "We love our community and are proud of it" — started in 2014. They have grown to be the largest tech retailer and IT service provider in Yukon. They have amazing staff and an extensive inventory — drones, virtual reality, gaming, phones, as well as accessories and parts for all of those gadgets. Trinit gives back. Community support is one of the company's core values.

G-P Distributing — I personally used this food outlet when I was in the business. Great service, great products, and always ready to help — and they are great sponsors throughout the community.

Whitehorse Motors, the locally owned Ford dealership, has been in the Yukon since 1969 — 55 years of supplying Yukoners with Ford vehicles and products. Started by Rolf Hougen, he sold to Wendy Tayler and Tina Woodland on

March 20, 2012, so they will celebrate their 13<sup>th</sup> anniversary of ownership in a short while. Whitehorse Motors offers new and used vehicles, full service and parts, as well as rentals and leasing — so much under one roof. They are amazing community sponsors and supporters — the food bank and Hospital Foundation to name a few, as well as events throughout the year.

Congratulations to all and continued success in the coming years. Buy local and support those businesses that give so much back to Yukon.

*Applause*

**Ms. White:** Mr. Speaker, I rise on behalf of the Yukon NDP to celebrate some fantastic local business anniversaries. Entrepreneurs contribute so much to our territory. They provide local jobs and bring vibrancy to our streets. Opening a small business is not for the faint of heart. Small business owners are doers and problem-solvers, invested in our communities and the people around them.

Today, I will start by celebrating Trinita Technology on their 10<sup>th</sup> anniversary. The staff at Trinita know their gadgets and are customer-service dynamos. You can't walk in without someone asking if they can help you. There isn't a question that they can't find an answer to and they are always willing to help. Congratulations on a decade of solving technology problems for Yukoners.

Next, I want to celebrate Cultured Fine Cheese. It is their 10<sup>th</sup> anniversary too, and it's hard to believe what that means, but it has been more than 10 years since I was working side by side with its owner, Larra. When we were working in Corrections, she was chatting one day and said that her dream was to open a cheese shop. So, I'm so proud and delighted that, through determination, creativity, and hard work, her dream came true. It might be hard to believe that such a specialized store could survive in a place the size of Whitehorse, but Larra and her team's incredible personal service and infectious love of cheese keep bringing people back. Whether she is personally curating a cheese plate for an engagement dinner or sourcing a delicious but impossible to find cured meat from Spain or lending out her personal cheese-cutting knife for a wedding cake made of cheese wheels, I think many of us go in partly for the cheese and partly to soak in the positive vibes that fill her store.

And let's not forget Whitehorse Motors, not the first time that they have been paid tribute for their long service to Yukon. Established way back in 1969, Tina and Wendy have been incredible community champions in more ways than I could possibly list, so we thank them and their team for their long service to this community and look forward to seeing them grow and evolve with the needs of the territory.

And G-P Distributing — they have an answering service. When you call at 4:00 in the morning because you're in the bake shop and you know what you need, they're happy to take your order and serve. G-P Distributing has been serving the community and outlying camps and other rural communities for more years than I can count.

We can all agree that it's important to support the local businesses around us, and there are lots of fun ways to do it. Whether it's grabbing a coffee from your favourite café while waiting for your screen to be repaired or replenishing your cheese selection while waiting to get your oil changed, every little bit helps. We're incredibly lucky to have such a diverse array of small businesses here in the Yukon, so let's continue to support locals and keep our community thriving.

*Applause*

### **In recognition of Ride For Dad 25<sup>th</sup> anniversary**

**Hon. Mr. Clarke:** Mr. Speaker, I rise today to pay tribute to a powerful movement that has, for the past 25 years, inspired action, raised awareness, and helped save countless lives. Ride For Dad has made a lasting impact on the health and well-being of men and their families in every region of Canada.

Since it began in the year 2000, Ride For Dad has brought together thousands of Canadians to support the fight against prostate cancer. What started as a local fundraiser has grown into a national campaign rooted in compassion, dedication, and community spirit. Through the efforts of volunteers, riders, donors, and supporters, Ride For Dad has raised more than \$40 million for the Prostate Cancer Fight Foundation.

Prostate cancer remains the most commonly diagnosed cancer among Canadian men and the third-leading cause of cancer deaths. Here in the Yukon, prostate cancer represents the highest proportion of cancer diagnoses in males, as seen in recent data from 2013 to 2022. This striking reality underscores the vital importance of Ride For Dad's mission to fight prostate cancer, to find it early, to treat it early, and to live.

The funds raised through this initiative go directly toward supporting leading-edge research in more than 25 institutions and hospitals. These projects are aimed at improving diagnoses and developing more effective and less invasive treatments. Just as important, Ride For Dad helped share critical awareness messages in communities large and small. Their public campaigns urge men over the age of 40 to get a prostate-specific antigen — also known as a PSA — blood test and to speak with their doctor about their prostate health, because catching prostate cancer early can save lives.

This year, as we recognize the 25<sup>th</sup> anniversary of Ride For Dad, we do more than mark the passing of time; we celebrate the people behind the movement. We thank the volunteers, the riders, the researchers, and the families who have shared their stories and made a difference.

Mr. Speaker, I would like to acknowledge and thank the dedicated members of the Ride For Dad Yukon chapter. Co-chairs Mike Thorpe and Michelle Matheson, director and ride captain Gil Bradet, directors Julie Thorpe and John Robertson, and others here today have all demonstrated exceptional leadership, commitment, and passion in advancing this cause in our territory. Their hard work continues to inspire and bring hope to many.

On behalf of the Government of the Yukon, I offer our sincere thanks to everyone who has contributed to Ride For Dad over the past 25 years. Your dedication has saved lives, supported families, and built stronger communities. I

encourage all Yukoners to support this important cause. Whether by donating, participating in a local ride, or spreading the message, your involvement can make a difference.

To learn more or to donate, please visit [ridefordad.ca](http://ridefordad.ca) and show your support in the fight against prostate cancer. Of course, I would be remiss if I didn't mention that there is the Tom Cochrane concert on Saturday, April 5 at Takhini Arena, which is a fundraising event for Ride For Dad.

*Applause*

**Mr. Istchenko:** Mr. Speaker, I rise on behalf of the Yukon Party Official Opposition in recognition of the Yukon chapter of Ride For Dad. They are celebrating 25 years in the Yukon raising awareness and funds for prostate cancer.

In Canada, prostate cancer is the most common cancer that develops in men and becomes more common with age. Early detection and intervention are important. There is testing available, and treatment options increase the earlier that the cancer is caught. Visit your doctor for a prostate-specific antigen — or PSA — test. This blood test measures PSA, a substance made by the prostate. This number changes with age, but elevated numbers give you an idea that further testing should be done. There are a number of other tests that can be done. Early screening can greatly improve treatment outcomes and life expectancy.

The incredible folks involved with Ride For Dad — many are here today — have done so much for the cause in our territory. We have seen many years of rides and other fundraising events by this dedicated group of volunteers. Ride For Dad comedy nights have been a highlight for many years, and in the past, Yukoners have really packed the house for a chance to laugh, bid on some great prizes, and, of course, support a great cause.

This year, of course, we get a special performance by a great Canadian artist, Tom Cochrane, who will be performing at the Takhini Arena on Saturday night. Tom Cochrane, aside from being a highly decorated artist, has supported a great number of important causes throughout his career. Lending his support to Ride For Dad is just the latest in all of the good things that he has done. I know that Yukoners are excited and I understand that he is equally as excited to perform for us.

We would like to thank the Yukon chapter executives as well as all organizers, volunteers, sponsors, and everyone who throws their support behind Ride For Dad.

This year's group ride is scheduled for June 6, so I encourage Yukoners to look at participating, sponsoring a friend, or finding some way to support this great organization.

As the iconic Tom Cochrane would say,

Life's like a road that you travel on

When there's one day here and the next day gone.

Get screened. Keep tabs on your health and support this wonderful organization.

*Applause*

**Ms. Blake:** Mr. Speaker, I rise on behalf of the Yukon NDP to celebrate the 25<sup>th</sup> anniversary of Ride For Dad and to share our deepest gratitude for the incredible community that has come together year after year to support this vital cause. Ride For Dad has not only raised significant funds for prostate cancer research and awareness but has also brought together riders from all walks of life, united by a common goal.

To date, Ride For Dad has raised \$43 million, with everything going to the Prostate Cancer Fight Foundation. This milestone is a testament to the dedication and passion of everyone involved, from the organizers and volunteers to the riders and donors. Your unwavering commitment has made a profound impact on countless lives.

Over the past 25 years, Ride For Dad has become more than just an event; it has become a symbol of hope and resilience. The stories of survivors and their families, the friendship among riders, and the collective effort to fight prostate cancer have created a powerful legacy.

As we look back on the achievements of the past quarter century, we also look forward with renewed determination to continue this fight. The Yukon NDP stands firmly behind this cause, recognizing the importance of early detection and the need for continued research and support for those affected by prostate cancer.

On June 7 this year, Ride For Dad will be hosting a pancake breakfast, a parade, a ride around the Alaska and Klondike highways loop past Tagish, and a food truck dinner. If you don't have a motorcycle but you do want to participate, you can still go to the pancake breakfast, the parade, and the food truck dinner, and you can donate.

To everyone who has been a part of Ride For Dad over the years, thank you for your dedication and generosity. Your efforts have not only raised awareness but have also provided hope and support to those battling prostate cancer. Together, we can make a difference and ensure that Ride For Dad continues to be a beacon of hope and a force for positive change in our community.

Mahsi' cho.

*Applause*

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

## TABLING RETURNS AND DOCUMENTS

**Mr. Kent:** Mr. Speaker, I have a document for tabling.

**Hon. Mr. Pillai:** Mr. Speaker, I have for tabling a letter addressed to Senator Lisa Murkowski dated April 1, 2025.

**Speaker:** Are there any reports of committees?

Are there any petitions to be presented?

Are there any bills to be introduced?

Are there any notices of motions?

## NOTICES OF MOTIONS

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

THAT this House thanks Alaska Senator Lisa Murkowski for voting to terminate the emergency declaration used to impose tariffs on Canada.

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

THAT this House thank Alaska Senator Lisa Murkowski for voting to terminate President Trump's emergency declaration put in place to justify tariffs on Canadian imports and for her statements acknowledging the long friendship between Canada and the United States as well as the importance of our relationship that includes mutual defence, cultural and economic ties, and a positive trading relationship with the Yukon and Canada.

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

THAT this House urges the Government of Yukon to conduct an outreach and education campaign for Yukoners born between 1970 and 1996 to ensure that they are fully protected against the measles virus.

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

## QUESTION PERIOD

### Question re: Health care infrastructure

**Mr. Cathers:** Yesterday, my colleague pointed out that the number of Yukoners on the wait-list for a doctor or other primary care provider has grown in the last two years and is now 4,000. This should come as no surprise, since this Liberal has done very little to recruit new family doctors, and over the last 18 months, four family doctors have closed their practices, some specifically citing lack of support from government.

In response, the Premier said — quote: "... looking at the 4,000 people on the list, understanding what a standard caseload is for somebody in family medicine, understanding the supports that are required — I think we're on a great track." He went on to say that he thinks — quote: "... it's going in the right direction."

Mr. Speaker, does the Premier think that those 4,000 Yukoners without a family doctor — some have been on the wait-list for years — would agree with the Premier that it's on the right track?

**Hon. Mr. Pillai:** Mr. Speaker, I think the portion that the Member for Lake Laberge has left out is that the response we are getting through recruitment is very positive and that, based on the response that we are getting from interested parties, it looks as though you can absorb that list over the short run. That is why I said that it looks like it would be going in the appropriate direction.

**Mr. Cathers:** Well, Mr. Speaker, it has been nine years and we have yet to see evidence other than the Premier's words here.

If there is one thing that just about everyone in the territory's health system agrees on, it's that things are going in the wrong direction. Since last summer, we have seen letters from surgeons, from hospital medical staff, and from several doctors who were either leaving the Yukon or closing family practices. Some call it a "crisis"; some call it "critical"; some call it "systemic underfunding", but what they all agree on is that it is most certainly going in the wrong direction.

Despite this, the Premier asserted yesterday that things are — quote: "on a great track" and "going in the right direction". How can the Premier be so out of touch with what is happening in the Yukon's health care system?

**Hon. Mr. Pillai:** Mr. Speaker, yes, having the opportunity to hear from general surgeons and to hear from the YMA and being able to have discussions with those in the health field ensures that you're not out of touch. What I would share with the member opposite is that I think a focus on recruitment, continuing to look at the needs as well — not just of our health professionals but for Yukoners and what they are saying — I would say that, during his time as health minister, he probably didn't take into consideration some of the long needs of all Yukoners — not just some.

Again, it's a very focused approach. When we talk about investment, this is a record year of investment. I think it's over \$650 million or close to \$650 million — the most that we have ever seen invested in our health care system. On the point of underinvestment, that's not correct.

I would just urge the member opposite to, in his questions, give a fulsome understanding of what I said yesterday, not just parsing out things that work for him politically.

**Mr. Cathers:** I remind the Premier that it has been almost nine years under this Liberal government, and things have been going in the wrong direction for years.

Over the course of the past weeks and months, Yukoners have heard increasingly urgent calls from doctors and surgeons ringing alarm bells about the direction that the health system is going. We have seen at least one surgeon leave the Yukon citing lack of government support; we have seen family doctors close practices because of a lack of support from the Liberal government; we continue to hear about overcrowding and inadequate operating capacity at the Whitehorse hospital after this government ignored the expansion project for six-plus years.

The number of Yukoners who don't have a doctor is growing, and wait-lists for surgeries and other procedures are growing too.

Despite all of this, what did the Premier say yesterday? He said that it's going in the right direction. Will the Premier now admit that the Yukon health care system is in crisis, things are going in the wrong direction under this Liberal government, and it's time for a change?

**Hon. Ms. McPhee:** Mr. Speaker, it seems like I do this on a regular basis, but every time I get to have the opportunity to stand to advise Yukoners of important facts, they are in contravention of the facts presented in the question.

The Department of Health and Social Services was budgeted in 2018-19 some \$400 million. This year,

\$682.9 million is in the 2025-26 budget, which we would certainly hope the member opposite will consider supporting.

The members opposite also spent the first week of this particular Sitting telling our government that we were spending too much money, so the message is certainly confusing for Yukoners.

Since 2018-19, we have increased the Yukon Hospital Corporation's budget — O&M funding — from \$68.2 million to \$135.3 million, an overall increase of 98.4 percent. This increase nearly doubled the budget since 2018-19. We support the Yukon Hospital Corporation. We are supporting the health system transformation, the health system that is focused on caring for Yukoners, and we've done that through this budget, which I hope they support.

### Question re: Physician recruitment and retention

**Mr. Dixon:** Mr. Speaker, for those who have been following the debate about health care over the past week, it has been a familiar story. The minister of health has struggled with an important file and the Premier has had to step in to take over. We saw this not so long ago with the Whitehorse Emergency Shelter back in the fall of 2023. The Premier wasn't happy with how the minister was handling it and announced that he was taking the file over from the minister. He even conceded that he wished that he had intervened earlier before things got so bad. Now we see this familiar story again when the Premier has inserted himself directly into the recruitment of doctors.

So, like he did with the Whitehorse Emergency Shelter, will the Premier now admit that he should have intervened in this health file earlier?

**Hon. Ms. McPhee:** The healthy and strong community here in the territory is our absolute focus. Primary health care physicians are critical to ensuring that Yukoners have access to excellent primary health care services. We have done so by supporting the health care system and the health care system transformation financially, as I've just noted, in previous iterations of our budget.

We are working with the Yukon Medical Association and the Hospital Corporation. We have built relationships with them. I think it can't be overstated how poor the relationship was between those organizations when the Yukon Party was in government, to be quite frank. Those relationships have helped us build a strong health care system and helped us focus on transforming the health care system to the benefit of Yukoners. We have a plan through *Putting People First*, we have a plan through a new health authority, and we have a plan through transforming the health care system and working with the YMA, having pay negotiations undergoing with them at the moment, and we are focused on strong relationships, because that is what will benefit Yukoners.

**Mr. Dixon:** Mr. Speaker, if things were going so well, the Premier wouldn't have had to intervene in the minister's file once again. Earlier this week, the Premier made it clear that he felt that it was part of his role to personally intervene in physician recruitment. He said that he wanted to be a part of the concierge service and would personally be reaching out to doctors. He said — and I quote: "... in my job, making time to

make sure I can spend a bit of time with each and every one of these doctors..."

Well, Mr. Speaker, as much as some doctors might appreciate a Sunday brunch with the Premier, what they really want is a better functioning health care system. They want to see a government that supports doctors and other health care professionals, and they have been telling us that they are overwhelmed and pushed beyond their limits.

So, now that the Premier has taken over this file, will he tell us how he intends to fix the health care crisis?

**Hon. Mr. Pillai:** Mr. Speaker, what we have watched over the last two weeks when it has come to conversations around health care — there has been one member in the House who has inserted himself and it is the Leader of the Official Opposition. He did that because of his lack of confidence in his critic. That is what we saw happen. We watched the leader of the opposition walk into a scrum and not even be able to say one positive thing about his critic. Then he came back in and said that he thought about it over the weekend and, looking back on his record, it is really strong. Today we see him jumping into questions — it is really strong.

Let me just get a title here from March 12, 2007 when the Member for Lake Laberge calls for change. I am sure that this is the change that folks want. The title is: "... 'Gong Show' or damage control?" It then characterizes that the Member for Lake Laberge was in a "tussle". So, we are not going to get into tussles. What we are going to do is we are going to sit down. We know that this is an incredibly challenging file in every province and territory, but we will keep focused on it and we will do the work, and we will do it as a team, which we always have, not when walking away from the members like we have seen this week from the leader of the opposition.

**Mr. Dixon:** Mr. Speaker, like he did with the Whitehorse Emergency Shelter, the Premier has clearly taken over this file from the minister as well. It seems, though, that he might just be a bit too late.

Yesterday, the minister of health spent a good chunk of debate chastising the Yukon Medical Association for their role in Bill No. 310. She went as far as suggesting that the mere presence of the YMA representatives in the gallery was interfering with negotiations in a negative way.

Here is what she said directly — quote: "... the impact with respect to the negotiations — and some of the comments made in the opening part of the debate of this motion do, in fact, impact or may impact the negotiations in an adverse way." It seems that the Premier may have intervened a little bit too late again.

What will the Premier do to repair the damage that the minister of health has done to the relationship with doctors and the negotiations with the YMA?

**Hon. Ms. McPhee:** Mr. Speaker, I am not going to take any advice from the Yukon Party about relationships. I'm certainly not going to take any advice from the Yukon Party about relationships with the Yukon Medical Association. What I did yesterday was speak about how care must be taken while we debate Bill No. 310 to not somehow overstep or overlap with the negotiations that were ongoing.

We were completely supportive of the negotiations that began on March 31, the same day that Bill No. 310 was tabled, and what I was speaking about yesterday — and I appreciate being quoted properly — was the fact that care must be taken to not have the negotiations impacted in any way, positively or otherwise, by the conversation that was happening here in this Legislative Assembly.

**Question re: Medical travel accommodations**

**Ms. White:** Mr. Speaker, a recent national report revealed that Yukoners disproportionately struggle with health care costs when compared to other jurisdictions. The Yukon government currently provides Yukoners with a \$174-a-day subsidy for medical travel. Next week, if you were to book the cheapest hotel within a reasonable distance from Vancouver General Hospital, it would be \$137 a night. So, this leaves just \$37 to cover transportation, meals, and other costs, and — let's be clear — this is for a hotel that you would not walk around barefoot in.

So, for a day of travel, members of this House receive \$130 for meals and incidentals. That's after hotel and transportation costs are covered. The fact is that the subsidy for medical travel does not even come close to covering the cost of out-of-territory travel, let alone if that travel happens at the last minute.

If this government agrees that Yukon government travel rates are necessary for their own travel, why do they think Yukoners travelling for medical care deserve less?

**Hon. Ms. McPhee:** Mr. Speaker, medical travel is an important piece of support for Yukoners seeking medical care. We must make sure that we do not lose sight of the fact that travelling for any medical care of any kind, either from a community into Whitehorse or from the Yukon to a hospital or a medical clinic elsewhere in the country, is a stressful situation.

We understand that some people need to travel outside of their home communities to receive medical services, and we are committed to supporting this necessary medical travel.

It is important to point out to Yukoners — because we are very used to having this kind of additional support — that it is not to cover all costs of medical travel, although flights are covered completely through the medical travel program. It is an extremely unusual opportunity for Yukoners — and we are used to it — to have the medical care subsidy available when we need to travel. It is not a common practice in other places in the Yukon. Our closest neighbour, perhaps — British Columbia — does not have this kind of support. The current medical travel subsidy is \$174 per day for overnight patient services and \$88 a day for same-day travel or for approved escorts.

**Ms. White:** Mr. Speaker, I didn't realize that this government viewed travelling for medical as a luxury.

So, Nunavut and the Northwest Territories provide health lodges for their citizens. *Putting People First* recommended setting up health lodges for Yukoners in Vancouver and Whitehorse five years ago.

In the past year, the Yukon NDP has worked with many Yukoners struggling to access and afford medical travel, and these are only the people who have reached out to us. So, how

many people did not travel at all? How many people had to forego medical treatment because the costs were just too high, and how many people had to pay for travel out of pocket?

On top of the financial burden, Yukoners are left with a confusing maze of paperwork and phone calls. Yukoners tell us that they have to fight this government to get the government to agree to their doctor's recommendations. Some have had to come up with their own costs and others have had to make the brutal choice not to access medical care at all because they simply couldn't afford it.

When will this government secure hotel blocks in Vancouver so that Yukoners travelling for medical care have access to affordable, safe accommodation?

**Hon. Ms. McPhee:** Mr. Speaker, the amount of medical travel has more than doubled since our government came to power. The amount has been adjusted — initially doubled — and then it will be adjusted — and is annually — to inflation based on the consumer price index. It is calculated as of April 1 each year, so the \$174 and \$88 quotes that I have just noted will be increased in 2025. The subsidy will increase by an additional two percent for this year, and that will bring the subsidy rates to \$178 and \$90 a day — well more than doubled since we came to office in 2016.

In 2024-25, the medical travel subsidy rate was — as I noted earlier — \$174 and \$88. What I can also indicate is that there are already hotels in some cities where individuals need to travel outside of the territory for medical travel that are supportive of medical travel. I encourage all patients to ask, and we are working to provide a list of places where those kinds of accommodations are available, and certainly, the opportunity for Yukoners to avail themselves of that is an important one, and we must be better with communicating those options.

**Ms. White:** Mr. Speaker, I look forward to seeing that list.

This is not just a problem for Yukoners who have to leave the territory for medical travel; it's also a problem for rural Yukoners travelling to Whitehorse for care. So, to book a hotel in Whitehorse next week, you're looking at upwards of \$175 a night. That has already surpassed the \$174 subsidy, meaning that Yukoners are paying out of pocket for food and other costs. However, members of this House would have their hotel covered and receive \$145 per day just for food and incidentals.

In 2021, the Yukon Liberal Party made a pledge to create a health lodge in Whitehorse. In 2023, Yukon MLAs voted unanimously to create a health lodge in Whitehorse to provide a safe, affordable place to stay for rural Yukoners. Well, here we are in 2025 and all that the Liberals have managed to accomplish during their time as government is to make a plan to make a plan for a health lodge.

Can the minister tell Yukoners when a health lodge will open in Whitehorse?

**Hon. Ms. McPhee:** Thank you very much for the question and thank you for the opportunity to talk to Yukoners about medical travel and the importance that it plays in all of our care.

I want to emphasize again the importance of understanding how stressful it is to have to travel for medical care of any kind



— certainly for treatment that is extensive outside of the territory — and the opportunity for that care is supported by our medical professionals and our relationships with British Columbia and Alberta primarily but other places in Canada as well. It is extremely important, because those services are in high demand, of course, from their citizens as well, but Yukoners always receive an amazing opportunity and care when they have to travel Outside, and that is something that we value and appreciate.

I very much look forward to talking more about a health lodge here in Whitehorse in the coming days and weeks.

**Question re: Residential lot development**

**Ms. Clarke:** Mr. Speaker, in March 2022, the Premier made a ministerial statement regarding the tank farm. He announced that he was making a commitment and a partnership to develop that site and said that the Government of Yukon was taking a leadership role in developing that site. He concluded the ministerial statement with this quote: "... we now have a chance to see the private sector, the municipality, and the Government of Yukon move this project forward finally."

It has been more than three years since the Premier said that. Can he tell us how far forward this project has been moved?

**Hon. Mr. Pillai:** Mr. Speaker, at that particular time, we know that the lands at the tank farm were privately owned. There are two different First Nation plots of land that are adjacent to it. We were in meetings. We were told by the City of Whitehorse that they wanted to execute a master plan; they wanted to lead that part of the work, which they have. We know that the city has been working on understanding how they would like to see policies in place to support infrastructure to private land development.

Again, we'll wait to see where the city lands on those key pieces. We think that the tank farm is long overdue to be developed. When you take a look at the official community plan and you look at the cost of infrastructure, it makes sense that this is the next place within the city to have land development. But again, we also have to be respectful of the wants and directions of the municipality and to ensure that anything that is happening on land development within the city that pertains to them — that they have a strong voice and can lead that planning. That is what we have supported.

Again, when they're ready to move to next steps, we want to be there with them.

**Ms. Clarke:** Mr. Speaker, as I mentioned, this project was such a priority that the Premier did a ministerial statement about it back in March 2022. He said — quote: "I look forward to seeing the tank farm property become Whitehorse's newest residential community."

Earlier this week, the Premier suggested that Range Point would be the newest residential community in Whitehorse. Does the Premier still think that the tank farm will be the newest residential community?

**Hon. Mr. Pillai:** The folks across the way are grasping today.

But what I will say is that, not only that — we have been able to actually fund and develop other subdivisions even ahead of that. So, we will go at the pace that the city feels is appropriate. That doesn't mean that we're going to slow down. That's why this budget has a record number of financial capacity for land development.

I think, as we stated — and sorry to Yukoners if I have given the wrong data — but I think what we've seen is more land development money in this budget than the last four years that the Yukon Party was in government.

I was happy to see positive responses as well from the Leader of the Official Opposition. We know that some of the social media activity around the Chu Níkwän development wasn't as supportive in the beginning, but now, folks have come on board. They have seen the light on this, so we appreciate that. But again, what we've seen is private sector development like we've never seen before. We've seen it done quickly, and we've seen an ability to support that private sector development.

We do think, again, that the tank farm is key, and for those listening today, we think that this is an area that should absolutely be developed, but again, as all folks should know in the House, it's important that we walk alongside the City of Whitehorse.

**Ms. Clarke:** Recently, the Government of Yukon and Canada signed an agreement for the Canada housing infrastructure fund. That fund is intended to support the development of the infrastructure that is needed to advance housing.

Is the government considering using money from the Canada housing infrastructure fund for the development of the tank farm?

**Hon. Mr. Mostyn:** It's a pleasure to get up this afternoon again and talk about all the great work that we're doing on land development and housing for Yukoners throughout the territory and have over the last nine years. As the Premier just said, we're spending more this year alone than the Yukon Party spent over several years in their last mandate, and we're going to continue to that work.

Now, the member opposite has mentioned Range Point. Of course, the Yukon government and Kwanlin Dün First Nation have worked in partnership to complete the master plan, zoning, and subdivision and are currently advancing detail design to tender construction of this medium- to high-density development starting this spring. This is a unique partnership that will provide 67 lots and up to 400 units of housing on the two adjacent Yukon government and Kwanlin Dün First Nation lots.

We also talked about Valleyview. The Premier did make the statement on this. The city-led multi-owner master plan was approved by the city in 2024 — just last year. The site is identified in the official community plan to provide a significant source of housing units up to 2040. The city is advancing infrastructure, cost-sharing, and development guidelines to facilitate the project's next steps. To date, YG has participated in the planning as a minor landowner within the

area, and we're working with the city to make sure that they have rules for private developers going forward.

**Question re: Teacher staffing**

**Mr. Kent:** Yesterday, the F.H. Collins school council wrote a letter to the Minister of Education in support of a proposed pilot project for the upcoming school year which would — quote: "... improve student learning and staff wellness". Here is a further quote from that letter: "It was alarming to the FH Collins Secondary School Council to learn that in the 2024-25 schoolyear to date (September through February) a substitute teacher (TOC) was required for 3,051 classes. Furthermore, out of those classes the school was only able to provide coverage for 2,158."

The proposal is to recruit staff to cover off these classrooms rather than bring in substitute teachers. The letter goes on to say that the proposal was denied. Can the minister tell us why it was denied?

**Hon. Ms. McLean:** I'm aware of the letter sent from F.H. Collins school council. I received it — I think it came in yesterday; I read it this morning. I have asked for more information about this. I reached out to the school council to actually send me the proposal, as it was not attached to the e-mail.

At this time of year, all schools are balancing teacher allocation alongside student enrolment and student-based needs. We are appreciative of all of the innovative proposals that are being presented from school-based teams. Again, I'm happy to look further into this particular matter with F.H. Collins. As I understand it — from the department and the school officials — the number of TOC hours quoted in their pilot project was presented from a modelling exercise that was inclusive of non-enrolling teacher absences as well. Regardless of the actuals, the proposal presents some interesting ideas.

I'm looking forward to a deeper dive into this. Those numbers were presented to me at a meeting on Friday. I had lots of questions about that; the department is certainly looking into that for me.

**Mr. Kent:** The proposal was attached to the letter; I tabled it earlier today; I was copied on that letter.

According to the letter — quote: "This innovative proposal works to provide a more consistent, reliable and healthy staffing complement for the 25-26 school year. This staffing model would have their schedules built to allow for internal coverage when teachers are away or sick." While there could be a cost to hire the additional five teachers proposed, it would be partially offset by the savings from not bringing in as many substitute teachers. Of course, the benefit to students of having consistent qualified teachers in the classroom is immeasurable.

Will the minister reconsider this proposal and approve the pilot project for the 2025-26 school year?

**Hon. Ms. McLean:** Mr. Speaker, again, I have just become aware of this particular proposal and request. I have stated here today that I have asked for more information. I certainly will be looking further into this.

There are, of course, lots of factors that are looked at when school-based teams present staffing proposals to their school

authority inclusive of budgets and existing FTE numbers. As staffing proposals come in, the department also evaluates the opportunity against the collective agreement. Also, staffing proposals from one school have to be looked at through the greater educational ecosystem lens, in some cases, and how a request would apply to all schools under all school authorities. Those are all things that we need to balance in the Department of Education.

What I will say, of course, is that I have asked for more information. I am wanting to have a deeper look into this. Again, I just received the request. It was flagged to me from this particular proposal, and I am looking into it. We all know that teachers are such an important factor in a student's success in school, and we are committed to that.

**Mr. Kent:** Mr. Speaker, so the letter also says this — and I will quote again: "It is deeply concerning to learn that these creative alternatives are simply denied without communication of a strong rationale provided to the School Council and community."

The letter concludes with this quote: "We respectfully ask for a timely response to this letter and expect swift action to be taken to support this proposal and plan."

Can the minister provide us with a rationale for denying the initial proposal, and will she be able to review and turn this around quickly so that the teachers can be recruited if the proposal is approved?

**Hon. Ms. McLean:** Mr. Speaker, again, I have just become aware of this particular proposal. I certainly did hear some numbers quoted that were within the letter sent to me today. At a meeting just last Friday, I asked for more information about that and the modelling that was used to determine those numbers.

Again, Mr. Speaker, I have given some information today. I have certainly committed to look into this further and to work with the Department of Education and the school council regarding this proposal. I am happy to work with school councils; so is the Department of Education.

We will look into this further and be able to bring more information as it becomes available.

Again, effective teachers are one of the most important factors in a student's success at school. Equitable staffing is a priority to ensure that each school community is staffed appropriately. Those are commitments that we make to all schools within all three authorities in the Yukon, and I will continue to do that good work on behalf of Yukoners.

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

## ORDERS OF THE DAY

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

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

*Motion agreed to*

*Speaker leaves the Chair*

## COMMITTEE OF THE WHOLE

**Chair (Ms. Blake):** Committee of the Whole will now come to order.

### Motion re appearance of witnesses

#### Committee of the Whole Motion No. 19

**Hon. Mr. Streicker:** I move:

THAT from 3:30 p.m. to 5:30 p.m. on Thursday, April 3, 2025, Tiffany Boyd, chief executive officer of the Yukon Hospital Corporation, and Pamela Hine, chair of the Yukon Hospital Corporation Board of Trustees, appear as witnesses before Committee of the Whole to answer questions regarding the operations of the Yukon Hospital Corporation.

**Chair:** It has been moved by Mr. Streicker:

THAT from 3:30 p.m. to 5:30 p.m. on Thursday, April 3, 2025, Tiffany Boyd, chief executive officer of the Yukon Hospital Corporation, and Pamela Hine, chair of the Yukon Hospital Corporation Board of Trustees, appear as witnesses before Committee of the Whole to answer questions regarding the operations of the Yukon Hospital Corporation.

*Committee of the Whole Motion No. 19 agreed to*

**Chair:** The matter before the Committee is general debate on Bill No. 48, entitled *Early Learning and Child Care Act*.

Do members wish to take a brief recess?

**All Hon. Members:** Agreed.

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

*Recess*

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

#### Bill No. 48: *Early Learning and Child Care Act*

**Chair:** The matter before the Committee is general debate on Bill No. 48, entitled *Early Learning and Child Care Act*.

Is there any general debate?

## INTRODUCTION OF VISITORS

**Hon. Ms. McLean:** If the Chair will allow, I would like to introduce some guests who have arrived for the debate today.

*Visitors introduced*

**Hon. Ms. McLean:** This is an important bill for a lot of Yukoners. I would like to welcome Clare Daitch, who is the director of policy and planning at Education, and Mina Connelly, who is the legislative counsel at Justice. They have joined us here in the Legislative Assembly to support the Committee of the Whole debate today, and I thank you very much for being here and for all of your hard work on this important piece of legislation. I want to take the opportunity to

thank everyone who provided feedback and worked to move this bill forward in a collective way. It really is doing the right work for the right reasons for Yukon families today and for our future generations.

In my earlier remarks during the second reading, I provided an overview of Bill No. 48, the *Early Learning and Child Care Act*. I would now like to expand further on just how this bill will enhance early learning and childcare in the Yukon.

We know that a significant amount of work was done to bring forward Bill No. 48. When we are talking about providing care for our young children, we need to take into consideration all possible factors to provide the best care for them and their families, and we need to take into account the implications for early childhood educators and providers.

In 2021, we took a significant step by amending the *Child Care Act* to fully transfer the responsibility for early learning and childcare from Health and Social Services to Education. At that time, we recognized that the act needed a thorough review, and we made a promise to engage with Yukon First Nation governments, stakeholders, and the broader community to make this happen.

Since 2018, we have conducted a number of engagements and spoke to many people to support the review of the *Child Care Act*. This includes three months of engagement last winter. During the engagement, we heard from Yukon First Nation governments, the Yukon Child Care Board, Yukon University, early learning and childcare centres, and family day home owners from across the Yukon, the Network for Healthy Early Human Development, Partners for Children, the Child Development Centre, and early childhood educators, among others. The review was guided by the principles of Yukon's vision of a high-quality early learning childcare system that is inclusive, accessible, and affordable.

The new early learning child care bill supports this vision and is informed by best practices, extensive research, and feedback from the most recent engagements, as well as other engagements conducted in 2018. As I said, this is the right work for the right reasons, and this was fully confirmed during our most recent engagement.

The public engagement was extensive and held from November 27, 2023 to February 29, 2024. We were very pleased with the response. Over the three months, we received 434 responses from parents, caregivers, and others on an online survey and facilitated 32 in-person sessions to gather perspectives from the early learning and childcare sector, including sessions with Kwanlin Dün First Nation, Little Salmon Carmacks First Nation, and Tr'ondëk Hwëch'in First Nation. We hosted virtual group sessions with rural program providers, including representatives from First Nation government-owned programs, and met with the Child Care Board several times on the review of the *Child Care Act*.

The response rate exceeded what we had hoped for and gave us comprehensive feedback to support moving forward on key initiatives for modernization of the *Child Care Act*. On September 18, 2024, we released the "what we heard" report from our most recent engagement to support the review of the *Child Care Act*.

Before I talk about the details of the bill, I would like to give some numbers to put into perspective the early learning and childcare sector in the Yukon. As of March 2025, there were 79 licensed programs in the Yukon, equalling 2,353 licensed early learning/childcare spaces across the territory. These numbers are subject to change, as licensed programs and childcare spaces are regularly updated.

Under universal childcare, families pay on average \$10 a day, with some families paying more and some families paying less. Grandparents with primary responsibility for their grandchildren and young parents attending high school receive free childcare.

Bolstering universal childcare is an income-tested childcare subsidy that further supports lower income Yukon families. It is important to note that all licensed early learning and childcare programs are part of the universal childcare, offering affordable childcare to Yukon families. Families continue to save up to \$8,400 per year for children in licensed programs. Additionally, the Yukon government supports more than 536 educators working in licensed programs through wage enhancements, making their wages some of the highest in Canada.

This includes early learning childhood educators who are either responsible for a group of children, such as a preschool group, or providing additional support to children through the supported childcare program. Both will continue to be paid according to the wage grid.

Much of the work we are doing further enshrines the principles of quality, affordability, accessibility, and inclusion in the law. The priority is to ensure that providers of licensed early learning and childcare programs and early learning childhood educators working in licensed programs are supported to provide nurturing, developmentally appropriate care and environments that support children's social, emotional, intellectual, and language development, meeting the needs of all children.

I would like to talk about more details of Bill No. 48. Madam Chair, as you will see from the name of the bill, the terminology used throughout the bill reflects the shift in early learning and childcare philosophy that has occurred at a national level based on the current best practices. A significant addition is the requirement for the Minister of Education to table annual reports on the progress made toward achieving the principles of quality, affordability, accessibility, and inclusivity, ensuring greater transparency and accountability.

Of note, in the recognition of early childhood educators, currently, early childhood educators are not referenced in the *Child Care Act* at all. When we first started down the universal childcare path, early childhood educators asked us not to forget them, and we have been listening. The new legislation will provide the authority to establish the certification process for educators that could be based on formal education or competencies and alternative pathways to become qualified. What that means is that the competencies could include understanding of Yukon First Nations, knowledge of early learning and regulatory frameworks, ability to speak a First Nation language, among others.

During the engagement, we heard how important it is to have an early learning framework to guide quality in programming. We also heard about the importance of children to play outdoors. I can assure you that early learning and childcare centres and home-based programs will still be required to provide outdoor playtime under the new regulations. The outdoor play area can either be on-site or at a nearby location.

In meetings with First Nations, we heard that First Nations want to be involved in the future development of the early learning framework, in part, to ensure that their values are represented in programming. The purpose of the early learning framework is to reflect the values, learning standards, and approaches that support children's learning and well-being in licensed early learning and childcare programs. The framework will allow for flexible early learning plans that reflect the diversity of licensed early learning and childcare programs in the Yukon. The framework will ensure space for integration of Yukon First Nation ways of knowing, being, and doing. More importantly, the framework will be developed and implemented in collaboration with Yukon First Nation governments.

This supports the work of the Truth and Reconciliation Commission's calls to action. It also reflects the action identified in *Changing the Story: Yukon's Missing and Murdered Indigenous Women, Girls and Two-Spirit+ People Strategy* on developing culturally appropriate early learning childhood education programs for Indigenous families.

This bill enshrines the requirement to work collaboratively with Yukon First Nation governments and emphasizes the importance of reconciliation and partnership in the provision of early learning and childcare programming. It will also expand the definition of "school age" to include children registered in kindergarten, which will add capacity and programs by reducing the number of educators needed to supervise children in after-school programs.

A regulation-making authority that will allow for a reduction in the infant-to-educator ratio from one educator to four infants down to one educator to three infants aligns with national best practices and will support early childhood educators to provide the care needed for our youngest learners.

Additionally, the bill that is before you focuses on early learning and national benchmarks of quality that will help improve outcomes for Yukon's children and support the work that the Department of Education is doing with reimagining inclusive and special education and the integrated outcome strategy for Yukon learners.

Part 3 aims to ensure that the early learning and childcare board includes members with expertise in early learning and childcare. It will also ensure that the board members reflect the cultural, linguistic, and regional diversity of the Yukon.

Additionally, I would like to note that the new bill will allow the board sufficient time to hold an appeal, with the time frame changing from 21 days to 30 days after receiving notice. Appeal decisions of the board are binding and this time is needed for due process.

The number of board members will change from not less than seven members in the *Child Care Act* to no more than nine or less than five in the bill, acknowledging the challenges of attracting and retaining board members and providing more flexibility.

Part 3, section 11 clarifies the important functions of the early learning and childcare board with the focus on an early learning and childcare system that meets the needs of families in the Yukon.

Part 3, section 14 continues the requirement for the Minister of Education to table the early learning and childcare board's annual reports, so that will remain.

Part 5 allows family-based programs to be created and targeted exclusively to school-aged children, creating opportunities for more before-school and after-school programming for families. The survey that we conducted for families identified the need for additional aftercare spaces. I would like to emphasize that this bill will also help support commitments and obligations in truth and reconciliation, as I have mentioned, and Yukon's missing and murdered Indigenous women, girls, and two-spirit+ strategy and implementation plan and the LGBTQ2S+ *Inclusion Action Plan*.

For example, as previously highlighted, this bill supports action in both the truth and reconciliation calls for action and Yukon's MMIWG2S+ people's strategy on the development of culturally appropriate early childhood education programs for Indigenous families. It aligns with several other actions in the MMIWG2S+ strategy by better supporting First Nation children to be educated in accordance with their cultures, informed by traditional knowledge, Indigenous language, First Nation teaching methods, and lived experience, and decolonizing early learning and childcare to ensure that it is informed by Yukon First Nation cultures and ways of knowing, doing, and being.

As per the LGBTQ2S+ *Inclusion Action Plan*, the early learning framework will support early childhood educators in 2SLGBTQIA+ cultural competency. Likewise, the bill will support the professional development opportunities for early childhood educators to support continued integration of preventive and early learning supports as recommended in *Putting People First*.

This bill also aligns with the United Nations *Convention on the Rights of the Child* by: integrating the best interests of the child throughout their education; setting standards for safety, health, suitability of staff, and supervision competencies; co-creating the goals of education in the early learning framework in collaboration with First Nations; recognizing the importance of integrating First Nation ways of knowing, doing, and being into programming; and ensuring inclusion and supports for children with disabilities.

As I mentioned earlier, supporting professional development for early childhood educators leads to a high-quality early learning sector. These opportunities ultimately aim to improve long-term outcomes for children in all aspects of education and development while also supporting their families.

This is the start of the journey and not the ending. We have committed to continuing our collaboration with First Nation governments, the Yukon Child Care Board, stakeholders, and Yukoners to improve outcomes for all Yukon children and families well into the future.

Bill No. 48 provides the framework that the Yukon has needed for decades, and I look forward to seeing it pass in this House soon. As soon as it passes, we will get to work on the regulations while also supporting the sector in navigating the transition.

Thank you, Madam Chair. I'm happy to engage in questions from the opposition.

**Mr. Dixon:** I appreciate the opportunity to rise and speak to this bill. We are certainly very pleased to see it come forward and happy to engage. I would like to thank the minister for her opening remarks and for her introduction of her officials as well as the guests here who have joined us.

Normally, I would make a few opening remarks about the bill, but because of the limited time we have today since the Hospital Corporation will be here in a few minutes, we only have about 45 minutes to go, so I'm going to jump right in with questions if that's all right.

I will start with the bill itself and some of the provisions of the bill and then move into questions I have about the regulations, because I know that many have observed about the bill that much of the content of it will come in the form of regulations in the future. I will have some questions about that, but I will start with some of the provisions of the act itself.

I will start with the composition of the childcare board. The minister mentioned this in her opening comments — that there is a change to the composition of the childcare board and a reduction of the minimum numbers for that board. So, can the minister explain why we are shifting to a smaller — or a smaller minimum threshold at least for the board, and why wasn't the specific composition of the board consulted on with the current childcare board? Why didn't they seek the feedback from the current childcare board about changes to the composition of the specific nature that are made in this act?

**Hon. Ms. McLean:** The Yukon Child Care Board was engaged on the review of the *Child Care Act*. The team had several meetings with the board, and a member of the board attended every public meeting in Whitehorse. Since the act was tabled, the team has communicated with the board to answer questions and ensure that they understand the changes outlined in the new act, including the composition and function of the board.

The board was not directly engaged on the changes made to the composition of the childcare board. The new language reflects the language currently used in other Yukon legislation.

The changes of a number of the board members from not less than seven members in the *Child Care Act* to no more than nine members or less than five in this bill acknowledged the challenges in attracting and retaining board members. In the past five years, there have been on average five to seven members of the Yukon Child Care Board. Therefore, it will not impact the current composition of the board. Changes to the function of the board do not affect its composition or activities.

Rather, they provide clarity by reinforcing the board's role in offering recommendations on all matters related to licensed early learning and childcare, ensuring alignment with the act.

Currently, the Yukon Child Care Board members are — we don't need to get into the compensation. I think that answers the member's question.

**Mr. Dixon:** I appreciate the engagement generally, but I think that it would have been worthwhile to engage the board specifically on this change just because of the familiarity of the board members with the importance of the composition. I will move on, but I just would note that, going forward, I would encourage the minister to ensure that the board is up to date with its membership and that members are appointed with speed and efficiency to ensure that the board can function. It does important work and it requires a lot of knowledge, so it is helpful to have a full board appointed at all times.

In terms of the appeals — one of the functions of the board is to receive appeals. Can the minister tell us who can make an appeal? Are there any changes to who can make an appeal to the board? Can early childhood educators themselves make appeals to the board if they are faced with something that they want to see appealed? Can the minister provide further explanation for the change in timeline associated with the board appeal process?

**Hon. Ms. McLean:** The *Child Care Act* gives the director of the Early Learning and Child Care branch broad powers and the discretion to waive most any requirement under that legislation. The new bill places limits on the powers of the director to waive certain requirements and ensures that most decisions made by the director can be appealed to the early learning and childcare board. This includes decisions affecting early childhood educators.

Unlike the previous *Child Care Act*, which provides no appeal right to the childcare workers, the new legislation grants early childhood educators the right to challenge decisions through the appeal process. The new provision allows individuals to ask the director to reconsider decisions without having to go to a formal review process as well. Additionally, the director of the Early Learning and Child Care branch is a public servant and, like all public servants, is expected to discharge their duties in a responsible manner.

The new act retains the right to appeal to the Child Care Board. The only change is to allow the board sufficient time to hold an appeal. The time frame changed from 21 days to 30 days, and as I have noted, these are important binding decisions that require the time. I could also go into the specific section on 66(1) if the member wishes to go further into this specific question.

**Mr. Dixon:** I appreciate the minister's answer. The point that I was hoping to get there — and she covered it appropriately — was the fact that, in the new act, the ECEs can apply to appeal decisions now under the act, where they previously didn't. That is a significant change, and I wanted the minister to highlight that.

The minister, in her opening statement, mentioned the *UN Convention on the Rights of the Child* and how this act is consistent with that. Can the minister tell us if a child rights

impact assessment was conducted for this bill, and if so, can she table it?

**Hon. Ms. McLean:** I can assure the member that the "child's rights" lens was used throughout the development of this act — again, working with all of our partners to ensure that we were hearing a broad range of perspectives, but I can assure the member that was the lens used throughout the development of this bill.

In terms of how these changes impact families, operators, and childcare educators, I can go deeper into that, but maybe I'll just sit and see if there is anything specific that the member wishes me to review further to that.

**Mr. Dixon:** The minister did touch on it, but there's a standing piece of advice that we typically have from the Child and Youth Advocate, and that is to conduct child rights impact assessments whenever we're considering legislation that affects children. So, perhaps the minister can touch on the consultation that was done with the Child and Youth Advocate.

My understanding is that a child rights impact assessment is different from using the lens that the minister was talking about.

So, maybe can she just clarify then: Was there no child rights impact assessment done? Is it not available for us to see now?

**Hon. Ms. McLean:** There was no formal child rights impact assessment to table today. Again, we've certainly used that lens from the child's perspective. We also have the — the Child and Youth Advocate has reviewed this bill that is before us today as well.

**Mr. Dixon:** Just to be clear then, did the Child and Youth Advocate review the bill before it was tabled or after it was tabled?

**Hon. Ms. McLean:** After.

**Mr. Dixon:** I'll move on. So, on to the regulations. I think that a lot of the pieces that are interesting to early childhood educators and those who follow this closely are going to be developed in regulation — things like the registry of early childhood educators, the early learning framework, and so on.

The minister mentioned that we are looking forward to seeing this bill pass. Of course, that's true, but as we know, this bill won't become law — it won't come into effect — until the regulations are in place.

During the briefing, officials gave us a general idea of the regulatory development that will be needed after this, but as we know, we heard from them as well that no fewer than at least, I believe, a dozen different regulations need to be developed before this bill will actually come into force.

Can the minister give us a sense of what the timeline will be after this bill passes the House for the development of regulations? How can early childhood educators and others expect to be engaged in the development of regulations?

I think I may have said it, but I'll say it again — just a general sense of when we might see those regulations come into force and this act therefore come into force as well.

**Hon. Ms. McLean:** I think I'll get into the specifics around this, but I would like to say that, in my mandate letter, I

was asked to review the act, and I certainly, you know, as we dug into the work, realized just how important this was for us to move it forward to where we are today. I'm happy that we've been able to develop, under this bill, a new act for early learning childcare to modernize and to really ensure that all of the hard work that we've done over these last years would be carried on into the future.

I'm happy that I didn't go for the word of my mandate letter, because we may not have had a bill here today. We prioritized this, and I advocated for that at the Cabinet Committee on Legislation to ensure that this was one of the bills that we would table in our mandate.

So, I wanted to say that today, because we could have been waiting longer. It's already very outdated legislation. So, this became one of my highest priorities. I am really pleased that we are here today.

The new legislation includes a lot more content, because new rules and regulations have also expanded to keep up with the changes. There are 12 topic areas that we will focus on. The number of regulations needed will be determined in collaboration with the Cabinet Committee on Legislation. Some information from the regulations that are part of the *Child Care Act* will be included in future regulations, so the majority of pieces that can be drafted in regulation are new. When we get into the bill itself, when we go through line-by-line, we can give more information about that.

The drafting of regulations will start after the bill is passed. Some of the regulations will require substantive drafting, while others will not. As I said, there are a number of areas that we will have some transfer of those regulations into the new act. We will be working with our partners around this. As I stated in my opening comments and in some of the answers that I have given today, we want to work in a very collaborative way as we work through the development of these regulations.

Again, just going back to my opening comments around this question, we took it further than what was stated in my mandate letter. We are very pleased that we were able to table this new bill today and propose a new act and that we will be able to start the work on the regulations as soon as we possibly can.

**Mr. Dixon:** I am as pleased as the minister is to see the bill, for sure. I just wanted to get a better sense of the timing, because I know, for a lot of folks who either work in the field or have early learning programs, they are interested to see this bill come forward and the contents of it.

I am just looking for a general sense of the timeline, because we know that this bill, once it passes in the House in a few weeks here, I suppose, won't come into force until there are regulations. So, will the regulatory development take months, a year, several years? Can the minister give us any sort of indication when we might see this material actually come into force?

**Hon. Ms. McLean:** This is a high priority with our government. I will work closely with our Cabinet Committee on Legislation to ensure that this remains a priority and that we are able to work quickly on the regulations that are needed. I would not be able to give you a specific timeline on that other

than to say that this has been my priority. I am happy that we were able to table a bill in this Spring Sitting. We will continue, as we have since making the necessary changes around universal childcare and the other emphasis on a whole-system approach to early learning childcare — our government will continue to make this a priority.

**Mr. Dixon:** I appreciate that response from the minister. I am down to just a few minutes here, so I will jump right into some of the regulations and I will have to leave some for a future day's debate.

I am going to start with the register of early childhood educators. Section 8 of the act creates a register of ECEs and lays out aspects of the conditions of their certificates and so on. I have a lot of questions here, so I will try to cram a few in.

Is the minister contemplating adding in additional levels beyond the current ones that exist now? For instance, the Yukon Child Care Board, in their last report, recommended the addition of levels 4 and 5 for educators who hold early learning diplomas and further education in early learning, such as degrees — master's or PhD accreditation. Is the minister considering adding those additional levels? If so, what levels are they looking at? Will there be a requirement for ongoing continuing education for ECEs through the course of their work? Will that be something that is regulated by the board or regulated by the government? Will they do that in conjunction with ECEs?

I will leave it there, but I have a lot of questions about the register of early childhood educators. I will ask those both today and in the future.

**Hon. Ms. McLean:** Certification — the Yukon government adds level 4 and level 5 for educators who hold actual learning diplomas. This is a level 4. Certification will be determined in regulations, and recommendations for additional levels may merit further conversations when regulations are being developed. I can certainly get into more about the training either today or another day when we are debating and have more time.

**Mr. Dixon:** I think what I heard from the minister there is that they are considering additional levels beyond what they have currently and that they will work with the ECE community to develop those. That is encouraging.

Can the minister make any comment about requiring or mandating continuing education for ECEs?

**Hon. Ms. McLean:** The Early Learning and Child Care branch provides monthly learning and development opportunities, of course, either online or in person. Definitely, this will be an area that will be covered within regulation, and certainly, there would be a level of training required to keep up certification. We can have a deeper discussion about that, but those matters would be developed when we are developing the regulations. We will be working collaboratively with our stakeholders.

**Mr. Dixon:** Given the time, this will be, unfortunately, my last question, so I'll have to leave things like the framework, the definition of "inclusion", and so on for my colleague or for future days.

But the last question I have today would be in relation to the wage grid. In the press release that went out announcing the tabling of the legislation and in the briefing provided by officials, it was noted that the wage grid established with the implementation of universal childcare would be enshrined in legislation. I would like the minister to explain that a bit. What is the logic behind enshrining a wage grid in legislation as opposed to regulation? It seems to me that something like pay is something that changes over time based on inflation or economic conditions and it may be wiser to leave things like pay in the regulations as opposed to enshrining them in legislation.

As the minister will recall, she received a letter earlier this week from several early learning programs raising concerns about the financial viability of their programs because of the wage grid and concerns that they had around the rising costs of operating their programs.

Can the minister talk about why the wage grid will be enshrined in legislation, how that decision was made, and what that is going to look like going forward?

That will be my last question. Thanks to the officials and to the minister for her answers.

**Hon. Ms. McLean:** This part of the discussion is found in 19(1). As noted in earlier sections — early learning was quite vocal in advocating for the requirement for early childhood educators to be qualified and hold certificates.

Sorry — I'm going into a different section, into the annotated.

Section 19(4) reads: "A licensed provider must pay early childhood educators employed in their licensed program in accordance with the regulations."

That is an area that would be developed as we move into the regulations. However, it was important for us to ensure that the system that we have built in the Yukon is backed up in legislation. That would be a regulatory process. Of course, we wanted to have some flexibility in that, but we also wanted to make sure that we included it in the act. The grid will not be in the act; it will be in regulations, but it does refer to it here in section 19(4).

Again, this is all in alignment with ensuring that the system that we set up in the Yukon is backed up by legislation and further backed up by regulations. I have spoken a little bit about the letter that was received by the providers. I have assured the member during Question Period that we are looking at adjustments to the program. We are reviewing, and if adjustments are needed, we will be working with our partners and stakeholders to do that.

I also talked about the funding that has been provided since 2021. The Government of Yukon started funding universal childcare on April 1, 2021. This all actually came out of the financial act review that then went into the review of health and social services, which eventually produced the *Putting People First* report. One of those areas included the Department of Education taking the primary responsibility but also moving into the programming around universal childcare. Later that year, we entered into an agreement with the federal government

funding universal childcare and the whole system overhaul and approach to early learning childcare.

The Yukon has been very successful in the implementation of that agreement, and we have fulfilled our entire agreement already. We have entered into a new four-year agreement. There are escalators built in, starting in — I will get the exact, specific date, but we have escalators built into the new four-year agreement.

These will be — we will consider the requests and issues that have been brought to our attention from certain providers. I think that, once we get deeper into this debate during this bill, we can talk a little bit more about the balance of not-for-profits, for-profits, and also day homes in the Yukon and First Nation-run centres as well. We have a number of — we have 79 licensed early learning childcare centres in the Yukon; some of them are for-profit; some of them are not-for-profit; some are family day homes; some are First Nation — we have nine First Nation-run centres.

We provide funding to all, and that is pretty unique. Not all jurisdictions are approaching their agreements in the same way, so I think that is an important distinction as well. The Government of Yukon is funding up in the range of 70 percent of all of the early learning childcare funding to support this new system that we have built and that we are enshrining in this new legislation.

**Ms. White:** I thank my colleague for sharing the time — the very limited time — today and, of course, I welcome back the officials and, of course, the early learning educators and will-be educators in the gallery right now. For something that — I have been invited to the university many years over, and every time I went to a class, I got told that their number one priority was reviewing the act. I mean, seven years ago, they were saying the same thing. So, I'm glad that we're here.

I note that we do have Katie Swales in the gallery with Partners for Children. The reason that I highlight that is that I'm curious — under the act — what is viewed as, like, auditing, for example, early learning programs? I say this in terms of — in order to have an early program that is meeting the needs and educational supports and stuff for early learners, sometimes there needs to be a bit of direction. I know that Partners for Children has been doing really incredible work, and I just wanted to know what the minister sees going forward as far as auditing existing programs.

**Hon. Ms. McLean:** I will just be clear that we don't have audits; we have inspectors and inspections.

Bill No. 48, the *Early Learning and Child Care Act*, will come into force once the regulations are written. Much of what we are talking about today will live in the regulations. The purpose of Bill No. 48, the *Early Learning and Child Care Act*, is to support and promote a quality early learning and childcare system that is inclusive, accessible, and affordable — the principles adopted for the Yukon's universal childcare system. The review of the *Child Care Act* was undertaken using these principles.

The proposed legislation supports Yukon's vision for early learning and childcare that enshrines the principle of quality, affordability, accessibility, and inclusivity, focusing on early



learning and childcare supports, children's social, emotional, physical, and cognitive development. It also supports early childhood educators and licensed providers to provide quality programming. It reflects the engagement with all of our partners: Yukon First Nations, the child care act board, families, early childhood educators, licence holders, and others. Two of the principles in the bill are based on inclusivity and accessibility.

Furthermore, as part of the licensing requirements, licensed providers must have inclusion policy based on the prescribed requirements. Inclusion policies and licensed programs will support inclusive learning and childcare systems that respect the value of diversity, including but not limited to children and families who are experiencing vulnerability and children with varied abilities.

Inclusive early learning and childcare will support the creation of environments where children feel a sense of belonging and achievement. Programs do this by effectively meeting diverse children's needs in responsive, accepting, and respectful supportive ways. The goal is that all children experiencing early learning and childcare — that they're experiencing it equally with no barriers that limit their ability to achieve their full potential.

This is a huge shift from all of — in terms of the work that we're doing in reimagining inclusive and special education and really connecting it to the work that we're doing in early learning and childcare. I believe, in my view, this is the work that will shift us to better outcomes for all of our children. As we move forward, this will be realized in generations to come.

**Ms. White:** So, I guess the reason why I use the term "audit" as opposed to "inspector" is when I look through the list of inspectors and — I mean, I asked the question in the briefing, like: What qualifications would the inspector have, for example, in evaluating? For example, would an inspector hold, like, a master's or a PhD in early childhood education? Will they be qualified to look at, for example, the curriculum or the services being offered to young learners?

The reason, again, I used Partners for Children as an example is, through the funding that they access through the Government of Canada with the Quality Roots program, it talks about collaboratively raising the bar on quality early learning and childcare services across the Yukon. So, it's a different look.

One of the things I want to make sure, when we talk about early learning and early childhood educators in the territory, is about recognizing that they are educators and that a little person who starts off with good support is going to thrive by the time they hit kindergarten.

I just wanted to understand the difference. When I look through, for example, where it talks about inspectors in section 54, it is actually under part 8, "Enforcement". To me, enforcement is different from the idea of collaborating and elevating. I was just trying to get a sense of how we were going to support those early learning centres in elevating or raising the bar, for example, for early childhood education. I don't know where I would find it underneath the enforcement section. Underneath the inspectors?

Maybe the minister can help me understand how those inspectors — what are their qualifications? Will they hold at least a minimum level of early childhood education or certification? Will it be master's level? Will it be above?

I am recognizing, of course, that we have many very qualified folks in early learning in the territory, and I want to make sure that the inspector wasn't just there as far as, like, environmental health reasons — especially listed on this. So, if the minister can help me understand the inspector's role.

**Hon. Ms. McLean:** A couple of different things — one of the really distinct aspects of this new bill that is before us, once the bill receives assent, is that we will engage with Yukon First Nations and early learning and childcare partners to collaboratively develop a Yukon-specific early learning framework.

Our goal is to ensure that the framework reflects the needs and priorities of our communities. To do this thoughtfully and effectively, the process may take a bit of time, but this is a really important part of this bill that will become an act. The early learning framework will include definitions of the principles of quality, inclusivity, accessibility, and affordability. This is a more flexible and adaptable approach than defining terms that may evolve over time in legislation.

In terms of the specifics around inspectors and the compliance — because I think that is partly what is being asked. I am just going to go to the section. We will have a chance to talk about this more when we get into line-by-line debate.

In section 55(1), "Powers of inspectors" — for the purpose of determining whether this act or the regulations are being complied with, an inspector may enter into a premises — I am not going to go through it. I don't think that is helpful with the short time that we have to read through. I am assuming that the member has read section 55(1) around this part of the act and the powers of the inspector. Again, this is common language that is used in other acts. In terms of the title of this particular individual, I certainly can assure the member opposite that we have developed an entire team at the Department of Education that works with early learning childcare. It is certainly done in a supportive and collaborative way with our centres. I will endeavour to bring back the specific qualifications and training required for these inspectors, but they are all part of a branch within the Department of Education. When we brought that team over from Health and Social Services, we built this team that is supportive and collaborative with our licensed centres and we will continue to do so under the new act.

I will sit down, because I think that we are out of time.

**Ms. White:** I look forward to further conversations on that. I will just leave on the record right now that I do have questions and concerns around section 17, "Centre-based program", particularly how I feel that something that has been missing is the terminology "or school-based program". Children are not just under five; they are also in school, so I have questions and concerns about that.

But seeing the time, Madam Chair, I move to report progress.

**Chair:** It has been moved by the Member for Takhini-Kopper King that the Chair report progress.

*Motion agreed to*

**Chair:** Pursuant to Committee of the Whole Motion No. 19 adopted earlier today, Committee of the Whole will receive witnesses from the Yukon Hospital Corporation.

In order to allow the witnesses to take their places in the Chamber, the Committee will now recess and reconvene at 3:30 p.m.

*Recess*

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

### Request for Acting Chair of Committee of the Whole

**Chair:** At this time, I will ask for a volunteer so that I can participate in the debate.

*Member for Takhini-Kopper King rises*

### Appearance of witnesses

**Acting Chair (Ms. White):** Pursuant to Committee of the Whole Motion No. 19 adopted on this day, Committee of the Whole will now receive witnesses from the Yukon Hospital Corporation. I would ask all members to remember to refer their remarks through the Chair when addressing the witnesses, and I would also ask that the witnesses refer their answers through the Chair when they are responding to the members of the Committee. The time allotted for opening remarks is five minutes, and I will warn you when you have 30 seconds remaining in your time.

Member for Riverdale South, I believe you will introduce the witnesses.

*Witnesses introduced*

**Hon. Ms. McPhee:** Acting Chair, it is my honour to welcome this afternoon the chair of the board of trustees, Pamela Hine, and the chief executive officer of the Yukon Hospital Corporation, Tiffany Boyd. Thank you for being here.

**Acting Chair:** Would the witnesses like to make brief opening remarks?

**Ms. Hine:** Thank you, Madam Acting Chair, Minister McPhee, and Members of the Legislative Assembly.

Thank you for the opportunity to speak today about Yukon hospitals and the work that we are doing to provide safe and excellent care for all Yukoners. My name is Pamela Hine and I'm honoured to serve as the chair of the Yukon Hospital Corporation Board of Trustees. I am joined today by Tiffany Boyd, our chief executive officer.

I would like to begin by acknowledging the tremendous efforts of the people who make our hospitals work every day: our dedicated staff, our medical teams, and our volunteers. They continue to show up with compassion, professionalism, and resilience even as the pressures on our health system grow more complex.

We know that the health care environment is under significant pressure. Hospitals across Canada manage increased

demands, workforce shortages, rising costs, and the long-term impacts of the pandemic. These are complex challenges that require a focus, alignment, and a collaboration across the system. That is exactly what we are doing.

Yukon hospitals' new operating plan sets a clear direction for the next 18 months. It's a practical guide that translates our strategic goals into measurable actions that will strengthen services, support our teams, and improve the patient experience. I'm pleased to share the five key things that will shape our work ahead.

First, we are putting patients and families at the centre. This means ensuring care is seamless, responsive, and built around the unique needs of Yukoners.

Second, we're supporting our health care teams. Recruitment, retention, and workplace well-being are top priorities. We know that quality care depends on healthy, supported people delivering it.

Third, we are driving quality and safety improvements. From emergency preparedness to culturally safe care, we are strengthening systems so that care is reliable and trusted.

Fourth, we are planning for the future, investing in technology, infrastructure, and long-term sustainability to ensure that our hospitals can meet Yukoners' needs today and tomorrow.

Fifth, we are committed to telling our story, celebrating progress, acknowledging challenges, and strengthening the trust that we've built with patients, partners, and communities.

These priorities are rooted in our commitment to truth and reconciliation, decolonization, and Indigenization. That commitment is woven into how we deliver care, how we support our teams, and how we engage with Yukon First Nations and all communities.

I'll now pass it over to Ms. Boyd to speak about the current health care landscape and its complexities.

**Ms. Boyd:** Good afternoon, Madam Acting Chair, Minister McPhee, and Members of the Legislative Assembly. I'm grateful for the opportunity to be in this role and to support the incredible work already happening across our hospitals.

Health care is evolving here in the Yukon and across the country. The landscape has shifted significantly in recent years, and we're continuing to feel those challenges in real time. Yukoners are living longer, often with more complex conditions, and are requiring ongoing coordinated care.

Medical technologies are advancing. Treatments that were once only available out-of-territory are now standard. In many ways, we are able to do more for people than ever before. This also brings increased pressure on hospital services, our people, and the system as a whole as expectations and needs for access, outcome, and experience continue to rise.

At the same time, we are navigating persistent system-wide pressures, health human resource shortages, increased demand, and rising operating costs. These challenges aren't unique to us, but in the Yukon, they are felt more sharply. Every resource and every decision matter, and yet that is also where our strength lies. In the Yukon, our sense of community is one of our greatest assets. In smaller systems like ours, care runs deep. Our teams are not just caring for patients; they are caring for

neighbours, friends, and loved ones. That closeness allows us to act quickly, respond creatively, and work together in ways that truly reflect the needs of our people.

In this evolving landscape, our responsibilities as health care leaders are also shifting. In our new operational plan, we are looking at how we can do things differently and better. That means being innovative, collaborative, and clear on our priorities. It means continuing to decolonize health care and creating culturally safe care that reflects the values and needs of the communities whom we serve. We know that we cannot do this work alone.

On behalf of Yukon hospitals, I want to sincerely thank our partners: the Government of Yukon, Yukon First Nations, YMA, our people in teams, medical staff, volunteers, community agencies, and most importantly the patients and families who trust us. To our teams across Whitehorse General Hospital, Watson Lake Community Hospital, and Dawson City Community Hospital: thank you. Your dedication, skill, and compassion make a real difference every day in the lives of Yukoners.

Together we are facing challenges, but together we are moving forward with purpose, with clarity and building the kind of health care system that Yukoners deserve. Thank you, and we look forward to your questions.

**Mr. Cathers:** I would like to begin by thanking both the witnesses for appearing here today and for the work that you do. As well, please pass on my thanks to the Yukon Hospital Corporation board, to the management team, employees, medical staff, as well as visiting doctors, specialists, and other health professionals for the work that they do to provide health care and services to Yukoners.

The Yukon Hospital Corporation is absolutely essential to our health care system and plays a vital role in supporting the needs of Yukon patients in Yukon communities. My first question is regarding the surgical sterilization equipment problem that began earlier this year. We are aware that a number of surgeries were cancelled. Others were delayed or rescheduled, or in some cases, I understand that surgeries of certain types were delayed and other surgeries took their place in the OR schedule.

Could the witnesses please tell us what has been determined about the cause of that sterilization problem as well as the number of surgeries cancelled, delayed, and rescheduled as a result of that sterilization problem?

**Ms. Boyd:** On February 3, 2025, the medical device reprocessing team at Whitehorse General Hospital discovered a residue appearing on instruments that were cleaned and sterilized. These instruments were not able to be used until they could be reprocessed safely.

We want to start by reiterating that there are no concerns for any patient who had a surgical procedure before the issue was identified. We have been rigorous in our approach to testing the system and ensuring that instruments sterilized on-site at WGH are safe for patient use.

On April 2, the decision was made to return to on-site sterilization, effective April 3, using the developed and validated hand-washing protocol plus sterilization. Surgical

services will resume to full services effective Monday, April 7. There is still work to do before we can use the mechanical washers. We plan to release a report that outlines what occurred, what steps were taken to resolve the issues, and what steps were taken to ensure safe return to normal services.

MDR and technical experts, including MDR experts, water and steam system experts, chemical engineers, along with equipment manufacturers, have been engaged to support troubleshooting and intervention. The cause of the issue is linked to increased mineralization and hardness of our water, which has impacted both the water and steam systems. There are very specific requirements and standards that water and steam for medical device reprocessing must meet. The water quality is only impacting the medical device reprocessing systems. There is no impact on the drinking water systems.

Water is used to clean and disinfect medical instruments and in the steam sterilizers. We need to ensure that particles from the water, like minerals, are not being left behind on surgical instruments, impacting sterility.

Guided by experts, a number of steps have been taken to improve the MDR system and water quality going into the medical device reprocessing, including examining our pipes to confirm that there is no corrosion or buildup, installing filters on the steam lines going into the sterilizers, focus-servicing of each aspect of the water and steam systems, water and steam testing and analysis, assessment and services of our water softeners and additional water softeners installed, as well as regular water monitoring on-site.

We worked with the City of Whitehorse to confirm that no change to the source of water or the quality of the water entering WGH had occurred. Redundant processes for sterilization were established in partnership with Vancouver General Hospital and: servicing of our MDR equipment; deep cleaning to ensure that there is no buildup or mineralization in any of our MDR equipment; testing and analysis of instrumentation to determine composition of spotting; establishing handwash protocol and use of RO, or reverse osmosis, water; testing protocols established so that we can carefully track and document our progress; additional surgical inventory has also been purchased for critical equipment used for emergency surgeries and is on route; and increased sterile storage space is being created.

To date, approximately 165 surgeries have been cancelled and will be re-booked. Approximately 135 of these are cataract surgeries, 16 total joint replacements, and a few laparoscopic procedures. Work is now underway — now that this issue is resolved — to look at how we can mitigate the impact and catch up on all of the delayed surgeries.

**Mr. Cathers:** I appreciate that information. We heard via patients that some were apparently told, when their surgeries were cancelled, that new sterilization equipment or parts of the system, perhaps, had been requested years ago and should have been replaced earlier. Are the witnesses able to confirm if that is correct, and if so, can they confirm how long ago that request would have first been made by hospital staff?

**Ms. Boyd:** I should share that this issue is not related to equipment malfunctioning, and this is associated with

increased mineralization — hardness of our water. The MDR equipment had been previously assessed, and two key pieces were identified for replacement this year. Planning for this replacement was initiated in the summer of 2024 and purchased in January 2025. These two new pieces of equipment will arrive and be installed in the summer of 2025. If we had these pieces of equipment installed, it would not have changed the MDR issue that we have experienced or the steps that we have taken to resolve the issue.

**Mr. Cathers:** I appreciate that information. I see that you have made mention of the number of cataract procedures that were cancelled. Are you able to provide us with the information on what the current wait-list is for cataract surgery and the wait time? Secondly, with regard to the impact of the sterilization problem, are you able to tell us how many surgeries may have been diverted to hospitals Outside as a result of that situation?

**Ms. Boyd:** Wait-time target for cataract consultation is less than four months. As of January 31, the wait time is three months. The wait-time target for surgery is less than six months. As of January 31, the wait time is eight months. Yukon hospitals have planned to complete 600 cataract surgeries this fiscal year, and as of January 31, 2025, 511 cataract surgeries had been completed. The teams are assessing how to mitigate the impacts of the deferred surgeries due to the MDR issue.

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

Are the witnesses able to talk about the impact on the orthopaedic surgery program of the loss of a surgeon who left last year, as well as how that program is currently operating? What steps have been taken — or are being taken — to recruit one or more surgeons to join that program to fill the hole left by his departure? Can the witnesses also indicate how many hip, knee, or other orthopaedic surgeries have had to be completed Outside as a result of that surgeon's departure? Finally, can the witnesses please indicate what the current wait time is for hip and knee surgeries here?

**Ms. Boyd:** The resident orthopaedic program in Yukon and at Yukon Hospital Corporation is supported by three — or should be supported by three resident orthopaedic surgeons. Presently, we have one resident orthopaedic surgeon. In the fall of 2024, there was an agreement between the YMA, Department of Health and Social Services, and Yukon Hospital Corporation to engage in a tripartite selection process for the recruitment of physicians who provide hospital-based services on an alternative payment plan, otherwise known as a “contract”. Orthopaedic surgery is currently going through a recruitment process through the tripartite process.

In anticipation of the need, both at the time when we had two and now having one resident orthopaedic surgeon, we have engaged, through our medical affairs team at the hospital and with YMA, with their recruiter, to increase our work to support locum recruitment to ensure that there is increased coverage at the hospital and to support our permanent recruitment strategy while we wait to formalize the EOI to secure additional resident orthopaedic surgeons.

As of December 31, 2025, there were 195 patients on the wait-list for knee replacements and 45 for hip replacements. In

2023-24, there were 2,918 cast clinic visits supported, which was more than any year prior.

Yukon hospitals have met and exceeded the total joint replacement targets set in the 2021-22 and the 2022-23 memorandum of understanding — 100 total joint procedures and 480 total orthopaedic surgical procedures. As of February 2025, seven joint replacement surgeries have been completed out-of-territory in 2024-25.

In 2023-24, a total of 107 joint procedures were completed in-territory. That includes 55 total knee replacements and 42 total hip replacements, and 25 joint replacements were completed out-of-territory. In 2023-24, a total of 568 orthopaedic procedures were completed.

I will come back with the wait times.

**Mr. Cathers:** I appreciate the information, and I would just note — I would assume that the December 31 number was actually 2024. I may have misheard the witness there, but I just would note that for the record.

The next area that I have a question about is regarding mammography wait times and the number of people on the list as well as what the current volume per week is.

We understand from information previously from the Yukon Hospital Corporation back in — I believe that would be November 2023, that the indication was that there was capacity of 120 per week for the mammography program, but that was not fully happening at the time. Funding was the issue.

My question is: What are the current number of mammography procedures being performed per week at the hospital?

**Ms. Boyd:** Mammography wait times — and this is as of February 2025 — for context, priority 1, which are considered diagnostic, the target is that these are to occur in less than seven days, and we are currently meeting this target. The actual is within two days. Priority 2 screening, considered high risk, the target is less than 12 months; currently meeting this target, actual is 12 months. Priority 3 screening, considered routine, the target is less than 24 months. We are currently at 26 months.

Yukon hospital has planned to complete 4,500 mammograms in the 2024-25 fiscal year. That is what we planned. We're on track to complete 4,200. This is nearly double the number of mammograms completed two years ago, which was closer to 2,400. The increase is as a result of increased staffing in the area in the past year. We don't measure on a weekly basis.

**Mr. Cathers:** I appreciate that information. That does seem, with 4,500 per year, divided by 52, would equal a weekly average of 86 per week. I recognize that there may be other issues around just staff vacation, et cetera. I would hope that we can at some point hear good news about an increase in the number being performed per week.

My next question is regarding other wait times. I am going to group a few of them together just in the interest of time. They will also probably not come as a surprise to the witnesses. The first question is regarding what the MRI wait times currently are. Also, in the past, there had been an indication from the previous CEO that there was a possibility of considering increasing the capacity of the program at the Whitehorse

hospital through hiring one or more additional techs and increasing the hours of operation per day. Could the CEO please provide us with an update on that?

Additionally, could the witnesses please indicate the current wait times for CT scans, ultrasound, and X-ray and let us know: Are imaging services at Whitehorse hospital currently operating at full program capacity, and if not, is that due to shortages of staff, shortages of funding, or some other reasons?

**Ms. Boyd:** For X-ray, Yukon Hospital Corporation planned to complete 24,000 X-rays in the 2024-25 fiscal year based on a full staffing complement. Despite a 50-percent staffing vacancy, we are on track to meet this target — which, again, is 24,000.

With respect to MRI and wait times, this is broken down by priority — priority 1 being urgent, with a target of seven days. As of February 2025, our current wait time is one day. For priority 2 — semi-urgent, the target is 30 days and we are at 45 days. For priority 3, considered non-urgent, the target is 180 days and we are at 105 days.

With respect to the CT program and wait times — this is as of January 2025, broken down by priority — priority 1 being urgent, the target is two days and our actual is two days. Priority 2 — semi-urgent — is 14 days and our actual is 45 days. Priority 3 — non-urgent — is 60 days and our actual is 76 days. For reference, in terms of total number of CTs completed in 2023-24 fiscal, 7,658 CT scans were completed and YHC planned to complete 7,600 scans in the 2024-25 fiscal year, and we are trending to complete 7,800 scans this year. This is just by a 50-percent staff vacancy rate in CT, and increased demands from ER and inpatient for CT scans have pushed volumes above expected targets.

**Mr. Cathers:** I thank the witness for that information.

I would like to move on to the surgical services renewal project. Of course, we know that it was proposed over six years ago and referred to as an urgent need by the Yukon Medical Association four years ago. What is the status of that project right now?

As well, we have had a few people comment on the communication about that project. We have understood from people within the health community that they had not heard anything directly about the project until they read in an article in the *Yukon News* dated January 24, 2025 that the CEO had, during an interview — quote: "... referred to the 'surgical tower' as a new build with multiple floors and new acute beds added onto the Whitehorse hospital."

Can the witnesses please indicate with regard to that project: What communication has occurred with doctors as well as staff of the Hospital Corporation about that, and what work is planned going forward regarding that project as well as the involvement of the project steering committee related to it?

**Ms. Boyd:** Ensuring that facilities and services keep pace to meet the needs of Yukoners is a top priority for Yukon hospitals. We will continue to work with our partners to meet these needs in the interim as we progress toward building new facilities. As part of the hospital's long-term facilities plan, the 2012 master plan, the next phase of campus development is to build modern surgical services spaces to current standard and

increase the hospital's patient bed capacity and increase space for capacity for support services. All communication related to this has related back to both the 2012 master plan and the 2018-19 surgical services renewal.

This will require a significant expansion to the Whitehorse General Hospital. Major hospital expansions are large undertakings, so it is critical that comprehensive planning be conducted to inform options, timelines, and costs for construction. The goal for the coming year is to complete pre-construction planning.

Surgical standards have evolved over time. The surgical spaces at Whitehorse General Hospital need to be redeveloped to meet modern standards and planned for future capacity and growth.

In addition, our hospitals continue to experience high pressures due to aging population, increased volumes, and patient acuity. Our supporting services, including building management systems, are foundational to delivering high-quality care and need expanded space as well as updated technology and infrastructure to keep up with demands.

Building off the previous planning that has been done, this next phase will involve detailed planning on scope, budget, and sequencing to ensure that we have an overall design that meets the future needs of Yukoners, staff, and providers. This planning is critical before a construction phase can begin. This includes how to maintain our services over the course of this project. Staff and physician input and participation will be critical at this phase to ensure that design and plans will meet the care needs.

In parallel to this planning, we are progressing short- and medium-term opportunities to expand inpatient and surgical services capacity within our existing facilities to meet the growing demands of services.

In July 2024, we opened 10 additional inpatient beds in the Thomson Centre. Adding these beds has helped us to avoid some interruptions to other hospital services that limited space and capacity can create, although we know that significant pressure remains.

We are also employing non-traditional overflow spaces to support lower-acuity patients to meet the increased demand. For reference, inpatient occupancy has been on average 105 percent this fiscal year to date, with occupancy greater than 100 percent for 73 percent of the days, and 19.8 of patient days are patients who could be cared for in an alternate level of care. Our target is less than 10.

In the coming year, we anticipate redeveloping the existing secure medical unit into eight new inpatient beds once the new mental wellness unit is complete.

Short-term improvements to surgical services have also been implemented over the past several years, such as a flexible OR suite to help decant day procedures, like scopes, out of the main OR.

The 2018-19 surgical services renewal plan will be a key starting point for completing the planning phase for the next Whitehorse General Hospital expansion. It is anticipated that the needs assessment and functional plan will need to be validated, answering program changes since 2018 as well as

updates to volume and demographic trends and technology standards. More detailed planning work is needed related to increasing inpatient capacity as well as assessing capacity needs for support services. We know additional inpatient beds are needed, and we will validate the number required going into the future based on updated projections of population growth and demographic changes as well as design for new inpatient spaces.

This planning work will centre on designing the right space, equipment and tools, and flows so our staff and physician teams can deliver high-quality care that Yukoners deserve and rely on.

In terms of the scope of the expansion, part of the 2018-19 planning included — and I think this is what was referenced — seven high-level design options that were developed. These design options had varying degrees of both renovations to existing spaces and a new build. The preferred option from that plan included the construction of a four-level tower connected to the existing building as well as renovation of existing spaces.

The class D cost estimate, which was pre-COVID, was also completed as part of that 2018-19 planning; however, this will need to be revalidated given significant inflationary factors and the need to confirm scope and design. More detailed planning work, as I noted, is needed related to increasing inpatient capacity.

**Mr. Cathers:** I thank the witnesses for that information.

In the preferred option that the CEO referenced from that 2018-19 plan of being a four-level patient tower — I recognize the comment made that this may change during the current work, but can the witnesses indicate how many beds were contemplated in that preferred option in the 2018-19 plan?

**Ms. Hine:** The 2018-19 plan suggested 32 inpatient beds, but again, this needs to be re-evaluated given today's population and the demand on our system. That is the purpose of the planning process that we're going to engage in this year.

**Mr. Cathers:** I appreciate that information. I do recognize, as the chair made reference to, the fact that the population has grown. I recognize as well that the current volume in the surgical services area is above the level that it was projected to hit in 2032 in that 2018-19 plan. So, clearly, the needs down the road are likely to grow beyond what that project contemplated.

My next question regarding that is the involvement of the project steering committee and when that committee has begun its work on revisiting the project and updating it. Did the project steering committee meet in 2024? Could the witnesses indicate what actions are scheduled for this year on the project? What are the expected timelines both for this year and the expected timeline from where we are today toward actual construction of the project and opening?

**Ms. Hine:** The steering committee did not meet in 2024-25. As stated, we are looking at the 2018-19 plan as a starting point. This year, we are pleased that there is \$1.15 million included in the 2025-26 main estimates to support this next phase of planning, which the CEO has gone through a detailed response before about talking about the different stages that need to take in to play.

We also realize that this is a multi-year project, and it is a major expansion, so it is too early at this point, to even contemplate on the exact timeline and size of the project, because we haven't actually started the planning process. The money is in the budget, and we're expecting to start the planning in the spring.

We are looking at re-establishing the project governance structure to include the steering committee that was in place previously to move the project forward and the planning in 2025-26.

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

The next question I have is — I will just quote from the hospital website. As of today, it includes this statement on it — quote: "Whitehorse General Hospital is very busy. In particular, our emergency department and inpatient units are currently experiencing higher than normal volume and demand." That statement on the website is dated February 8, 2024, which, of course, is over a year ago. It remains true to this day, is my understanding. Unfortunately, it also appears — considering that similar statements have been on the website since before last year — that the normal volume and demand has apparently become being overcapacity.

Can the witnesses please provide us information on what the current volume is of people using the emergency room as well as indicate what wait times would be typical, currently, in the emergency room — or I should say the emergency department; pardon me, Madam Acting Chair.

**Ms. Hine:** It's interesting when you take on a position like chair of the board of trustees of a hospital and coming into it fresh. You realize the impacts and the importance of delivering high-quality, professional, and timely service. We have absolutely no guarantee of who is coming through the door, what services they require, and the urgency. It is something that — again, I just want to start first by acknowledging our team — medical team and our staff — who are working tirelessly to provide that level of service and in a way as timely as possible.

We are seeing increased pressure, and I think, again, that can be said in every hospital in this country under the current health system. We talked about the demands and the impacts of the pandemic, which, even though that was five years ago, we are still feeling that as well within the health system.

The consistent volume of visits per day on average is 100 visits, with approximately 10 patients being critically ill. Although we are seeing that the volumes are consistent, we're seeing increasing acuity of patients presenting for care.

When you look at the wait times — from what we consider a door to door, someone who walks into the emergency and then is basically being discharged to go home — these are average — so, 2.7 hours. So, obviously, there are people who are there longer and people who are there quicker. Again, it depends on the care that they're seeking. On average, for someone to be admitted into an inpatient bed, the average is 9.8 hours.

We recognize that these are averages, as I said, and waiting any length of time for care when you're feeling unwell is challenging and we recognize that.

We also have to again acknowledge our team, because these wait times are much quicker than elsewhere in the country. I know from just talking to friends and family — and when I hear about the wait times that they're facing. So, again, I think that we also need to acknowledge the staff and the tremendous effort that they are making every day when they show up for work and they care for Yukoners.

**Mr. Cathers:** I appreciate the answer and I also certainly do appreciate the work of staff as well as physicians and others in meeting the needs and the volume there. I recognize that, for many of them, they are struggling with quite a heavy load.

My next question is about physician coverage at the hospital. I recognize the attempts made through the hospitalist program and the heavy reliance that the program put on getting locums to come up here.

My first question is: How many hospitalist doctors are currently confirmed to work at Whitehorse General Hospital during the month of April? How many shifts for the months of April and May is the hospital still trying to find a doctor to confirm coverage for?

**Ms. Boyd:** Working with the government and the Yukon Medical Association, we are advancing actions to stabilize acute care physician services — such as short-term schedule coverage and then longer term recruitment strategies — and sound processes and structures to support our medical staff in meeting the growing demand for health services.

We have deployed a number of recruitment initiatives to fill immediate needs during peak periods such as holidays. The hospital's chief medical staff closely monitor critical physician schedules, including the hospitalist service, to address immediate needs and implement processes to ensure adequate coverage. Currently, the months of April through June are very high priority and there are a number of schedule gaps. I can't offer the exact number of gaps, because we are actively — daily — working closely to fill those gaps, but I can provide more information as a follow-up. I would just note that it is very fluid as we continue to work to fill the schedule.

With partners, we actioned a \$1,000-per-shift incentive, cover travel and accommodation costs, and expanded eligibility for new graduate support for physicians entering the hospital services.

We acknowledge the criticality of providing coverage and care, and the Yukon Hospital Corporation takes this very seriously and works diligently and collaboratively with our partners.

To achieve more longer term stability, YHC is currently focused on ongoing recruitment activities for hospitalists and emergency medicine. Traditionally, physicians like recruitment for their services. Physicians understand their services and the needs and have connections that have made this process work for many years, though we absolutely acknowledge the need and are diligently working to support this with our partners to enhance recruitment efforts.

YMA engages a recruiter who initially focused on assisting local physicians to find locums to support their practices during leaves.

In 2024, in the fall, YG, YMA, and YHC agreed to a tripartite selection committee which allows YMA and YHC to be part of advising the Yukon government on their recruitment and selection of contracted specialties in the Yukon.

In February 2025, YHC began contracting directly with the YMA recruiter, as there is an identified need for a greater role in understanding and directing recruitment for hospital services.

YHC is now focused on expanding recruitment efforts to include, in addition to Canadian physicians, internationally educated physicians and US physicians specifically. This work is in the early stages as we build contacts in the US and look to the agreement with Nova Scotia to support where possible.

We have participated in the tripartite process as an advisor to support the recruitment of an additional OB/GYN for Yukon, and we are working with HSS and YMA and the resident orthopaedic surgeon to facilitate a process to recruit additional providers for this critical service. Just to note — understanding the need for support and urgency, other initiatives to stabilize physician services include introducing more structure for the management of our medical staff with dedicated department leadership. We continue to work to fully operationalize a hospitalist service, as we have transitioned away from the doctor-of-the-day model. To accomplish this, we work with the hospitalist working group to get their advice and guidance to support program development.

We have improved the process and timing of admissions from the Whitehorse General Hospital emergency department into our inpatient unit, improving patient care. We have increased orientation and onboarding support for our locums.

Senior nursing supports are in place now to help physicians with communication and flow and patient experience. We are working to introduce billing supports for locums to reduce administrative burden.

**Mr. Cathers:** I appreciate that information and I acknowledge the indication that the situation is fluid regarding the number of shifts that are booked. However, I would appreciate, if it is possible, to provide information on the most recent information shared with hospital leadership about the confirmed hospitalist coverage. What was quite concerning to me is hearing that apparently, for most of the month of April, there was no confirmed hospitalist coverage for most shifts. Can the witnesses indicate if that is indeed correct?

**Ms. Boyd:** I can confirm that for the week of April 9, we have four hospitalists providing care; the week of April 16, we currently have two hospitalists providing care; the week of April 23, we have three; and the week of April 30, we have two. That is our current schedule for the month of April based on today's schedule.

**Mr. Cathers:** I appreciate that information; it's certainly concerning. I also acknowledge the comments that the CEO made about steps to try to address it.

Just moving on to my next question, the witness made mention of expanding incentive programs for hospitalist doctors. Is that the expansion of the CCFP program, as I believe it is now called? It was originally the family physician incentive program for new graduates. Has that then been extended to

cover doctors at the hospital, and are there other incentives that have been put out there for new graduates on top of that or complementary with that?

**Ms. Boyd:** I would be happy to share a number of incentives that were recently implemented to support coverage for inpatient care. One — as mentioned before — was a pressure-period premium, which was \$1,000 per shift per day. Additionally, we extended a travel day stipend to locums. Additionally, the application of the attachment and attraction requirements were modified to support physicians providing care in the hospital and their eligibility into that program. We also had scheduled hospitalists to opt in for additional hours of work during peak periods of short staffing.

Additionally, yes, the criteria for the CCFP for the new grad program was extended to include physicians entering the hospitalist program.

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

My next question is about — in the past when the previous chair and CEO appeared, we heard breakdowns regarding some of the major areas where, through volume increases in departments or through cost increases, some of those major components — such as in medical imaging, lab, and chemo — were past examples of where there were significant increases or cost pressures.

Could the witnesses please provide us with information about what some of the significant current cost pressures and the main drivers of those are? Or put another way, what notable factors are responsible for the significant cost pressures at Whitehorse General Hospital as well as in Dawson and Watson Lake?

**Ms. Hine:** We could take a look at the pressures. Again, health care, as we say, is very complex, so there are a lot of complexities and a lot of pressures. But I think that if we were to look at them in categories, the ones that we are looking at this year would be: agency costs; the surgical services demands; the increase in volumes and complexity of testing in outpatient services; inflationary pressures, which are hitting not just hospitals; volumes and costs for new chemotherapy treatments; addressing the acute care bed capacity issues and occupancy demands; and the medical device reprocessing issue, which we spoke about earlier. Again, we are still looking at what the cost is to that, but that was an unplanned expense for us.

Those would be the categories.

**Mr. Cathers:** Would it be possible to get more detailed information regarding that? For example, when Mr. Bilsky appeared in November 2023, he indicated that the agency nursing costs and other contract costs rising exponentially — that is found on page 4543 from November 21, for the reference of Hansard — and noted that, in context, the previous year, it was just over \$8 million in costs but was expected to be closer to \$13 million for that year.

I'm just wondering if it would be possible to get some more specific information about that number for agency nursing or any of the numbers around the volume increases for areas like medical imaging and lab.

**Ms. Boyd:** One thing that we are very proud of — where we continue to see increased pressure — there has been significant effort and attention to look at a number of initiatives to address our staffing challenges to ensure best value for money and to ensure that we, as our biggest priority, can provide the best care to Yukoners.

To that end, I do think it is worth highlighting some success that we have experienced with respect to reducing vacancy rates and sharing even our current nursing vacancy rate, which is down from November 2023 when it was over 20 percent to its current 7.8 percent. To put that into context, that represents about 15.5 permanent FTE vacancies compared to our total complement of 197 positions.

With respect to agency costs, I can share the data year over year in terms of total agency costs, including our year-to-date cost: going back to 2019-20, the cost was \$1.9 million; in 2021, it was \$2.6 million; in 2022, \$4.5 million; 2022-23, \$8.3 million; 2023-24, \$10.6 million; and year to date, we have seen a total agency cost of \$11 million.

It's important to note that 12 percent of these agency costs are related to travel and per diems. We have seen a shift in this last year where there has been a reduction of nursing agency costs, as we have been successful in increasing our permanent nursing staff. However, in the areas of lab and medical imaging, there is significant challenge to recruit permanent full-time employees, and we have seen an increase in the agency costs related to those areas within our hospitals.

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

My next question was regarding the reference to bed capacity and being overcapacity. I appreciate the information provided earlier. Do the witnesses have information about the number of surgeries that may have been rescheduled due to being overcapacity? Also, I didn't quite hear at the time — I believe that the witnesses indicated that it was 19.8 patients on average per day that were ALC level, but I'm not certain that was a patient number versus a percentage number. Could they please clarify which that was?

**Ms. Hine:** Inpatient demand has steadily increased. We have seen a 17.4-percent increase between 2023-24 and 2024-25 fiscal years. We did talk about the occupancy at the Whitehorse General Hospital; it has been on average inpatient occupancy at 105 this fiscal year to date. Again, as I mentioned earlier, that is an average.

It is important to note that 73 percent of the days during 2024-25, we have seen greater than 100-percent occupancy, so I think that is important to recognize. I did talk about 19.8 percent of patient days or patients who could be cared for in an alternative level of care. Our target is less than 10, so we are trending above that.

**Mr. Cathers:** I appreciate that information. Could the witnesses please indicate: In addition to the ones they mentioned previously, do they have other departments that are struggling with high vacancy rates right now and what those major areas of difficulty would be? As well, on a related note, I would ask — as I previously asked the minister — if the COVID-19 vaccination mandate is still in effect for staff,



recognizing that jurisdictions like British Columbia eliminated theirs for hospitals quite some time ago.

The next question I would ask on a very much related matter is if they could tell us about the hospital's involvement and actions related to the implementation of the *Health Human Resources Strategy*, particularly taking steps as they relate to the needs of Yukon hospitals.

**Ms. Boyd:** I will just start by answering the previous question around deferrals as a result of occupancy and the total number.

We have had 14 deferrals — day of surgery due to occupancy. That represents 0.5 percent of all surgeries in the year, for reference. Vaccination for COVID-19 is a requirement for Yukon Hospital Corporation staff.

With respect to HHR and challenges that the Hospital Corporation faces with respect to other critical areas and what we are doing to address it and how we engage broadly with the HHR strategy, our hospitals continue to experience challenges recruiting a range of technical or specialized positions. As I referenced before, specifically, we are feeling this acutely in the areas of specialty nursing, medical lab technologists, medical imaging, and IT and IL personnel are the primary areas where we have recruitment challenges or positions that we would deem hard to fill. These are the types of positions that other Canadian hospitals and health systems are also experiencing similar challenges with.

At the same time that we are addressing challenges, we are also continuing to grow, which results in the need to add new human resources. A great example of that is the 10 inpatient beds this year that resulted in new staff and positions that needed to be filled.

In some areas, we can celebrate a great deal of success where we have reduced long-standing vacancy rates in spite of growth, and in other areas, we continue to seek innovative solutions. One strategy that has been particularly effective and supportive is our partnership with the Department of National Defence, which is one of the outcomes of the HHR strategy, as those folks have supported our medical imaging and lab personnel where we have critical shortages and have been an incredible support in our hospital.

We are very committed, and I think that it is really important to share that, as much as recruitment is a priority, retention of our staff is an absolute top priority and ensuring that staff are given opportunities for rest and vacation and opportunities to grow and develop. Agency staff, in those cases, will continue to be used to backfill permanent staff when they are on vacation, on leave, and being supported to mentor into a new position. We are committed to filling vacancies with permanent staff and decreasing the use of agency staff, although this is a common practice — the use of agency staff across the country.

One of the things that we have recognized as we have continued to tackle this challenge in earnest is that no single strategy will solve YHC's or the national recruitment and retention challenges, and a multi-faceted approach has been implemented to maintain our current services, retain our employees, and certainly recruit new employees as well.

We are seeing a number of successes, as I noted before — a reduction in our nursing vacancy, and our overall vacancy rate has also reduced. We also closely monitor the amount that folks come and leave the hospital — our turnover rate — to ensure that we're doing everything that we can to properly support and retain our employees.

We're very proud to participate on the steering committee as a co-chair of the HHR steering committee and work with several partners across the territory to implement and advance a number of strategies that have been instrumental in customizing techniques that have supported us to address the challenges. There are a number of discrete initiatives that we can share that have been successes. I won't name them all, but I will share a couple of areas where we have seen incredible success.

We're working with a new grad program supporting entry. In the past year, we have introduced four LPNs, and similarly, we're working on an RN new grad program. We do that with the nursing to support new grads and mentorship into practice to feel comfortable. We have implemented an internationally educated health care provider with a structured mentorship and orientation program, also with the Canadian association for nursing schools. This fiscal year, we welcomed 12 internationally educated nurses. Of those 12, 10 have successfully integrated into our hospital team.

We also engage in substantial youth outreach and community engagement and connection to Indigenous youth and youth internship program. We're very proud that six internships started this year, with a total of 20 interns to date.

We also have partnered with the Yukon University, which is a member of the steering committee, to provide hybrid nursing educator roles. Through this partnership with Yukon U, we've deployed hybrid positions that allow nurses to split time between clinical practice and education, enhancing professional growth while supporting patient care.

I mentioned the success and the opportunity of partnering with the Department of National Defence to maintain and enhance their knowledge between deployments. In return, our local teams have expanded the pool of talented health professionals to support. We've seen support from the Department of National Defence with five X-ray techs and 13 in nursing to learn in Yukon hospitals in addition to a physician who supported the hospitalist program.

We're also working on student work experience places in allied professions where we have hard-to-fill positions like lab, imaging, pharmacy, and rehabilitation and building new relationships with schools to accept more students — SAIT, for example, and other places.

These are just a few, but they give an example of the flavour of the work that is happening and the multi-faceted approach as well as the value of the partnership and the system-level approach of the HHR steering committee and our participation.

**Mr. Cathers:** I do appreciate that information in the area of the COVID-19 vaccination mandate just in light of the fact, as I mentioned, that even British Columbia had removed theirs quite some time ago. I am personally aware of people who have

been turned away — specifically in the area of nursing — who otherwise would have worked at the hospital. I would recognize that the policy isn't going to get changed on the floor of the House, but I would just encourage the witnesses to consider that policy in light of the fact, as I mentioned, and the information that Health and Social Services provided to the Public Accounts Committee regarding the rate of adverse events following immunization here in the Yukon.

I am going to move on to two other areas just recognizing the time, and then I will hand the floor over to the Member for Vuntut Gwitchin and resume questions later perhaps if there is any additional time at the end.

The first question I have is about the new mental health unit. We understand that there is a revised opening date of June 3. Will it be operational at that point?

My second question is about the government's plans to develop a health authority. Can the witnesses please tell us about the hospital's involvement in that work this year as well as the timelines associated with their participation, any money that is being spent by the hospital on that project, and how many staff are currently dedicated to that project or have it as a significant portion of their duties?

With that, I will also thank the witnesses for the answers that they have provided so far. I will let the Member for Vuntut Gwitchin ask the next question after the witnesses respond here.

**Ms. Boyd:** I would just like to reiterate that the hospital does not currently require a COVID-19 vaccine. That is no longer a policy that is in place at the Yukon Hospital Corporation. Sorry for any confusion.

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

**Ms. Boyd:** No worries.

With respect to the mental wellness unit — yes, we are pleased to confirm that we are on track and the first patient day will be June 3.

With respect to Yukon Hospital Corporation's involvement with the health authority or health system transformation, we are pleased to share that we participate as a member of the Health Transition Advisory Committee working toward a more integrated, culturally safe, and community-driven health system.

Health system transformation is focused on building a stronger, more connected system that is more person-centred and culturally safe and responsive to the unique needs of Yukoners. This certainly aligns with our strategic plan and the priorities that we have outlined as well as our commitment to safe and excellent care for Yukoners.

For our patients in particular, this transformation will lead to more seamless care that is better connected between hospitals, primary care, and community supports and with more focus on individual needs and overall well-being. For communities, transformation is about trust, equity, and inclusion. It has the potential to bring services closer to home and strengthens our partnerships with Yukon First Nations and local governments, and it creates opportunities for communities to shape the care that they receive. For staff, transformation supports a more connected and straightforward system, reducing silos and barriers to care.

We know — and we think that it's very important to acknowledge — that change can be hard for staff and providers, especially when there is uncertainty on exactly what the future state will be. We are supporting our staff through clear engagement and a communication strategy that includes regular updates, open houses, dedicated SharePoint out, and ongoing dialogue. We have hosted three open houses at each hospital to share information, hear feedback, and answer questions, and we are committed to transparency and helping staff feel informed, heard, and supported through the changes.

Our hospitals and health care system continue to experience high pressures due to increased volumes in patient acuity, and we are focusing also on immediate system needs as well as future transformations that are integrated services.

With respect to the number of employees who we have dedicated to work on health system transformation, we have two working in the Yukon Hospital Corporation. We have a specific funding agreement with respect to the work that we do related to health system transformation, for a total of \$686,000. Roughly speaking, \$330,000 of that is related to HHR — as it supports health system transformation and better care — our direct staffing costs, and other support contracts to advance the work that we are doing.

**Ms. Blake:** I would like to welcome the witnesses for being here. I just had to shuffle my seat. I don't want to feel like I am talking over you. Sorry.

I will start by asking a question about the hospitalist program. What are the barriers currently preventing local physicians from signing up as contracted physicians for the hospitalist program, and are any of the doctors who have worked under pressure premiums considering switching to long-term contracts? If not, why not?

**Ms. Boyd:** While I can't speak for any individual physicians, I can speak to our experience of working with them and some of what they have shared with us, which is really important.

I want to start by recognizing that there are a number of local physicians who have gone above and beyond to support our hospitalist program. They are taking extra shifts wherever they can to support care for our territory. They are stepping up in little and big ways all the time. The practical reality is that, in Canada, we don't have enough physicians to meet the needs of our population. We are so grateful to our local physicians and everything that they are doing to support care for Yukoners. I can't stress that enough.

I think the practical reality with respect to the barriers is that there is simply more demand than there are physicians, and we are all competing for the same scarce resource across Canada. I think, with respect to what we are hearing as locums are coming and working in our program — I should contextualize that moving from the doctor-of-the-day program and evolving to a hospitalist program is a shift that all jurisdictions are slowly moving toward, and it is a significant shift.

At the same time, we have seen an increase in occupancy, demand, and acuity and a growing population while we haven't

seen an increase with physicians in-territory, similar to other jurisdictions.

I think that what we hear most often from folks who are visiting from elsewhere and considering working in our service is that they really appreciate the size of our hospital and the sense of community — the way that care is delivered here. They enjoy working with our local physicians, and we do actually need quite a number of physicians to roster the program, so it isn't a simple undertaking that can be achieved overnight. With five physicians scheduled per day 365 days a year, with a combination of part time and full time, you are looking at approximately 18 physicians to fill this service, which is the largest single rostered service in the territory. It is a significant change, and it is going to require significant efforts to attract physicians from elsewhere. The physicians locally who have capacity are stepping up, and they are doing what they can, and we want to extend, as I said, our gratitude.

We are working hard to build a program that physicians want to work in, and we are building relationships with folks from Outside as well as locally. I expect, as we continue to build on that momentum, that we will see a combination both of local physicians and physicians from elsewhere in Canada, and perhaps there are other initiatives, like looking at internationally educated or a US physician strategy to start to roster and fill the program.

**Ms. Blake:** How it was explained to me is that, if the hospital is unable to schedule hospitalists for one to two weeks ahead and the shift schedule remains unfilled, then any physician who offers to fill a vacant hospitalist shift is offered the pressure premium. We understand that this pressure premium is only offered when shifts are unable to be filled in advance.

Is this pressure premium something that the Yukon Hospital Corporation wants to implement permanently for physicians rather than on an emergency basis?

**Ms. Boyd:** With respect to Yukon Hospital Corporation's role, our responsibility is certainly the delivery of the service and, of course, the patient experience add that to the development of the program in collaboration with our partners. However, Yukon Hospital Corporation does not directly compensate physicians. That is actually outside of our scope or role, but we do take seriously working closely with our partners, including both the Department of Health and Social Services and the Yukon Medical Association, based on the feedback that we each collectively get through our interactions and our formal governance and informal structures, which would form how best to align that to ensure that we remain competitive and continue to listen to what will be required to provide a stable hospitalist program.

**Ms. Blake:** So, how long has the Hospital Corporation been offering pressure premiums? Would you consider this an emergency measure? Also, if this incentive is not leading to doctors considering contracts as hospitalists, are you considering a different approach?

**Ms. Boyd:** Consistent with other compensation, the peak-period premium is remunerated through the Department of Health and Social Services. The way that it has been offered

has been during peak periods with confined time frames. The Joint Management Committee, which is a legislated triparty committee consisting of HSS, YMA, and YHC, established a subcommittee to address hospitalist service, program development, and stabilization about a year and a half ago. That committee continues to meet regularly to discuss exactly these sorts of challenges to ensure that we're taking a system-wide and comprehensive approach to address these issues. We continue to meet to have these conversations.

Certainly, Yukon Hospital Corporation has a responsibility to communicate clearly with those partners around some of the risks and opportunities that are available based on what we're aware of, and we continue to work closely with our partners to look at what options would be available to support filling shifts in the past and certainly going forward. We met as recently as just this week.

**Ms. Blake:** I thank the witnesses for the response to that question. What role has the Yukon Medical Association played in determining rates for physicians, and does the Yukon Medical Association negotiate contracts for physicians?

**Ms. Hine:** Unfortunately, that is not a question for us to answer, because we don't negotiate contracts for doctors. That is not within our capacity, within our mandate or authority.

**Ms. Blake:** Then my next question is: Is the Hospital Corporation in support of the Yukon Medical Association to negotiate compensation matters on behalf of physicians to ensure fairness and equity regardless of where a physician works as a family doctor?

**Ms. Hine:** Again, as a service provider, the Yukon Hospital Corporation is not involved in physician compensation or payment. We are certainly aware of representational rights being granted to medical associations across Canada.

**Ms. Blake:** What is the impact to other service groups, such as a visiting specialist, locums filling in for other important areas of care, who have to come to cover family physicians and their clinics?

**Ms. Boyd:** May I just ask for clarity if you are asking about the impact of physicians filling in for the hospitalist program?

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

**Ms. Boyd:** Yes, so that ultimately — while I can't quantify the impact, what I think that I can offer is maybe an answer that qualifies what we're observing and what we're hearing.

Ultimately, it comes back to that the demand for care exceeds the existing resources, and in an acute-care service, we need to operate every hour of every day of the year and we need to ensure that patients receive the care that they need. All of our teams — physicians, nurses, and others — are stepping up to provide that care, and we're working very closely — now taking on a role with respect to recruitment with our partners — to fill these shifts to reduce the burden on our local physicians, but I think it's really important to acknowledge that our local physicians are stretched in trying to provide excellent care in all of the ways that they do.

Many of our local physicians hold many roles in our community, often performing more than one function — for example, providing family medicine and working in the emergency department or providing family medicine and working as a hospitalist or providing anaesthesia and some combination of those things.

Our group of medical staff and privileged physicians who are often working elsewhere are also the ones who are stepping up, and I can't acknowledge enough the efforts that they are making to provide safe and excellent care and the impact that this is having as they're being stretched to provide many functions across the system.

**Ms. Blake:** What risks exist if you create incentives for a locum to come to work in the hospital program in comparison to working as a locum under the current memorandum of understanding and locum support fund?

**Acting Chair:** Just ahead of it, I'll just ask the witnesses to please speak up.

**Ms. Boyd:** As a service provider, YHC is not involved in physician compensation or payment, so we can't comment on that piece of the memorandum of understanding.

**Ms. Blake:** My next question is: Does the Yukon Hospital Corporation know the impact to visiting specialists who have to cover their own travel costs — if they have to — and don't get travel-day per diems, and do you think that this over-incentivizes locums to work in one area over another?

**Ms. Boyd:** For the Visiting Specialist Clinic, YHC covers the travel and accommodation costs for those who practise in the Visiting Specialist Clinic at Whitehorse General Hospital. On the sort of broader piece with respect to compensation, unfortunately, we are not involved directly in those pieces, so can't comment or quantify the impact.

**Ms. Blake:** My next question is about the employee satisfaction survey. I'm just wondering when it was completed last, and what are the results that came out of that survey?

**Ms. Hine:** The Yukon Hospital Corporation strives to support its people and teams in a positive, safe work environment. The Yukon Hospital Corporation annually conducts an employee or people pulse survey that gathers information about our teams, health and safety, leadership, and overall employee satisfaction. Most recently, the survey was conducted in October 2024. Feedback and information from the survey supports quality improvement and is used to inform and build annual operating plans.

High-level themes of opportunity and challenges include communication, leadership visibility, recognition, resource allocation, and greater involvement in planning and decision-making. The high-level themes of what is working well include inclusivity, fairness, pride, department lead, teamwork, and safety.

Again, we cannot thank our teams enough for the dedication and pride and care that they take in Yukon's health and well-being despite the pressures and challenges that we face.

The response rate was up significantly. We had a 61-percent response rate and that was up from 37 percent in 2023.

**Ms. Blake:** Are the results of that survey made public?

**Ms. Hine:** The survey results have not previously been made public. We share them with our teams, but I am certainly willing to take that back to the board of trustees for that discussion about making the survey results public.

**Ms. Blake:** So, my next question is in regard to the pressure-premium incentives. The question I have is: In conversation between the Yukon government and the Yukon hospitals, what were the concerns that the Yukon government cited when they reviewed the Yukon Hospital Corporation's proposal to extend the use of pressure-premium incentives for an indefinite period of time?

**Ms. Boyd:** As I shared previously, we work closely at a tripartite level and work to achieve consensus to ensure that our decisions with respect to the tripartite working group on hospitalists meet the needs across the system from everyone's perspective, and so there is significant effort at that table to work collaboratively, raise concerns and opportunities, and work toward a solution that we can all represent for the best interests of physicians and our system.

We are currently working through that committee to look at how best to support the ongoing pressures that we are seeing in the system and are each bringing forward opportunities and working toward a solution. As I shared, we met as recently as this week, and conversations are ongoing around how best to address the ongoing vacancies in some of our shifts going forward.

**Ms. Blake:** My next question is: What other solutions did Yukon government or the Yukon Medical Association provide when the Yukon Hospital Corporation presented a proposal to maintain the \$1,000 per day per shift plus covering travel per diems?

**Ms. Boyd:** Our priority is always safe patient care, as is the commitment and priority of all members of the tripartite committee where we sit to work forward collectively through these really challenging issues. I want to respect the consensus process that we all agree to around working through really, really hard challenges, because there are no easy solutions to these challenges.

We did meet just as recently as this week, and the commitment from that table was to continue to look toward solutions that worked for everybody — Yukon Hospital Corporation, YG, and YMA — as well as putting, of course, first and foremost the patients whom we serve and the people providing that care, and those conversations are still ongoing. In respect of that committee and our approach, I would like to give space and opportunity for those conversations to continue.

**Ms. Blake:** I thank the witness for the response to that question.

Are there other shortages in other areas of acute-care services where this incentive could cause concern, such as anaesthesia, GP, oncology, or emergency medicine?

**Ms. Hine:** Again, as a service provider, the Yukon Hospital Corporation is not involved in physician compensation or payment. We relay the needs of the hospital system and the work with our partners and ensure that our recruitment strategies are aligned with those needs.

**Ms. Blake:** I'm going to move on and ask about staff housing. With the Hospital Corporation's role in staff housing, we know that agency staff are provided housing by the Yukon Hospital Corporation but not for those hired here in the Yukon. The NDP has heard from a Yukon Hospital Corporation staff member who is resigning because their landlord was selling their house and the staff could not find rental accommodation. We have also heard that potential hires for the hospital have turned down job offers because they could not find housing. There are other hospitals around the country that are starting to have apartments or housing arrangements available for staff. Is the Yukon Hospital Corporation considering anything like this in the Yukon?

**Ms. Hine:** In Watson Lake and Dawson City, we provide staff housing for hard-to-recruit positions. At the Whitehorse General Hospital, we support short-term and temporary accommodations for hard-to-recruit positions.

**Ms. Blake:** My next question, to follow up, is: Is this something that the Yukon Hospital Corporation is considering implementing for Whitehorse when it comes to access to housing?

**Ms. Boyd:** All newly hired staff receive a relocation bonus of up to \$15,000, with a two-year return of service and lower cost accommodation equivalent to \$950 for a one-bedroom for two months, and this is for Whitehorse specifically, so that exists today. Staff recruited for high-demand positions that are difficult to recruit receive fully subsidized accommodations for two months, in Whitehorse only, and a signing bonus for up to \$15,000, with a two-year return of service. We also extend opportunities for term or casual positions where they receive relocation or travel assistance of up to \$1,000 for Whitehorse, \$2,000 for community hospitals, lower cost accommodations of \$475 for one to four months or \$950 for more than four months, and full accommodation coverage for specialty nursing positions.

Recruitment bonuses in the Watson Lake and Dawson City community hospitals include potential exit relocation assistance, subsidized housing and utilities at \$670 a month or a \$200 housing allowance for those with independent accommodations, a travel bonus credit of up to 60 hours per year, and an RN retention bonus of up to \$3,000 per year. We have actually seen — we have doubled the number of temporary staff accommodations in Whitehorse over the last year to support this and increase success in retaining and attracting physicians — or staff nursing — sorry.

**Ms. Blake:** My next question: We have heard from people who require larger sized seating chairs and that waiting rooms in the hospital don't always have chairs that work for them. While there are sometimes wider chairs available in some waiting rooms, often there are only narrow chairs that have the arm rests, which are not always comfortable and are painful, if folks can fit in them at all. We have been told that they have contacted the hospital to share their experiences but haven't seen changes made within the waiting areas of the hospital.

Does the hospital have a policy about providing accessible seating in all waiting rooms for people who require larger chairs?

**Ms. Boyd:** While I don't know the specifics, I'll follow up to see if we have a policy. I appreciate you raising this issue and I apologize if that was the experience in accessing the services or providing feedback and not seeing action necessary. Community and patient feedback is essential to providing safe and excellent and transparent care, and providing opportunities for that feedback is essential. So, for awareness, the way that Yukon Hospital responds — we provide a number of ways for feedback we receive — whether it's through e-mail communication, through paper forms or QR codes. We're currently working on enhancing the patient feedback experience survey — or certainly, if any member of our team identifies anything, every single incident is logged, reviewed, and followed up on, and I will take this back and ensure that action is taken.

**Ms. Blake:** I thank the witness for her response to that question.

With patient feedback, are there notable signs or displays within the hospital that make patients aware of when or how they could give patient feedback?

**Ms. Boyd:** Yes. Throughout the hospital, feedback forms, QR codes, or prompts around how feedback can be provided are in signage throughout the hospital. There are baskets with paper forms. We're trying to provide multiple ways for people with different preferences to provide feedback to the hospital to ensure that it's accessible, whether that's sharing something verbally, filling out a piece of paper anonymously, scanning a QR code, or speaking with someone — all of those options are available and posted throughout the hospital.

**Ms. Blake:** So, my next question I have is: Has Yukon Hospital considered implementing a landing coordinator position for doctors?

So, in Williams Lake, they have a landing coordinator in place, and their role is to help physicians and their families to come into Williams Lake and get settled, find housing, become aware of the surrounding area, get connected to resources, help get their kids enrolled in daycare, and stuff like that. So, is this something that the hospital is considering?

**Ms. Boyd:** Presently, through our chief of staff office or our medical affairs team, which is a team of two which includes our chief of staff, we have looked at these sorts of things around how we can provide that sort of personalized approach to individuals, because we believe that is part of what it takes to be successful in attracting physicians here. So, a number of efforts are undertaken to engage with physicians coming around connecting them with local resources and supports.

I don't think that the services that we're currently providing are as extensive as the landing coordinator role that you referenced, but it's those sorts of innovative strategies that we're exactly looking at and working through as we continue to expand our role to support recruitment for physician services at the hospital and the sort of thing that we talk about collaboratively at the tripartite table with our partners around how best to support this to improve our success to attract and recruit physicians to the territory.

**Ms. Blake:** My last question that I wanted to ask is in regard to health and well-being supports for staff at the hospital here and I guess across the territory in all hospitals.

I previously worked for the Yukon Hospital Corporation with First Nation health, and I have a lot of old connections with staff there. When I go to the hospital to access the emergency department, I often come in contact with nursing staff who share stories and concerns with me about their experiences working in the hospital. One of the common themes that often comes up from staff are the challenges they face with the high level of deaths they experience when it comes to people who go through overdoses. They are dealing with people they know, people they have worked with for years and years on end, or they talk about the impacts that they carry when they are working with folks who have overdosed but have survived through it and the challenges and struggles they face with figuring out how to support these folks.

My question is: What supports are in place from the Yukon Hospital Corporation when it comes to supporting the health and well-being of nurses and physicians who work in these challenging situations?

**Ms. Boyd:** Thank you for that really important question, because I think it is very real for all of our health care providers throughout the entire system. I can't acknowledge enough how hard their roles and their jobs are and how much we appreciate them for showing up to provide the care that they do.

Hospital staff across the country certainly are facing these challenges and demands, and there are many contributing factors — many of which were referenced in the question, but I think there is real worker burnout and morale stress and mental health challenges, and we need to acknowledge them.

We also, as an organization, need to and do actively promote all dimensions of safety. That is certainly clinical safety, but it is more than that: It is psychological safety; it is cultural safety; it is every element — physical safety. Without that, we can't ensure that our teams have an environment that is safe to work in. We are very committed to that.

There are a number of formal programs that we offer, including ensuring that our employees have balance in their work, which is really important. I referenced earlier in one of my previous responses that we absolutely are focused on retention. This is also about care and support — that folks can take the leave that they need and we will find backfill for them, which is critical. It means balancing the amount of overtime that staff are asked to work and ensuring that staff have access to taking time off.

We are in the process of developing a wellness strategy which has a strategic focus on supporting and improving the health and well-being of our workforce. We also promote a critical incident debrief after significant events. Those take a couple of different forms. Broadly speaking, some of them are operational — related to what we can learn and ensure that we continue to grow and do better. The other element is psychological. What sorts of supports are necessary to ensure that we can support people safely through challenging processes? Part of that also, depending on the team that is involved or what is necessary for their care and well-being as

they are facing challenges and recovering from what are sometimes traumatic events, is supporting the opportunity, after a death, for ceremony and use of our Nā Kū space, for example. We certainly encourage and support that and will continue to do so.

We use a number of metrics to monitor our workforce. These include looking at our retention and turnover rates, our recruitment efforts around what our vacancy rate is and our time to fill, and assessing our workforce wellness through metrics like sick time and overtime. Leaders routinely assess morale qualitatively through check-ins and their staff in staff meetings. I think that this has to start with leadership and it has to be part of the conversation that we have. Certainly, I am committed and share the commitment to safety at every opportunity and take the time to meet with staff to check in, because I think that it is critically important.

We provide a number of wellness supports to employees, including an employee assistance program, a comprehensive benefits package, and access to an on-site fitness facility. The employee and family assistance program is a contracted service that provides a suite of supports to individual employees and their families, such as counselling. Access to these supports is anonymous.

We also try to make sure that we can create opportunities for fun and recognition, which is equally important. Spending the time and dedication to recognize when things are going well or when teams have demonstrated excellence is part of the culture at Yukon Hospital Corporation.

We also offer a comprehensive abilities management program, which proactively supports medical disabilities and workplace accommodation.

I think, notably, that it's also critical to say that we have implemented a reconciliation, equity, diversity, and inclusion committee to actively promote these practices in our hospital and promote safety at all levels.

**Acting Chair:** Order. The time is now 5:30. The time designated for the appearance of witnesses, pursuant to Committee of the Whole Motion No. 19, has now expired.

The Chair shall, on behalf of the Committee, offer our thanks to Tiffany Boyd, chief executive officer of the Yukon Hospital Corporation, and Pamela Hine, chair of the Yukon Hospital Corporation Board of Trustees, for appearing as witnesses today.

*Witnesses excused*

**Acting Chair:** The Chair shall now rise and report to the House.

*Speaker resumes the Chair*

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

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

**Chair's report**

**Ms. White:** Mr. Speaker, Committee of the Whole has considered Bill No. 48, entitled *Early Learning and Child Care Act*, and directed me to report progress.

Also, pursuant to Committee of the Whole Motion No. 19 adopted earlier today, witnesses appeared before Committee of the Whole to answer questions regarding the operations of the Yukon Hospital Corporation.

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

Are you agreed?

**Some Hon. Members:** Agreed.

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

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

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

*Motion agreed to*

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

*The House adjourned at 5:35 p.m.*

**The following documents were filed April 3, 2025:**

35-1-317

F.H. Collins Pilot Project Proposal for 2025-26, letter re (dated April 2, 2025) from F.H. Collins Secondary School Council to Hon. Jeanie McLean, Minister of Education (Kent)

35-1-318

United States Senate resolution on trade tariffs, letter re (dated April 1, 2025) from Hon. Ranj Pillai, Premier, to Hon. Lisa Murkowski, United States Senator (Pillai)

**The following written question was tabled April 3, 2025:**

Written Question No. 63

Re: Family and Children's Services (Dixon)