



House of Assembly
Nova Scotia

HALIFAX, WEDNESDAY, MARCH 6, 2024

COMMITTEE OF THE WHOLE HOUSE ON SUPPLY

6:43 P.M.

CHAIR

Nolan Young

THE CHAIR: Order. The Committee of the Whole House on Supply will resume.

The honourable Government House Leader.

HON. KIM MASLAND: Chair, would you please call the Estimates for the Minister of Municipal Affairs and Housing, Resolution No. E15.

THE CHAIR: We will continue with questioning on Resolution No. E15.

The honourable member for Hammonds Plains-Lucasville.

HON. BEN JESSOME: Chair, I appreciate the opportunity to say a few initial words here. The NDP is going to quickly take over in the next couple of minutes, and we'll get into a more fulsome round of conversation around the Emergency Management Office. It's been an epic year for many Nova Scotians. I represent a community that was struck by a wildfire last year. The honourable Chair - his community was also, unfortunately, no stranger to an incident like that. We had a couple of storms of note, Hurricane Fiona and in the recent past, a snowstorm, which really demanded a lot from our Emergency Management Office and the different agencies that intertwine to complement one another and try to keep Nova Scotians safe.

[6:45 p.m.]

At this point, I am going to cede my time for this round, and the NDP will take over, and we'll jump back in in about an hour.

THE CHAIR: The honourable member for Cape Breton-Whitney Pier.

KENDRA COOMBES: I'm going to go into fire supports. This government is working toward a universal access to mental health support. Last year our province - as mentioned by the honourable member from the Liberal caucus - experienced horrific fires. Municipal volunteer firefighters were on the front lines, and their mental health has suffered as a result.

Can the minister speak to any work being done in co-operation with municipalities to ensure that these first responders are receiving the mental health supports they need without delay?

THE CHAIR: The honourable Minister of Municipal Affairs and Housing.

HON. JOHN LOHR: Certainly, we want to first of all start by saying we recognize how extraordinary the year was, and how traumatic it was for our volunteers across the province, really. Our fire services in the Windsor-West Hants area, in particular, went through the incredible floods there.

In terms of the Department of Municipal Affairs and Housing, what I can tell you is that we had twice given \$10,000 to every fire department and search and rescue throughout the province coming out of COVID, in recognition of the added stress on them of fundraising during that time. As well, we had - which you're probably familiar with - the Emergency Services Provider Fund, which provides up to \$20,000 once every three years. This is all more equipment-related - I acknowledge that.

As a department, we have also invested in Landing Strong, which is a mental health support service for volunteer firefighters specifically in the Windsor-West Hants area, recognizing the trauma that was induced there. As a government, we have invested - which is really sort of flipping the page into other departments. There have been more things done, which I know you'll have a chance to ask the Minister of Addictions and Mental Health about.

We have invested in new mental health supports for volunteer firefighters and ground search and rescue. We want to acknowledge the importance of ground search and rescue too, and how equally traumatic those events were for ground search and rescue. I'm just trying to remember if there's anything more.

We also have - which I realize is not mental health supports, but I do think it makes a difference in terms of covering - the cancer coverage for firefighters, which is a reality. It has to be something that weighs on their minds as a result of being a firefighter, if they are going to be exposed to some chemical in a burn, which is a reality. It could happen and they could have cancer as a result. So we've invested. Again, that is through a different department, which is the Department of Labour, Skills and Immigration that has the lead on that.

There are a number of things we've done. I want to say that we recognize the importance of our volunteers. There is more. I know I am missing some things from other departments when I say that. There is the Critical Incident Stress Management Team, which I know the member for Glace Bay-Dominion has been a key and integral part of. Some people local to my own community in the Annapolis Valley, whose names I think I can say - Sandy Fraser and Mary Hanneman - have been a real critical part of that too. They were very active after Portapique, which was another incredibly stressful event for our police services.

There are things that are happening. I think I can say that we recognize the stress on our volunteers, and we do care. If there is more that can be done, we will do more.

KENDRA COOMBES: The fires and Hurricane Fiona have taught us how important our volunteer firefighters are across all municipalities. They are needed. The minister mentioned gear, of which they are in desperate need. Most firefighting gear only has a life cycle of about 10 years. I have spoken to volunteer fire departments that still have decades-old firefighting gear.

My great-grandfather was a volunteer firefighter, and I described the mitts that I have of his, and the individual I was speaking to says, Oh yes, we're still using those. That was between the 1940s and the 1970s that my great-grandfather had this gear. The individuals I was talking to were saying: Yes, we still have some of that gear in our cycle.

I'm just wondering: Is this government working to fund more additional gear for municipal firefighters so that they can actually switch out their gear after 10 years? I just wanted to be clear with the Minister, as well, that it doesn't matter if the gear was used a few times in 10 years, 100 times in 10 years, 1,000 times, 10,000, what have you. It doesn't matter the number - that gear must be cycled. My understanding from speaking with those in the industry is that it must be cycled out after 10 years.

I'm just wondering: How much is being spent and how much funding is being done by this government to ensure that these municipalities have the gear they need?

JOHN LOHR: The answer is yes. I mean, the Emergency Services Provider Fund, with an annual budget of \$1 million, is a cost-share program of up to 75 per cent - a maximum of a \$20,000 contribution. This may fund up to 100 per cent of purchases under

\$5,000. It's for fire departments, ground search and rescue, and hazmat organizations. Each fire department is eligible once every three years up to a \$20,000 limit, and I can assure you, they all are aware of this, and they all apply.

The categories are many different types of personal equipment that you are referencing that does age out. We realize that. The breathing apparatus, communication equipment, rescue equipment, emergency power generators - there are quite a few things that it can be used for. As well, in what really was a larger program, twice we have made \$10,000 available to every fire department and every search and rescue in the province, at about \$3.4 million - not necessarily cost-matched, but just made available to them. We indicated that they could use it how they best saw fit in terms of the context of their own fire departments, and the needs of their communities. That could have been spent on a variety of things.

We continue to invest in our fire departments, and our search and rescues. I know they are very appreciative of this funding. We've heard that a number of times.

KENDRA COOMBES: I know about the \$20,000. I am just wondering, with regard to the gear, how much new gear is needed, and the little cycle it has. Ten years is not a long time. Will we see the provincial budget set more additional monies aside every year to support our firefighters?

JOHN LOHR: What I want to say is we certainly realize the issues. The ESPF - in the last three years, no one has been turned down. Every application has been approved and funded and, going from memory, I think we have even gone a little bit over what was in the budget for the program to make that happen - but that's just going from memory. I don't have that right in front of me, but I'm pretty sure we have.

In terms of the \$10,000 - instead of once in three years to each fire department, this is every year. The member will probably recall that this was done in March 2021 and March 2022. I don't have the information if we are doing that in March 2023, but I am certainly aware that the member would probably appreciate it if we would do that. I know that if we can, we will. As I said, that funding has gone to every fire department and search and rescue.

KENDRA COOMBES: Yes, and to the minister, that's why I am asking about increasing those budget lines - because the government does tend to go over their budgets. If we did it when the government is having a tendency to go over that budget, it might be time to start increasing those lines. What I was talking about there is I think it is important that we make sure all of our firefighters, regardless of whether career or volunteer, have the gear that they need.

I just want to ask one more question before I switch it over to my colleague, the member for Halifax Needham. Bill No. 329 altered the balance of power between the HRM

and the Province, especially in terms of how decisions are made in housing. The bill presents a potential pathway to approving housing developments without consultation with the HRM, councillors, staff or residents.

My question to the minister is twofold. Has the minister used this power yet? By “use that power” I mean unilaterally approving developments in the HRM. If so, what was the rationale? Where did the idea for this change come from? Did the developers in Halifax ask for this?

[7:00 p.m.]

JOHN LOHR: Have I unilaterally exercised power specifically from Bill No. 329? The answer is no. We’re in a conversation about trying to remember where the idea came from. Conversations happen, and we don’t recall exactly where that idea came from. Maybe one of my staff up there can text us.

I can give you some of the reasons and what we have done. Currently, the special planning areas that we have approved have come to us and been recommended to the executive panel, who have recommended them to me. What we saw was that, on at least five occasions, HRM planning staff approved a project and said it should go forward - it was compliant with the municipal planning strategy, met all the requirements, and should go forward. HRM council voted it down and stopped it. The proponent then would take it to the NSUARB and appeal, and HRM council would not even defend their point of view. They would essentially concede at the NSUARB level, which took 8 to 10 months out of the time in the process.

Housing is in such short supply - I think everyone in this Legislature will agree - that we had a problem with that. We have acted to the executive panel. We remain committed as a government to the criteria that the executive panel is operating under - that projects must be growing substantially through the HRM process, must be municipal planning strategy compliant, and have to meet all the permitting and regulatory circumstances that a project would have to meet.

We’re not looking to bypass the municipal planning strategy. We recognize that’s a municipal area of jurisdiction. We’re looking to simply get on with it. When we came to government, what we had seen was that there was one project in particular that was seven years in the process. We have seen other projects delayed for reasons that we don’t really understand. We could speculate, but that wouldn’t be fair. For whatever reason, projects were being delayed and just postponed.

In recognition of the urgency of the situation, we put together the Executive Panel on Housing and created this process where we could expedite the whole process. We did a number of other things at that time in terms of expediting the process too. The goal was never to give anybody a free pass. It was just simply to take the time out of the process.

The time in the process was being absorbed by certain things, in particular, when projects were compliant with the Municipal Planning Strategy and met all the criteria. If the executive panel recommended it, then I as minister would create a Special Planning Area. We've done that a number of times.

You're probably aware that we have extended the life of this executive panel for another two years in the Financial Measures Act. What I will say is that the one question I got from media was a surprise, and that was, "How come you didn't extend it for longer?" I was expecting a different question, but that was an interesting question.

Meanwhile, the urgency continues to grow on housing. The pressure - as every member knows, the shortage of housing and the supply of housing continues to be urgent. It continues to weigh on every one of us.

When we see our own family members or friends, their sons and daughters may be having trouble buying a house or just can't get a home they can afford, and homeless people. That weighs on every member in this Legislature, I know, on all sides. It certainly weighs on me as the minister responsible.

I hope that answers that.

SUZY HANSEN: It just kind of sparked a question. I'm curious to know why a piece of legislation that is about housing is in the FMA and not in the housing file? Why is the minister not bringing that forward to the Legislature?

Could the minister please explain why it was put in the FMA, and not within a piece of legislation here in this House?

JOHN LOHR: The reality is that the budget theme is "More, Faster." We're looking to grow Nova Scotia in this budget. We're investing in an enormous number of different areas in the budget.

The changes that we are bringing to the FMA are related to the Department of Municipal Affairs and Housing, and dovetail very closely with the goals of the budget - to bring more housing to the forefront faster, to modernize government, and strengthen our municipalities.

We felt that it dovetailed very closely in with the goals and the purposes of the budget. We felt very comfortable putting that in and are very happy to have it be part of this budget discussion.

SUZY HANSEN: Since we're still on this, what is the budget line for adding the two additional years? What is the budget line for that in the FMA?

JOHN LOHR: We're trying to find the page reference for you - struggling with that. I can tell you that it's included in the number in Page 17.5, which would be part of the Housing Programs - \$256 million this fiscal coming. The approximate number budgeted for the panel is \$2.5 million, but whether that amount is spent or not is - they may not. In terms of the activity of the panel, it depends.

As you can appreciate, our key staff are on the panel, so their wages, you could say - some of their time is spent on the panel, some of their time is spent in other activities. We don't have that broken out in terms of actual time spent in various things. So the budget is \$2.5 million and on Page 17.5.

[7:15 p.m.]

SUZY HANSEN: One of the guiding principles of this government's five-year housing plan outlines the importance of ensuring African Nova Scotians have access to appropriate and adequate housing. Yet, Nova Scotia's rate of core housing need has nearly doubled for Black households than for its white households.

I know the minister has spoken about the number of announcements that were made within the African Nova Scotian communities, and I am just wondering: How is the minister measuring the success of the goals to improve African Nova Scotians' access to adequate housing, and other program-specific guidelines or metrics to measure that?

JOHN LOHR: I certainly appreciate the question. In terms of the five-year action plan that we have, we do have a plan on the one-year anniversary to provide metrics on it. One of the goals in the plan is that 10 per cent of the funding goes to specific communities, like our Aboriginal and historic Black communities.

Certainly, we are funding those now, as the member knows, through the Preston Area Housing Fund, as well as the Housing Needs Assessment, which is under way as we speak - nearly finished, done by the community itself. We look forward to seeing that. It is certainly a goal within the action plan. We recognize that historically the Nova Scotia Black community has been disadvantaged. We absolutely recognize that. That's why we support the Land Titles Initiative.

In this plan, and in the actions we've done, we're supporting the community and really enabling the community to make its own decisions. We don't want to be telling the community what we think is best. We know that we're probably going to get that wrong. That's probably what mostly happened historically. We don't want to be there. We want this to be directed by the community itself.

SUZY HANSEN: Can the minister provide an update on the work being done to transfer the 50 provincially owned housing units to the Preston Area Housing Fund? We know that a previously announced \$3.5 million to support ongoing repair and maintenance

and sustainable operation - I'm wondering if there is going to be more funding going toward the support of these units?

JOHN LOHR: In terms of where the Preston Area Housing Fund is in terms of their process, I haven't been briefed on that. I don't sit in on their meetings. I think we could get a report, if that was important to the member, but they're doing their work and it's in progress. That's the best I can say.

As the member knows, we originally committed \$3.5 million to enable the Preston Area Housing Fund to do some of the necessary renovations, and also to maybe hire some staff, I believe, with that. In January of this year, 2024, we committed an additional \$5 million to that work, which we hope will carry them through this fiscal year and enable them to do further work.

SUZY HANSEN: My other question was going to be: Is there a line of communication? But like you had mentioned, if there was a necessity, they would reach out and they would have conversations with you about meetings and stuff taking place. My question to the minister is: Do you attend regular meetings, or do you know about the meetings that are taking place with the Preston Area Housing Fund?

JOHN LOHR: I haven't been briefed on it, but certainly we have a staff member who sits ex officio on the committee - not a voting member of the committee, but attends the meetings, so we are informed. I know they're having weekly meetings, and I'm getting further updates here, as you can appreciate. This Spring, we anticipate the first units will be divested, and we're building capacity in the Preston Area Housing Fund to enable them to go through that successfully. There are weekly meetings, and I do have a staff member attending those meetings as a non-voting member.

SUZY HANSEN: That's good to hear, thank you. In 2022, the minister said that the co-operative sector is relatively weak compared to the rest of Canada, and you announced \$2.5 million to increase the number of co-operative housing units in the province. You gave me a list of a number of co-operatives and non-profits the last time we had some questioning.

The Co-operative Housing Federation of Canada has suggested to the Province that it would be useful to provide increased funding for co-operative housing expansion. In particular, they suggested that doubling the funds for pre-development activities from \$50,000 to \$100,000 would help achieve the co-operative housing expansion faster. Does the department have any plans to implement this recommendation?

JOHN LOHR: I'm happy to talk about this because we, as a government, have actually substantially increased funding for community housing. I think when we came in government it was in the \$8 million to \$10 million per year range, which is just going off memory. But in 2022-23 - in other words, not this past fiscal - it was over \$60 million. This

past year, we invested almost \$53 million: \$30 million to increase supply, and \$23 million for programming. We're investing in community housing. "Community housing" refers to housing that is owned and operated by non-profit housing corporations and by co-ops, so both.

We have increased our budget in 2024-25 by \$9.3 million, and we're investing in programs like the CHAP, which is the Community Housing Acquisition Program. It's a funding program that has received national attention. Honestly, one of the problems we see with community housing and not-for-profits is that when they want to buy a property, they can't get any more than 75 per cent from the bank on a loan, which is a typical commercial loan anyway. Very few people who want a commercial loan would ever get more than that. We're loaning in that spread between 75 and 100 per cent and enabling community housing to grow.

We're also doing what we call the CHIRP - the Community Housing Infrastructure and Repair Program. One of the things we recognize, particularly with co-ops, is that sometimes it's a struggle for them to get in a co-op to get the major repairs done. They can do little repairs, but for a co-op to get a roof done or a big repair, some of those things are a big struggle.

We continue to invest. We've invested so far over \$2 million this year in the Community Housing Growth Fund to help in the planning in capacity building activities too. We as a government, as you know, have invested in public housing. We're re-organizing public housing. We're building new public housing. But I think 10 years from now when people look back, the most significant accomplishments we may have might well be in community housing, which I would include the Preston Area Housing Fund in that community housing-type activity, and in many others.

We've invested in Compass; we've invested in the North End Community Health Centre - in a number of projects. We've invested all over the HRM in community housing projects. We've invested in CBRM in community housing projects, and in many different locations - in Truro, in Stellarton, New Glasgow. One of the key recommendations of the Affordable Housing Commission Report was that the community housing sector in Nova Scotia could use a boost, and we've given it that boost, absolutely.

SUZY HANSEN: I'm glad the minister mentioned the Community Housing Growth Fund because one of the budget highlights was \$2 million more for that fund. Is the \$2 million in addition to the \$2.5 million fund announced in October 2022?

JOHN LOHR: The budget in 2024-25 is \$2.5 million for that Community Housing Growth Fund. We continue to invest in community housing. We're very committed to it. We know that the benefit of community housing is that it does provide long-term affordability and security for tenants, which is certainly more secure than when it's

privately owned and there's always the possibility a building could be sold or whatever. We're very happy as a government to invest in community housing.

SUZY HANSEN: I just want clarification. Is that \$2 million in addition to the \$2.5 million?

JOHN LOHR: The answer is that we've invested \$7 million in the Growth Fund in the last two years, and the \$2.5 million is the estimated investment in 2024-25.

SUZY HANSEN: How many applications has the Community Housing Growth Fund received, and how many projects received funding? It could just be a number; it doesn't have to be the list. It could be a number of them.

[7:30 p.m.]

JOHN LOHR: There have been 66 projects funded as of January, for a total of \$2.5 million. These are small-dollar projects, but they help with things like planning, capacity building, prepping for quotes, and things like that. They assist the community housing sector with growth and provide expertise to them. I'm told that I have the list, in the book inside my desk, if you want the list. I can find it. I'll keep looking.

SUZY HANSEN: There was a long list, and I appreciate that the minister still has it available if I need it.

From my understanding, a portion of this fund is dedicated to subsidizing the growth and development of Black-led, Black-focused, and Black-serving organizations. Can the minister give me an update on this part of the program in particular? Is the dedicated portion staying in place with the increase in funds?

JOHN LOHR: The answer is - to give you an answer I already said - in our Action for Housing plan, we're projecting a \$1.7 billion spend. We've committed to 10 per cent to be for historically marginalized communities, such as Indigenous and Black communities. We are committed to that.

In terms of this Community Housing Growth Fund, there are three projects, I believe, for \$150,000, which really sets the groundwork to have a bigger project. If you understand what I'm saying: they kind of do the prep work to make a bigger application. We certainly are committed to lifting and enabling the Black community to grow in terms of housing, but we're not in any way trying to direct that. We're looking forward to the results of the - which we did fund - the Black-led housing needs assessment, which we know is nearly finished. We know that out of that will come other work, and maybe other types of funding that we will do with the community.

We're very encouraged by that, and we are very committed as a government to helping historically marginalized communities - with helping them self-direct where they see housing going.

SUZY HANSEN: Can the minister comment on the extent to which rural groups are accessing this fund? Is this fund predominantly being accessed by groups within HRM?

JOHN LOHR: The reality is we are investing in housing all over the province. In my own community in the Annapolis Valley, we're working with five not-for-profits that have combined in Valley Roots Housing Association, which has accessed one of our provincial land offers to build community housing. We're working in CBRM, we're working in Truro, we're working in New Glasgow, we're working in the South Shore. The reality is we're doing projects all over the province.

On the other hand, the other reality is that approximately half, or maybe slightly more than half, of the projects we are doing are here in HRM. That's also reflective of the demand and the need in HRM and the fact that almost half the population of Nova Scotia lives in the HRM. It's really driven by that, but we're working with groups all across the province. We're very happy to do so.

SUZY HANSEN: The recent Needs Assessment Report found that the price of rental units that changed tenants between 2021 and 2022 went up 28 per cent. Are you working with the Minister responsible for Residential Tenancies Act to address this rising rental affordability? Wouldn't addressing fixed term leases or lease abuses, or implementing rent control help ensure that more rentals remain affordable?

JOHN LOHR: We certainly recognize the tremendous stress in the housing market across Nova Scotia. Not only in HRM but in every community, we see the rising cost of housing, the rising cost of purchasing housing. The Needs Assessment Report we did clearly indicated that the only real solution was increased supply. In fact, it gave us an analysis that if we could increase supply by a certain percentage, we would see rents stabilize or drop by a certain percentage.

In most of the province - I think virtually everywhere in the province - the rental vacancy rate is less than 1 per cent. That means there's almost nowhere to rent, and people recognize that. If we were at 3 per cent, we would be considered a healthy market where there would sort of be a balance between supply and demand, and tenants would have some choice.

We're working hard to get to that point. There are a number of different things we're doing. One of the major ones is to - really probably the major, at this moment in time - there's several very, very major things we're doing to increase supply, as the member knows. We're building more public housing, which hasn't happened in a long time: 222 units we announced, and then recently another 25. We're doing that. But we're also

investing, in partnership with the federal government, in the \$100 million estimated our lost revenue on multi-unit apartment buildings, taking the GST and HST off of them. That'll be a big investment. That'll create more supply.

We know there's more to do though. We certainly do. Meanwhile we're also, as the member knows, investing in rent supplements. We continue to invest in that. We see that number. The amount of money being spent on rent supplements continues to rise. We know how important they are to Nova Scotians. We're investing in secondary suites. We hope that program will continue to grow.

We continue to invest in helping seniors and vulnerable Nova Scotians stay in their homes, their own homes. Homeowners who are having trouble affording to stay in their own homes through the home repair program that we have. It's not necessarily just roofs and furnaces, but the real focus is really roofs and furnaces on that program - but it also can be other things.

So across the spectrum we're helping with new homeowners - the Down Payment Assistance Program for new first-time home buyers. That program is there as well. We increased the limits on that program last year, and saw an increased uptake as well. There's a variety of things we're doing as a government to address the housing crisis, and it's not in any one sector.

We're doing an enormous amount of work in public housing, and we're doing an incredible transformation in public housing. But we're not just focused on that. We're focused on helping homeowners. We're focused on encouraging more apartment buildings to be built. We're focused on helping people with rent supplements. So it's across a number of different areas that we're working as a government to help with the housing crisis.

SUZY HANSEN: I'm glad to hear the minister say, "increase supply," because I was curious to know how many houses have been built since this government has been in office. I'm curious to know: Are we close to 5,000 a year? Are we close to maybe 6,000 a year? I say this because by 2030, we need 33,000 truly affordable housing units, and that's only in six years. I'm just speaking on affordable housing, but how many to date has this government provided actual housing, turn-key? Right now, as of this date, how many are available?

JOHN LOHR: What I can say to the member is that this past year we saw housing starts increase by 25 per cent, which was really a remarkable number for the province, especially given in light of . . .

THE SPEAKER Order. That would conclude the time for this round of questioning for the NDP. We will move back to the Liberal Party.

The honourable member for Hammonds Plains-Lucasville.

[7:45 p.m.]

HON. BEN JESSOME: I'll start off this round by just doing a quick thank you to the staff and folks at the Department of Municipal Affairs and Housing, Office of Emergency Management. What else have you got, Minister? (Laughs) There's a lot of work that goes into preparing for the budget, and certainly throughout any given year, so we're grateful for you all.

Now I'm going to stay focused on the Emergency Management Office for most of my time. I may sway into some housing, planning and municipal affairs periodically, but for the most part, we'll stick on the Emergency Management Office because that's my critic role.

A lot of what I'm going to get into and ask about is feedback that I've received from constituents and people who have reached out to me throughout the province in response to some of the incidents that have occurred in the latter stages of the last mandate with Portapique and the mass casualty incident, and then into the new mandate with Hurricane Fiona, the wildfires in Tantallon, Hammonds Plains, and Shelburne, and then more recently all the way up to Cape Breton for the snowstorm. I guess it may be oversimplifying, but perhaps important to state that I think Nova Scotians are expecting the government to prioritize emergency preparedness and emergency responsiveness. At a glance when we see the budget that's been presented before us, we see a decrease in departmental funding for the Office of Emergency Management.

I'm asking through the Chair to the minister: Can the minister speak to what's going on in the department that this budget would not have seen an increase to demonstrate to Nova Scotians that there is an intention to improve emergency preparedness and emergency response in our province?

JOHN LOHR: The reality is that our Office of Emergency Management functions as a coordinator throughout the province for our EMOs at the local level. The government as a whole will respond across departments and through the Department of Finance and Treasury Board. If there is an emergency, we're responding. We don't budget for an emergency this coming year. That's just a reality, but we will respond if there is an emergency. Certainly, whatever money is needed to deal with an emergency will be provisioned through the Department of Finance and Treasury Board. That fact that there isn't a budget line for an emergency this year does not mean that we have particular insight into what will happen this year. The reality is we don't know. I can tell you we hope there will be no event, but if there is an event, the government will respond, EMO will respond, and all of the various departments will respond to whatever circumstances arise in the coming year.

BEN JESSOME: I would highlight that I'm talking specifically about the operational budgets of EMO, and we'll get into that in a few minutes. I know that there is

a considerable installment that would have, I expect, been appropriated based on the emergencies that we responded to, but the actual estimate for last year versus this year, there is a decrease between the two. I want to ask the minister to reconcile that.

JOHN LOHR: What I can tell the member is that the EMO budget is essentially similar to other Atlantic provinces. There's really no cut in the budget. The decrease in it is due to an amortization of 911 equipment. It's an amortization. Essentially, the budget is the same. I can tell you that if provisioning is needed for more money for EMO in any way, that happens very quickly. As the member can see, there was \$59 million provided to EMO to address needs, and much of that will be recouped through the DFAA process. Although, as the member may recall from their time in government if he was exposed to that, that can take up to five years to get that money back. That's the reality. These things have a long tail.

Certainly, the money is there if necessary. We're very committed as a government to meet every crisis. There is no decrease in funding to EMO; it simply reflects an amortization number.

BEN JESSOME: I guess I would anticipate that there would have been an intentional increase to carry out some of the work that Nova Scotians expect through the Mass Casualty Commission's recommendations in response to the calls for action around preparedness around climate emergencies, wildfires, and major storms. I would have expected to see that there was a demonstrable investment in the Emergency Management Office to carry out some proactive planning, some inward-looking, some audits maybe to maximize the way we perform as a Province to respond, prevent and react to emergencies in general.

I'll move on to what I think we started talking about - the \$59 million-plus in additional appropriations related to disaster assistance. I'm wondering if the minister can please provide a breakdown of that \$59 million and what it was targeted at.

JOHN LOHR: Just to address some of the comments the member made, the firefighting resources that Nova Scotia has - and particularly the wildfire or the forest-fighting resources - are housed in DNR. As the member knows, they were up in the Northwest Territories, I believe, or it might have been the Yukon or up in Alberta, but in that part of the world when we had our fire events. We share those with other provinces, just as other provinces share their resources with us through a national sharing agreement that is in reality almost a global agreement, where we saw firefighting resources come into Canada, not into Nova Scotia, from the southern hemisphere. During our Summer, when we're vulnerable, it's their Winter and vice versa, if you understand what I'm saying. There's a global exchange of this.

In terms of the Mass Casualty commitment, there are really two key recommendations - Recommendation C.4 and C.5 - but they relate to the Alert Ready

Emergency Alert System in terms of the federal government. The federal government owns the Alert Ready system, which they have engaged a private company called Pelmorex to deliver. That relationship between the federal government and Pelmorex has been there for about 20 years. Those two Mass Casualty Commission items of the review of the national Alert Ready system, which we participate in, is ongoing. It hasn't concluded yet. The federal government has not even indicated when that review will be finished. It's simply ongoing.

In terms of the question I believe you asked on the \$59 million, which I referred to - it was approximately \$35 million in floods, approximately \$20 million in wildfires, and \$3 million went out in Hurricane Fiona, which is approximately - round averages - that number. Certainly, if the member wants to - thank you.

[8:00 p.m.]

BEN JESSOME: Perhaps it would be a better use of our time if the minister could follow up with some more specifics on this. I would like to get into the specific breakdown of the wildfire that took place and the money that was placed to address that emergency. I've been asked to get into that specifically by constituents, and I would like the minister to dig a little deeper on the amount that was provided for the wildfire specifically.

I would suggest that there's more than just two items in the Mass Casualty Report that the minister can and should be tasked to lead. It talks about inter-agency coordination. It talks about communications. It talks about supporting communities after an emergency. It talks about the implementation and mutual accountability body as co-operative with the federal government. I expect that there is a provincial element to this that the minister's department can take on. There's a lot more to that than just two. We can get into that, but as a starting point - as a follow-up - perhaps the minister can get into the wildfire response specifically, and how much of that \$59 million went into that and how.

JOHN LOHR: I may have to get you to rephrase the very last part of your question because we were working on earlier comments that you made. In terms of the Mass Casualty Commission, you're right - there are nine that relate directly to EMO. One is complete and the others are under way. There's a pretty massive effort across government through ADMs - the assistant deputy ministers' committee - that is meeting. The deputy ministers who are working on the breadth of the Mass Casualty Commission recommendations that relate to Nova Scotia - which is far more than nine, as the member knows. There are a lot of them. It's a pretty significant effort on behalf of government, which we're taking very seriously.

In terms of our department and what we're doing, there are nine. I appreciate you bringing that up.

In terms of breakdown and how it affected your community, we're certainly willing to break it out for you at a later date in terms of how much was in the Tantallon area, the HRM area versus Shelburne area, but we probably can't go down to any further level of detail due to confidentiality - but we're certainly willing to do that. We don't have that here right now, but we can get that for you.

Your final question - I'll just simply ask you to repeat that.

BEN JESSOME: If the minister can clarify what confidentiality restrictions he's implying would - I mean, he referenced a number of them just earlier this week in a response. I think about money that was contributed and matched by the provincial government, raised by the Canadian Red Cross. How was the Red Cross money spent? What was the total amount that was fundraised? I'm assuming the government made good on their commitment to double that amount. I would expect that if we're making that type of an investment, we would have some accountability to ensure that the money we're putting into something is being spent appropriately - or not necessarily appropriately, but effectively.

If he can clarify what he means by not being able to specify how his department used a portion of \$59 million to support the wildfire response: Was it EHS services, was it mental health response on the ground, was it coordination of comms? These are the things, and I'm not sure why confidentiality plays a role in not being able to respond and break this down a little more effectively.

JOHN LOHR: In terms of confidentiality, I can tell the member I was just referring to individual claims. If the member wanted to have access to individual claims, we'd have to have a consent form. That's all I was referring to. Sorry I didn't explain that further.

In terms of the Canadian Red Cross, I can tell you that \$14.1 million was raised, which represented \$4.7 million raised from the general public with a commitment from the Province to match, and a commitment from the federal government to match. So there was \$4.7 million from the Province matching funding, \$4.7 million from the federal government. In terms of the Red Cross's disbursement of those funds, we haven't received a report from them on that yet. We think we'll receive that report next month.

BEN JESSOME: Perhaps that's something the minister could table at a later date.

JOHN LOHR: I can assure the member that my staff have written that down, because I probably wouldn't remember, but they will remember. We won't forget. We'll table that report at a later date.

BEN JESSOME: Thank you to the minister and staff. One thing that's coming up as a bit of a concern: In light of a recent announcement, there was a commitment made by Emergency Management to invest \$7.4 million into 25 fully furnished modular homes to

respond to a need for wildfire victims in emergency housing. This was a program that was, respectfully, well-intended but missed its mark. I think it would have been difficult - certainly in my community - for anybody to place a home aside the space that they were going to rebuild their home on. At the time, a lot of people had already found accommodations and what have you.

My point is that there was an investment made to the communities of Shelburne and to Hammonds Plains-Lucasville for \$7.4 million, and people are asking me why that investment was not repurposed to some other form to support two rebuilding communities. It was intended for wildfire victims, and it has since been retrofitted to accommodate, fair enough, a need in the demand for housing, but frankly, this investment was intended to support wildfire victims. People are coming to me and saying that it could be repurposed to support our rebuilding community. Why has it been spread out elsewhere?

JOHN LOHR: What I can tell the member is that when we had that number of homes burn down, we believed that there would be a significant uptake of the modular option we wanted to offer people. We actually purchased the 25. We purchased them, so we had them. As it turned out, we did put out five units, and then we repurposed the remainder - actually, very recently. They're just being placed right now in communities around the province, including in Shelburne.

At the time, we believed there would be uptake of them. I believe we did a survey very quickly initially and were of the impression that these would be utilized. Obviously, people who lost their homes made - some had other options, some had cottages, some went somewhere else. There were many different things they would do.

The member is correct. It's not that easy on some of these. It depends a little bit on your lot, if there was even room for one or not. That's another factor. There were many parts to the decision - we respect that - of the homeowners. Meanwhile, we had purchased these units, and we have put them to use in public housing in various areas in the province, including, I believe, in Shelburne there are a couple. In terms of that, there was not a block of money. We made a commitment. We bought those units.

BEN JESSOME: Understanding that the purchase was executed, I would just say that if there was a survey completed at the time, I'd like to see that. I feel very confidently that a phone call to the local MLA would have helped. I grew up in that community. I think I would have been able to provide some reasonable advice around where people were at the time. I mean, if people were being asked to do a survey amidst the chaos that was being displaced from their home, trying to find space, I think that would - that could have been executed a lot better. The proof is in the fact that we were having to find a repurposed value for this investment that was made, which I assume will be well-received in the communities that they're in now, but at the time, we probably could have found a better way to spend our money.

I'd like to see that survey that went out. I'll just go back here. Excuse me. I'd like to see that survey and just remark that not just simply a phone call to the local MLA, but the Mass Casualty Commission calls for an intentional planning exercise in how we involve communities. In the Mass Casualty report, it specifies rural communities, but it directs government to make better use of the assets that are in communities. This is an example of how better engagement with communities on the ground would have achieved a better result than a \$7.4 million investment that missed the mark in many cases except for, I will say, the four or five homeowners/families that did take up the program. They certainly would have found refuge, for sure.

[8:15 p.m.]

What else here? We're going to get a breakdown of the Canadian Red Cross stuff - talked about that. Another major question - through the Chair - that I'm getting from constituents is: When does the government intend to present a report or a response that demonstrates these were the lessons learned that we've encountered through the wildfire emergency, and the same could be applied to some of the other recent catastrophes? Storm - weather - climate emergencies. Specifically, what has the government learned? When will they respond and present a report on what they learned to apply to future emergency preparedness and planning as a result of the incidents in Shelburne and Hammonds Plains-Lucasville?

JOHN LOHR: To continue with the previous line of thought before I get to that, we did also provide \$500 to every household that had to evacuate as a result of the fires, both in HRM and in Shelburne. We also had a \$2.5 million investment in a small business wildfire relief program to give a one-time grant of \$2,500 to every eligible small business and not-for-profit affected by the wildfires in HRM and Shelburne County.

In terms of the lessons learned from the wildfires, as I mentioned earlier, the wildfire firefighting response team resides in the Department of Natural Resources and Renewables. I was certainly getting educated through that process. Fighting the wildfire is a very different type of training than structure fires. Most of our volunteer fire departments are trained in structure fires. It's a very different type of firefighting.

The review of that and the lessons learned resides with DNRR in terms of the wildfire and what happened, and the lessons learned, and the provisioning of exactly how we prepare for future events, similar events. I know that DNRR will be up in Estimates at some point, and I'm sure the member can ask DNRR.

BEN JESSOME: I do appreciate that DNRR is kind of lead on the investigation. I will say that I expect that there will be a significant role that the Office of Emergency Management will be tasked to take on in response to the results of that report.

I will say that community is - I'll state it for the record now and I'll have a chance to ask the minister for DNRR at a later date. I know that report is not ready. Community is very eager to see more come of that. They want to see clearly. We've already heard that the RCMP is not charging anybody for the start of our fire. We know it was a little more black and white in Shelburne. There are a lot of questions that are culminating in frustration, anger and sadness that we don't have a clear indication of what the provincial government has learned from this experience and how the sequence of events took place.

I will say that the HRM was reasonably prompt in getting their response out there to the public. They finished it, anyway. I don't know how well-received it was, frankly, but it was there. I think that it's important that we get there as effectively but as quickly as possible without jeopardizing the integrity of the investigation, of course.

To the budgeted number of FTEs, could the minister please provide a breakdown of the 56.2 FTEs and how they're dispersed throughout the department?

JOHN LOHR: The Nova Scotia Emergency Management Office has 58 employees - 58.2. The breakdown is: 19 of those are in Office of the Fire Marshal, 19 of those serve in 911, and 18 are in NS EMO.

BEN JESSOME: I think the minister touched on this with respect to the decrease to the overall budget, but can the minister please - I guess for the non-accountants in the room - try to understand the discrepancy between the 911 reporting system and why that came in at a lower amount than anticipated?

JOHN LOHR: In terms of the decline in the budget line for 911, this is due to a declining balance amortization of the computer equipment which is the primary type of equipment - the phone and computer equipment that the 911 would have which - I'm sure the member would appreciate - depreciates fairly quickly.

BEN JESSOME: Sounds like it might be time for some new gear, then.

Anyway, the subject of egress is one that I think applies to communities throughout our province. I mean, I live and breathe this every day now - requests for emergency access. I recognize that there is a significant role that the municipalities across our province should play in achieving this. Given that the minister has exercised legislative authority, that the government has exercised legislative authority to intervene in municipal affairs and municipal planning, I'm wondering how the minister will respond to my community's and other communities' request for egress, particularly for subdivisions and areas that only have very selective ways to access hundreds and sometimes thousands of residences.

Happy to talk a little bit more about some of the projects that I'm referencing that kind of accent what I'm trying to say, but does the minister see a role for the department in

emergency preparedness with respect to achieving access routes and emergency as part of his mandate? If not, why?

JOHN LOHR: I know the member is aware of things that we've done with the Executive Panel on Housing in the Halifax Regional Municipality. One of the things we've always said is that we respect the Municipal Planning Strategy. Our municipalities are the leads on municipal planning. We respect that. I can tell you that there are municipalities that after a certain number of homes there's a requirement to have a second exit out. Municipalities all over the province have that type of requirement.

Certainly, HRM is responsible for the approval and design approvals in their Municipal Planning Strategy of these subdivisions. The truth is at one time this was something that the people in the subdivision wanted, simply because they didn't want the extra through traffic through their subdivision. It was seen as an advantage, not a disadvantage.

However, we all understand now that's not adequate. We have said that we will work with HRM if they put in a request. If there's land that we own, however they request it, we will enable that to the best of our ability, but this remains an area of municipal jurisdiction. We expect the municipalities - not only HRM, but all over the province - to recognize this is important and to make a second exit out available, depending on the number of people on the road and how critical it is. Clearly, as we get more and more homes in an area where there's one way in and out, that becomes problematic.

The reality is there are places where there's no other choice. There are simply very long roads to communities in different parts of the province. We recognize that too. I have communities where there's one way in and out, and they're fairly large communities, in my constituency. Sometimes geography prevents that, simply like they're out on a peninsula. Do you understand what I'm saying? This is an area of municipal jurisdiction. We certainly respect our municipalities and their role in that. We'll work with any municipality in the province if there's land that we own that we can make available or help provide a second way out. We certainly recognize the need and we encourage all of our municipalities to review their municipal planning strategies, and what they have approved in light of this factor, which we hadn't really seen before to this extent.

BEN JESSOME: It makes it difficult for municipalities to take on this responsibility when the provincial government is standing up special planning areas outside of their municipal planning strategy. They're standing up developments that - there are two within a few kilometres with very close proximity to the Hammonds Plains Road that I can reference in my own community.

There's a senior living facility that is proposed and to be constructed on Westwood Boulevard with 144 units on it. There is a development with 32 townhouses that has been committed to just down the road without any sort of allotment for additional access or -

there doesn't appear to be anything in terms of an assessment or a traffic study. The minister, through the Chair, says that this is up to the municipality to figure this stuff out. This is a lot to put on people, and it adds to the turmoil and the grief and the frustration that people, certainly from my community, are experiencing when they hear that there are going to be 32 townhouses and 144 units of senior living additional within a very close proximity on the Hammonds Plains Road without any information of planning and coming and going and how that area will be serviced. It adds some frustration.

I know that there's a similar scenario that was just proposed in Fall River. I'm very familiar with the area. This is a special planning area that was approved by the provincial government that knowingly has only one place to go in and out of this development. There's no access to Cobequid Road, and we're hearing reports that the minister intends to intervene in the Municipal Planning Strategy to accommodate this development that knowingly has one way in and out.

[8:30 p.m.]

It seems a little bit strange that we would have a municipality that's working to try to find connectivity in other parts of the municipality only to have another difficult development with one way in and out that gets dropped in our lap after the Summer that we just experienced with wildfires, and a predominant concern around access for emergency vehicles, the ability for people to come and go.

The subdivision that I'm talking about in Fall River is very similar to other subdivisions that would be in the Hammonds Plains-Lucasville area. It just doesn't seem to make a lot of sense that one would enable another situation that we're trying so desperately to fix in another very close community.

JOHN LOHR: The special planning area process that we've said we've enabled, in order for a development to be considered by us for a special planning area, has to have substantially gone through the process with HRM. It has to be Regional Municipal Planning Strategy-compliant, and it has to follow all of the permitting and regulatory rules in that process.

We are committed to that. We are committed to being compliant. In my understanding, the member has referred twice to the 32-unit development on Hammonds Plains Road. I've asked for more information. I don't believe that's a special planning area. That's something that HRM is doing.

In terms of the special planning area in Fall River, like a number of other special planning areas, it was recommended by HRM staff, and in the planning and development of HRM staff, turned down by council for whatever reason - I don't know - but does, in fact, have two ways in and out. That was an issue for that size of a development. The two

ways in and out are certainly - in the opinion of HRM planning staff and our opinion - adequate.

We're working hard. What I can tell you is that what we're doing with the special planning areas has caused interest across the country. It's been groundbreaking. It's dealing with the fact that what we saw when we came to government was there were planning area proposals that had been in the queue for seven years. There's really no justification for that. A decision should be able to be made one way or the other much quicker than that, but it wasn't. We've worked hard to our special planning areas not to give anybody a free pass on any of the rules, but just simply to speed up the process. Also, we've never said as government that we weren't respecting the Regional Municipal Planning Strategy. In terms of the municipal planning, we're respecting that.

The reason, the member I'm sure is aware - why do all that? The reason is that our province is experiencing unprecedented growth. We're having homeless people - an increase in the number of homelessness. This is something that weighs on every member of this House. Clearly on this side, we're concerned about that. We're taking action. We've been a government of action on this front. Our communities have to grow. That's the reality. We have to make room for newcomers. Those newcomers will be the mechanics who fix your car. They'll be the doctor or nurse who saves your life when you're in the ER. That will hopefully not happen to any one of us, but you know the reality is no one knows.

These newcomers that we have will help us build this province. They're driving our GDP, they're driving our income, they're driving growth in this province. Our province is changing. That's the reality. We want to be part of that change. We want to enable that change. We want to capitalize on that change. That's the logic of the special planning areas, and trying to make this growth go quicker so that we meet the needs right across HRM, which is really the driver of growth in the province. There's no doubt about that. It drives the economy of our province. It drives the growth in our province. Most newcomers coming to Nova Scotia come to HRM and get involved in the economic activity of HRM. We're committed to that.

I heard earlier today that the Leader of the Opposition essentially suggested too many people come into this province and we should curtail immigration, which I don't accept. I think we have to do what we can to address this crisis, to provide homes for everyone who wants to come here, knowing that that's the lifeblood of Nova Scotia. People are the lifeblood of our province, and we need to get younger as a province. I reject that premise. Maybe someday someone will say we should have done more. Maybe that's true. Maybe we should do more, but we're doing everything that we can as a government on multiple levels to address this crisis.

The two-way in and out thing, that is something that clearly has - again, it's part of the Municipal Planning Strategy. I know that's changing, We've changed that. HRM has changed that. We respect that. We're working hard to make this province grow.

BEN JESSOME: I should be specific and say that our party's position is not that we don't want to see more people come; it's just that we want to do it sustainably. At a glance, this is an example of a subdivision being force-fed into another subdivision without adequate access, adequate services, and I think that it's important that we continue to have fruitful conversation about the appropriateness of these types of developments and how they'll best accommodate Nova Scotians.

We do want to see all the things that the minister talked about in terms of growing our population, but we have to do it in a way that's careful and considerate and safe. Right now, we're teetering in some categories, but that's not the road that I really wanted to go down. Just for the record, I'll table the 32-townhouse development proposal from the Department of Municipal Affairs and Housing - June 19, 2023, which announced: "One World Building Association - 32 townhouses on up to eight hectares on Hammonds Plains Road . . . plus future development potential". This is a Municipal Affairs and Housing release. It is a partnership with a not-for-profit recently established. I'll ask the minister to take a peek at that and familiarize himself, because that's a big concern for people in my community and a little concerning that he's not familiar with it.

I'll move on a little bit here. What is the EMO doing with respect to preparing our province for climate emergencies?

JOHN LOHR: Certainly, through the Nova Scotia EMO officers, there's quite a bit done to prepare for not just climate emergencies, but emergencies of other sorts as well. Between April 1 and October 31 of 2023, EMO conducted 24 courses in Nova Scotia, which included incident command systems, municipal officials training, and how municipalities should manage emergency coordination centres.

As the member I'm sure knows, the primary responsibility of EMO is a municipally led responsibility. The PCC, which is often called the provincial command centre, is actually the Provincial Coordination Centre. We coordinate the municipal EMOs. The reason the focus of EMO is municipal is because the municipalities actually have the infrastructure. They have the fire departments. The municipalities manage their fire departments, fund their fire departments, are involved in their fire departments in nearly every case, the search and rescues are there, and they know their communities best.

Our municipal partners have EMO offices. The 49 municipalities - there are about, I think, 42 or 43 if I remember, in that range, of EMO offices. The reason there aren't quite 49 is because in some areas, like in my county, four municipalities work together to share one EMO office. EMO leads regional and province-wide exercises as well. We'll hold an exercise called Exercise Bravo this Spring. These engage our municipalities, Indigenous

partners, federal partners, and private critical infrastructure and non-governmental organizations.

Who are the private critical infrastructure and non-governmental organizations? That would be like Nova Scotia Power; it would be our cellphone providers, who have turned out to be critical. This resulted in an important lesson learned from Hurricane Fiona: We brought in legislation in this House to compel cellphone providers to step up and be at our Provincial Coordination Centre when called upon, which they have. We've seen these companies make significant investment post-Fiona in their infrastructure.

We're working closely through EMO with our federal partners, with our municipal and our private sectors, with police, to foster what I would say is a culture of emergency preparedness. It's a vital part of our NS EMO training, which is ongoing. We are in every municipality several times a year to do continuous training and continuous improvement. When we have an event like Hurricane Fiona or fires or floods, there's after-action analysis of how we did, what we could have done better. Clearly the cellphone issue, which really became an issue during Hurricane Fiona, would be a very good example of that.

In terms of emergency preparedness, we continue to work with our municipal partners to review their own emergency plans as well and work with them to help them to be ready not just for climate events but for any kind of event. In terms of government-wide, I can tell you that the Department of Environment and Climate Change is working very hard on climate-type events themselves and providing information to our municipalities on things like flood line mapping and tools that they can use, an interactive flood line map for both homeowners and our municipalities as well.

There are things we're doing across government to be prepared. Clearly, the Department of Agriculture is working on our extensive system of dikes, somewhere between 200 and 300 kilometres, which is a very big part of my community. I can tell you in Kings County and in all the communities on the Minas Basin, the dike system is very important to our communities. To prepare for that, they're looking at analyzing these dikes. Is the dike sagging? Sometimes they sag, analyzing that, and clearly, we're making a major endeavour on the Chignecto Isthmus as well - our connection with the rest of Canada - which we believe should be federally mandated. We're investing in that as well as a government. We're doing many different things.

BEN JESSOME: The minister referenced relationships with each municipality and a coordinated review of local emergency preparedness plans. Is that something that's centralized, or is it scattered, that we would access in different municipal databases, or is it something the minister could table in terms of the annual report for the Municipality of Digby or Halifax? Is that something that's readily accessible that could be presented to the House for our review? Just in the interest of ensuring that the House is up to speed on what municipal units are requesting, and what more they expect from the provincial government in terms of support.

[8:45 p.m.]

THE CHAIR: Order. The honourable member for Cape Breton Centre-Whitney Pier for the NDP's round.

KENDRA COOMBES: I'm going to cede our time for one question to the member for Halifax Chebucto, and then off to the Liberal caucus.

THE CHAIR: The honourable member for Halifax Chebucto.

GARY BURRILL: Minister, I just wanted to ask one question about an area of policy relative to rent supplements that has come to my attention in the last little while. I understand that of course it would be that from time to time, people who receive a rent supplement would end up in the position of the rent not being paid, they're no longer there, and they're in a debt disagreement with the landlord.

Presently, when that happens, a landlord is able - when they make a seizure of that person's bank account - to get access to and to seize the rent supplement. This seems to me a little bit odd in that, for example, if that tenant is in receipt of income assistance from the Province of Nova Scotia and this should happen, the income assistance payment is protected from seizure by law in the same way as payments like CPP federally are protected by law.

I'm wondering if this is something that has just escaped the policy attention of the department and the administration of supplements, and if the minister agrees with me that the rent supplements belong in the same category as income assistance or CPP and ought to have some kind of statutory protection from this kind of seizure.

JOHN LOHR: Maybe I could ask for clarification from the member. What I can say is that when we came into government, there were still a significant number of non-portable rent supplements. In other words, the non-portable means it's paid directly to the landlord anyway. So if they fall into arrears on their share, the non-portable would still mean the landlord gets the funds. Portable means it's paid directly to the tenant, which we think is a much better process because it gives the tenant much more flexibility in where they want to live. If it's paid directly to the landlord, they're tied to that unit, whether that works for them or not. Sometimes people's life circumstances change, and they want to move. The non-portable definitely would be exactly in that circumstance: it's going to the landlord.

GARY BURRILL: Yes, thanks for that clarification. The case that I'm asking for policy clarification about would be the situation of portable rent supplements.

JOHN LOHR: What I can say to the member is that my staff tell me there is some accuracy in his comment. The income assistance is protected by law. In terms of the rent

supplement, the tenant would have to make a case to the court in the garnishee process, that this was a hardship. If they were not successful in that, it could be that the rent supplement could be garnisheed by the landlord.

GARY BURRILL: Thanks for that clarification. The related question is: Why not provide that protection for the rent supplement in law, since doesn't it share very significant characteristics with the parts of income that do have that protection?

JOHN LOHR: I appreciate the member pointing this out. My staff tell me that a rent supplement is not considered income, which is maybe one difference. However, it's not something that had been brought to my attention previously. It's certainly something we'll think about. I appreciate the member bringing it to our attention.

GARY BURRILL: Thank you, and I'll be glad to write later on with more precise details about the case that has brought up this policy point.

We in the NDP cede our further time to the Liberals.

THE CHAIR: The honourable member for Hammonds Plains-Lucasville.

HON. BEN JESSOME: Let's move on to floods. Flooding this Summer had another big impact on my community. There was some flood assistance funding that came through from the national government through our provincial government. I'm wondering if the minister can provide a breakdown or a description of how much was allocated to date, and to respond to that specific incident. How much did they receive from the national government, and how much did the provincial government contribute?

JOHN LOHR: In terms of the 2023 flash floods, we've received 1,620 applications for assistance, for a total of \$35 million in assistance. Twenty-three per cent of the applications have been closed, with \$7.7 million paid out. Another \$2.4 million in advance payments have been issued to 448 applicants. The remaining applicants are with adjusters - 37 per cent in process.

In terms of the amount of money received from the federal government, the reality is that the Province puts out 100 per cent of the money up front. At a certain point in time, we will provide the federal government with the information, and the federal government will go through each file individually. That is one of the reasons why we have to have adjusters there - in order for us to recoup the money from the federal government or a portion of the money in reality. All the paperwork must be very solid, and it can take up to five years.

The DFAA is an important program. It is certainly one through which we do get money back from the federal government - which we very much appreciate - but we carry the cost of it.

May I request a five-minute break?

THE CHAIR: You may. We'll take a quick five-minute break.

[8:56 p.m. The committee recessed.]

[8:59 p.m. The committee reconvened.]

THE CHAIR: Order. The committee will resume.

The honourable member for Hammonds Plains-Lucasville.

BEN JESSOME: We are talking about flooding, and I appreciate that clarification, Minister. I did want to bring up - because this is being raised with me by several constituents and people from outside the community as well. I expect there is a bit of a backlog with respect to getting through these applications. I understand that is of concern for the minister of the department and those involved in trying to process these requests.

[9:00 p.m.]

The applications closed on October 31st. It has now been five months since that has taken place, so people are pretty urgently expecting these things to come around. What we have recently experienced - I am sure the minister is familiar with this - as these advanced portions or advanced payments are going out, they are accompanied by a disclaimer, which I'll table:

Should the advance payment be greater than the total amount that you are eligible to receive once our final assessment of the damage is complete, repayment will be required. Repayment amounts, if any, must be paid in full within one year of the date of the final assessment notice issued. Any outstanding amounts will be withheld from future Disaster Financial Assistance Program entitlements. Should you cash the cheque, you'll be presumed to have done so with the full understanding, acceptance, and agreement of these terms and conditions.

Meanwhile we're giving people cheques, but we're also saying: Be careful if you cash them, and if we find out that you're not entitled to the amount, you might have to pay them back. So people are forking over thousands of dollars out of their own pockets to pay for expenses right out of the gate. This is supposed to help them, I believe, but this letter that goes along with it sends a confusing message.

I'd like the minister to respond to that, so that I can respond to these people who are asking: What the heck is this?

JOHN LOHR: I appreciate the member pointing that out. The reality is that there's a certain onus on us to be accountable for public funds, which we feel that accountability requirement in terms of that. At the same time, we recognize that there were tremendous hardships out there in terms of getting this process done.

I will point out that the member was in government when Hurricane Dorian hit in early September 2016, I believe it was, and the DFAA portal didn't open up until the following year, early January. In terms of how we've responded, we've responded extremely quickly, more quickly than previous governments.

The reality is that the volume of DFAA claims - which I believe if we combine Hurricane Fiona, the floods, fires and all the different things that have happened - is around 4,000. It has been a truly monumental task for my staff. I want to give a shout-out to the two Pauls up there and all the staff who work on this stuff. The reality is that at the same time we're trying to engage adjusters to deal with these, the public insurance companies are also engaging these same adjusters - so there's a pretty big shortage of adjusters.

The adjustment process is absolutely required for the federal DFAA claim format, so we can't bypass that. There has to be a very good track record. We're getting them done as fast as we can. That's why we offered a pre-payment in terms of responsibility for public funds. This was a requirement - that we put this disclaimer in. The reality is that people know their own situations. We do recognize that the whole scenario of the floods and everything that happened, and the fires, and Hurricane Fiona, is all challenging. We recognize that.

BEN JESSOME: I do appreciate all that. I understand that Nova Scotia is not, perhaps, an anomaly to having access to or lack of adjusters who are dealing with these sorts of claims across the country. I will say that it's extremely cold comfort when you get a cheque that's supposed to help you in the short term with a disclaimer that says: But if you cash it, we might ask for it back at a later date if the claim doesn't go as you anticipated. Hopefully, it goes smoothly, and the amounts that are given are reasonable and within the amount, but it is cold comfort. I've heard this directly from people concerned - that the cheque that was meant to help them through a difficult short-term period is something they don't feel comfortable actually cashing. Maybe at the end of the day they are, and hopefully things work out.

We'll move on to flooding more generally. I get these calls between constituents and from Halifax Water about how historic houses have been built on flood plains. There's no more prevalent example than that of Union Street in Bedford, which I know the minister is familiar with. Kids I grew up playing hockey with - their family homes are on that street. A gentleman who has been instrumental for tree removal on the heels of the wildfire, his home was part of that Union Street flood over the course of the Summer. I know that the member for Bedford Basin has been a champion for this.

I'm wondering if the minister can respond to the requests from those people and people in that category who have been allowed to develop on historic flood plains. Is there a plan to work with municipal and federal levels of government to buy back these homes so that if these people choose, they can move on with the next chapter of their lives if that's what they want to do? I know it's something that the municipalities brought up. I know it's something that the locals have brought up. I'm seeing examples of people in Hammonds Plains-Lucasville who have built on properties that would not be permitted in today's day and age. I'm interested to know what the plan is for people in this category.

JOHN LOHR: In the DFAA program, there's no mechanism provided to purchase individual homes. I did write the federal minister of public safety on this issue and actually raised it verbally with him and his deputy minister in mid-February.

In terms of what we have done in Union Street, we've had 25 applications from homeowners for the DFAA program. Nine of them have been paid out. Three are under review. The remaining ones have been visited by an adjuster. We're certainly aware that - not only Union Street but in many parts of the province - there are homeowners in flood-risk circumstances. That's why we're working very hard with the Department of Environment and Climate Change on a coastal protection action plan, for example.

We see these circumstances all around the coast. I realize Union Street isn't the coast, but we're doing very accurate flood mapping for the entire province, including all these watersheds. We're making that available to our municipalities. As the member knows, municipalities have the lead in land-use planning. His government required all municipalities - I believe it was 2017 or 2018 when there was a requirement that all municipalities do land-use planning. I would be guessing, but I think that's 98 per cent done now. It's very close to being fully completed for every square inch of Nova Scotia that the municipalities have jurisdiction over that there is land-use planning.

In terms of what happens, it is the purview of the municipalities in terms of where people build. The fact that people built there was municipally enabled at some time in the past through their land-use planning, or it's possible some of the homes there may even pre-date that. I don't right now, but at one point I lived in a home that was easily over 200 years old. It's always possible that there are homes that pre-date that structure, that system, but that is our system. We certainly respect our municipalities and their role in these types of decisions.

BEN JESSOME: The national government is embarking on an Emergency Management Strategy for Canada titled Toward a Resilient 2030. How is the provincial government involved in that national initiative?

JOHN LOHR: In 2019, your government endorsed that. It's been updated recently in Ottawa, but we continue to endorse that - the Emergency Management Strategy for Canada. Certainly. We are participants in that. We endorse that.

I should mention, too, that the member should be aware that the Disaster Financial Assistance Arrangements is under significant revision from Ottawa. We anticipate seeing the new DFAA program in April of this year to be live in April 2025.

There has been quite a bit of signal from the federal government about how that DFAA program will change, but until we see it, we don't really know how it will change. I don't want to comment on what the federal government has signalled because, honestly, I'm not sure if that's really what they are doing or not, but we anticipate a significantly changed DFAA program. We will continue to work with that.

In terms of emergency preparedness, certainly we are working very closely with the federal government through various committees. There's a senior executive committee that meets regularly. National EMO officers and executives, which my lead, Paul Mason, is part of, meet to discuss the various emergency situations across the country.

Clearly the dynamic across Canada is changing. There's a great concern - not so much for Nova Scotia; we don't know that yet for Nova Scotia, but across the nation we know that it's already predicted that the wildfire season across the nation, in Western Canada, will be extreme, just based on the snow loads already right now.

Clearly, we have a little different scenario in Nova Scotia with snow loads. A lot depends on Spring rains. We're a fairly wet province as far as that goes, compared to the Prairie provinces. But there are some pretty big concerns across the nation about emergency preparedness and sharing of resources, and building and strengthening those resources.

BEN JESSOME: I think this was responded to in, perhaps, a previous question. Shifting gears here. Vulnerable persons registries are starting to - perhaps they've been around for a little bit. I know Halifax has recently embarked on a Voluntary Vulnerable Persons Registry. Is this something that the province sees a role in, in terms of coordinating something that is province-wide?

JOHN LOHR: What I can tell the member is that there are currently no provincial or territorial registries of vulnerable people in Canada, nor are there any state-level registries in the United States, in any one of the states. The registries that do exist are managed at the municipal level. Currently, Kings County has a vulnerable persons registry. I know HRM has signalled that they will do so.

We also know that Nova Scotia Power has a registry for people who are vulnerable when electricity is out. For example, home oxygen users are often being delivered home oxygen through an electronic device that creates the oxygen. I don't quite know how it works, but it purifies air, I presume, in some way. If the power goes out, they lose that access to home oxygen. It's quite important. Nova Scotia Power keeps that registry.

[9:15 p.m.]

We certainly recognize that it's our municipalities that have the infrastructure, the fire departments, search and rescue, the boots on the ground to respond in a case of emergency. We certainly respect them creating these types of registries.

BEN JESSOME: The Mass Casualty Commission - I mentioned this a little bit earlier tonight - referenced the value that communities play and should play in terms of emergency preparedness decision-making. It was very close to home and obvious just how significant a role the local people and organizations played in response to the wildfire. We have a number of neighbourhood associations that were tapped on the shoulder in a very reactive way but played a very integral role in distributing funds through Red Cross, acting as a secondary line of communication.

The Mass Casualty Commission identified this need for coordination and local decision-making. How is the Office of Emergency Management responding to this request in the MCC report and recommendations? How can we expect this to take shape so that we can see meaningful involvement from our community individuals and organizations?

What happened in the wildfire - at least in my community - happened in a very ad hoc way that really was coordinated on the fly versus everybody knowing what was expected of them. I think that is the intent of the recommendations from the Mass Casualty Commission report: How do we proactively work with community to understand what the needs are? How they can best serve the initiative? How does the Office of Emergency Management plan to lead the coordination so that local communities have a say in decision-making and coordinating emergency responses?

JOHN LOHR: I do appreciate the question because it gives me a chance to talk about - the lead role in the Tantallon fires here in HRM was the HRM EMO. I just wanted to give a nod of thanks to them for the tremendous response that they did. They were the lead on what was happening in the HRM. Certainly in the Shelburne-Barrington areas, the local EMOs were the leads there.

We helped coordinate. We saw that coordination result in firefighting resources from different parts of the province. My own communities were on hand in the Shelburne fire area, but we know that volunteer resources from other parts of the province came in. These were coordinated by the HRM EMO who did an outstanding job. I just want to give a credit to them, and particularly to the firefighting resources that were brought in and did things like save the Farmers Dairy milk site when that was jeopardized. There were a lot of things happening at that time. Our communities really worked very closely together in what was an extraordinarily fast-moving event. The response was there.

Certainly there are always going to be lessons learned from that, but our EMO coordination centre was activated, of course, as was HRM EMO. Their role was the

primary coordination of the event. Here, we were playing a coordinating role for both the Shelburne fires and the Tantallon fires.

The member is correct. We're very grateful for the roles of all the volunteers, all the community groups that responded in these events. We're very grateful for the local EMOs down in the Shelburne-Barrington area and for the HRM EMO.

BEN JESSOME: Just to clarify, I understand the minister expects each regional or local Emergency Management Office to coordinate the so-called local decision-making - making use of the local volunteer agencies, rather than have a coordinated province-wide approach?

JOHN LOHR: In terms of emergency responses, there's a legislative requirement for municipalities to have EMO response plans and have EMO offices. The Province provides a coordinating and training role in that, and certainly the Province has responsibilities. If it's a province-wide event. We have some responsibilities, but the primary response and the legislation is for our municipal partners - each of them to have an EMO response plan. One of the reasons for that is that these municipalities have the resources too: firefighting resources, search and rescue resources, the response infrastructure. They know their communities best.

BEN JESSOME: Communications were undoubtedly one of the top two things that I received frustrated emails, calls and communications about with respect to what was termed "the duelling press conferences" that took place. I'm wondering if the minister can speak to any intention to try to establish a streamlined communications strategy that all municipalities - regardless of the incident and the scope - that the Province would take on.

I know that in the COVID era, we had a simple, reliable, timed, regular update that became comforting to people through a difficult period. This was not exercised through the wildfires. There was a lot of confusion around when updates were going to take place, other than the ones that came through the DNR and the local fire updates. Those were timed at the start and finish of the day. It was very clear when to expect them, and even if there wasn't a major update to report you still got to see somebody there.

I expect that every municipality has varying capabilities with respect to getting that message out there. I know that even HRM had limited capacity to stream a press conference, and at one point piggybacked on the Province, and then several days, or maybe even a week or more later, was able to set up their own stream. It just seemed like that happened in a very ad hoc or on-the-fly sort of way. I think it would be beneficial for the minister and the centralized agency - the Emergency Management Office of Nova Scotia - to come up with a streamlined process that all municipalities have to follow and provide the resourcing to ensure that they have the ability to communicate effectively with their constituents, as Nova Scotians became accustomed to during COVID with the regular updates.

JOHN LOHR: What I can say for the EMO response and HRM is that it's HRM as a municipality - it's their EMO office responding, so it would be their choice on how to communicate. We certainly respect the choices they make. We know that in a time of crisis these are all difficult decisions. Everybody wants to get out the clearest possible information to their constituents. In terms of the Shelburne-Barrington fires, it was DNRR that had the lead on putting out the fires, and this is what the press conferences were.

[9:30 p.m.]

In terms of communicating with our municipalities when there's an emergency event, the Provincial Coordinating Centre has a standardized process to communicate with all our partners, the municipalities, and our NGOs - firefighting and weather. Those are through daily calls at a set time, so there's pretty good communication to all of our municipal partners in that call. I realize the member is asking in terms of messaging to the public. I'll just say again that this was a responsibility of the HRM EMO and HRM itself, and we certainly respect the job that they did.

Again, this is something that is also always considered in the after-action decision-making and analysis. In planning for future events, we realize, as the member has pointed out, that getting good, clear information out to the public is quite important.

BEN JESSOME: With respect to all our different parts of the province, I think this would be a useful exercise for the provincial government to establish a provincial protocol for these types of things. While there is a level of local decision-making that's important, having experienced what I experienced this Summer, I think there is merit in a standardized approach so that there is consistency across the province. The minister referenced people even went to their cottages when they were escaping the fire. If they end up in another part of the province and they need to get their information, they know where they can access that. It's centralized. It's consistent no matter where you are. It's my view that it could be something the department takes on so that everything is consistent and streamlined.

In terms of victim services, what is the Emergency Management Office doing to ensure that our approach to dealing with catastrophes and emergencies has those who suffer most at the centre of our communications and of our decision-making? This does fall on the HRM, but there was an unaddressed letter that went out to the 151 households who lost their home inviting them to take a bus tour. Someone wrote in to ChatGPT and said, "Write a heartfelt response to the victim of a wildfire," and actually got a more heartfelt response than they did from the Halifax EMO at the time.

No one wants to see that type of thing happen again. We can learn from what happened in that incident. What is the minister's department doing to ensure that type of communication doesn't go out to victims in these types of situations?

JOHN LOHR: There is a request for assistance process that is standard, including in training. In terms of the bus tour that the member mentions, this was led by HRM's EMO. Certainly, after-action analysis does capture all these types of things that happen and incorporates them into training for future events.

BEN JESSOME: I do appreciate that that's where it came from, but again, I think there's a role for the minister who is responsible for coordination across the province to take leadership in ensuring that all municipalities have this type of training. I know police have a system that - I guess the mass casualty report questions - in terms of a process for notifying next of kin. It calls for agencies to bolster the way in which they respond to victims in those circumstances.

So yes, that was the EMO of Halifax that issued that notification, but I think that it's a lesson learned that can be applied across the board, so that the grief and anger that ensued as a result of that letter could be used to help in other parts of the province in the future. Like I said, this was an unaddressed, very blunt and careless way to approach the situation that we can all learn from.

In the last couple of minutes, I will try to give the minister a few minutes to wrap up, if you'd like. We could stay if you want. What I would like to ask is in terms of the communication and part of the confusion - at least at home and I'm sure that it's the case in other areas. When was the last time that the provincial maps that EHS uses to coordinate an operation updated?

The reason I ask that is because in our community, there were continual references to parts of the community that weren't accurate. They were using names that were either dated or not up to speed. The most glaring one is that the community of Upper Hammonds Plains is not notified on a map. Yes, it was the HRM EMO that managed that event and that response, but it was - at least by their assertion - the use of provincial maps. I'm wondering when the last time was that the provincial EMO updated their maps that get dispersed for the use of operations, like the case was in this emergency.

JOHN LOHR: I appreciate the member's question and how important this question is now. I hope the member can appreciate that as the office responsible for 911, the accuracy of our maps that we use is incredibly important. These maps are updated monthly, based on provincial mapping services. In terms of what map HRM was using at that moment through their EMO, I can't speak to that.

BEN JESSOME: If there is an opportunity to provide some feedback to update the local provincial community map in Hammonds Plains-Lucasville, I would welcome the opportunity to provide a few suggestions based on communities within our community that I think would have made the execution of the response to the wildfire a lot more effective and forced out some of the confusion.

I will, I guess, state one final time for the record that egress is without a doubt the most important issue to my community. The provincial government has exercised their authority to intervene on municipal affairs and planning through legislation. We're getting to the point where we have not seen action from the municipality. I understand that there's a planning role to play, but because of that reach into municipal affairs that was taken previously by this government, there is an expectation that if the municipality does not react efficiently and effectively to achieve better connectivity and egress, particularly in my community, there is an expectation that the provincial government will step in. With that, the minister can aptly respond to that and read his resolution. Thank you for your time, Minister, and to the staff who have put the time in.

JOHN LOHR: I think I did answer that question once before, at least, if not twice. I know the concern for the communities. We look to the municipalities to manage their municipal planning strategies.

I do want to close with a couple of words, again to thank my staff, all of them. I realize it's a Wednesday night and they're here. I appreciate that. I appreciate, too, how much work you're all doing. What we've seen is virtually a doubling of the budget - more than a doubling of the budget - in two and a half years in this department, and we didn't double you. You're doing a lot of work, and we're aware of that. Thank you. With that, I would like to thank my DM Byron, and ADM Valerie here as well, for their work and being with me here. It's a pleasure to work with them and the staff who are not present.

THE CHAIR: Shall Resolution E15 stand?

The resolution stands.

We are going to take an incredibly brief recess here, and then we'll resume.

[9:42 p.m. The committee recessed.]

[9:46 p.m. The committee reconvened with Danielle Barkhouse as the Chair.]

THE CHAIR: Order. The Committee of the Whole House on Supply will come to order.

The honourable Government House Leader.

HON. KIM MASLAND: Would you please call the Estimates for the Minister of Health and Wellness.

Resolution E12 - Resolved, that a sum not exceeding \$5,536,898,000 be granted to the Lieutenant Governor to defray expenses in respect of the Department of Health and Wellness, pursuant to the estimate.

Resolution E29 - Resolved, that a sum not exceeding \$8,098,000 be granted to the Lieutenant Governor to defray expenses in respect of the Office of Health Care Professionals Recruitment, pursuant to the estimate.

THE CHAIR: I now invite the Minister of Health and Wellness to make opening remarks, which can be up to an hour.

HON. MICHELLE THOMPSON: Good evening. I'm pleased to introduce Estimates for the Department of Health and Wellness for the 2024-25 fiscal year. I'm joined by some key folks: Shelley Bonang, Chief Financial Officer for the department; Dana MacKenzie, Deputy Minister of Health and Wellness; and Dave Benoit, who is with Build Nova Scotia. We will work together to answer the many questions I know you will all have.

Before I start, I want to thank the staff at the Department of Health and Wellness, Office of Healthcare Professionals Recruitment, Build Nova Scotia, IWK, and the Nova Scotia Health Authority, who really worked tirelessly over the past weeks and months to prepare the materials and to try to prepare me for the questions that my colleagues will have for me over the coming hours.

I do apologize in advance. I have a cough, so you'll have to bear with me from time to time.

It has been two and a half years since I was sworn in as Nova Scotia's Minister of Health and Wellness, with a mandate to transform the province's health care system. Action for Health is our plan to do just that. It is our road map to build a healthier system that provides more care faster for our growing province. It was informed by those working in the system - physicians, nurses, paramedics, technicians, and all other folks who work in our health care system. It was also shaped by input from our many partners across the province and the health system. We are doing the work to give Nova Scotians the health care system they deserve.

We have been making significant investments so we can have the people, the programs, the beds, the buildings, the equipment, and the systems in place to deliver the care Nova Scotians have been waiting for. Everything in our plan has been started. We are making progress, and more will be happening this year. We are doing more and going faster than we have before - investing in virtual care, expanding services, introducing new clinical approaches, and using more digital solutions for a more coordinated modern health care system that can meet the demands of a growing population into the future. We're addressing long-standing generational health issues and investing in wellness and well-being.

In total, Budget 2024-25 invests \$7.3 billion across our health care system. That's \$1.9 billion - or 36 per cent - more than three years ago, so more people can access care.

Of that, the Department of Health and Wellness budget is \$5.5 billion, an increase of \$1.5 billion, or about 37.5 per cent, over the past three years.

But of course, it's not just about money; it's also about what the money means for people. Fifteen-year-old Nora Stewart from Antigonish is one of those people. She has type 1 diabetes, and wrote me about a year ago. In her letter, she explained she was fortunate to have a continuous glucose monitor, a device to keep track of her blood sugar levels. She said it let her continue with her daily activities and pursue a normal life, and urged me and the Premier to make continuous glucose monitors affordable and accessible for people living with diabetes of all ages.

I want to thank Nora and so many others who have reached out, and I also want to acknowledge the diabetes organizations for their feedback. This year, Budget 2024 invests \$7.2 million to support Nova Scotians living with diabetes, including \$5.9 million to cover continuous glucose monitors and \$1.3 million to expand the insulin pump program.

A continuous glucose monitor can be a game-changer for someone living with diabetes. In fact, it's a life-saver. One of the most difficult parts of diabetes management is tracking blood glucose levels as the day goes on. Often this is done by regularly testing blood sugar levels with the standard finger-poke test - a cumbersome and painful process, most especially for children.

A continuous glucose monitoring system helps patients, their parents, and caregivers track their blood sugar 24 hours a day, seven days a week, providing insight on how blood sugar levels react to insulin, food, and activity, and to help prevent potentially dangerous low blood sugar events. It also assists people in maintaining their serum blood glucose in a therapeutic range, and over time hopefully reducing complications from diabetes. No more finger pricks needed. Simply put, it gives peace of mind.

The new program will be open to all Nova Scotians with type 1 and type 2 diabetes who need multiple daily injections of insulin. While they must meet some criteria, this program will make a real difference in the lives of thousands of Nova Scotians.

We are also expanding existing insulin pump program by removing the age cap. This program helps cover the cost of insulin pumps and supplies, but is now only available to Nova Scotians under the age of 26. Removing the age limit will impact approximately 450 more people who will now be eligible for the program.

Diabetes is life-changing, and can have a huge impact on someone's daily life and the people who love them. We don't want people to be defined by their diabetes. These investments will help ease the financial burden and help them better manage their care. I had one individual explain that this investment by the government will save their family approximately \$600 a month.

I want to talk about some of the work happening across the health care system. We've all seen and heard stories from physicians, nurses, family members, and others about lengthy waits in our emergency departments, for surgery, or an ambulance. More often than not, these things are happening because patients aren't moving through the system the way they need to. Our health care system is huge and complex. Primary care, acute care, long-term care, emergency care, addictions, mental health, all aspects: They're all connected parts of a whole.

Problems in one area echo across the system, creating problems in others. Not enough long-term care beds means that more seniors wait in hospital for a long-term care room. Seniors should be cared for in a place that they can call home. A delay in this transition results in emergency departments being overcrowded. Overcrowded emergency departments mean longer ambulance off-load times, and longer off-load times mean a delay in ambulance response times.

Fixing health care means making sure that these areas work together, always with patients top of mind. This budget includes an additional \$19.8 million for access and flow initiatives for a total investment of \$54.2 million. In plainer language, that means moving patients through the system more quickly, getting them to the right place to get the care they need, and then getting them home as soon as it's possible and safe. It's one of the biggest hurdles health care providers tell us we need to tackle, and I think we can all agree that the best place for people to get better is in a place that they can call home.

Recovering in familiar surroundings with the right supports is good for their well-being, but it's also good for our health care system and those working in it. We will continue to take action to help patients safely return home sooner, and reduce pressure on the emergency departments, hospitals, and health care professionals.

We will continue to enhance and expand the Care Coordination Centre, which gives health care teams real-time information about bed availability, the status of diagnostic tests and procedures, wait-lists, ambulance off-loads, and patient transfers.

It will take time, but we are already seeing progress in several facilities across the province, reducing length of stay, doing more discharges on weekends, admitting patients more quickly from the emergency department, and shorter ambulance off-load times.

This is also helped by programs like SAFER-f, which we will continue to expand to more units and more hospitals. This program focuses on in-hospital improvements that help get tests completed sooner, enhance coordination among care teams, and improve communication with patients and families. This limits unnecessary waiting for patients, shortens hospital stays, and improves outcomes.

These initiatives are making a difference. I recently heard from a site manager in the Northern Zone about the impact these initiatives are having for patients and staff. It

was very encouraging to hear the story of the hospital that has layered these investments to make a real difference on this site.

By Fall, we expect about 70 per cent of units will have implemented SAFER-f, and we are investing an additional \$690,000 this year for a total of \$3.7 million to make this happen. Health care isn't a nine-to-five operation, as we all know. When people are ready to leave the hospital, a lack of evening and weekend access to the health providers they need shouldn't get in the way of that. An additional \$7.8 million will help us hire hundreds more health care professionals like physiotherapists, dietitians, pharmacists, occupational therapists, and discharge planners to increase evening and weekend access to care.

We are already about two-thirds of the way there. This is helping patients get home sooner, and reducing pressures in hospital. Now, instead of talking about how long patients are in hospital, we actually talk about how long they are away from home. Although that seems like semantics, the difference is palpable.

Some people are staying in hospitals because they need additional support or services before they can return home, or to a different care environment. A new transitional care facility will open this Summer to help hospital patients who don't need acute care, but need help to go home or to move to long-term care, for example.

This year, a total of \$18.6 million will go toward the operation of a new transitional care facility. The model of care has been influenced by incredible experts like Dr. Rockwood and Dr. Christine Short. The old way of delivering care is not sustainable. We need more beds in hospitals and long-term care, and also in between. Hogan Court will have a positive impact on ambulance off-load times, helping with frustration for paramedics, patients, and other health care staff. It will get patients the care they need faster and more conveniently, and help reduce emergency department overcrowding. It will also help people to recover and heal in the right setting to help them get back home while freeing up hospital beds for those who need them.

The most significant challenges in our health care system right now come down to two things: beds and people. We need more beds across the system, and we need more health care professionals. Plans are in motion to add thousands of new acute and long-term beds, and it will take time, but addressing some of the access and flow issues, as I mentioned, will help, as will Hogan Court when it opens this Summer.

Plans are also in motion to recruit and retain the health care providers we need. We are in challenging times, and a challenging situation when it comes to our health workforce, but we're not alone in that. It's happening all around the world.

There are vacancies in our system, and we know our frontline health care workers feel it most. We're working hard to help fill those vacancies while also planning for the future. Workforce development is a priority. In fact, it's Solution 1 in Action for Health.

We are training and educating more health care workers in our colleges and universities, adding to our existing programs like respiratory therapy, radiology technology, nursing, and medicine. We're also creating brand new programs, like the Master of Physician Assistant program or the Advanced Practice, Mental Health and Addictions for nurses.

We're recruiting more doctors, nurses, paramedics, continuing care assistants, and others from outside Nova Scotia, and helping remove barriers so they can work here more quickly and easily. This includes everything from targeted immigration and faster licensing to more on-the-job mentorship and training opportunities to initiatives that help build welcoming and supportive workplaces and communities.

[10:00 p.m.]

Recruitment isn't the only part of the equation. Retaining the workers we recruit is equally, if not more, important. In the last year, we have negotiated contracts with doctors, nurses, paramedics, and administrative professionals - all of which included higher pay. We have provided tens of thousands of health care workers with a thank you and retention bonus. We continue to invest to make our health care system better with new infrastructure, new technology and new approaches.

Budget 2024 invests \$48 million more in health care workforce initiatives to further support training and education, recruitment and retention, boosting overall investment in this area to \$73 million. This includes bringing more internationally educated nurses to Nova Scotia to help stabilize our nursing workforce; training emergency medical responders; incenting more people to train to become primary care providers; continuing the work to add more nursing seats at Cape Breton University, StFX, Acadia University, Dalhousie University and the Nova Scotia Community College; training more medical lab technicians under this year's commitment through the Michener Institute of Education; and offering financial incentives to physicians who establish practices and commit to working in Nova Scotia for five years.

Recruiting and retaining more health care providers like nurses, CCAs, doctors and others will always be important. That work takes time, and we need to make changes now to increase access to care.

Primary care is the foundation of good health. It's why we're working to expand the options available to Nova Scotians to access this important care, no matter where they are in the province. Budget 2024 includes \$59.2 million for more primary health care initiatives to help with both attachment and access, which is more than \$97 million this year.

Attachment to primary care is the goal, and we continue to add more clinics and collaborative care teams and recruit more family physicians to our province. We will also look to support teams and practices to work as a patient's "health home." This will build

on the work we were already doing to create collaborative teams, for example. It will see a shift toward patients belonging to a practice rather than to a single provider in a collaborative practice, so even if a particular provider retires or moves, the patient will remain with the practice and be seen by the other providers in that health home. Practices will be supported to move to this kind of approach. Not only will patients benefit from more reliable attachment to a practice, but providers will be better supported by their colleagues. The new options created to boost primary care access have really been game-changers for patients and for the system.

In January alone, there were more than 1,350 visits to mobile primary care clinics, over 8,850 visits to VirtualCareNS, more than 5,750 visits to primary care clinics, and 13,600 visits to community pharmacy care clinics across the province. These numbers clearly tell us that access is important, and it's improving. There are now 60,000 more primary care appointments available to Nova Scotians each month, and we will continue to expand virtual care, pharmacy clinics and primary care clinics.

We are also investing in our existing teams and practices to help them maximize their impact. The Practice Support Program helps primary care teams improve their practices and bring on more patients faster. We will expand this program to help more practices become more efficient and effective, and to work more collaboratively with other providers.

Work will also continue with an investment to streamline access to care for people dealing with chronic diseases so that they can get the care they need more quickly.

I would like to take a minute to talk about something that almost everyone here has been touched by, which is cancer. A cancer diagnosis is a frightening and stressful experience for patients and their families, and Nova Scotians deserve to know that they are getting the best possible care. Fixing health care includes improving cancer care. It means keeping pace with the latest advancements in technology, equipment and training, and delivering services closer to home. That's why we're investing millions in research, innovation, screening and treatment. This budget includes \$19.6 million more for cancer care improvements, for a total investment this year of nearly \$30 million.

Not long ago, we launched a new Lung Screening Program that will help prevent and detect cancer earlier. Work will continue this year to expand this program across the province. We will also continue to expand and enhance services and support available at the province's cancer care centres in Sydney and Halifax, and provide more funding to community oncology clinics so that people can get the care they need closer to home.

New treatment options are making a difference for Nova Scotians and will continue into the year ahead. Things like access to CAR T-cell therapy, which is now offered through Nova Scotia Health Authority. Before, patients had to travel to Boston or Toronto to get it. A new cancer care at home program will take the community clinic approach and

move it even closer for patients - right into their home. An investment of \$1.4 million this year will help us create a virtual oncology team that will give patients access to a registered nurse and an oncology specialist - 24 hours a day, seven days a week - in the comfort of their home.

When you're fighting cancer and not feeling your best, you want to be as comfortable as possible, and that means home not hospitals. A care team will also be available to visit in-person, helping to avoid trips to the emergency department or admissions to hospital. This is the kind of innovative approach required to give Nova Scotians the care they need and deserve.

We also recently strengthened our partnership with Varian, a U.S.-based leader in cancer care technology. This year, we will invest \$22.6 million as part of this partnership, which will ensure we have access to some of the best cancer care innovation in the world, like cutting edge radiation therapy machines that can pinpoint and treat tumours more precisely than ever before, limiting damage to healthy tissue. For some patients, this could mean reducing the number of treatments they need from the standard 20 radiation treatments down to five. Varian will also open an office in Nova Scotia that will focus on cancer research and employ at least 60 people, meaning more Nova Scotians can contribute to advancements in cancer research, innovation, and technology.

As MLAs, we all know the importance our constituents place on our emergency departments. Emergency care is one of those things we all hope we'll never need but take great comfort in knowing it's there. It's not been without its challenges. Budget 2024 invests \$8 million more in emergency care, for a total of \$45.6 million this year.

Just over a year ago, we announced a range of initiatives to improve emergency care in Nova Scotia. That plan was designed to move faster in ensuring those with the most urgent needs received care sooner, to improve ambulance response times, and to provide more places for people to receive care. We have made significant progress on that plan over the past year. For example, the Flow Lead and Offload Assessment Team - or Flow Team - at eight hospitals is helping patients get the emergency care they need faster and ambulances back on the road more quickly.

Nearly 5,200 hours of ground ambulance has been saved with the new LifeFlight plane since last August. Physician assistants, nurse practitioners, and waiting room care providers are easing the load in emergency departments, and expanded VirtualCareNS and pharmacy clinics are helping patients get the urgent primary care they need, often avoiding unnecessary visits to the emergency department.

This year's investment will continue to advance and build on this progress. We will optimize emergency department spaces and the teams working in them, and expand virtual emergency and virtual urgent care. We will also invest to encourage more people to train

to become primary care paramedics and support training for emergency medical responders - a role that will improve wait times and access to emergency care.

Budget 2024 also includes an additional \$11.3 million to continue work to improve access to surgeries by shortening the surgical and diagnostic wait-lists. This brings the total investment this year to \$93 million. Over the past two years, we have shortened the surgical wait-list by 27 per cent, doing more surgeries than ever before - in fact, 2,200 more surgeries in the last year.

We have also significantly boosted access to diagnostic imaging, completing over 27,000 more CT scans and ultrasounds compared to the prior year. The new eReferral system has been up and running for nearly a year now, modernizing the referral and booking process for surgeries and diagnostic services to get patients care sooner. As of January, 16,500 eReferrals have been sent, and we can expect many more in the year ahead as the system continues to roll across the province.

In fact, we got a text today while we were listening to the Minister of Municipal Affairs and Housing; there was a medical meeting, and one of the physicians said it was the best thing that happened in Nova Scotia in the six years since they've been practicing here. It was a game-changer for them in terms of the primary care access to surgery.

We build on this momentum and continue to shorten wait times, increase surgeries, and complete more cataract and endoscopy surgeries. I want to highlight a couple more items in the budget before I wrap up. This is really important to me, but even more important to the communities who often don't see themselves reflected in our health care system: African Nova Scotians and people of African descent, Indigenous communities, and the 2SLGBTQIA+ community in particular.

Everyone should feel welcome and supported in this province, not just in our health care system but everywhere in our community, and in every interaction with government. I know my colleagues are working hard at making programs and services more accessible to more people. When it comes to health care, it is especially important because we know there are patients who don't feel safe coming to your health care system for the care they need, so they don't come at all or they come too late.

We know there are patients who leave their communities, travelling for hours to see providers where they will feel welcome, supported, and safe. New policies, rules, and restrictions in other provinces have rightly made people feel more afraid. No matter who you are, who you love, or how you identify, Nova Scotians deserve to live without fear and intimidation.

Our government supports the 2SLGBTQIA+ community in growing safe and inclusive communities across the province. Everyone should feel safe, and this is fundamental. We're taking action and investing to make our health care system safer for

everyone. This budget includes continued investment in health equity, a total of \$2.8 million this year. We will build on the successful prideHealth program. It's an important primary health care support service for members of the Pride community and provides resources to the people who deliver health care in this province.

We are supporting the expansion of the Nova Scotia Brotherhood and Sisterhood Initiative to strengthen access to health care and improve overall health and well-being to the African Nova Scotian community, as well as those of African descent. We will continue to implement our health equity framework to make sure Nova Scotia's health system is more appropriate, effective, and free from barriers and discrimination.

I recently assumed the responsibility for projects under the Healthcare Redevelopment portfolio. There's a lot happening in this area as we work to build the infrastructure and ensure we have the facilities and equipment to deliver the care Nova Scotians expect and deserve. This year's capital plan supports More, Faster: The Action for Health Build plan with more than \$575 million to advance new health care redevelopment projects, and fund others that will improve the health care system. This includes projects like the Halifax Infirmary expansion and the Cape Breton Regional Municipality health care redevelopment. It includes improvements to emergency departments in Halifax, Bridgewater, Amherst, Yarmouth, and Cape Breton. It includes investments for electronic health records and to repair and replace medical equipment that is long past its due. These projects are all part of building a better, more modern health care system for patients and providers.

Neither my remarks nor the Department of Health and Wellness budget tell the whole story about health care, and all that we've done to improve it over the last two and a half years. It does not include significant improvements in addictions and mental health or unprecedented investment to build more long-term care spaces, or a range of changes in investments and improvements across the whole of government to better support Nova Scotians' overall health and well-being.

There is no doubt that access to health care is incredibly important, but research tells us it's only part of what makes up how healthy we are. Only about 20 per cent of our health is determined by medical care, 80 per cent is determined by other outside factors. Put simply, good health isn't just about health services. That's why our Action for Health plan calls on us to address all of the factors that affect our health and well-being, and this is something I am particularly passionate about.

Across government, we are working together to come at this from all angles - prevention, equity, housing, food security, education. What does this look like? Nova Scotians have equitable opportunities to good health. They have housing they can afford, good food on the table, and employment and educational opportunities. Nova Scotians live, work, learn, and play in spaces and places that protect and promote their health. They have

clean water to drink and air to breathe, and live in communities that are inclusive and accessible.

The next generation of Nova Scotians get a healthy start and a better chance for a healthier future. Nova Scotians are empowered and supported to live healthier lives. They eat well and are active, they are protected from preventable diseases, and they have access to mental health and addictions care.

Addressing these long-standing barriers to health through a safer environment; more food, housing, and employment security; better access to primary care and mental health and addictions supports; greater inclusivity and equity; and more health promotion and public health efforts - all this means that Nova Scotians will be healthier and have better quality of life.

We knew the challenges we faced would require monumental action and investment. We knew fixing health care wasn't going to be easy and it wouldn't happen overnight. That didn't stop us. People are right to expect that their leaders should run towards the big challenges and not away from them, and we've made a lot of progress. For the first time in a long time, there is the will to make the changes needed to improve the system for patients and providers.

The future of health care will look different because it has to. We can't continue to do things the same old ways and expect different results. We need to use solutions to change how health care is delivered in our province. It will take time and involve short-, medium-, and long-term solutions. It will take all of us, working together, pulling every lever we can.

We are building a better, more modern health care system for patients and providers through our Action for Health plan and the investments that support it in this budget - one built on innovation and collaboration, one where the brightest minds are trained right here in Nova Scotia, and stay and work in facilities and on teams that offer Nova Scotians the health care options that meet their needs. There is more to do, but we will not stop until Nova Scotians have the health care system they deserve.

Thank you, and I look forward to your questions.

THE CHAIR: Thank you, minister, for your opening remarks. As we all know by now, we'll start with the Official Opposition, and they have up to one hour.

The honourable member for Bedford South.

BRAEDON CLARK: Thank you to the minister for that statement and to the staff who are here that I can see, and I assume there might be some behind me as well whom I

can't see. It's late. I know it's always a chaotic, unpredictable time, so I appreciate you being here, burning the 10 o'clock oil with us.

[10:15 p.m.]

I wanted to start on a positive note. I know that we've said this before, but the inclusion in this year's budget of coverage for CGMs is a big deal. The minister and I have talked about this a lot. I remember I was talking about it here about a year ago. Many constituents in my riding have been very vocal on this and are happy to see this. I wanted to start with that because I think that's a great thing, and very positive for Nova Scotia.

I want to touch mostly tonight on more of the health care redevelopment side, more of the infrastructure side of things, generally speaking. The responsibility for health care redevelopment has shifted recently from the Minister of Service Nova Scotia to the Minister of Health and Wellness. I'm just wondering if the minister can explain the rationale for that decision. Was there a particular problem or issue that that move was intended to solve?

MICHELLE THOMPSON: There have been a few fingers in the pie, for sure, in this pretty massive project. The former minister has really been very much involved, and I'm very grateful for his leadership in this portfolio. The enabling works have started, and certainly under his leadership, he brought the project to that point. What we found increasingly is that the clinical overlay of the build - it just feels like a better alignment for us right now in terms of getting clinician feedback, looking at these facilities as purpose-built facilities, looking at the clinical data that we need - the population data, the health data. For us, it was a natural alignment now that the enabling works have started. We do see a deeper involvement with the clinical pieces of the work, so we brought it in under the Department of Health and Wellness portfolio to streamline decision-making and line-of-sight, et cetera.

BRAEDON CLARK: That segues into the next question I wanted to ask. It's about the QEII - obviously a massive project - by far the biggest infrastructure project we've had in Nova Scotia's history. A little less than a year ago now, May 2023, there was a press release put out by the government saying that construction was set to begin, and the project was about to get under way - a lot of optimism. That did not happen. I'm wondering if the minister could give us an update on that project and when we will expect to see real, tangible, on-the-ground construction on what we all agree is a hugely important project for the health care system in Nova Scotia.

MICHELLE THOMPSON: The enabling works are a very important part of that. You'll start to see activity around the site now, which will be things like fencing, as an example. You'll start to see roads around the site being prepared. So the design and planning continues. We're coming near the end of that process, but the enabling works - as

that design continues, we do expect it to wrap up in the coming months - allows us to continue.

As you said, it's a huge project. There are a lot of moving parts. I'm learning the file. I certainly don't have the depth of knowledge that my colleague has from this. But you should see activity on the site, and as we move forward with that, we'll be giving regular updates about where we are with the project.

BRAEDON CLARK: I assume, based on the minister's previous answer, that design will be completed this year. I think she said a few months, so probably this year. At that point, will we have a definite timeline for completion of the project, or do we have that timeline available to us now?

MICHELLE THOMPSON: I'll just break it down a little bit. There are portions of the project that are completed. The Summer Street entrance, with over 500 parking spaces, that's done. The expansion of the renal dialysis unit is completed, in terms of some of it. The Bayers Lake Community Outpatient Centre was opened in November.

As I said, the enabling works are there. We will complete the development and planning stage this year. Really, until that is fully completed, the timelines are a bit more complicated to talk about. I will say right now, I expect, having built a home 13 years ago, there are delays along the way. I expect that those timelines will be as firm as we can be, but I think we have to expect, over the course of the lifetime of this project, that there will be some delays here and there. We will certainly do our very best to make sure we have a plan moving forward with timelines that are our very best estimate based on market conditions, as well as labour force, et cetera.

BRAEDON CLARK: Thank you, minister, for that. I am also curious: Does the design and planning work - where does that fit into the overall budget? Because if you go back to 2018, even 2017-18, at that point in time the previous government was talking about \$2 billion for the overall project.

The scope has expanded since then. Obviously, inflation has been very high since then. I'm wondering if there is a budget for the project? Will that be finalized when the design work is done? When can we expect to know how much the QEII redevelopment will cost - bottom line?

MICHELLE THOMPSON: Really, when the design work is completed and the timeline is outlined, it will give us a better sense of the cost of the project overall.

BRAEDON CLARK: I appreciate that it's a huge project, lots of moving parts, things will shift over time, of course. But does the minister think it would be fair to say that at this time next year, for example, when we're doing all this again - just think about that. Is it reasonable to say that, at this time next year, we can say this is when we hope to have

this project done - a year - and this is how much the project is going to cost? Is that reasonable to assume?

MICHELLE THOMPSON: The short answer would be yes, as we said. We need the plan - we need the details for us to be able to do that. Certainly, a year from now that line of sight should be much clearer than it is today.

BRAEDON CLARK: I am also curious about the contractual arrangements. There ended up being one bidder on the project - Plenary Health, I believe. I know that over the course of the project over the last few years, there has been probably a couple hundred million dollars or so that's been spent on various things, such as design and so on, in the projects that have been completed. Is there a master, overall agreement in place signed with Plenary Health? If not, where does the contract process sit?

[10:30 p.m.]

MICHELLE THOMPSON: We are in a phased development agreement that guides our process moving forward. It is a collaborative arrangement, so we negotiate the cost through that design phase agreement. That is an ongoing process that we are under, like a procurement process, with the folks - PCL. Of course, you know there is a proponent that dropped out, so this is how we're moving forward with the one vendor.

BRAEDON CLARK: Just to make sure I understand exactly how it will go: Will there be, at some point, an overall master agreement set in stone to some degree, or as the project is phased through over the next number of years, will there be addendums or amendments to one contract? I just want to get a sense of how that will look.

MICHELLE THOMPSON: There will be an overall master agreement. Right now, we have a separate contract for the enabling works that are happening. Once the DPA is completed, there will be a master agreement.

BRAEDON CLARK: I also wanted to touch on another infrastructure project - it's been in the news a lot, of course - which is Hogan Court. Hogan Court is in my riding, and I want to be clear that the outcome of that project is one that I have no objection to, of course. I think the idea of transitional care makes sense. There's obviously a middle ground there between hospital care and being at home, and that facility could fit that need, and I look forward to that.

But I think there's a difference, an important distinction, in all government decisions between the process and the outcome. The outcome is one thing, and I don't have issue with that. I do think there were serious problems with the process that led to that acquisition of that site, and the Auditor General has issued a report on that as well.

I know the minister has talked about this, and the minister has said that this is a good decision, and the outcome is good. I don't want to argue with her on that point, but I was curious if the minister is comfortable with the process and the procurement that led to the acquisition of that facility.

MICHELLE THOMPSON: I do have a lot of confidence in the process that we used. I appreciate the recommendations from the AG. Certainly, it will help us moving forward. We can't continue to do things the same way. This process was the first time that we've done this. Because we bought a partially built building, it will actually allow us to deliver this facility two years sooner than we would have been able if we had started from the ground up.

It really is about the value for patients - and not just the patients that are transitioned to that facility in order to transition to the community, but it will resonate and echo across the health care system. You can imagine, by freeing up those beds - there are predominantly seniors in those care areas - in those acute care beds that are resourced for acute care. So we'll not only give those individuals a place to be cared for in an appropriate manner, but those freed-up acute care beds will take pressure off our emergency rooms. It will take pressure off our surgical wait times.

So yes, I do agree completely with the process, and I appreciate the recommendations from the AG. They will help us strengthen our process moving forward. But I do think that this development will echo throughout the health care system, because it's going to be two years quicker than it would have been, and because of the care that will be provided there, making sure people get the right care in the right place.

BRAEDON CLARK: I think we may have to agree to disagree on some aspects of that, and that's fine. But I do think that when you look at the process - having architectural opinions issued after the purchase had been made, confidentiality agreements signed with developers before some of these reports were done - I think steps were missed or overlooked in a quest for speed. That's my view. I think that's the AG's view as well. I think and I hope that lessons are learned from that. We can't sacrifice everything in the name of speed to make sure that we get the right projects - because I do agree that there is a need for that type of facility there.

I also wanted to talk a bit about family doctors, of course. The wait-list right now is a little over 150,000, roughly double what it was when this government took office. When it was 60,000 to 70,000, it was deemed a massive, massive problem. It's much higher now, and that increase is not distributed evenly across the board, either. In fact, some of the sharpest increases have been in HRM. It's not broken down by riding, of course, but if you look at Bedford-Sackville, Bedford-Hammonds Plains - I forget what exactly it's called - you're looking at a 300 to 400 per cent increase since August 2021.

I hear the minister and others talk a lot about attachment versus access. I'm curious about the minister's views. Is the relationship with an attachment to a family doctor still considered the foundational element of the health care system, or is there a different baseline in the minister's view and in the department's view?

MICHELLE THOMPSON: There's a lot in that question, so just bear with me.

The Need a Family Practice Registry - when we look at the numbers, we know that approximately 35 per cent of the growth on that Need a Family Practice Registry is related to people who have moved to the area. That's one. We know that roughly 25 per cent of the people on the Need a Family Practice Registry is related to physicians who have retired or left their practice, so we continue to recruit.

To your point, access and attachment are not always the same thing. We have people who are attached who don't have good access. They may wait a month, as an example, for an appointment with their primary care provider. There are also people who are on the list - they all have access to virtual care. If you're seen virtually by a care provider, and they feel that your presenting symptoms need to be seen in person, we have a number of primary care clinics across the province where you can be seen. Sometimes it's for episodic care, so you go for short-term. Other times, there are people there with a chronic condition or acute illness who are managed through that primary care clinic until they're attached to primary care. They're not necessarily attached, but they have temporary, consistent access to these primary care clinics.

The old way of having one family doctor for every Nova Scotian - I've said it before - that is not the future. We are not going to be able to maintain that for a number of different reasons. I think one of the most important reasons is around scope of practice of health care. We want people to access care in a team-based environment, where teams work together, so your team would know you. It also kind of immunizes people away from whether they have a physician who retires or perhaps goes on maternity leave or takes a leave or travels or chooses to work part time - you actually have a team of individuals. It isn't always the physician who looks after you. You may have a nurse practitioner, perhaps a social worker, or a pharmacist.

We look at a health home - you're attached to a health home. That's where your record sits and that's where your care is provided. We also look at health neighbourhoods. As an example, if you're someone with diabetes, you have attachment to your primary care, your health home, but you also receive care through perhaps a hospital in your neighbourhood. You also receive care from the Diabetes Education Centre.

What's important is the investment in the infrastructure and the teams, making sure the teams are well-rounded, based on community data, so we know what the needs of the communities are and we're building our data sets. We also need to know the assets in the community and what best serves. I look at the member for Clare. The work that's happened

in his community with the member for Digby - working together, creating, expanding this health home, adding more practitioners, making sure there's a collaborative practice environment, and looking at that whole neighbourhood so that there's care given not only in Clare but also Weymouth and Digby.

It really is around an ecosystem in creating these neighbourhoods and clusters where health care workers support one another, and patients - Nova Scotians - are able to move in and out of these to varying degrees. The foundational part, of course, is the record and making sure that we have access.

Also, I will just get a plug in for the app, which I know you love so much. As we expand that pilot, people will actually have their records on their phones. Not only will we have the infrastructure in these health neighbourhoods - they refer to it in Denmark as the democratization of health care - people actually had their own records. They had agency that they never had before because they could see what was happening with them and they were enabled to go to a physiotherapist with their diagnostic imaging, and they could move through these health neighbourhoods in order to access the care and have the information they needed. That's the vision. That's the future - a health home and a health neighbourhood where people get the care they need, whether that's maternity care, chronic disease care, et cetera.

It is a very exciting time in health care to see - I've never seen it before - where we work together with our different skill sets in a collaborative practice and we work together for the patient. It is a very exciting time in health care. I think practitioners are excited about it as well.

BRAEDON CLARK: I'm glad the minister brought up what is happening down in Clare, actually. Perhaps the member for Clare could stand up and just give us a seminar on how to figure this out, because the concept of collaborative care clinics has been like the white whale of health care for the last - anybody get the *Moby Dick* reference? No? Dated - what can I do? (Interruption) It's too late.

The concept of collaborative care clinics sounds ideal in practice, but for whatever reason, it hasn't been able to expand to the degree that I think we would like to see.

Could the minister perhaps give us an explanation as to why that is and how we are going to get more collaborative care clinics across the province so that we can all look as intelligent and have as much foresight as my good friend from Clare?

MICHELLE THOMPSON: I will say that I think we can all be proud of the work that happened in Clare and Digby. To your point: What is the secret sauce? The secret sauce is actually being positive, speaking positively about your community, digging in, working with provincial folks, government, municipalities, clinicians and working towards the same goal.

Again, around those community homes, I appreciate there are issues in health care, but when we speak negatively all the time, it makes it very difficult to recruit to communities, very difficult to recruit to practices. Sometimes people come with ideas about what they want, but we have to really talk about what that idea means.

The municipalities sometimes will come forward, and they'll have an idea. We work with them around the community: What is the profile in that community and the community cluster? Maybe individuals don't always have all the information, so when you can sit apolitically and work through the municipalities, through representatives with Nova Scotia Health Authority, and really dig into the issues, that is the biggest success factor. We can both appreciate the personalities of the members involved and why, perhaps, that contributed to the success. Maybe all of us could learn a little bit about how you can work collaboratively and positively.

I do want to talk a little bit to your point. I do want you to know that in Nova Scotia, we have strengthened a number of clinics - new and strengthened clinics - and it actually has stabilized care for over 15,000 patients in the province. It has attached over 52,000 patients. It does take incremental time. As an example, we have care teams that are coming forward. There are a number of physicians in my local area, as an example, who came forward - they all have separate practices. They've decided they all want to come together. So that facility is being built now so that they can work there together in a way that I would never have expected for 10 physicians, and they are identifying the care team that they need. This is happening all across the province. So we recruit to that.

The incubator clinics - like the Dalhousie Family Medicine incubator clinic - are really important, as well. That's a test-and-try that's ongoing. We take a new doc, we put them in a very supportive environment, we help them over a period of time to panel up, so they get to the panel that we think is appropriate. Then we move them out of that clinic to start their own primary care environment.

What a supportive environment for folks, to bring their patient caseload up. For them to understand how to work in a collaborative nature, they're in a best-practice environment. That clinic itself - when we stabilized it and optimized it through the Optimization Team - they thought they were going to have to decant patients, when in fact, they took over 4,000 patients off the list. They also support and help us with the new baby clinic, as well, for unattached babies.

When you really sit and think about the art of the possible and work with the people around you, you can make incredible things happen as a result of that. It will take incremental change. We have recruitment. I'll go back to the care clinic in Pictou County. We see where these medical residents - Tatamagouche. When we put medical residents in a supportive environment, they often stay. That's really what we want to do. So we not only need to recruit the medical resident, we also need to think of ways in which we can

settle and recruit the medical resident's partner, if there is one, and perhaps find them a partner, if they would like one, in some of our communities, to anchor them.

[10:45 p.m.]

AN HON. MEMBER: There's an app for that.

MICHELLE THOMPSON: There's an app for that. We don't have an app for that yet, but don't say it too loud. It might be the only one we're missing, which could happen. (Laughter) Next year in Estimates, we'll be talking about that. (Interruption) I know. We're all getting tired. Just to say there really is a focused effort.

The last thing I will say, in terms of recruitment of physicians in particular, is that physicians recruit physicians. If you have a physician group that is pleased and happy - and I also will say that our new contract with physicians is very - we say it's good for physicians and physicians are pleased. We've had almost 100 fee-for-service physicians come into the - I mean, it just rolls off the tongue - Longitudinal Family Medicine, the LFM Model, because it's so good. It's great for patients because it incents attachment and access.

BRAEDON CLARK: In the last three minutes we have here tonight, I just want to touch on a point the minister made about a high percentage of the family practice list being newcomers. That's certainly something that I see in my own riding. I don't have numbers, but it certainly would be one of the five ridings that would have the most newcomers - new Canadians especially.

This is more of a comment than a question. I just want to really make the point of how critical that piece is. I've talked to lots of people who have immigrated from Morocco, Nigeria, the U.K., or anywhere around the world, and obviously that's a huge shock. Sometimes it's a major culture shock. Sometimes it's a new job, sometimes it's moving with your family - whatever the case might be - and having a family doctor is kind of an anchor. It's a comfort to people. I think not having that can be very dislocating and difficult for newcomers. It's just another problem added to all the other stresses of moving.

To that point, I know - maybe it was today, I'm losing track of time - there was an announcement about the reintroduction of the physician incentive for Central Zone. I'm just wondering - and I may have read this earlier - when will that incentive be reintroduced, and what was the rationale to do that?

MICHELLE THOMPSON: I don't know if I'll get to everything, but first of all, I just want to mention the newcomer clinics. We did invest in the Newcomer Health Clinic, which has been important. There was a \$684,000 increase in October 2022. They've increased the active patients from about 2,700 to about 3,800 as a result of that investment, so working with families at the Newcomer Clinic, which is really an important part.

In terms of the incentive, prior to the change in incentives in 2021, 60 per cent of physicians who received the incentive chose to live in Metro. That was a disadvantage to our rural communities. There are amenities, and I've spoken to a number of doctors. It is a different type of practice in the city. It's a different lifestyle, perhaps. There are some conveniences that perhaps are not available in our rural communities. We really did focus initially on our rural - and some of HRM was considered rural, of course. There was \$125,000 incentive.

As we've said, we continue to look at the data. We hear directly from our recruiters. We talk to physicians who have settled, and because of the population growth we feel it's the right time to implement this.

It is a little bit different in terms of what's available in the rural communities as well, but we also want to remain competitive, of course, right across the country. There have been a number of factors. We'll continue to re-evaluate as we move forward what the best thing is at the right time, in order to attract and become a magnet for health care professionals.

THE CHAIR: Order. The time allotted for consideration of Supply today has elapsed.

The honourable Government House Leader.

HON. KIM MASLAND: Chair, I move that the committee do now rise and report progress, and beg leave to sit again on a future date.

THE CHAIR: The motion is carried. The committee will now rise and report business to the House.

The motion is carried.

[10:51 p.m. The CWH on Supply rose and the House reconvened. Deputy Speaker Nolan Young resumed the Chair.]