

HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

STANDING COMMITTEE

ON

HEALTH

Tuesday, June 14, 2022

LEGISLATIVE CHAMBER

Agenda-setting

Printed and Published by Nova Scotia Hansard Reporting Services

HEALTH COMMITTEE

Trevor Boudreau (Chair)

Kent Smith (Vice Chair)

Chris Palmer

John White

Danielle Barkhouse

Hon. Patricia Arab

Rafah DiCostanzo

Susan Leblanc

Kendra Coombes

[Kent Smith was replaced by Dave Ritcey.]

[Hon. Patricia Arab was replaced by Braedon Clark.]

[Susan Leblanc was replaced by Lisa Lachance.]

In Attendance:

Judy Kavanagh
Legislative Committee Clerk

Gordon Hebb
Legislative Counsel



HALIFAX, TUESDAY, JUNE 14, 2022

STANDING COMMITTEE ON HEALTH

1:00 P.M.

CHAIR

Trevor Boudreau

VICE CHAIR

Kent Smith

THE CHAIR: I call this meeting to order. This is the Standing Committee on Health. My name is Trevor Boudreau, the MLA for Richmond, and Chair of this committee.

Today's meeting will be an agenda-setting meeting. I would ask all members and everyone in the gallery to please put your phones on silent. We are no longer required to wear masks in Province House, although it is still strongly recommended.

I will now ask committee members to introduce themselves for the record by stating their name and constituency.

[The committee members introduced themselves.]

THE CHAIR: Thank you everyone. You'll notice that MLA Kendra Coombes and MLA Rafah DiCostanzo are taking part virtually today. The committee has given unanimous consent to that in email polls.

Legislative Counsel has advised that the committee must also agree on whether members participating virtually may take part in any voting conducted today. Do we have members' agreement for that? I'm seeing everybody shaking their heads yes, so I'll take that as consensus and we're fine with that.

For the purposes of Hansard, I'll also recognize the presence of Legislative Counsel Gordon Hebb and Legislative Committee Clerk Judy Kavanagh.

As I stated before, the agenda today is actually for agenda setting, and we have several correspondences as well as the agenda setting. The correspondence with respect to Gender Affirming Care Nova Scotia - there are two points - I'm going to move to the beginning of the meeting.

On June 8th, we received a request from Gender Affirming Care Nova Scotia to appear before the committee, then the email was forwarded on June 8th. We also received other correspondence from Kiran Sharma with the same request. Before I open up discussion to the committee, I just want to make a statement first.

As with all committees, we have an initial committee meeting that sets the processes and the procedures in place for committees, and part of that is with selection of topics. When we do that in this committee, along with others, we decided to have a number of topics per caucus. It was three for the governing caucus, two for the Official Opposition, and one for the third party. This is the same with other committees across the board. We typically pick six committee topics in a session. We go through those six, and then we have another agenda-setting meeting.

We've had several requests - one from Heart & Stroke and another one this time from outside organizations - asking to stand before the committee, and that's not a bad thing. It's good that people and organizations are interested in wanting to stand and meet with the committee. That being said, because of the processes that we have in place where it's six topics - three, two, and one - what happens is there's not the consistency when you have these other topics being brought forward.

Often, they come to the clerk or to me and get forwarded to all committee members, but we hold off on making decisions on it until we get to topic selection. What we can do at that time is, each caucus can take a look at what their priorities are and what their lists are, as well as the lists that are requesting to appear before us, and we can make selections based on that - based on the groups that are interested in coming to stand before us, and the priorities that we have.

In essence, what I'm saying is that we included a seventh last time. What I would like to get away from is doing that, but giving the opportunity to those organizations to have a say. So when caucuses are deliberating pre-topic selection, they have the opportunity to look at those topics and say, yes, that's a priority for us and we'd like to have that as one of our topics, or that's not a priority at this time and maybe it would be something we would look at further down the road.

I wouldn't say get rid of the community organizations requesting. I would say we put it off and have another discussion at the next six months.

I wanted to put that forward first, and then I'll open it up to the committee to discuss this topic and how we would proceed.

Again, my suggestion and my hope is that when we're discussing this today, one of the caucuses will decide to take this on as one of their committee topics. With that being said, I see a hand up. MLA Lachance, you may go ahead.

LISA LACHANCE: Great, thank you. Perhaps I'll speak to the substance - I don't know if you want thoughts on procedure or not at this point - and then I'll offer some thoughts on next steps.

We're in favour of this. I know from speaking to the Minister of Health and Wellness - and I have actually a call later today with a senior official at DHW - that looking at health issues and health services, including gender-affirming care for the transgender, intersex, and gender-diverse communities in Nova Scotia, is a high priority.

In addition to gender-affirming care in Nova Scotia, I've also been made aware - again, kind of past the deadline of June 1st, so I apologize for that - of some really important health research that's been concluded and is going to be redone post-COVID, led by Jacqueline Gahagan, who's the Associate Vice-President of Research at Mount Saint Vincent University. I think there are other really interesting folks who could come and round out a session looking at health care, health equity, and health outcomes for the gender-diverse population.

THE CHAIR: Thank you, MLA Lachance. Any further discussion? MLA Coombes.

KENDRA COOMBES: I just want to go back to what you were saying, Mr. Chair, regarding the topic where we had discussed previously, if I'm not mistaken, the fact that if we were getting those requests from outside of the committee, we would consider that seventh topic. Is it - are you talking about getting away from that seventh - that we would choose a seventh topic out of those who'd contacted us to meet with the committee?

THE CHAIR: Thank you, MLA Coombes. I am saying that we stick to the six topics - the three, two, and one. If there's a group that comes to us, the caucuses can look at those requests, and if they want to select that as one of their topics, then that would be one of the six.

MLA DiCostanzo.

RAFAH DICOSTANZO: Thank you, Chair. I also wanted to bring attention - we actually have seven topics, because there is still one topic from the old agenda-setting that we have to bring forward. So this will be number eight. I just want to make sure that everybody's aware of that.

The next topic should be the one that we missed from the last agenda-setting, which is the booster and the one with Dr. Strang and Deputy Minister Lagassé. I'm assuming that will happen in late August or September, as per our last session. If we're talking about this, this will be topic number eight.

Another suggestion that I would like to put forward - and we can discuss that - is maybe each of the caucuses, or we can ask our clerk, to send a letter. This group would present to all three caucuses and then we can decide whether we bring this forward in our next agenda-setting. That may help them if they meet with all three of us. It's just a suggestion.

THE CHAIR: I think my understanding is - we've already committed - that one topic was one of the seven from the previous, the booster shot one. I don't think it has to be re-voted on. I think we can continue. That will be one of the seven that are still on the books, like you said - six plus one. Is there any discussion on the item that Ms. DiCostanzo put forward about meeting with caucuses first? I see a hand up from MLA Coombes.

KENDRA COOMBES: Mine was a follow-up to my question, actually. If we're going to decide on gender-affirming care that has come to us as a request, we need as a committee to decide to allow for the seventh topic. As we had the previous, we had a seventh topic that came from a set of requests. My understanding is that - before we can decide anything - we'd need to decide if the committee is willing to entertain a seventh topic from any request to meet with the committee.

THE CHAIR: MLA White.

JOHN WHITE: Just listening to the conversation, we are back and forth. Do we have seven topics, six topics, do we have eight topics? My opinion is that we've got to stick to the six topics. If we want to bring someone in, we bring them in as a caucus preference.

I think we're already confused sitting here talking about this. I think gender-affirming care in Nova Scotia is an extremely important topic. It crosses over all areas of health care. Truly, I don't know if there's one that is more important, but to bring it in as a seventh topic, I don't think I could support that. I think we need to get back to our six topics and stay where we're at. That's the process - I'd like to see it stay there.

THE CHAIR: With that being said, my ask to each of the caucuses at this point - and I see MLA Lachance's hand up, but I'll just finish my statement first. My ask was going to be to each of the caucuses if they would be willing to take this on as their topic.

I'll let MLA Lachance go, but at some point, if that's the case then it would be one of the six - if one of the groups decides to take it on.

LISA LACHANCE: I was just going to address the issue around having folks into caucus, and I think that's a great idea. We've had a chance to meet with a lot of the folks that I would suggest to round out the issue, so I think the advantage of having it as a Health Committee topic is that it allows us to have different perspectives. A health practitioner, an MD such as Hali Bauld from the Halifax Sexual Health Clinic who has 800 people on her caseload right now for gender-affirming care, Dr. Gahagan on the research side, Riley Nielson-Baker on the advocacy and policy side. That's the advantage of a Health Committee rather than having just one person coming to a caucus. That would just be what I would say.

I was obviously very pleased to hear MLA White's comments about this being a really important topic. I think it's important, but I also think it's very timely. I think that these are changes that are long overdue, and hopefully we'll see some changes in how Nova Scotia handles gender-affirming care before the end of 2022. I would think that it would be important for the committee to be able to consider this and have a fulsome discussion in the next few months.

Then I'll answer your second question which was, would we take it on? We're limited in our topics. Since it is a government priority, I'd love to see this as a motion from the government to indicate their commitment to really looking at and understanding these issues.

THE CHAIR: Thank you, MLA Lachance. You were going to be my first request. MLA Lachance.

LISA LACHANCE: I'd like to hear what others have to say before we come to a firm no, but I really think that this is work that's happening and being led by this government, and it should be a priority of this government to consider these issues - especially because it's one that has been long ignored and understudied in this House. If there are changes coming, I think it's really important for us as MLAs to have a chance to have a fulsome discussion from a wide range of perspectives.

THE CHAIR: MLA Palmer.

CHRIS PALMER: I would just like a little bit of clarity then. Are we in agreement that we will be six topics - that this would be one of the topics of the caucuses and we would stick to the three-two-one?

THE CHAIR: That is what my intent is right now.

CHRIS PALMER: Okay.

THE CHAIR: So one of the six. I'm looking to the Liberal caucus - MLA DiCostanzo.

[1:15 p.m.]

RAFAH DICOSTANZO: We have three other topics that we are proposing, and I think we're sticking to those. We have two very important ones as well, so this is very important. We have limited numbers as well, so we will not be taking it in this session. Maybe in the next agenda-setting session.

THE CHAIR: MLA White.

JOHN WHITE: This government is concerned with health care from mental health to physical health. When we're talking about gender-affirming care, we're talking about individuals who do not identify as the sex that they had been given at birth. We're talking about psychological issues that are lifelong and that go very deep.

I would like to make a motion. I move that gender-affirming care be added as the first topic for the Health Committee and that the following witnesses be invited: Gender Affirming Care Nova Scotia; officials from the Department of Health and Wellness, and the Office of Addictions and Mental Health - Dr. Hickcox and Tanya Penney; and Veronica Merryfield, founder of the Cape Breton Transgender Network.

I appreciate that in the statements prior, the NDP caucus in particular, recognized that the government is taking the lead on health care in Nova Scotia and gender-affirming care is a key aspect of health care in Nova Scotia. That's my motion.

THE CHAIR: We have a motion on the floor. I see MLA Coombes' hand up.

KENDRA COOMBES: Yes. I'd like it if MLA White could just read the witnesses again.

THE CHAIR: MLA White.

JOHN WHITE: Gender Affirming Care Nova Scotia - it would be up to them who they want to send, MLA Coombes. From the Department of Health and Wellness and the Office of Mental Health and Addictions, it was Dr. Hickcox and Tanya Penney. Then from the Cape Breton Transgender Network, it's the founder, Veronica Merryfield.

THE CHAIR: MLA Lachance.

LISA LACHANCE: Thank you for repeating the list of witnesses. Obviously, we support this motion. I would still like to encourage a consideration more broadly around the equity and outcomes issues that gender-diverse folks face. Again, we're into semantics that we probably can't handle in this committee, but are we talking about transgender gender-affirming care or all-gender-affirming care, which doesn't necessarily mean that

folks identify as a different gender than the sex assigned at birth? It can be a wide variety of identities. I also think it doesn't begin to cover issues around intersex folks.

With that in mind, with maybe a broader perspective, I still think we could add a couple of people to the witness list. One would be Dr. Jacqueline Gahagan from Mount Saint Vincent University, who has led regional and national studies on issues for youth and on issues for seniors and everyone in between, so has some really important data to share. Also, Dr. Hali Bauld, who really is on the front lines of service delivery in this area - not just in Halifax.

THE CHAIR: Thank you, MLA Lachance. Any discussion on the witnesses? There would be an amendment with witnesses added to MLA White's witness list.

Any discussion on the amendment? MLA White.

JOHN WHITE: I recognize that this is an extremely broad topic, and I really feel the witnesses I've chosen are the ones I'd like to stay with.

THE CHAIR: So you'd like the witnesses that you put forward?

JOHN WHITE: Yes.

THE CHAIR: Okay. We do have an amendment on the floor that we would have to vote on. Any further discussion on the amendment to add the two witnesses MLA Lachance put forward? MLA Coombes, I see your hand first.

KENDRA COOMBES: Just to say that I support the original motion and I do support the amendment. I've said this in so many committee meetings, but it is important that we have fulsome, robust conversations. I would ask the government side - we all agree on this topic. We all think it's a great topic - an important and timely topic, and a topic that is most overdue for government discussions in committee. I would just ask them to rethink and allow for these two amazing experts to be part of that discussion with us.

THE CHAIR: MLA DiCostanzo, I see your hand up.

RAFAH DICOSTANZO: On the Liberal side, we agree with our NDP colleagues and are in agreement to add the two extras as well.

THE CHAIR: Any further discussion? Hearing none, we have an amendment, which is the NDP adding two witnesses to the topic.

All those in favour? Contrary minded? Thank you.

The motion is defeated.

We move back now to the regular motion, which was Gender-Affirming Care as the first topic, with the witnesses that MLA White provided. Any further discussion? I'm hearing none.

All those in favour? Contrary minded? Thank you.

The motion is carried.

Thank you, everyone. Thank you for letting me move that up on the agenda.

We'll move back to committee business, which is actually agenda-setting. Just to avoid confusion, before we make formal motions, maybe when I ask each caucus to bring forward the topics that they're providing, maybe bring some discussion into it and kind of outline the witnesses, that sort of thing. Then there can be some discussion and then the motion could be made. Then that motion can be clear, and that motion can be in the form of a motion with the witnesses included.

One of the other things that I'll bring up now is that one of the things we see in this committee is that sometimes a substitute needs to be put in place for a witness. If they're a credible substitute, is each caucus open to that when they have a specific name? Let's say that person decides they're moving to a different position, then we don't have to come back to the committee asking for that, or if somebody with the organization feels that there's somebody else who could add value to that discussion. I'll put that forward.

With that being said, we typically do our meetings with Liberals first, NDP, and then PC. I'll let the Liberal caucus go first with their topic discussion. MLA DiCostanzo.

RAFAH DICOSTANZO: We are putting forward the surgical backlogs and extension of operating rooms hours. We would like to invite Karen Oldfield, the CEO of the Nova Scotia Health Authority; Dr. Doug Sinclair, Vice President of Medicine, Quality & Safety at the IWK; Jeannine Lagassé, Deputy Minister of the Department of Health and Wellness; Janet Hazelton, president of the Nova Scotia Nurses' Union; Dr. Leisha Hawker, president of Doctors Nova Scotia; and Dr. Philip Cyr, CEO of Scotia Surgery Inc.

THE CHAIR: Is there any discussion on the proposed topic from the Liberal caucus? I see no hands up to have any discussion.

With that, if you would like to make a motion, just make sure it's stated clearly. I think you've outlined the witnesses, but you can go ahead and do that. MLA DiConstanzo, you can go ahead.

RAFAH DICOSTANZO: I'd like to put a motion: Our first topic for the Liberal caucus would be Surgical Backlogs and the Extension of Operating Room Hours, with the list of presenters that I listed earlier.

THE CHAIR: I'm just checking back with the clerk, Ms. Kavanagh. That's fine.

We have a motion on the floor. Any discussion?

All those in favour? Contrary minded? Thank you.

The motion is carried.

That's the first one. MLA DiCostanzo.

RAFAH DICOSTANZO: I will put our second topic as the delivery of 4.1 hours of care per resident in long-term care. I will list the names of the people we would like to invite: Paul LaFleche, Deputy Minister of Seniors and Long-Term Care; Tracey Barbrick, Associate Deputy Minister of Seniors and Long-Term Care; Dr. Kevin Orrell, CEO of the Office of Healthcare Professionals Recruitment; Janet Hazelton, President of the Nova Scotia Nurses' Union; and Nan McFadgen, President of CUPE Nova Scotia.

Again, if you'd like me to put a motion, I can do that.

THE CHAIR: I'll open up the floor, and I'm just going to state something quickly. When names are provided, could you state if it's okay if somebody leaves a position and somebody else moves in that position, is that acceptable to the caucus?

RAFAH DICOSTANZO: Yes, I believe so, as long as we're notified ahead of time. Normally the clerk sends us information about that.

THE CHAIR: Okay, yes. I just wanted to reiterate that point. I didn't know if I made myself clear. Any discussion on that topic?

I see no hands up. MLA DiCostanzo - if you want to officially make a motion.

RAFAH DICOSTANZO: I make a motion as our second topic for the Liberal caucus will be the delivery of 4.1 hours of care per resident in long-term care with the list of presenters that I stated.

THE CHAIR: Thank you, MLA DiCostanzo. I'll open it up again for discussion, but I'm not seeing any hands, so we'll call the motion.

All those in favour? Contrary minded? Thank you.

The motion is carried.

Alright, thank you MLA DiCostanzo. I will ask a member of the NDP caucus - MLA Coombes, I see your hand up, and you can do the same type of thing. Before a motion's made, just put it on the floor for discussion.

KENDRA COOMBES: Our topic is the funding for public health in Nova Scotia. We are looking for our witnesses to be Jeannine Lagassé, the Deputy Minister of Health and Wellness, or designate; Dr. Robert Strang, Chief Medical Officer of Health; Dr. Sara Kirk, School of Health and Human Performance at Dalhousie University; and Dr. Katherine Fierlbeck, Department of Political Science, Dalhousie University in Health Policy.

THE CHAIR: Thank you, MLA Coombes. Is there any discussion? MLA Lachance.

LISA LACHANCE: I just might add a little bit to the introduction and our thinking around this. I think public health as a government organization arose - like the Public Health Agency of Canada and we had our own separate public health organization here in Nova Scotia for a number of years - because of the SARS epidemic as a response to being ready. Also, public health takes on a lot of really important roles, particularly if we're concerned with health care, which we all are, and health outcomes of Nova Scotians. A lot of the role of public health is in education, prevention and community-based work.

So we saw the growth of public health, and then we saw decreased investments in public health, and then we've had a pandemic. I think it's a really good time for us to take a look back in terms of what our objectives are for public health, what has happened to the funding, and where we are going with this. I can speak more to the witnesses if anybody has any questions.

THE CHAIR: Thank you, MLA Lachance. Any discussion? I'll make a quick comment, just because I actually went to university there and went to the School of Health and Human Performance, so I'm excited to see someone from my alma matter there.

With that being said, I see no discussion. MLA Coombes, would you be willing to make a motion for this topic?

KENDRA COOMBES: I move that our proposed topic be the funding for public health in Nova Scotia, with our proposed witnesses be Jeannine Lagassé, Deputy Minister of the Department of Health and Wellness, or designate; Dr. Robert Strang, Chief Medical Officer of Health; Dr. Sara Kirk, School of Health and Human Performance at Dalhousie University; and Dr. Katherine Fierlbeck, Department of Political Science, Dalhousie University in Health Policy.

THE CHAIR: A motion is on the floor. Is there any discussion from members?

Seeing none, I will call the question.

[1:30 p.m.]

All those in favour? Contrary minded? Thank you.

The motion is carried.

We'll move on to the PC caucus. There has already been one topic selected, so there will be opportunity for two more. MLA Palmer.

CHRIS PALMER: Our government's next topic would be the Nova Scotia Health Innovation Hub, and representatives from the Nova Scotia Health Authority, including the Vice-President of Research, Innovation and Discovery with Nova Scotia Health.

The Innovation Hub is doing a lot of great work throughout the province, and really bringing great outcomes for health care. We'd like to be able to hear from their organization and to hear all the good work they're doing. I think Nova Scotians will be very pleased to hear a lot of the great things that are happening with that organization. I'll leave that on the floor.

THE CHAIR: We have this topic for discussion. Is there any discussion from committee members?

RAFAH DICOSTANZO: Just a quick one, nothing serious. Just found it a little vague that there are no names of people added to this list, that's all. If you can specify a few names, that would be great.

THE CHAIR: MLA Palmer.

CHRIS PALMER: One of the names that we will bring forward is the Vice-President of Research, Innovation and Discovery at Nova Scotia Health, who is currently Dr. Gail Tomblin Murphy. That is one of the names.

THE CHAIR: And other representatives who could speak to the topic? Is that what you're saying?

CHRIS PALMER: From Nova Scotia Health, yes.

THE CHAIR: Thank you. Any further discussion?

Seeing none, I will ask MLA Palmer to do this in the form of a motion, please.

CHRIS PALMER: I move that the first topic for the PC caucus be the Innovation Hub with witnesses being representatives from Nova Scotia Health, including the Vice-President of Research, Innovation and Discovery and CNE at Nova Scotia Health, currently Dr. Gail Tomblin Murphy.

THE CHAIR: Thank you. We have a motion on the floor. Any discussion? I'm seeing none.

All those in favour? Contrary minded? Thank you.

The motion is carried.

Thank you, MLA Palmer. MLA Barkhouse.

DANIELLE BARKHOUSE: Our third and final topic for the PC caucus would be Mental Health Supports for First Nations Communities, with the following witnesses: Lindsay Peach, who is the Executive Director for Tajikeimik, representatives from Nova Scotia Health and the IWK Health Centre, directors for the First Nations Health Authority - their choice - and officials from the Office of Addictions and Mental Health, with the understanding that if someone leaves their position, then they can send whom they see fit.

THE CHAIR: Any discussion on the topic? MLA Lachance.

LISA LACHANCE: Thank you for this topic. I think it would be really important to bring this forward. Again, in the future, I think it would be helpful to have a sense of who would be recommended. Nova Scotia Health and the IWK Health Authority, this is a large organization, so what focus area, from what department? There's no information here. I just think, in the future being more specific about which witnesses you're planning to invite would be really helpful.

THE CHAIR: Thank you, MLA Lachance. Any further discussion?

Seeing none, I'll ask MLA Barkhouse to read this in the form of a motion, please.

DANIELLE BARKHOUSE: I move that the third topic for the PC caucus be Mental Health Supports for First Nations Communities, with the following witnesses: Lindsay Peach, representatives from Nova Scotia Health and the IWK Health Centre, directors for First Nations Health Centres, officials from the Department of Health and Wellness and from the Office of Addictions and Mental Health.

THE CHAIR: We have a motion on the floor. Any discussion? I'm hearing none.

All those in favour? Contrary minded? Thank you.

The motion is carried.

That concludes the agenda-setting portion of committee business. We do have correspondence: a June 3, 2022, letter from Deputy Minister Lagassé in response to a request for information made at the April 12th meeting. That email was forwarded to members on June 6th and again yesterday. Any discussion on the letter?

Seeing none, I will move on to the next item: a request for a possible witness change in a meeting on the vaccine booster shot. It's the last outstanding topic on our previous agenda. Deputy Minister Lagassé has tentatively agreed that she and Dr. Strang will appear on August 9th, pending confirmation of Dr. Strang's availability. He's currently out of the office.

Deputy Minister Lagassé has asked whether Associate Deputy Minister Kathleen Trott may appear in her place if necessary. She says this permission from the committee would give a bit more flexibility and we'd be able to set that agenda item for August 9th. She notes that ADM Trott is the Public Health administrative co-lead with Dr. Strang and would probably take part in this meeting in any case - even if the deputy minister does attend.

Any discussion on that? MLA DiCostanzo.

RAFAH DICONSTANZO: We're okay with that.

THE CHAIR: Thank you. I think that's a reasonable request. Any further discussion? I see no hands, so other business. MLA Coombes, I see your hand up.

KENDRA COOMBES: I have a motion with regard to the health plan update. The government released its plan, as we know, for the Nova Scotia health care system earlier this year just before the Legislature finished meeting, and the plan is vague. It has very few specifics, timelines, targets or benchmarks. This makes it very difficult for Nova Scotians to understand how and whether the health care system is improving and in what ways. At the time of the plan's release, the government promised to provide more specific benchmarks by early Summer.

I think Nova Scotians deserve to know what progress the government is making towards fixing health care. So I move that the committee write a letter to the Minister of Health and Wellness calling on her to issue this update to the plan as soon as possible.

THE CHAIR: Thank you, MLA Coombes. We have a motion on the floor. Is there any discussion? MLA White.

JOHN WHITE: How is health care being changed? I'm going to go into a rant. We replaced the recruitment team on Day 1. Twenty days in, we did a province-wide tour:

Speak Up For Healthcare Tour - that's unheard of. When you talk about pre-ambulatory care, we now have \$3.1 million invested in ambulances to have power-lift chairs, which keeps our paramedics safer and on the job longer. We have power-lift trucks. We have several new ambulances on the road now. I don't know how many that trucks was - five or 10, something to that effect.

We have non-paramedics doing patient transfers now. We have paramedics getting in the trucks sooner rather than later because we sped up the process for licensing. We have 450 new nurses in the province. We have 200-and-some new positions, I think it is, starting in college this year - we have 28 in Cape Breton alone. We have five new doctors training in Cape Breton with a partnership that was unheard of between CBU and Dalhousie. There are local doctors who are staying there with a five-year commitment.

We have 1,000 new CCAs registered for September. We have CCAs that are with a 23 per cent pay increase that we've given them. We recognized that there is something to the effect of a million dollars a day being spent by patients in the hospital who need to be in long-term care. They're not getting the care they deserve and it's costing the Province a lot of money. So we're trying to put them where they need to be, in long-term care, where they get better care and they get what they need. So what has the Province done? We've hired 162 new doctors up to the end of March.

I love this question. I'm really happy about this question. I think we're doing a lot. I'm happy about it. Thank you, MLA Coombes, for bringing light to all the work that we're doing for health care, because Nova Scotians deserve to hear. I really think that we need to put a camera in front of somebody to sing these praises.

THE CHAIR: MLA Coombes, I see your hand up.

KENDRA COOMBES: Well, I'm happy to make MLA White - my neighbour and colleague - happy, as always, but I do want to address a few things. We have Code Criticals almost daily; overcrowded ERs; walk-in clinics that are no longer walk-ins; physicians leaving and retiring at vast rates.

Again, with regard to my question and the motion, we have no benchmarks to talk about progress, we have no targets to discuss progress, and we have no timelines. How do we know if we're doing better without benchmarks, targets, and timelines? That is the point of this motion. It's not how many people have been recruited or what have you. It is about what are the benchmarks that this government is putting forward? What are the targets, and what are the timelines?

I just want to make that clear. It's not about how well or how great we're doing. It is about those specific things that are needed in order to actually make a plan and not a grocery list.

THE CHAIR: MLA Clark.

BRAEDON CLARK: I just want to make the point that we support this motion here. I can't speak to all of the issues, but one thing that stands out to me - I recently did a survey in my constituency and got back well over 200 responses. The number one issue for folks in my area in Bedford South is still access to primary care. In fact, over the past 10 months or so, the Need a Family Practice Registry wait-list in Central Zone has almost doubled. It's 80 per cent up the last time I checked. That is a pressing issue for people in the Central Zone.

For a long time, we were under the assumption that was a particularly rural problem. It has been, but it's now a significant problem in the Central Zone - in urban and suburban Halifax and beyond. Again, that list has doubled in 10 months. That is the opposite of progress, unfortunately.

I think the motion is reasonable, in the sense that in order to assess a system as complex and broad as the health care system in this province, we need to have standards and benchmarks and measures in as many places as possible so that we can sit back and assess objectively, are we doing better or are we not? So we support this motion.

THE CHAIR: MLA Lachance.

LISA LACHANCE: I'll try to avoid repeating the words of my colleagues, but I agree. First of all, to point out that the government actually promised to provide more benchmarks by early Summer. We're really just following up on that promise. I think that stakeholders from the Halifax Chamber of Commerce to health care practitioners found the plan to be lacking in some specifics. I think it's really important to think about having these benchmarks and goals that are transparent, because without that, you actually have no idea if you've achieved what's reasonable, what's recommended by best practice and research, and what's feasible.

For instance, I know 1,000 CCA folks starting their training in September is great, but I have no idea if that's what we want. Is that enough or are there other benchmarks that we want to follow? The 95,000 people who are on the Need a Family Practice Registry wait-list - what is our goal? The goal last Summer that we heard was that everyone gets a doctor. I'm not sure that that's the goal.

I would be interested to hear - based on what we know in practice, based on what we've heard from evidence and research, and what else you're doing - what actually is the goal. Nova Scotians deserve this level of transparency. Just rhyming off numbers of things that have been fixed all around the place - really, you've released a plan, but you need to finish the plan is what I would say for government.

THE CHAIR: MLA Palmer. I saw your hand up.

CHRIS PALMER: Some very impassioned comments being made. A lot can be spoken about regarding the accomplishments of what we're doing so far. The obvious is that we're not in Summer yet, so I would just put the suggestion out there that we give the department time to release its report that has been said to happen by the Summer, in Summer. I would put it out there that we consider looking at this and if nothing's been done by the Summer, maybe we consider it at a future time after that point.

[1:45 p.m.]

THE CHAIR: Thank you, MLA Palmer. Any further discussion on the topic? MLA Ritcey.

DAVE RITCEY: Let's call the question.

THE CHAIR: The question has been called. I'm going to get MLA Coombes to just repeat the motion one more time.

KENDRA COOMBES: I move the committee write a letter to the Minister of Health and Wellness calling on her to issue this update on their health plan as soon as possible.

THE CHAIR: The question has been called and we've heard the motion.

All those in favour? Contrary minded? Thank you.

The motion is defeated.

Any further business? Hearing none, I'm going to make one comment. Great job everyone. I know the clerk has all of our topics and will do the best she can to get them in the order that we've put them forth, but sometimes that can't happen. We appreciate your patience, and I can confirm Ms. Kavanagh is working hard to get it all done.

With that being said, our next meeting is Tuesday, July 12th from 1:00 p.m. to 3:00 p.m. with the topic to be announced.

With that, the committee business is concluded, so this meeting is adjourned.

[The committee adjourned at 1:46 p.m.]