

# **HANSARD**

## **NOVA SCOTIA HOUSE OF ASSEMBLY**

### **STANDING COMMITTEE**

**ON**

### **HEALTH**

**Tuesday, December 7, 2021**

**LEGISLATIVE CHAMBER**

**Organizational/Agenda-Setting meeting**

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## **HEALTH COMMITTEE**

Trevor Boudreau (Chair)

Kent Smith (Vice-Chair)

Chris Palmer

John White

Danielle Barkhouse

Hon. Zach Churchill

Rafah DiCostanzo

Susan Leblanc

Kendra Coombes

### In Attendance:

Judy Kavanagh  
Legislative Committee Clerk

Gordon Hebb  
Chief Legislative Counsel



House of Assembly  
*Nova Scotia*

**HALIFAX, TUESDAY, DECEMBER 7, 2021**

**STANDING COMMITTEE ON HEALTH**

**1:00 P.M.**

**CHAIR**

Trevor Boudreau

**VICE-CHAIR**

Kent Smith

THE CHAIR: I'll call the meeting to order. This is the Standing Committee on Health. I am Trevor Boudreau, MLA for Richmond, and the Chair of this committee. Today's meeting will be an organizational meeting to set some general meeting practices and also an agenda-setting meeting to choose topics and witnesses for the next six months.

I would ask that all members put your phones on silent or on vibrate, and to please keep your masks on during the meeting unless you are speaking. Before you speak, please wait for me to say your name for the red light on your microphone to turn on. There is no need for you to touch the microphone.

At this time I will ask committee members to introduce themselves for the record by stating their name and their constituency, and I'll start with Ms. Leblanc.

[The committee members introduced themselves.]

THE CHAIR: For the purpose of Hansard, I'll also recognize the presence of Chief Legislative Counsel Gordon Hebb and Legislative Committee Clerk Judy Kavanagh.

Everybody I think has the agenda, and the first item of business is the organizational committee business.

We have a list of topics to go through on that - the first one being the regular meeting dates and times. This committee usually meets on the second Tuesday of the month from 1:00 p.m. to 3:00 p.m. Are we okay to continue with this process?

Mr. Palmer.

CHRIS PALMER: I would like to speak to that, Mr. Chair. I move that the committee keep its current practice of meeting monthly, generally on the second Tuesday of each month between 1:00 p.m. and 3:00 p.m.

THE CHAIR: Mr. Churchill.

HON. ZACH CHURCHILL: I'd actually like to see the committee meet more regularly than that. I know that this was a priority for the governing caucus when they were in Opposition. I do have some comments here I could table from the member for Pictou West urging the government of the day to meet bi-weekly. I do think there are some things that have changed also since we began the monthly meeting schedules. Namely, we do have a governing party that was elected on two key promises to Nova Scotia - obviously one around fixing health care, and also around transparency and reporting.

There have been some concerning things that have happened since August on both of these fronts that I think having a bi-weekly meeting of committee can help us address. One, we've actually seen that reporting on long-term care wait times has stopped since the government's taken office. We did see reporting stop, although albeit for a small period of time on unattached patients as well, until that was pointed out in the Chamber.

Also a development that we've had since the last time this committee has met is we have three ministries now, here before we only had one Minister of Health and Wellness and one deputy. I know it can be burdensome - I know this from experience - to prepare for these committee meetings, but where we have three ministries now, we can even consider bringing them in on a rotational basis to not overload any particular one of those ministries in the Department of Health and Wellness.

Also, I do have to note for the committee that we've seen some demonstrable changes in the health care system towards the negative since the election, with the unattached patient list now going up beyond 80,000 people. For the first time ever, we've had long-term care facilities not accepting applications for residents, even with vacant beds because of staffing shortages, and we've seen for the first time also three province-wide Code Criticals that were issued by the Union of Pharmacists.

I think considering that the governing caucus position was in Opposition that this committee meet biweekly, considering that they've been very clear on two key principles and agenda items of their government being transparency reporting and fixing health care, and considering that we've actually seen some problematic stats since the election - and

we also have three ministries now - I think it's incumbent upon the committee to meet biweekly, considering the stakes and the commitments that have been made. I move a motion that the Standing Committee on Health meet biweekly.

THE CHAIR: There is a motion on the floor. Ms. Leblanc.

SUSAN LEBLANC: Well, before my honourable colleague brought up this new idea, what I was going to say was we should have a caveat or an addition to the motion, which is that we meet at a different time if we're sitting in the Legislature. In the past, the Health Committee would meet from 1:00 p.m. to 3:00 p.m., but on weeks where we were in the Legislature, we would usually meet from 9:00 a.m. to 11:00 a.m. That's what I was going to add to that.

THE CHAIR: The next item on the list is talking about Summer and House sitting.

SUSAN LEBLANC: So it is. Pardon me.

THE CHAIR: We actually will get to those specific topics. Mr. Palmer.

CHRIS PALMER: I appreciate my friend's conversation about the urgency in health care. We do recognize the urgency that is out there. We understand that Nova Scotians gave the government a mandate to address health care in all of its facets. We really feel that we have been very transparent. We are keeping our promises about transparency.

A lot of the conversations that will bring health representatives and witnesses are coming to the Public Accounts Committee, so there will be people coming to the Public Accounts Committee, addressing health care in a lot of different ways. That's one of the things that we have done. As a government, we've brought back accountability to the Public Accounts Committee and coming back to weekly meetings after they weren't that way.

We really feel that we are addressing the transparency piece and we really feel that if we can get back to the monthly meetings and the other work happens in the Public Accounts Committee, we'll be able to address all the health care issues for sure on a monthly basis.

ZACH CHURCHILL: I'll propose an amendment to the current motion that we meet biweekly.

THE CHAIR: The amendment to the motion is to meet biweekly?

ZACH CHURCHILL: Yes.

THE CHAIR: Is there any discussion on the amendment? Ms. Leblanc.

SUSAN LEBLANC: We in the NDP caucus would support that amendment. I'll remember for the committee that in the past, because we were meeting just monthly when Mr. Churchill's party was in power and had no interest in adding more meetings, there was often discussion about wanting to add a meeting. We would often call for an emergency meeting because, as he has rightly pointed out, health care is a very important issue in our province, and there are many things to discuss and many questions to ask of many people.

I think that making it official that we would have a biweekly meeting avoids that debate at the regular meetings of calling for an emergency meeting or adding something to the agenda and writing letters to so-and-so. I just think it's what's going to happen anyway, so we might as well make it formal. Therefore, we would support this amendment.

THE CHAIR: Ms. DiCostanzo.

RAFAH DICOSTANZO: One other thing is that in other meetings they were requesting it to be weekly. Weekly would be too much. Biweekly is in the middle, as we say, and it will give us an opportunity, especially now that we have three ministers in three different departments who can come to this meeting.

THE CHAIR: Any further discussion? We have an amendment to the motion.

Any further discussion? We have an amendment to the motion.

All those in favour? Contrary minded? Thank you.

The amendment is defeated.

We're back to the motion that was originally proposed. Any further discussion on the motion? Hearing none, I'll ask on the motion for a monthly meeting, as was previously the case with this committee.

All those in favour? Contrary minded? Thank you.

The motion is carried.

Item No. 2: meeting during the Summer months, House sittings. This was where Ms. Leblanc was bringing up the committee has traditionally met all year, including July and August. Is that the wish of the committee, to continue that? Any discussion on that item? I think from looking at nods it seems everybody is okay with that. We'll continue yearly, so July and August.

It has also continued to meet while the House was in sitting and to accommodate the House hours, it would meet from 9:00 a.m. to 11:00 a.m. on days the House was sitting.

Is that okay for everybody as well? I'm seeing nods across the board. Any discussion on those items? No?

The next item under organizational is location, in the Legislative Chamber or the Committee Room. This committee has the Speaker's permission to continue meeting in the Legislative Chamber subject to the needs of the House of Assembly. The other option is to meet in the Committee Room across the street at One Government Place, where some of the other committees meet. The meetings can be broadcast from that location now and is a more relaxed setting, but one disadvantage is the number of witnesses that you can have at that.

What is the preference of the members here? Is there any discussion? Ms. Leblanc.

SUSAN LEBLANC: I would just say that I think it's better to meet in the Chamber because of that question of witnesses. Often with the Health Committee, there are a number of witnesses. There's a number of - several people from each of the different topics that arrive, and this room would obviously accommodate that much better.

THE CHAIR: Any further discussion? Are we okay with meeting in the Legislative Chamber? I'm getting nods from everybody. There's no preference one way or the other. If it's not working well, we can discuss at another time, but as of now, we're comfortable with that.

The next item is procedures for questioning witnesses. The Health Committee has followed the same pattern as Public Accounts Committee: 20 minutes of questions for each of caucuses, starting with the Official Opposition, then the third party, and then the governing party, and then a second round of about 10 minutes if that's possible. Do we want to continue doing that as a committee, or would we prefer a more informal approach?

Ms. DiCostanzo.

RAFAH DICOSTANZO: I believe the 20 minutes is more fair to give exact time and makes it a lot easier for you as Chair, trust me. I've done this one, so the 20 minutes, if we're in agreement with that.

THE CHAIR: Any further discussion from members? Are we comfortable with that?

Mr. Palmer.

CHRIS PALMER: I don't see there being an issue. I think that's a great way to go about it. I know we could do revolving questions too, but I think that would give everybody equal time and allow everybody to get the proper amount of questions in. Myself, I'm satisfied with that.

THE CHAIR: Any further discussion? If I'm getting consensus that we're okay with that, we'll move forward with what has been the continued practice of the committee.

Next item is the agenda-setting procedure. A little further along in the meeting, we will be holding our first agenda setting, and let's agree on the practice of doing so. In the past, the committee has agreed to the six-month rotation that included three topics from government, two from the Official Opposition, and one from the third party. The Clerk will schedule those meetings as evenly as possible given the witness availability. Ideally, you have your first PC topic in January, followed by the Liberal topic in February and so on. Is this the wish to continue in this order?

Ms. Barkhouse.

DANIELLE BARKHOUSE: I'm fine with the rotation. I think we need to keep with the three-two-one, though. The long-standing practice for committees has been three-two-one - transparency and accountability, our cornerstones of our party. I think that is evident through the actions our party has taken thus far with keeping in the setting.

I'd like to move the motion that the government caucus will get three regular or emergency topics per six-meeting rotation. The Official Opposition will get two regular or emergency topics per six-meeting rotation and the third party will get one regular or emergency topic per six-meeting rotation. The standing committee will rotate through the topics using the following order: government, Official Opposition, government, third party, government, Official Opposition. Once the list of six topics is exhausted, the Chair of this committee will hold another agenda-setting meeting that will follow the above rotation.

THE CHAIR: I think the clerk had asked for some flexibility, depending on witness availability.

DANIELLE BARKHOUSE: Yes, and that's fine. I know you might not be able to get them when needed. So absolutely - and I don't mind for that to be an amendment to my motion.

THE CHAIR. Okay. Ms. Coombes?

KENDRA COOMBES: Mr. Chair, I move to make an amendment to the motion and that is to allow the third party to be able to bring two topics to the committee. We have two people on this committee, just as the Liberals have two people. I think it's fair to allow us as well to be able to bring two topics to the table that are important issues that need to be discussed in this committee. I think that it allows for a more robust, more fair debate, and more questions being answered with regard to what is happening in the various departments now in dealing with health.



That is the motion and those are our reasons for it: to be fair with regard to topics that the third party gets to bring, as well as more robust conversations and dealing with the issues that are top of mind over the next six months and over the next few years.

THE CHAIR: Is that amendment - just to be clear - for a three-two-two?

KENDRA COOMBES: The three-two-two.

THE CHAIR: Thank you. Ms. Barkhouse.

DANIELLE BARKHOUSE: We're not doing anything out of the ordinary or limiting any sort of accountability so I do not accept the amendment.

KENDRA COOMBES: My response to that would be that it's a new day. It's a new government. Why not change the way we have done things? Why not allow for more conversations to occur coming from the opposition parties, specifically the third party?

As I said, just because this is how something has always been done shouldn't be the way that we continue to do it. We need to be a little bit more flexible, a little bit more fair, and as I said, it's a new day, new government - maybe we should try doing things differently.

THE CHAIR: Mr. Smith.

KENT SMITH: Just seeking some clarity with the three-two-two: Are we proposing a seven-month schedule as opposed to a six-month schedule, or is everything on the table, Ms. Coombes?

KENDRA COOMBES: Why not have everything on the table? Exactly. We can do seven months, sure - why not?

KENT SMITH: I propose a five-minute recess.

THE CHAIR: Ms. Leblanc.

SUSAN LEBLANC: I just wanted to add in this little thought, which is farther down on the agenda in the correspondence. We know that we have a letter from the Heart & Stroke Foundation, and they're asking to appear before the committee. Traditionally, when organizations have contacted the committee and asked to appear before the committee, the response has been that any party is free to use that request as one of their topics. When you only have one topic that's trickier. It's easier when you're in government and you have three.

While we're considering this amendment that my colleague has brought forward, maybe we could also consider, hey, let's make it an eight-month cycle, and actually leave a spot or two for requests that come from outside, that aren't from organizations that want to appear for a reason, and then as a committee we can decide if we want to invite them, but that it's not taking up the topics of the individual parties.

Just putting that out there. I don't know how that - it's an amendment to an amendment. I don't know what that is, I just want to add that to the discussion for the five-minute recess.

THE CHAIR: I don't know if I heard an amendment to an amendment there, but I think at this point we have a five-minute recess and then we can come back to that.

[1:21 p.m. The committee recessed.]

[1:26 p.m. The committee reconvened]

THE CHAIR: Thank you, everybody, for the five-minute recess.

I think from our perspective, maybe we'll deal with the first amendment and go through that, and then we'll go from there as we go. The first amendment was for a three-two-two agenda-setting procedure.

Mr. White.

JOHN WHITE: I won't be supporting a three-two-two platform. Right now, three-two-one is symbolic of Opposition Day, which is the way government works, so the committee mirrors the way the Legislature works.

As far as bringing issues to the table, Public Accounts Committee is an area where health issues can be brought to the table, so we have avenues. We're not trying to hide anything here. I think in doing things differently, I think we have three ministers, so areas are being addressed. I really think that we are being accountable, and I think that we should try this. I don't want to stray too far from the standard practice, so I'll be sticking with three-two-one for my vote.

THE CHAIR: Ms. Leblanc.

SUSAN LEBLANC: I'll say two things. One is that we keep talking about standard practice with the Health Committee, but let's not forget that this Health Committee is very new still, only in the last couple of years has this committee been established. There's only been one practice thus far. The other thing is that in Public Accounts Committee, traditionally, and we originally modelled how this committee worked after Public Accounts Committee - in Public Accounts Committee, there traditionally was no limit as to how

many topics a party could bring to the table and put on the agenda. If we really want to be with standard practice, that would be it.

Also, I will just say as a member of both Public Accounts Committee and Health Committee, and I have been for two years now, this feels like upside-down day, because in Public Accounts Committee, traditionally we would be told we've got the Health Committee to talk about that stuff, and now we're hearing in the Health Committee, we've got Public Accounts Committee to talk about that stuff. Still, there is way more to talk about than the amount of meetings that we have. I'll just leave it there. I know we're not going to change any minds here today, but I just wanted to add those few thoughts.

THE CHAIR: Any further discussion on the amendment? Hearing none - maybe if you want to repeat the amendment to the motion which is before us?

Ms. Coombes.

KENDRA COOMBES: The motion was for agenda setting three-two-two.

THE CHAIR: The amendment to the motion is on. All those in favour? Contrary minded? Thank you.

The motion is defeated.

We're now on to the original motion, which was a three-two-one. Any further discussion on the motion?

Ms. Barkhouse.

DANIELLE BARKHOUSE: So this is my original motion, because I'm pretty sure someone else tried to make an amendment to an amendment to the motion. For clarification, we are voting on my motion with no amendments.

THE CHAIR: Yes Ms. Barkhouse, that's what's on the floor at this point. You did modify your own motion by saying there was some ...

DANIELLE BARKHOUSE: With the amendment that we have some flexibility on the witness.

THE CHAIR: The availability of witness. We do have that.

DANIELLE BARKHOUSE: Okay, good.

THE CHAIR: Mr. Churchill.

[1:30 p.m.]

ZACH CHURCHILL: Just some clarity on what that means - flexibility of the witnesses.

THE CHAIR: My understanding is that the clerk will be contacting witnesses for the committee as we're trying to set them up, but if there is not an availability for a specific day and we aren't interested in having someone fill in for that witness - if we want that specific witness like a deputy minister - then it may be that's pushed to the following month, or if we're comfortable with having an executive director come instead or somebody else on behalf of the deputy, then we as a committee can make that decision.

ZACH CHURCHILL: It's made at the committee level?

THE CHAIR: That is my understanding. Ms. DiCostanzo, you may have more clarity on this than I do.

RAFAH DICOSTANZO: Normally, if the clerk is having trouble finding the witnesses or appearing on specific times, she tells us the meeting before, or she sends us emails. She is very efficient in letting us know. Sometimes we make a vote via email as well - just to clarify that one.

THE CHAIR: The clerk says there is some flexibility, if we can't get the PC witnesses one month, to move them to the next month if need be. Is everybody okay with that? Any discussion on this? Ms. Leblanc.

SUSAN LEBLANC: I guess this is where I will propose my amendment. I would move that we reserve a spot or one meeting per cycle. So making it a seven-meeting cycle and having one of the meetings be reserved, if needed, for a request from an outside group to appear before the Health Committee - for instance, the Heart & Stroke Foundation.

THE CHAIR: We will be speaking to something about that in a little bit, but that is an amendment to the motion. Ms. Coombes, you have a comment.

KENDRA COOMBES: I just want to add to what my colleague just said and reiterate what she had said earlier - and that is one of the reasons for our asking for 3, 2, 2. When we have requests like this, it often will take away from what others are proposing for the agenda setting.

I believe that allowing a reserved spot for requests that come in will allow all parties to have more flexibility to propose their agenda topics - by having this reserved and not taking away from one of their agenda topics that they want to put forward.

THE CHAIR: Ms. DiCostanzo.

RAFAH DICOSTANZO: I just want to add one other thing. Normally, it could be chosen by one of the parties as the next subject for the next agenda setting. That's how we dealt with it in the past. If there is somebody who wants to appear, then we can make it as our subject for the next agenda setting. That's also an option that we've used in the past.

THE CHAIR: Mr. Palmer.

CHRIS PALMER: Just to clarify, is it being suggested that if an outside group does come and want to appear, we're not changing our rotation? We're just basically deciding at the next committee meeting - that would have to be voted on if that person . . .

THE CHAIR: My understanding from the motion is it would be a seven-meeting rotation instead of a six, with one added if need be. Is that my understanding? Ms. Leblanc can clarify.

SUSAN LEBLANC: Yes, that's correct. The idea is that the PC caucus gets three topics, the Liberals get two, the NDP get one, and then there's one reserved spot - an empty topic - on the agenda, for us as a committee to discuss requests to appear that come to us. In this way, what we'd be doing is avoiding the idea that Ms. DiCostanzo just suggested, that inevitably one of our parties would be taking our topic or our space to accommodate the request.

I get that that is something that seems reasonable to do, except when you only have one topic. One topic, three topics, two topics, whatever: The point is that it allows for us to accommodate groups without compromising the agenda topics that we are putting forward.

THE CHAIR: Ms. Barkhouse.

DANIELLE BARKHOUSE: This is where you see that I am a neophyte. I've been watching committees from YouTube, but at any given time, can a committee not add a date for someone who is an outside party wanting to speak to us?

THE CHAIR: That's a discussion that I was hoping to have after this anyway - how we wanted to deal with outside requests. (Interruption)

DANIELLE BARKHOUSE: Sorry, I still have the floor. We are then going to speak to this later in the agenda, and we do as a committee have the option to add a seventh meeting within the six months if needed.

THE CHAIR: That is my understanding. We can add to it...

DANIELLE BARKHOUSE: Just for clarity.

THE CHAIR: We can add it if we want as a committee.

DANIELLE BARKHOUSE: Then I just suggest we deal with it when it needs to be, when the topic comes up.

THE CHAIR: There is an amendment on the floor, so we do have to deal with that amendment. Ms. Leblanc.

SUSAN LEBLANC: If this is in good spirit and that's something the committee will discuss, that option of adding meetings to accommodate them, I'm happy to rescind my amendment and have that as a ...

THE CHAIR: I would need unanimous approval to withdraw the amendment. Is everybody okay with removal? I'm looking for unanimous consent to rescind, and if not we'll put that on the floor.

Is it agreed?

It is agreed.

The amendment has been removed. We're back to the motion, which was three-two-one with the availability of witnesses as a flexible option.

All those in favour? Contrary minded? Thank you.

The motion is carried.

My next item underneath that is actually with regard to when there's an outside party that makes a request to appear, how would we want to address it? We've had a bit of discussion about being able to add them on to the end or put them in if there's an emergency where we want to put them in earlier, or a party could take it on as their own. Do we want to have some discussion on that?

Ms. Leblanc.

SUSAN LEBLANC: I think it would be great to have a formal rule or process in place for how we deal with that. What you just said, I'm happy if that was a formalized thing. Instead of just having discussion and we play it by ear as they come, I think I would be happier to have a motion where we say we will discuss requests to appear, and the committee has the ability to add an extra meeting within the six-meeting cycle, or add it to the end and making it a seven-meeting cycle, or a party could agree to absorb the request into their own agenda-setting.

My preference would be to leave out the third option and just say the committee has the ability and would consider in good faith inviting an organization within the six-month cycle as an extra meeting if needed or at the end of the six-month cycle.

THE CHAIR: My understanding of what you're saying is if, say, somebody like a Heart & Stroke Foundation would come with that request, that we look at it each individual time or do you want specific - what you're asking for in the original amendment was to have a seventh one there.

My understanding as what I would see as procedure is that if we get a request, that we as a committee can discuss it and see if it's something that we could put at the end and make a decision as a committee. I'm not sure if I'm putting words in your mouth or if I'm understanding it wrong.

Mr. Smith.

KENT SMITH: I have maybe a solution to that problem. If we said, any requests up until the sixth meeting are kept at the clerk's office. At the end of the sixth meeting, we as a committee review whatever requests we have. Is a month enough time to try to coordinate witnesses? Perhaps not. Maybe we do it at the end of the fifth meeting to give two months notice to try to find witnesses.

I like Ms. Leblanc's suggestion and I like the idea of having it formalized. If we are going to have a spot open for a seventh, like the Heart & Stroke Foundation or any other group that comes forward, there should be a deadline for those applications and a chance for us as a committee to discuss and then select the one that we would like to have.

THE CHAIR: Are you saying that if there were more than one request, we'd look at them all and pick one?

KENT SMITH: I'm attempting to be as accommodating as possible to my colleagues and not throw a wrench into anything. In this instance right before us, we have the Heart & Stroke Foundation, which it seems like we're going to allow them to present at some point in time in the future.

If in the next five months we get 10 requests for groups and organizations to come forward and present to the Health Committee, at the end of our fifth meeting, at the end of our fourth meeting - whatever we decide - we as a group look at the requests that come in and add that to the end. Make it a seven-meeting cycle, if that is the desire of the committee. I won't be offended if this gets shot down.

KENDRA COOMBES: I guess that goes back to our seventh cycle, at this point, when we're talking about it. I think we're making it more complicated than it needs to be. No offence to anyone, but I think we're really making this more complicated than it has to be.

The concept is quite clear to me: we have groups that are requesting to meet with the committee, which I think is fantastic when groups reach out and we don't have to reach

out to them to come meet with us. I think that's always encouraging. It should be decided amongst this committee to put an extra meeting - whether it's two meetings in March or another meeting in whatever we decide is a good time to meet with this group, without taking away a topic on the agenda from another party.

I really do think we're being bogged down in cycles and we're overly complicating something very simple. When a request comes in, it is brought to us by the clerk and we decide if this is a topic we want to have an extra meeting on.

DANIELLE BARKHOUSE: I truly think that it has become over-complicated. I think that, for example, we're going to deal with the Heart & Stroke Foundation today. I think we should deal with each request separately. That is my true feeling - I think as a group, as a committee, we will be able to make an educated decision. I do not believe we should take from anyone's 3-2-1 choice. It should be separate.

I would rather table this instead of going on and watching the ball bounce back and forth, because it is becoming over-complicated.

THE CHAIR: I think the intent here was just to have a process. If the process is that we get a request from an organization - if it's sent by the clerk to everybody - at our next meeting we can discuss the merits of that request. If there's interest and we add a seventh, great. If another request comes and it's a very important one that we all want to have, we can discuss it at that time. I think that is appropriate. I think we get complicated when we add these.

DANIELLE BARKHOUSE: My microphone's still on, so I'm assuming that I can still speak. I believe we are getting overcomplicated. I feel that we should deal with these as they come, and we should move on, and I do believe that we should all keep our three-two-one. Again, I will reiterate that, and as the requests come in, we can deal with it then.

THE CHAIR: Mr. Palmer.

CHRIS PALMER: I was just going to say, how you laid it out there in your comments was pretty appropriate for how we could proceed. I echo Ms. Barkhouse's comments as well, and I think that it's pretty clear that we can just make this a very simple process. When people come to the table, we discuss it in the agenda of the next meeting of who's - and vote on each one as they come.

THE CHAIR: I think we can see how this goes as a committee, and we can bring it up if we're not comfortable with how this is moving forward. Is that okay with everybody? There was no motion after all that discussion, right? Unless I missed one. Did you have one there? No?



Committee documents was the next item, and the committee documents such as correspondence are always emailed to the members as soon as they arrive, then on the morning of the meeting, as it happened today, the clerk will email all the committee documents in a batch with the agenda, correspondence, and the list of proposed topics. If members wanted printed copies at the meeting, they're invited to print their own and bring them.

This has been a practice that was set with COVID and has continued because it's more efficient and environmentally friendly than having a stack of papers. Is the committee comfortable with continuing that practice?

Mr. Palmer.

CHRIS PALMER: As per some of the other committees, I know there might not be a need for all the documentation, but at least an agenda on our desks would be great, or here, wherever we're going to be. That'd be what I'd go for.

THE CHAIR: Is that okay with everyone else, if just the meeting agenda was provided by the clerk in hard copy? We're okay with that? Great.

That concludes the items under Organizational. We'll move on to correspondence. We had an email from a Cheryl Campana on September 28, 2021 re: nursing employment. This was forwarded to the members on October 18<sup>th</sup> by the clerk and again this morning. Is there any discussion on this item?

Mr. Smith.

KENT SMITH: I think it's appropriate to respond to this correspondence and thank her for reaching out and direct her to Dr. Orrell's office for follow-up, see if they can find us a solution to getting her employed.

THE CHAIR: Mr. Smith, are you saying we forward her email to Dr. Orrell and send her an email saying that we've done that to that effect?

KENT SMITH: I would like to provide her with some resolution. The committee has discussed it and our decision was to send it off to Dr. Orrell's office and ask the Chair to make sure that's happening.

THE CHAIR: Are committee members comfortable with that approach?

The second piece of correspondence was a letter from Heart & Stroke, the IWK Braveheart Support Society, Maritime Heart Center on November 12<sup>th</sup>, and the request was to appear before the committee to discuss improving cardiac arrest outcomes in Nova

Scotia. It was forwarded to members on November 12<sup>th</sup> and again this morning. Is there any discussion on this? How do members want to proceed with this item?

Ms. Barkhouse.

DANIELLE BARKHOUSE: We all received the correspondence from Heart & Stroke and IWK. I think we are all in agreement that improving cardiac arrest outcomes is something that will always need improvement, that the Heart & Stroke Foundation as well as the IWK, Braveheart Support Society, and Maritime Heart Center can offer invaluable insight into this important topic.

On that note, I move that the committee accept the request of the Heart & Stroke Foundation, IWK, Braveheart Support Society, and Maritime Heart Center to appear before the committee to discuss improving cardiac arrest outcomes in Nova Scotia. This would be a shared seventh topic in addition to the six that were decided on today.

THE CHAIR: We do have a motion on the floor to accept Heart & Stroke as a seventh topic and witnesses. Is there any discussion on the motion?

All those in favour? Contrary minded? Thank you.

The motion is carried.

Ms. Coombes.

KENDRA COOMBES: Just a question for clarity. Is that just going to go as a special meeting during one of the six-cycle months or is that a seventh-month topic? I probably should have asked that before, but it just clicked in my head as we were voting.

THE CHAIR: My understanding is that this was a seventh topic, like a seventh month.

KENDRA COOMBES: Okay, just wondering for clarity.

DANIELLE BARKHOUSE: In my motion, I suggested that it's seven topics within the six months.

THE CHAIR: Within the six months?

DANIELLE BARKHOUSE: Yes.

THE CHAIR: That would require setting up a special meeting.

DANIELLE BARKHOUSE: There is room for discussion on that. That was my intention of the motion.

THE CHAIR: If we have that in the motion, then that is the requirement of it. What we would do is look for a meeting date that works for everybody that we can get them in on a separate day. Maybe the clerk will be able to send out, if we correspond with them on a day that would be appropriate for committee time that's not taking up another committee and maybe not try to do it when the Legislature is in.

Agenda-setting: this is where members have the completed lists of the proposed topics. They were all emailed to all of us. We've ended with 3, 2 and 1. Maybe we can have some discussion from each of the caucuses on their stated topics - if there is any discussion about which proposed topics we want to have moving forward with those six. After that, we can have motions from each caucus for the proposed topics that they are requesting.

Does any party want to speak to their topics? Are we happy with making a motion?  
Ms. DiCostanzo.

RAFAH DICOSTANZO: Normally, we start with the PCs so I was waiting for them. We do have our two topics. I'd like to make a motion to put in the first topic: the Impacts of Staffing Shortages in Long-Term Care. As witnesses, we will be looking for the Department of Seniors and Long-Term Care: Mr. Paul LaFleche, Deputy Minister; Tracey Barbrick, Associate Deputy Minister; and Vicki Elliott-Lopez, Senior Executive Director.

KENDRA COOMBES: The Impacts of Staffing Shortages in Long-Term Care. Is that correct?

RAFAH DICOSTANZO: Yes.

KENDRA COOMBES: I would like to move a motion to amend it to add the Nova Scotia Nurses Union - Janet Hazelton, President.

ZACH CHURCHILL: It's our topic.

THE CHAIR: I know, you've put a motion forward...

KENDRA COOMBES: I'm adding an amendment to add to the list of witnesses.

THE CHAIR: And we can accept it or not. (Interruption)

Ms. DiCostanzo, did you make a motion to that effect or are we just discussing it? This is what I was trying to say - that if we wanted to bring forward the ones that we have, we can have some discussion on those. Once you make a motion and then you start

amending it, it becomes complicated. I guess what we're asking is maybe we can have some discussion on topics if they're specific things. That was your first topic.

RAFAH DICOSTANZO: I'm putting a motion for this with the addition of her amendment. There is no problem with us.

KENT SMITH: I'd just like clarity on the motion to make sure it's worded the way we think it's worded.

THE CHAIR: Ms. Coombes.

KENDRA COOMBES: Before everyone jumps in to either support or not, I would like them to know the motion for the witnesses that we'd like to add would be Nova Scotia Nurses' Union, Janet Hazelton President; CUPE Nova Scotia, Nan McFadgen, President.

THE CHAIR: Ms. Leblanc.

SUSAN LEBLANC: I just would like to point out that if we're going to have a discussion about staffing shortages in long-term care, we really do need to have representation from the staff that we're speaking about. Absolutely, we need to hear from the department and I fully support that list of senior officials. But in order to have a robust conversation, we do need to be able to ask questions of the nursing union and CUPE, who represents - I forget how many, but thousands of long-term care workers in the province.

THE CHAIR: There's no motion yet, but we're just having discussion on this one. Any further discussion on this item? Maybe you want to put your second one forward, and if there's any further discussion on that one, would that be appropriate, or do we want to deal with one at a time? Just deal with one, okay.

Ms. DiCostanzo.

RAFAH DICOSTANZO: This is our first topic, and we will add - I read the names of the department members and the two are the NSNU and the CUPE as well.

THE CHAIR: Janet Hazelton and Nan McFadgen. We have a motion on the floor with specific witnesses. Any further discussion?

All those in favour? Contrary minded? Thank you.

The motion is carried.

Ms. DiCostanzo.

RAFAH DICOSTANZO: We will do our second topic as well, which is the Government Initiatives of Ambulance Availability and Offload Delays, and DHW Response. We would like to have the Department of Health and Wellness, Associate Deputy Minister Craig Beaton, and staff, and members of the Paramedics Union as well.

THE CHAIR: Members of the Paramedic Union. Is it just the president, or are you looking...

RAFAH DICOSTANZO: They can choose who they want to send.

THE CHAIR: Ms. Coombes.

KENDRA COOMBES: Just to add something, I believe it's Mike Nickerson who is the business manager for the IOUE 727, which is the Paramedics Union.

THE CHAIR: Ms. DiCostanzo.

RAFAH DICOSTANZO: Do we want me to repeat it all? It could be Mr. Nickerson or a replacement as they wish. Normally that's what we say. If the president is not available, they will send somebody from the department.

THE CHAIR: We have a motion on the floor for the second Liberal topic. Any discussion? I see no discussion.

All those in favour? Contrary minded? Thank you.

The motion is carried.

Ms. Leblanc.

SUSAN LEBLANC: Is it appropriate for me to put our chosen topic forward? We in the NDP would like to put forward the first topic that's listed here: Access to Birth Control and Sexual Health Services, a discussion about that. The witnesses we would like to call are representatives from Nova Scotia Health; the Department of Health and Wellness; Wellness Within - specifically Martha Paynter, who is the Executive Director of Wellness Within; Alyson Holland, who is the Director of Social Pediatrics at the IWK Emergency; and Leigh Heide, who is the Executive Director of Sexual Health Nova Scotia.

THE CHAIR: Any discussion on the topic?

Mr. Smith.

KENT SMITH: Any specifics on the people we're looking to talk to from Nova Scotia Health and the Department of Health and Wellness?

SUSAN LEBLANC: I guess we can be more specific: Karen Oldfield from Nova Scotia Health, and Jeannine Lagassé, Deputy Minister of Health and Wellness.

THE CHAIR: Any further discussion on the topic proposed by Ms. Leblanc and the NDP? Is that in the form of a motion?

SUSAN LEBLANC: It wasn't, but it can be. I move that topic.

THE CHAIR: You can move that topic as presented. Any further discussion?

All those in favour? Contrary minded? Thank you.

The motion is carried.

Mr. Smith.

KENT SMITH: I would like to put forward the motions for our three topics as presented. Everyone has them in front of them. If it's acceptable, I'll read all three of them and then leave it for discussion. If you'd like me to go one by one, I can do that at your direction, sir. I heard one of my colleagues here say one by one.

Topic No. 1, Office of Healthcare Professionals Recruitment. We'd be calling Madam Jeannine Lagassé, Deputy Minister of Health and Wellness; and Dr. Kevin Orrell, CEO of the Office of Healthcare Professionals Recruitment.

SUSAN LEBLANC: I like this topic a lot, but I would suggest that we add inviting a representative from Doctors Nova Scotia - specifically Dr. Heather Johnson, who is the current president.

KENDRA COOMBES: I just want to add that when we are talking about such things as professional recruitment in health care, it would probably be a good suggestion to add Doctors Nova Scotia and others doing that type of work to our witness lists so that we can hear from the physicians' point of view.

THE CHAIR: Any further discussion? Mr. Smith.

KENT SMITH: I thank our colleagues for the suggestions. I'm content with the representatives that we put forward.

THE CHAIR: Any further discussion? Ms. Coombes.

KENDRA COOMBES: I'm just clarifying if the PCs were accepting our added witnesses or not.

CHRIS PALMER: I would echo Mr. Smith's position. I believe the people that we have put forward as witnesses will provide a very good, broad base of understanding of where we are with recruitment right now, and continue to do that. I am very comfortable with the witnesses as is in the motion.

THE CHAIR: Mr. Smith's motion was for the two witnesses that are here. There was a suggestion for others and that's not being supported. I didn't hear an amendment. Any further discussion? Hearing none, I'll ask for a motion on - maybe just repeat it for me, Mr. Smith.

KENT SMITH: I move that PC Topic No. 1 be the Office of Healthcare Professionals Recruitment, calling Madam Jeannine Lagassé, Deputy Minister of the Department of Health and Wellness; and Dr. Kevin Orrell, CEO of the Office of Healthcare Professionals Recruitment.

THE CHAIR: All those in favour? Contrary minded? Thank you.

The motion is carried.

Mr. Smith.

KENT SMITH: Topic No. 2 from the PC caucus, Vaccine Booster Shots. The witnesses would be Madam Jeannine Lagassé, Deputy Minister of the Department of Health and Wellness; and Dr. Robert Strang, Chief Medical Officer of Health.

THE CHAIR: Any discussion? Seeing no discussion, the motion is on the floor.

All those in favour? Contrary minded? Thank you.

The motion is carried.

Mr. Smith.

KENT SMITH: I move the third topic from the PC caucus be the Auditor General's 2017 recommendations regarding mental health services in the province, calling Madame Jeannine Lagassé, the Deputy Minister of Health and Wellness as the witness.

THE CHAIR: Mr. Churchill.

ZACH CHURCHILL: A very important topic here before the committee. I would suggest if we are asking about the Auditor General's recommendations, we do have the Auditor General here to answer questions from the committee. That would make the most sense.

THE CHAIR: Ms. Leblanc.

SUSAN LEBLANC: I agree with Mr. Churchill's suggestion of adding and inviting the Auditor General to the meeting. There are many recommendations that are directed at Nova Scotia Health in that report, and it would be important to have Ms. Adair's contributions in the conversation.

Also, I think it would be good to have Karen Oldfield, the President and CEO of Nova Scotia Health added to the witness list as well.

THE CHAIR: Mr. Smith.

KENT SMITH: Again, I'm content with the witnesses that we're proposing. The Auditor General - those questions can be asked through different vehicles such as Public Accounts Committee.

THE CHAIR: Ms. Coombes.

KENDRA COOMBES: I feel like I should reiterate exactly what my colleagues have just stated. If we're going to talk about the Auditor General's recommendations, which by the way is a PC topic, we should be adding the Auditor General into this conversation. I just feel like it needs to be reiterated that this is a PC topic, Auditor General's recommendations, but we're leaving the Auditor General out. I think that is strange and befuddling.

THE CHAIR: Mr. Churchill.

ZACH CHURCHILL: Easily explained, I think because what we're seeing is the PCs saying no to witnesses that don't work for government. I think the reason for that would be pretty clear, that an independent office like the Auditor General, an independent stakeholder like Doctors Nova Scotia can't be managed when it comes to communications. I think that's why the government is hesitant to bring independent voices into the committee related to their subjects.

THE CHAIR: Ms. Leblanc.

SUSAN LEBLANC: I hate to say it, Mr. Chair, but I agree with Mr. Churchill again. I think he's spot on, right on the money right there with his suggestion of why we are not able to convince the PC caucus to add these very important witnesses. Given that, may I suggest a briefing by the Auditor General?

If she cannot be invited to the meeting itself, may I suggest perhaps we have a half-an-hour briefing in advance of the meeting by the Auditor General in the same way that we used to have briefings by the Auditor General at Public Accounts.



When we were dealing with an Auditor General's Report at Public Accounts and there were witnesses from government departments or outside organizations, very often the AG would take an in camera half-an-hour with the committee so that the report could be refreshed in our mind. We could ask questions of the Auditor General, and it was very useful. May I suggest in the spirit of a committee that works well, perhaps we do something like that.

THE CHAIR: Ms. Barkhouse.

DANIELLE BARKHOUSE: I would like some time to think about it. I think Mr. Churchill's comment was very negative. I could understand him seeing us do that if we were in government for, say, eight years and things were worsening, but we have four months, I think - when were we elected, guys? Damage control is where we're at right now. I don't know if I appreciate that.

I think what we have here is a list. This is a six-month topic. In six months' time, we'll all be able to have, whether it's three, two, or one topics, we will have the decision then. Unfortunately, on the fly, I will have to say no. Again I'll go to either tabling, or I'm happy with what Mr. Smith is stating.

THE CHAIR: Any further discussion? Mr. Churchill.

ZACH CHURCHILL: I will just say for a party that has not been shy about touting how they restored democracy in Nova Scotia, that they're bringing transparency back to the province, that they're saying no to bringing in independent voices to present on topics that are critical to Nova Scotians' health, that are also directly related to the promises made by the governing party to get elected.

Considering what has been said by this government about practices of past governments and about what they want to achieve, I do find it a bit shocking that there is not the courage found on that side of the House to bring in independent voices that will actually help provide critical, objective, independent assessments on areas that are noted priorities for the government, like health care recruitment. The government promised 300 doctors a year. Not having Doctors Nova Scotia provide input to the committee on how we're doing in that regard seems... (Interruption)

We'll move to the mental health. To discuss recommendations of the Auditor General, bringing in a deputy minister who's not the Auditor General who works for a minister does not provide that independent, transparent level of accountability that I think has been promised to Nova Scotians and has been touted by this government. That's not to be negative. It's to be critical. That's our job here. I think it's incumbent upon the committee, who is only meeting once a month now, to ensure that those meetings are full with the witnesses needed to have that fulsome conversation about these critical topics.

THE CHAIR: Mr. White, did I see your hand up?

JOHN WHITE: I think we're getting bogged down in the fact it's the Auditor General's recommendations. The topic is mental health services in the province. The recommendations are already made. We're trying to see how it's rolling out, what's going on in the province and how we're going to do that. I don't think we need to bring the Auditor General in, and if we do at a later date, we can always add to the list. I'm okay with calling the question.

THE CHAIR: Ms. Coombes.

KENDRA COOMBES: I wasn't going to say anything else, except for the topic was just misrepresented. I'm sure my colleague meant it by mistake. The title reads: Auditor General's Recommendations Regarding Mental Health Services in the Province.

Again I will say this. If we're going to be having topics, if we're going to be proposing topics and witnesses, the very thing that we need to do is include those who either wrote the reports or have significant contributions to make to a topic. For example, professional recruitment and we leave out Doctors Nova Scotia. Now we're leaving out the Auditor General who wrote the recommendations. That's all I'm going to say anymore to that topic.

THE CHAIR: Any further discussion? I think we've had lots. Seeing none, I'll ask for a motion, basically the motion from Mr. Smith. Do you want to state the motion again for clarity?

KENT SMITH: I would be happy to, Mr. Chair. The proposed third topic from the PC caucus is the Auditor General's 2017 Recommendations Regarding Mental Health Services in the Province, with the witness being Madame Jeannine Lagassé, Deputy Minister of Health and Wellness.

THE CHAIR: The motion has been made. All those in favour? Contrary minded? Thank you.

The motion is carried.

Ms. Leblanc.

SUSAN LEBLANC: Given that that motion has just passed, I would like to revisit my earlier suggestion that we ask the Auditor General to come to the committee either in advance of the meeting that morning or at another time that works for everyone to provide us with an in camera briefing on that report.

I will reiterate that it's a very helpful practice when we're dealing with Auditor General reports. I see no reason why we wouldn't do that, given that we won't be hearing from her at the meeting. This is a motion.

[2:30 p.m.]

THE CHAIR: This is a motion to invite the Auditor General in for a 30-minute in camera meeting to discuss the 2017 recommendations prior to that specific meeting - whatever date that meeting is. Is that the intent?

Any discussion on the motion? Mr. Churchill.

ZACH CHURCHILL: We support the motion.

SUSAN LEBLANC: I will just say that this room is filled with political parties - with partisanship - and it is not very often that we have moments where we all agree on something. In those moments when that does happen and there's a unanimous vote for a piece of legislation or there are moments when folks get up and talk about a certain subject or an emergency debate when people seem to be in line with each other, it's quite a profound time.

We have the ability on these legislative committees to show Nova Scotians that we want to be working together. I would just say that if there is an opportunity or if there is a suggestion made by any of us that would advance the ability of a legislative committee to be more effective in its ability to serve the Province of Nova Scotia, then we should jump at it. I just think that this is an easy one. I really hope that the government will support this idea.

CHRIS PALMER: If this motion today was defeated, could we table it again for a future conversation to potentially have the conversation again at a future meeting?

THE CHAIR: Sorry about the delay. If you defeat a motion, it can't be brought back in a future meeting as the same motion. You can defer a motion if you want to discuss it at another time, but if you defeat a motion . . . (Interruption). Okay.

Mr. Palmer. You're calling a question?

CHRIS PALMER: I'm calling a question.

THE CHAIR: All those in favour? Contrary minded? Thank you.

The motion is defeated.

Any further business? Hearing no further business, the next meeting will be held on Tuesday, January 11, 2022, and the witnesses to be announced and the topic to be announced based on availability.

I will move for adjournment of the Standing Committee on Health. Thank you.

[The meeting adjourned at 2:21 p.m.]