



House of Assembly
Nova Scotia

DEBATES AND PROCEEDINGS

Speaker: Honourable Kevin Murphy

Published by Order of the Legislature by Hansard Reporting Services and printed by the Queen's Printer.

Available on INTERNET at <http://nslegislature.ca/index.php/proceedings/hansard/>

First Session

WEDNESDAY, APRIL 4, 2018

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House of Assembly
Nova Scotia

HALIFAX, WEDNESDAY, APRIL 4, 2018

Sixty-third General Assembly

First Session

1:00 P.M.

SPEAKER

Hon. Kevin Murphy

DEPUTY SPEAKERS

Mr. Chuck Porter, Ms. Suzanne Lohnes-Croft

MR. SPEAKER: Order, please. Just before we begin with the daily routine, the topic for late debate tonight, as submitted by the honourable member for Dartmouth South, is:

Therefore be it resolved that the Government of Nova Scotia put into immediate effect a moratorium on police street checks during the Human Rights Commission review of the practice.

That's late debate tonight at the moment of interruption.

We will begin the daily routine.

PRESENTING AND READING PETITIONS

PRESENTING REPORTS OF COMMITTEES

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STATEMENTS BY MINISTERS

GOVERNMENT NOTICES OF MOTION

MR. SPEAKER: The honourable Premier.

HON. STEPHEN MCNEIL (The Premier): Mr. Speaker, may I do an introduction before I do my notice of motion?

MR. SPEAKER: Permission granted.

THE PREMIER: Mr. Speaker, in your gallery I want to draw the attention of the House that we have with us today Shane Vieau of Dartmouth. Shane has worked extensively around the world in set decoration for film production and recently won an Academy Award for his work on the film *The Shape of Water*.

I would ask Shane to stand and receive a warm welcome from the House. (Standing Ovation)

MR. SPEAKER: The honourable Premier.

RESOLUTION NO. 1127

THE PREMIER: Mr. Speaker, I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas Shane Vieau of Dartmouth is a self-taught set decorator who has earned numerous nominations and awards for his technical and creative work in film; and

Whereas Shane became the fourth Nova Scotian in history to receive an Academy Award at the 90th Academy Awards ceremony, honouring the best films in 2017, held on March 4, 2018, in Los Angeles; and

Whereas Shane is best known for his work on the 2017 film *The Shape of Water*, for which he won an Academy Award and British Academy Film Award for Best Production Design, and also joined his fellow cast and crew members to accept the Academy Award for Best Picture;

Therefore be it resolved that all members of the House of Assembly join me in congratulating Shane Vieau on this superior achievement and thank him for his hard work and dedication to his craft and the film industry.

Mr. Speaker, I request waiver of notice and passage without debate.

MR. SPEAKER: There has been a request for waiver.

Is it agreed?

It is agreed.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

The honourable Premier.

THE PREMIER: Mr. Speaker, as I introduced Shane, I forgot to acknowledge that he brought his friend, Oscar, with him. (Applause)

I would encourage all members to get an opportunity if they get a chance, to go outside of the Chamber to say congratulations to Shane, and get a chance to actually hold the Oscar if he'll let you. The weight of it will surprise all of you. Congratulations, Shane.

MR. SPEAKER: The honourable Minister of African Nova Scotian Affairs.

RESOLUTION NO. 1128

HON. TONY INCE: Mr. Speaker, I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas today marks the 50th Anniversary of the assassination of Dr. Martin Luther King, Jr., an American Baptist minister and activist who became the most visible spokesperson and leader in the civil rights movement from 1954 through 1968; and

Whereas Dr. King was widely known for his role in the advancement of civil rights by using the tactics of non-violence and civil rights disobedience based on his Christian beliefs and inspiration from non-violence activism of Mahatma Gandhi; and

Whereas Dr. King's message of equality, opportunity, and justice for all and he believed all human beings regardless of colour, creed, or economic status had value and deserved both dignity and respect;

Therefore be it resolved that the members of this House please join me today in remembering Dr. Martin Luther King, Jr., and honour his life by working together to eliminate systemic racism and discrimination from our province, country, and the world.

Mr. Speaker, I request waiver of notice and passage without debate.

MR. SPEAKER: There has been a request for waiver.

Is it agreed?

It is agreed.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

The honourable Minister of Fisheries and Aquaculture.

HON. KEITH COLWELL: Thank you, Mr. Speaker. With your indulgence, I would like to make an introduction.

MR. SPEAKER: Permission granted.

MR. COLWELL: In the east gallery, it's a real pleasure to have Dannie Hanson here today and Jenna Lahey, both of Louisbourg Seafoods Ltd., and it's wonderful to have them here. We have a great working relationship with Louisbourg Seafoods Ltd., as we do with all the companies in Nova Scotia. (Applause)

MR. SPEAKER: The honourable Minister of Fisheries and Aquaculture.

RESOLUTION NO. 1129

HON. KEITH COLWELL: Mr. Speaker, I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas through the hard work of industry members like Louisbourg Seafoods Ltd., the Nova Scotia seafood industry has grown to become the largest seafood exporter in the country with sales of \$2 billion in 2017; and

Whereas Louisbourg Seafoods Ltd.'s commitment to innovation in the seafood sector and economic development for the communities in which they work and live has helped to secure jobs and opportunities for Nova Scotians and their families and was recognized for its efforts with an Award of Excellence at the 20th annual Nova Scotia Department of Fisheries and Aquaculture Minister's Conference on the fishing industry; and

Whereas Louisbourg Seafoods Ltd. enthusiastically partners with government, academia, non-profit organizations, and the broader seafood industry to seek out innovative solutions to industry-wide challenges that result in greater economic activities and opportunities for rural Nova Scotia;

Therefore be it resolved that all members of this House join me in thanking Louisbourg Seafoods Ltd. for their tremendous contributions to the fishing industry and wish them continued success as they support sustainable growth in our seafood sector.

Mr. Speaker, I request waiver of notice and passage without debate.

MR. SPEAKER: There has been a request for waiver.

Is it agreed?

It is agreed.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

The honourable Minister of Health and Wellness.

RESOLUTION NO. 1130

HON. RANDY DELOREY: Mr. Speaker, I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas Parkinson's disease is a neurodegenerative disease that affects over 10,000 Atlantic Canadians; and

Whereas Parkinson's disease can impact those diagnosed in many ways, with each person's experience being unique from age of onset to diagnosis and management of symptoms; and

Whereas April is Parkinson's Awareness Month, a time to show support to those living with Parkinson's disease;

Therefore be it resolved that all members of the Legislature recognize Parkinson's Awareness Month by committing to raise awareness and show support for organizations like Parkinson's Canada, which provides invaluable supports to those living with Parkinson's through advocacy, education, and counselling.

Mr. Speaker, I request waiver of notice and passage without debate.

MR. SPEAKER: There has been a request for waiver.

Is it agreed?

It is agreed.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

INTRODUCTION OF BILLS

Bill No. 110 – Entitled An Act to Amend Chapter 1 of the Acts of 1994-95. The Environment Act. (Ms. Lenore Zann)

MR. SPEAKER: The honourable member for Truro-Bible Hill-Millbrook-Salmon River.

MS. LENORE ZANN: I beg leave to make an introduction before I introduce this next bill.

MR. SPEAKER: Permission granted.

MS. ZANN: I would beg everybody's attention to go to the west gallery, where we have Paul and Lydia Jenkinson visiting us today. They are freshly moved back to Nova Scotia, and I would love to give them a warm welcome from the House. (Applause)

Bill No. 111 - Entitled An Act to Amend Chapter 22 of the Acts of 2000. The Agricultural Marshland Conservation Act. (Ms. Lenore Zann)

Bill No. 112 – Entitled An Act to Amend Chapter 7 of the Acts of 2007. The Environmental Goals and Sustainable Prosperity Act. (Ms. Lenore Zann)

Bill No. 113 - Entitled An Act Respecting a Review of the Environmental Assessment of Pits and Quarries. (Ms. Lenore Zann)

MR. SPEAKER: Ordered that these bills be read a second time on a future day.

NOTICES OF MOTION

STATEMENTS BY MEMBERS

MR. SPEAKER: The honourable member for Pictou West.

**144 CONSTRUCTION ENGINEERING FLIGHT:
OPEN HOUSE - CONGRATS.**

MS. KARLA MACFARLANE: Mr. Speaker, I would like to congratulate 144 Construction Engineering Flight on an extremely successful open house which was held recently in Pictou. The CEF is a construction arm of the Air Force that encourages people to join the reserves to learn a trade such as carpentry, electrical, or plumbing, among many others. The Flight has numerous projects scheduled, such as a gazebo for a local church, renovations at a local food bank, and the construction of a heritage building on Pictou Island.

I would like to thank all the members of Flight 144 for their service and dedication to their craft, as well as for the important work they have done in the past and future in making our community a better place for all. Thank you.

MR. SPEAKER: The honourable member for Halifax Chebucto.

PARRIS, EDDIE: DEATH OF - TRIBUTE

MR. GARY BURRILL: Mr. Speaker, I'd like to ask the House to join me today in honouring the memory of Eddie Parris, who passed away Saturday in Cape Breton.

Eddie Parris was one outstanding gospel singer. During my time as minister of United Heritage Church in Sydney, I had the great pleasure of hearing Eddie's voice behind me in the choir, and the great experience also of hearing Eddie and the Inspirational Singers at the special occasions and in the Sunday worship of the church.

A former Whitney Pier alderman and recipient of the Tom Miller Award, named for the first African Nova Scotian alderman in Atlantic Canada, Eddie Parris founded the Inspirational Singers in his retirement. The group was a well-known and well-appreciated part of the landscape of music in Cape Breton. Music was Eddie's lifeblood, and he sang with various groups over the years, including his own Eddie Parris Orchestra. One of his favourite tunes, "This Little Light of Mine," was sung by a chorus on Good Friday evening at his bedside. Eddie Parris brought a lot of light. Thank you.

MR. SPEAKER: The honourable member for Hants West.

MR. CHUCK PORTER: Mr. Speaker, may I be permitted to do an introduction?

MR. SPEAKER: Permission granted.

MR. PORTER: I would like to introduce to the House today, and I would ask them to rise as I introduce their names: Barry Braun, who is the founder of the Happy Community Project; Cheri MacDonald; Alex Haines; Elizabeth Tufts; Dr. Will Webster;

Ron Scott; Dr. Bruce Dienes; Heidi Kelwhiny; Anne Webster; Dr. Kathleen Kevany; and Jason Craig, who's with the Sackville project.

Last but certainly not least, my number one and better half, Leslie Porter, who is also part of that team. I would ask the House to give them a warm welcome today. This is the Happy Community Project. (Applause)

I missed one - Jackie Haines. I don't know how I missed you, sister.

MR. SPEAKER: The honourable member for Hants West.

HAPPY COM. PROJ.: COM. CONNECTEDNESS - CONGRATS.

MR. CHUCK PORTER: Mr. Speaker, the Happy Community Project is a community event creating strong communities, and a strong community is a healthy community. The healthy community is a happy community.

The project is about making social connections - knowing our neighbours and creating our community the way we want it. This is about making this extraordinary idea an ordinary occurrence. Founder Barry Braun created the Happy Community Project after thinking about the world that his children and grandchildren are growing up in and how he could make a change in how communities connect with one another. The better we remember how to be a community, the better it will be for our children and our grandchildren.

The Happy Community Project is proven to make communities stronger. It has been researched by Acadia University and endorsed by Dr. Laurie Santos of Yale University.

More importantly, the citizens of Windsor and Sackville and other areas where this is growing are thrilled with what is happening in their communities. It's energizing, it's inspiring, and it works. Congratulations to the Happy Community Project. Welcome to the House. Thank you.

MR. SPEAKER: The honourable member for Yarmouth.

MEM. CLUB OF YARMOUTH: DISSOLUTION - THANKS

HON. ZACH CHURCHILL: Mr. Speaker, after 33 years the Maple Grove and Yarmouth Consolidated High School Memorial Club will dissolve and end its volunteer services. Joe Bishara Sr., who founded the club and has been its teacher advisor since it began in 1985, said this was a truly difficult decision but one that both he and the club's 15-member parent group felt was timely.

Over the past 33 years the members of the Memorial Club of Yarmouth, consisting of junior high and senior high school students, have dedicated their time and energy to honouring their country, veterans, and seniors. Members could be seen at Remembrance Day services throughout the county, standing at attention with Canadian flags or placing Canadian flags at the graves of veterans. They volunteered at veterans' places, travelled to Camp Hill Veterans Hospital in Halifax, and even visited with veterans in hospitals and long-term care facilities in Ottawa. The Memorial Club lovingly put together and mailed care packages to soldiers and held ceremonies in Yarmouth where silver crosses were presented to the fathers of fallen Canadian soldiers.

I'd like to ask this House to join me in thanking Joe Bishara Sr. and the countless members of the Memorial Club, along with their parents and guardians for 33 years of noble inspirational volunteerism of the highest magnitude. They are the embodiment of the club's motto: Proud Canadians do Proud Things.

I, along with our community, province, and country, are very proud of them all.

MR. SPEAKER: The honourable member for Pictou Centre.

O'MALLEY, VINCENT - SURGEON: RETIRMENT - BEST WISHES

HON. PAT DUNN: Mr. Speaker, Dr. Vincent O'Malley arrived in Nova Scotia from Galway, Ireland, in 1988. The general surgeon began working at Soldiers' Memorial Hospital in Middleton. In 2003, he moved to the Valley Regional Hospital.

The well-known and respected surgeon will be retiring on Monday, April 9th, following a lengthy and distinguished career. O'Malley created a lasting positive impact and was well known for his respectful attitude towards other colleagues and members of the inter-professional team. Vincent always worked with others effectively to assess, plan, provide, and review new practices. He will be remembered for his confident, caring, compassionate, and kind approach towards patients.

I invite all members of the Legislature to join me in extending our sincere appreciation in wishing Dr. Vincent O'Malley a well-deserved retirement.

MR. SPEAKER: The honourable member for Bedford.

HAGE, JONATHAN: HORATIO ALGER SCHOLARSHIP - CONGRATS.

HON. KELLY REGAN: Mr. Speaker, I want to share a Horatio Alger story about a young man from my riding.

Charles P. Allen High School student and Bedford resident, Jonathan Hage, is one of 85 students across Canada to receive a Horatio Alger Canadian Scholarship. According

to the awarding association, Horatio Alger Scholarships are awarded to deserving high school students in need who have overcome significant adversity while demonstrating strength of character, strong academics, a commitment to pursuing higher education, as well as a desire to contribute to society. The awards are worth \$5,000 each. They are named after Horatio Alger, the American author who popularized the rags-to-riches, boy overcomes obstacles to become wealthy, formula in over 100 books.

I want to congratulate Jonathan Hage on winning this scholarship, and wish him the best of luck as he continues his studies.

MR. SPEAKER: The honourable member for Sackville-Beaver Bank.

EASTER BREAKFASTS: VOLUNTEERS - CONGRATS.

MR. BRAD JOHNS: Mr. Speaker, on Saturday, March 24th and Sunday, March 25th, we had the honour in our constituency of Sackville-Beaver Bank to be paid a visit by the Easter Bunny. He attended the Beaver Bank Kinsac Community Centre and of course as well Springfield Lake Recreation Centre in Middle Sackville, where he was greeted by many parents and children and grandparents as well, who came out to enjoy a breakfast and get a picture with the happy, fuzzy, little fellow.

Mr. Speaker, both of these groups actually hold annual breakfasts with the Easter Bunny each year, featuring a pancake breakfast, as well as many other friendly activities, an egg hunt, and everything else.

I just want to take an opportunity to congratulate and thank the volunteers, the board of directors for the facilities, and all the people who came out, creating two other successful events again this year.

MR. SPEAKER: I was really hoping the honourable member was going to speak directly to the Easter Bunny, so I could tell him, don't speak directly to the Easter Bunny.

The honourable member for Kings West.

FLIGHT ED PROG.: INSPIRING CHILDREN - CONGRATS.

HON. LEO GLAVINE: Mr. Speaker, I rise today to highlight the work of Mr. Lloyd Graham and the Greenwood Military Aviation Museum's Flight Education Program.

For the past 16 years the Flight Education Program has hosted over 8,000 Grade 6 students from Annapolis Royal to New Minas, teaching them about the science of flight. Students in the program have the opportunity to spend time in a cockpit and receive instruction from military pilots with decades of experience. Some of the most special

moments resulting from the program occur when former pupils return to the museum sporting their pilot's wings.

As the MLA for Kings West, I would like to congratulate Lloyd Graham and the team at the Greenwood Military Aviation Museum for delivering the Flight Education Program and for educating and inspiring thousands of Nova Scotia children through flight education.

[1:30 p.m.]

MR. SPEAKER: The honourable member for Inverness.

HART, CAMPBELL: LORAN SCHOLARSHIP - BEST WISHES

MR. ALLAN MACMASTER: Mr. Speaker, Campbell Hart has been awarded the prestigious Loran Scholarship for 2018. He is one of 34 Canadians, one of over 5,000 applicants, who has been selected. The North East Margaree Grade 12 student at Cape Breton Highlands Academy underwent a rigorous selection process, designed to seek out evidence of character, integrity, courage, grit, compassion, and inner directedness in young leaders committed to serving others.

His prize is a \$100,000 scholarship over four years, plus a \$10,000 annual stipend, tuition waivers, mentorship, funding for summer internships, annual retreats, and a week-long orientation expedition in Algonquin Park.

Campbell has been active with many school activities, sports, and works hard on the family farm.

May we in this Legislature wish him well with his goal of obtaining a doctorate of veterinary medicine.

MR. SPEAKER: The honourable member for Antigonish.

CURRY FAM.: KEPPOCH DONATION - APPRECIATION

HON. RANDY DELOREY: Mr. Speaker, Chuck Curry was known for his generosity and commitment to the Antigonish community, having served on many boards and committees, including the CACL building committee, the Antigonish Kinsmen, and the Antigonish District School Board, where he was chairman for 10 years.

Mr. Speaker, Mr. Currie passed away in 2017, but his big heart and commitment to the Antigonish community lives on through his family. The Curry family has made a donation to Positive Action for Keppoch and its work at Keppoch Mountain, a year-round

recreation site. The Curry family's contribution has assisted with the purchase of a fully-adaptable mobile rescue stretcher. This rescue stretcher is an appropriate purchase, as Chuck Curry and his brother operated the ambulance service in Antigonish from 1963 to 1997, and he was a founding member of the Ambulance Operations Association of Nova Scotia.

Mr. Speaker, Keppoch has become a place for families and outdoor enthusiasts. Now, when people are out enjoying Keppoch, they can be assured that in the case of an emergency, there is a way to have them quickly and safely removed.

Mr. Speaker, I would like to pass on my appreciation to the Curry family for their remarkable contribution to Keppoch. It is a fitting contribution in memory of a remarkable man.

MR. SPEAKER: The honourable member for Northside-Westmount.

CARTER, LESLEY: BUCKET LIST TRAVEL BLOG - CONGRATS.

MR. EDDIE ORRELL: Mr. Speaker, I rise today to recognize Sydney Mines native Lesley Carter, a very successful travel blogger.

Lesley moved to California and started to write about her travels. She has set foot on every continent, visited 100 countries, has even been swimming with the sharks, has ridden camels, sky-dived, and even flown a fighter jet.

Lesley's blog, Bucket List Publications, is now a full-blown business with tourist boards all over the world wanting her to visit and write. She has an audience of hundreds of thousands monthly.

I'd like to take this opportunity to congratulate Lesley for chasing her dream, and encourage members to check out her blog to read about the newest travel adventure.

MR. SPEAKER: The honourable member for Hants East.

FARNELL, CAMERON: U18 CDN. RUGBY TEAM - CONGRATS.

HON. MARGARET MILLER: Mr. Speaker, rugby is a grueling sport. It takes courage, determination, and grit to even participate, let alone excel to the level that a young Elmsdale resident has. Cameron Farnell is suiting up in Hong Kong this month after being chosen for the U18 Team Canada squad.

His passion for the sport garnered him honours locally as the East Hants Sports Heritage Hall of Fame U18 Male Athlete of the Year. As captain of his high school team,

he led them to gold in 2017 provincials, and went on to play with teams throughout the summer, winning bronze, silver, and gold in competitions in all of Atlantic Canada.

There will be three games set in Hong Kong, and at that level, we know that the team will be facing tough opposition with hard-fought games.

Mr. Speaker, the entire community is proud of Cameron, and I'd like to offer him all of our congratulations and wish him well in this huge achievement, in realization of an athletic dream, and in all his future endeavours.

MR. SPEAKER: The honourable member for Inverness.

MACDONALD, SIOBHAN: MEDALLIST, CAN. GAMES - CONGRATS.

MR. ALLAN MACMASTER: Mr. Speaker, congratulations to Inverness County Female Athlete of the Year Siobhan MacDonald of Mabou.

Siobhan carried the flag for Nova Scotia at the opening ceremonies of the 2017 Canada Games in Winnipeg. She went on to win a bronze medal in the 2.4-metre para mix competition.

She is on the sailing team at Queens University, where she is working towards a degree in mechanical engineering.

The people of Inverness, along with her parents, Brenda and Angus, are very proud and inspired by the heart she puts into everything she does. Let us applaud Siobhan for her latest achievement.

MR. SPEAKER: The honourable member for Halifax Citadel-Sable Island.

E. ORTHODOX CHURCH - HAPPY EASTER

HON. LABI KOUSOULIS: Mr. Speaker, I'd like to take this opportunity to wish everyone of the Orthodox faith a Happy Easter this coming weekend.

Mr. Speaker, I'm often asked why the Orthodox faith has a different date than the Western Christian Churches in terms of Easter, and I'd like to explain that. Christian Orthodox follows the ancient Julian calendar, while the Roman Catholic faith follows the Gregorian calendar.

The second reason, Mr. Speaker, is that the rules set at the First Ecumenical Council, held in Nicaea in A.D. 325, stated that it required Pascha, or as we say Easter, to take place after Jewish Passover in order to maintain the biblical sequence of Christ's

Passion. Usually you will see the Orthodox Church celebrate Easter up to five weeks later than Western Churches.

MR. SPEAKER: The honourable member for Clare-Digby.

RENAUD, CHRISTOPHER: EMERG. CARE - THANKS

MR. GORDON WILSON: I would like to congratulate Christopher Renaud, a recent recipient of the Emergency Medical Services Exemplary Service Medal. The medal is awarded to paramedics and other professionals who have completed 20 years of service in the field of pre-hospital medical services.

Mr. Renaud started caring for people at a very young age. From the age of 17, he worked with the local ambulance service in Digby, a service that was owned and operated by his father. Five years later, his father sold the company, and Christopher moved to Halifax and continued working in the same field.

Over the years, he has held a number of positions in pre-hospital emergency care, including for the last 11 years as a critical care paramedic with the EHS LifeFlight program. In this position, he has been called to emergencies or sent to transport critical patients from one hospital to another including our hospital in Digby. Often, this means flying in less-than-ideal conditions.

Thank you to Mr. Renaud and all of his colleagues for taking such good care of us in such often difficult circumstances.

MR. SPEAKER: The honourable member for Cumberland North.

AMHERST FIRE DEPT.: COM. FUNDRAISING - RECOGNIZE

MS. ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, I would like to recognize Bob Blenkhorn, Chris Clark, Greg Jones, and Joe Depuis of the Amherst Fire Department.

They have organized a curling bonspiel to help raise money for the Nova Scotia Firefighters Burn Treatment Society. They hope to match last year's amount of \$3,000. The money raised will go towards buying items for kids who have been through fires.

Not only are these individuals doing their job to save lives, they are raising money on their own time to support the people they are saving. This is truly going above the call of duty, and they deserve our respect and gratitude.

MR. SPEAKER: The honourable member for Guysborough-Eastern Shore-Tracadie.

CHEDABUCTO CURLING WINS - CONGRATS.

HON. LLOYD HINES: Mr. Speaker, I rise today to congratulate Chedabucto Education Centre's Team Grady, who were the recent recipients of the bronze in the Girls Division at the Regional Juniors Curling School's Divisional Bonspiel on March 27th. Alicia Mills, the coach; Victoria Grady, the skip; Vanessa Dort, third; Hanna Manthorne, second; and Brooklyn Jordon, lead, deserve high praise for their strong sporting efforts and their potent team spirit that led them to their triumph.

The Chedabucto Curling Club in Boylston saw five additional girls and boys teams travelling from Truro, Colchester, and Pictou schools. This wonderful event is yet another great example of the importance of rural sports facilities bringing students and families together from neighbouring communities for active winter living.

MR. SPEAKER: The honourable member for Dartmouth East.

ELLENVALE JR. HS: SHREK THE MUSICAL - BEST WISHES

MR. TIM HALMAN: Mr. Speaker, Spring is the season for school plays, which makes it a very exciting time to represent a constituency with so many schools.

I rise today to wish Ellenville Junior High School success in their upcoming production of Shrek the Musical. This highly anticipated production is sure to have the residents of Dartmouth East laughing and singing along. I would like to extend special congratulations to my constituent, Amy Spurway, one of the directors of the production.

As Spring productions get into full swing, I would like to extend my warmest well wishes to all school productions. I want to wish all the production teams and actors fun and success and hope that all members of this House are able to get out to as many productions as they can.

MR. SPEAKER: The honourable member for Halifax Armdale.

PARSONS, AMY: ACCESSIBILITY ADVOCATE - CONGRATS.

HON. LENA DIAB: Mr. Speaker, I rise today to highlight the important contributions of my constituent, Amy Parsons. Amy is a bright and passionate young woman, a yoga enthusiast, and an advocate for deaf and hard-of-hearing Nova Scotians.

Currently, she works as an educational interpreter consultant with the Atlantic Provinces Special Education Authority (APSEA), advising them on leadership on education policy and mentoring a team of ASL interpreters who work in public schools in the Atlantic Provinces.

Amy previously served on the province's Disabled Persons Commission, bringing her unique perspective and background in literacy resource development for the deaf community to the important work of that body. Ms. Parsons is one of 12 Nova Scotians appointed to serve as the first members of the province's Accessibility Advisory Board and to develop a road map toward achieving an accessible province by 2030.

I ask all members of the House of Assembly to wish Ms. Parsons and the team well as they embark on this initiative.

MR. SPEAKER: The honourable member for Pictou Centre.

NEW LEAF: DOMESTIC VIOLENCE COUNSELLING - OUTREACH

HON. PAT DUNN: Mr. Speaker, New Leaf, a program under the Pictou County Opportunity for Men Association, began in 1984. It started because of a need.

The program provides an opportunity for men to take responsibility for their abusive behaviour towards females. New Leaf has a strong outreach component and staff make presentations to students and other groups. With the help of group counselling, numerous males came to realize that the way they would respond to stress and problems was to become angry and abusive.

Staff also hold the men accountable for their actions. Responsibility and accountability are key components of the healing process on both sides of domestic violence.

MR. SPEAKER: The honourable member for Cole Harbour-Portland Valley.

JAMAICA VIBES: GRAND OPENING - BEST WISHES

HON. TONY INCE: Mr. Speaker, I wish to congratulate Dwayne Green on the opening of his news business, Jamaica Vibes.

Mr. Green is a dedicated entrepreneur in our community. Jamaica Vibes celebrated its grand opening in March 2018. Dwayne is dedicated to operating not only an eatery, but a community hub as well, by offering residents of Cole Harbour various social event nights.

I commend Mr. Green on his entrepreneurship and his passion for bringing our community together, a celebration of diversity, and I wish him great success.

MR. SPEAKER: The honourable member for Northside-Westmount.

TOKYO LLOYD MEM. HOCKEY TOURNAMENT - SUCCESS

MR. EDDIE ORRELL: Mr. Speaker, I rise today to recognize the success of the fifth annual Tokyo Lloyd Memorial Hockey Tournament at the Emera Centre in Northside.

The event is a fundraiser to help with the arena's operating costs. Lloyd MacDonald was the father of 12 children and started selling cars at a young age. This grew into the very successful MacDonald's Auto Group.

Twenty teams make up the tournament's roster and the community was entertained with some top-notch hockey. I'd like to take this time to thank all volunteers, players, and spectators for supporting this worthwhile and entertaining cause.

MR. SPEAKER: The honourable member for Timberlea-Prospect.

TERENCE BAY FIRE HALL, LADIES AUX. - LEADERSHIP

HON. IAIN RANKIN: Mr. Speaker, I'd like to recognize Jean Slaunwhite, Alice Ryan, Gail Slaunwhite, and Cheryl Harrie of Terence Bay, for their efforts to keep the Terence Bay Fire Hall open for the many community events, celebrations, and activities that take place.

Long-time residents of Terence Bay are very proud that as a community they built and manned the first volunteer fire station in the Prospect area. Jean, Alice, Gail, and Cheryl were all members of the Ladies Auxiliary and continued to be when Station No. 53 ceased being an active station in 2013. Since that time Jean, Alice, Gail, and Cheryl have kept the hall open and available for community activities.

Now the time has come for the municipality to divest itself of the property and these same ladies have stepped up into positions of leadership to submit an application on behalf of the Terence Bay community.

I would like the members of the Nova Scotia House of Assembly to join me in thanking Jean, Alice, Gail, and Cheryl for the work they have done to run the Terence Bay Fire Hall and for the work they are now undertaking to take back the building as a valued community asset.

MR. SPEAKER: The honourable member for Cumberland North.

ALLEN, STEPHANIE: PUBLICATION - CONGRATS.

MS. ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, today I'd like to recognize Stephanie Allen of Amherst, Cumberland County.

Stephanie is an award-winning speaker and her story is now published in a book entitled *Dream Big Being Bold: Inspiring Stories from Trailblazers, Visionaries and Changemakers*. Stephanie is an educator, a therapist, and a presenter. She is one of 25 contributing authors to this book.

Stephanie wanted to share her inspiring story of following her dreams to make a big impact on the world. She wants to help people discover how to discover and have the courage to follow their dreams. It's encouraging to hear stories like this and for Stephanie to step out and help others do the same.

I am pleased to congratulate Stephanie Allen on being included in this book and wish her well in all future endeavours.

MR. SPEAKER: The honourable member for Fairview-Clayton Park.

YWCA: HOST, CAN. 150 EVENT - RECOGNIZE

HON. PATRICIA ARAB: Mr. Speaker, I would like to recognize the YWCA of Halifax that recently hosted a Canada 150 event to celebrate the achievements of women immigrants. The YWCA has been a pillar of many communities for several decades, with their main goal being to empower all women and girls. They have been quite successful in doing so, which was highlighted for all in this, like many other events they have hosted.

Killam Apartments also supported this event and the association by giving a \$20,000 donation to the YWCA. It is in part because of generous companies like this one that the goals of the YWCA continue to be met over the years.

Mr. Speaker, I ask the members of this House to join me in recognizing the YWCA for hosting this incredible event, and thank them and all of the phenomenal immigrant women of our province.

MR. SPEAKER: The honourable member for Waverley-Fall River-Beaver Bank.

BURGESS, MATTHEW: AUTO. TRADES ASSOC. SCHOLARSHIP - CONGRATS.

MR. BILL HORNE: Mr. Speaker, I would like to congratulate Matthew Burgess of Fall River being awarded the Automotive Trades Association's annual scholarship value of \$2,000.

Matthew is currently enrolled in his second year of business administration at NSCC. After graduation, he will continue on to Saint Mary's University to complete a bachelor of commerce degree.

Matt is currently the manager/bookkeeper of his dad's business, RaceTrac Gas Station on Highway No. 2, and will continue working the family business with the aim of assuming ownership and growing their business in the future.

I ask that members of the House join me in congratulating Matthew and wishing him the best in his future endeavours.

[1:45 p.m.]

MR. SPEAKER: The honourable member for Halifax Atlantic.

RENAULT, LOUISE: COM. SERV. - THANKS

MR. BRENDAN MAGUIRE: Mr. Speaker, continuing on with my theme of recognizing amazing people from my community, I would like to take a moment to recognize someone we all know. Well, at least we know her voice.

Like a lot of Nova Scotians, I get up early every morning with a tea in one hand, and while spending the morning getting the kiddos ready, I listen to Jollimore's very own Louise Renault on CBC Information Morning. Louise not only helps us start our day off right, but she also started the volunteer group the Do Crew. Louise and her Do Crew volunteer their time helping local non-profits and social enterprises. Their countless hours of volunteer work have helped the lives of many.

Thank you, Louise, for being a positive role model for all of us.

MR. SPEAKER: The honourable member for Hammonds Plains-Lucasville.

GLEN ARBOUR: HOST, ATL. GOLF CHAMPIONSHIP - CONGRATS.

MR. BEN JESSOME: Mr. Speaker, in September this year Glen Arbour Golf Course in Hammonds Plains will be hosting the 5th Annual Atlantic Golf Championship.

This tournament will bring together the best male and female amateur, mid-master, and senior golfers in the Atlantic Provinces. There will be individual and team titles given out at this 36-hole event. Twenty players will be chosen from each Atlantic golf association who will be selected by their province at qualifying tournaments over the course of the summer. The winners in each division - amateur, mid-master, senior, and super-senior - will win an exemption into their respective national championships in the next year.

I would ask all members of the House of Assembly to join me in congratulating the Glen Arbour Golf Course for hosting the Atlantic Golf Championship for the first time and wishing all competitors the best of luck. Welcome to our beautiful community.

MR. SPEAKER: The honourable member for Cole Harbour-Eastern Passage.

KENT, IAN: MEDALLIST, TABLE TENNIS - CONGRATS.

MS. BARBARA ADAMS: Today I rise to bring recognition to Mr. Ian Kent, a resident of Eastern Passage who will be joining 283 Canadian athletes who will be participating in this month's Commonwealth Games in Gold Coast, Australia.

Mr. Kent will be competing in table tennis. He was victorious in two major competitions in 2017. Last July, Mr. Kent was awarded two gold medals at the National Para Table Tennis Championship in Markham, Ontario, in a singles and team events. He has an extensive competitive resumé when it comes to international multi-sport events. At previous Para Pan American Games, Mr. Kent was awarded silver and bronze at the 2015 games in Toronto, Ontario, and he earned gold and silver at the 2011 event in Guadalajara, Mexico. He also brought home two silver medals in 2007 at Rio de Janeiro, Brazil, and his first silver at the 2003 games in Mar del Plata, Argentina.

I ask all members of the Legislature to join me in congratulating Mr. Ian Kent on his continued outstanding achievements and his demonstration of fitness and competition.

MR. SPEAKER: The honourable member for Lunenburg.

WENTZELL, JIM: RETIREMENT - BEST WISHES

MS. SUZANNE LOHNES-CROFT: Mr. Speaker, I rise today to recognize Jim Wentzell, the chief administration officer for the Town of Mahone Bay. He has held this position since 2004 and recently announced his retirement.

Mr. Wentzell's 45-year career has involved work in various levels of municipal government, including positions in the Town of Bridgewater and the Town of Lunenburg. He has also held positions at the South Shore Regional School Board and the Nova Scotia Department of Education. Jim has served on the executive of the Association of Nova Scotia Administrators and the Financial Management Institute of Canada.

Jim resides in the Town of Mahone Bay and is the proud father of two children, Alicia and Mark. Mr. Speaker, I would ask that you and the members of this House of Assembly please join me in wishing Jim Wentzell all the best in his retirement.

MR. SPEAKER: The honourable member for Clayton Park West.

SIEVERT, OLIVIA: WILDLIFE CONSERV. - COMMEND

MS. RAFAH DICOSTANZO: Mr. Speaker, I want to recognize an outstanding young woman from my riding who is helping to protect endangered wildlife. Olivia Sievert is a graduate of Halifax West High School.

She has spent the last few years working in wildlife sanctuaries in Malawi, Africa, where she helps endangered animals to thrive and remain safe from poachers. She is currently pursuing a masters of science in conservation biology with focus on the behavioural ecology of recently reintroduced cheetahs.

Mr. Speaker, I commend Oliva for her dedication to the conservation of some of the world's most vulnerable species. I wish her the best of luck in her future. She is a dear neighbour of mine.

MR. SPEAKER: The honourable member for Pictou West.

KHAN, SARAH: HORATIO ALGER SCHOLARSHIP - CONGRATS.

MS. KARLA MACFARLANE: The function of the Horatio Alger Association of Canada is to award scholarships to deserving young Canadians from coast to coast. So far, 601 Canadian students have been the beneficiaries of scholarships.

I am pleased to rise today to congratulate Sarah Khan of Alma Road for winning this Canadian scholarship in the amount of \$5,000. She is one of 85 recipients across Canada for 2018. This scholarship is awarded to high school students who are academically-inclined, who wish to pursue higher learning, who have financial barriers, and have overcome significant adversity, and all the while, aspire to making positive changes to society.

I salute Sarah on such a well-deserved achievement and wish her all the best in her academic pursuits.

MR. SPEAKER: The honourable member for Kings South.

WOLFVILLE CHILDREN'S CTR.: 45th ANNIV. - CONGRATS.

MR. KEITH IRVING: I rise today to congratulate the staff and volunteer board of the Wolfville Children's Centre on celebrating their 45th Anniversary last Fall.

The first few years of life are so important to a child's development and the extraordinary care provided at childcare centres across the province has a significant, positive impact on children, their families, and the community.

I visited the Wolfville Children's Centre and the deep commitment of the staff and board in providing a caring, engaging, and inclusive environment for the children is clearly evident. We are lucky to have this exceptional centre in our community.

I invite members of the Nova Scotia House of Assembly to join me in thanking executive director Laurie St. Amour, the staff, and volunteers of the Wolfville Children's Centre for providing exceptional care for the children of Wolfville and the surrounding area for over 45 years.

MR. SPEAKER: The honourable member for Halifax Needham.

COMMON ROOTS URBAN FARM: PUBLIC ENGAGEMENT - SUPPORT

MS. LISA ROBERTS: On April 11th, Common Roots Urban Farm is hosting a public engagement at Citadel High School. The purpose of the meeting is to share how wonderful, strong, and diverse the farm community is, to discuss its need for a new home, as the NSHA is reclaiming its current site, and to discuss the priorities for a new home.

Common Roots Urban Farm is an unorthodox community hub outdoors, which has contributed to both community and to food security for individuals with plots, and through its donations to the Parker Street Food and Furniture Bank. It has been a particularly important site for new immigrants who come from farming communities. Gardeners often travel by public transit from all over Halifax, including Fairview and Clayton Park.

I encourage other members to join me next Tuesday at the public engagement to support Common Roots Urban Farm, as it looks for a new home.

MR. SPEAKER: The honourable member for Bedford.

FOSTER, JACKIE: COMMONWEALTH GAMES, LAWN BOWLING - BEST WISHES

HON. KELLY REGAN: I want to share some news about one of our colleagues in government. Many of us in this House got to know Jackie Foster when she was a reporter with CTV Atlantic, and before that, with Global News. Jackie was known as a fair and determined reporter. Winner of several Atlantic journalism awards, it's no surprise that the Premier's Office hired this well-respected journalist, but I want to discuss today what Jackie does in her spare time. Currently, she is in Australia where the opening ceremonies were just held for the Commonwealth Games.

Jackie is a member of Canada's Commonwealth lawn bowling team. We are tremendously proud of her, we wish her all the best, and we want to assure her that she is always on our honour board. We know her persistence and fairness will serve her well at the Games.

MR. SPEAKER: The honourable member for Pictou East.

UKE CAN DUET: ED BOWDEN COM. WELLNESS AWARD - CONGRATS.

MR. TIM HOUSTON: The Ponds Conservatory's musical group, Uke Can Duet, a whimsically-named ukulele club, was this year's winner of the Ed Bowden Community Wellness Award.

Ed was an exemplary musician and philanthropist, and was very active in his community. The health board honoured his memory with the creation of an award to acknowledge the many community groups that have contributed to the wellness of our citizens in the same way every year.

The Uke Can Duet club offers lessons and practice to people of all ages and levels of experience and they showcased their own impressive talent, proving Uke Can Duet. The play on words is one that sets the tone for an easy, fun-filled way to learn to play the ukulele. My sincerest congratulations on this well-deserved award.

MR. SPEAKER: The honourable member for Clare-Digby.

MARITIME NHL'ERS 4 KIDS: DONATION, MINOR HOCKEY - THANKS

MR. GORDON WILSON: I would like to thank the Maritime NHL'ers for Kids organization. In partnership with the Canadian Tire Jumpstart Charity, they recently made a donation of \$5,000 to the Clare-Digby Minor Hockey Association.

We all know the important part sports can play in the lives of our youth, and during the winter months, the sport of choice for many of our children is hockey. Unfortunately, enrolling children in organized hockey is an expensive proposition for parents. For some of them, the cost of gear and registration can be an impediment to their children playing hockey. Also, these costs do not include the added expense of going to practices and games.

Donations to the Clare-Digby Minor Hockey Association will ensure more children will have the opportunity to play this year. These funds are raised through the organization's annual celebrity golf tournament held throughout the Maritimes.

I was able to participate in the tournament in 2015 when it was held at the Digby Pines, and I invite all the members of this House of Assembly to this year's event in Digby.

MR. SPEAKER: The honourable member for Guysborough-Eastern Shore-Tracadie.

MACDONALD, BRUCE: PUBLICATION - CONGRATS.

HON. LLOYD HINES: Mr. Speaker, I rise to congratulate author and historian Bruce MacDonald, who has recently completed his second volume on the history of those who gave their lives in the war. The book, *First World War Honour Roll of Guysborough County, Nova Scotia, Volume II: 1918-1937*, brings to life stories from family, friends, and neighbours of the 64 local individuals who made the supreme sacrifice.

Bruce's books are a vital link to Guysborough County's role in Canada's war history. He is providing a tangible connection to the past lives of the fallen by sharing these vivid stories and, in doing so, bringing us closer to the experiences that took place over 100 years ago.

Mr. Speaker, I would like to thank Bruce MacDonald for his great research efforts that resulted in two volumes of important Nova Scotia military history and wish him the best on his new research, which focuses on the Guysborough railroad.

MR. SPEAKER: The honourable member for Halifax Armdale.

ORB TOYS: INTL. MARKETS - CONGRATS.

HON. LENA DIAB: Mr. Speaker, I rise today to highlight a local business, ORB Toys. ORB has been in the children's toy industry for almost 30 years now and has become known for their tactile, hands-on toys, collectibles, and crafts.

The company has expanded rapidly in recent months as a number of their award-winning products have become immensely popular abroad. Indeed, they have added 12 new hires since December and still have many new job openings. Their cute and trendy new Soft'n Slo Squishies, a toy resembling a cross between a stuffed animal and a stress ball, are quickly taking over the international market. ORB Toys are now available in over 60 countries, and their operations grew by 400 per cent last year. If the response at this year's New York Toy Fair is any indication, 2018 should be a huge year as well.

I want to congratulate ORB Toys on their incredible success and wish them well as they expand.

MR. SPEAKER: The honourable member for Timberlea-Prospect.

SMITH, CAROL ANNE: SCH. RENOVATION CAMPAIGN - THANKS

HON. IAIN RANKIN: Mr. Speaker, I would like to recognize Carol Anne Smith of Terence Bay.

Early in 2017, Carol Anne and her husband Paul welcomed their adopted son Cody into their home and into their hearts. As a new parent of a school-aged child, Carol Anne was keen to make the transition to big school smooth by becoming actively engaged as a volunteer at the Terence Bay site of Atlantic Memorial Terence Bay Elementary school.

Over the years, the exterior of the Terence Bay school site has become unsightly and was in desperate need of repair. Carol Anne began a positive campaign to lobby for these repairs to be undertaken by extolling the many virtues that the inside of the school building housed, like the gleaming walls, shining floors, and classrooms filled with happy teachers and engaged students. As a result of Carol Anne's campaign, renovations to the school's exterior are under way at this time.

I would like the members of the Nova Scotia House of Assembly to thank Carol Anne for her hard work, her positive attitude, and her determination to fight for what she believes in.

MR. SPEAKER: The honourable member for Fairview-Clayton Park.

BINDER, CORY - CHAPERONE: WINTER SURVIVAL TRIP - THANKS

HON. PATRICIA ARAB: Mr. Speaker, I rise today to recognize the Grade 7 and Grade 9 classes of Clayton Park Junior High, which are participating in a winter-survival field trip this month.

The students will be visiting the Natural Resources Education Centre, where they will partake in several activities that will teach them outdoor survival techniques. This field trip is a unique opportunity for the students and is spearheaded by teacher Mr. Binder. Students will learn the importance of teamwork while participating in activities that will teach them skills that go beyond the classroom.

I ask the members of this House to join me in thanking Mr. Binder for his dedication in planning this field trip and wishing the students an excellent time.

MR. SPEAKER: Thank you very much.

[2:00 p.m.]

ORDERS OF THE DAY

ORAL QUESTIONS PUT BY MEMBERS TO MINISTERS

MR. SPEAKER: The honourable Leader of the Official Opposition.

PREM. - HIP & KNEE WAIT TIMES: NAT. STANDARD - MEET

MS. KARLA MACFARLANE: Mr. Speaker, yesterday the Auditor General released an update on audits conducted in 2014 and 2015. Included in those updates was an audit conducted on surgical wait times in Nova Scotia, and the Auditor General indicated that hip and knee replacement surgeries have a wait time of 18 months - three times the national standard of six months. According to the Health Authority, the province plans to meet the standard by 2020.

Does the Premier believe that the province will meet the national standard of six-month wait times by 2020?

THE PREMIER: Yes.

MS. MACFARLANE: On March 22nd of this year, the Leader of the New Democratic Party asked the Premier about the possibility of a strike by health care workers. In his response, the Premier spoke to surgical wait times, and the Premier said "With this recent budget, we believe we will get to the six-month wait when it comes to orthopaedic surgeries." I'll table that. So, with this response, the Premier indicated that the province would meet the standard this year.

Is the Premier still confident that this year is the year that Nova Scotia will meet the national standard?

THE PREMIER: Mr. Speaker, what I said in the response that she just read, I said with the investments that we made in this budget that we will meet the goal that was set out by the Minister Finance and Treasury Board in her budget, and the Auditor General alluded to, that we would meet that time by reducing it down to six months in 2020.

MS. MACFARLANE: So, Mr. Speaker, last week the member for Dartmouth East asked the Minister of Health and Wellness about wait times for orthopaedic surgeries, and the member for Dartmouth East referenced the same quote from the Premier that I just tabled. The minister responded to that point, that he did not believe that the Premier even made such a comment - but as we know I just tabled it and he did - and that he would not make such a commitment and such a statement.

So, the Health Authority says 2020, the Premier 2018, and the Minister of Health and Wellness says no way, not 2018. So, Nova Scotians are in chronic pain, can we just have one clear answer - will the Premier tell this House when the province will meet the national standard?

THE PREMIER: Mr. Speaker, I want to go back and have her read the response that I gave her last week, which said that the investments inside this current budget will allow us to meet the actual target that's been set. The Minister of Finance and Treasury

Board in her Budget Address actually referenced the timeline, the Auditor General has referenced that timeline, and we made that investment to move forward to meet that six-month timeline in 2020.

MR. SPEAKER: The honourable Leader of the New Democratic Party.

PREM. - MIN. WAGE INCREASE: \$15 - THREE YRS.

MR. GARY BURRILL: Mr. Speaker, today marks the 50th Anniversary of the date of the assassination in Memphis of Dr. Martin Luther King Jr. King was in Memphis to support the Memphis sanitation workers' strike, which he was moved to join by the poverty level wages of the sanitation workers. Martin Luther King called, in the campaign that led to the March on Washington and the I Have a Dream speech, for a \$2 minimum wage - adjusted for inflation, that would be \$15.73 today.

Will the Premier agree to honouring the legacy of Dr. King by revising his previous position and establishing a path that would get Nova Scotia to a \$15 minimum wage over the next three years?

THE PREMIER: I'm pleased to stand and talk about Dr. King. Mr. Speaker, in a few months, in early June, it will also be the 50th Anniversary of the assassination of Robert Kennedy. I think the world was changed when those two men were taken way too young in their pursuit, quite frankly, not only to change the lives of America, but I believe to change the global community.

I just listened, before I came over here, to a tribute to Dr. King by one of the people who was actually with him on that particular day. The very things they focused on, Mr. Speaker, were good jobs and quality education to find their way out of poverty. To find their way out of racism and discrimination in any global community, it will be driven through the power of education and the power of economic prosperity. It's why we've continued in this budget to drive investment in public education, why we're ensuring that we continue, regardless of the socioeconomic circumstances you are born into this province, you will have access to play-based pre-Primary programs.

We're going to continue, Mr. Speaker, not only to honour the legacy of Dr. King, but we're going to ensure that every Nova Scotian feels empowered and welcomed in this province as we continue to make change.

MR. BURRILL: Dr. King came to Memphis from his work with the great defining work of the last chapter of his life, which was called the Poor People's Campaign. The Poor People's Campaign was a major mobilization across the United States calling for dramatic levels of anti-poverty investments from the government.

It would be a singular way to honour Dr. King's legacy if the Premier would today commit to doubling the budget for income supports in Nova Scotia, thereby dramatically improving the incomes of the poorest people in our province. Is this a commitment that the Premier is prepared to make?

THE PREMIER: I want to thank the honourable member for the question. I want to push it back to the budget that we're actually debating today, the investments that we have continued to make in affordable housing. We have continued to reduce the wait-list. There's another additional 400 rent supplements that are in place to provide low-income Nova Scotians with access to housing. We have exempted child support when it comes to income assistance payments. That's a substantial amount of money that we're leaving in the families of low-income Nova Scotians.

We're continuing to work within our system to ensure that we provide everyone with the tools they require to move themselves out of poverty. We have a different view when it comes to what the minimum wage should be in this province, but we are addressing it in what we believe are meaningful concrete steps to individual families today that are impacting them in a positive way in Nova Scotia.

In the pursuit of that, we're providing the play-based pre-Primary program regardless of your socioeconomic circumstances so that those children who are born into poverty will be judged on the content of their mind and their character because we have given them an opportunity to strive and achieve all they can be in this province by not giving them anything but support and a hand up.

MR. BURRILL: Mr. Speaker, today there will be an abundance of quotations from Dr. King, and he will be remembered internationally. One of them will be this: "Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

Canada is the only country in the world with socialized medicine which doesn't also have a socialized drug plan. Today in Nova Scotia, close to 100,000 people can't afford to fill their prescriptions.

It would be a fitting tribute to Dr. King if, on this day, the Premier would commit to adding our province's voice to the calls across our country for a national Pharmacare plan. I would like to ask the Premier if this is something he's prepared to do.

THE PREMIER: Mr. Speaker, I have verbalized this in many parts of this country, in this province. It is the next phase of continuing to build a health care system that has access for all. I believe a national Pharmacare program is an appropriate step to move forward.

I know the Health Ministers across the country will be meeting. When they do, I know our province will be proudly represented by the strong voice of the Minister of Health

and Wellness to ensure that we continue down that road to ensure that we make sure that this health care system is fair for all Canadians and all Nova Scotians.

MR. SPEAKER: The honourable Leader of the Official Opposition.

LAE: DOMESTIC VIOLENCE VICTIMS - FIN. RES.

MS. KARLA MACFARLANE: My question is for the Minister of Labour and Advanced Education. According to the latest stats on the website of the Nova Scotia Advisory Council on the Status of Women, over 2,400 Nova Scotians were victims of intimate partner violence and reported that violence to the police. According to the same website, the general social survey conducted by Stats Canada reports that approximately 25,000 Nova Scotians report having been victims of intimate partner violence in the preceding five years.

Studies show that a lack of financial resources and options is the number one reason that victims of domestic violence cannot leave abusive relationships. Does the minister agree that lack of money keeps victims in abusive situations? I certainly do.

HON. LABI KOUSOULIS: In terms of domestic violence, 25,000 cases is 25,000 too many in my opinion.

Mr. Speaker, what we have here in the House is a bill to support the individuals, because what would be much worse than not even having some money in order to move forward is having the risk of your job being terminated because you're in a domestic violence situation.

We have a bill before the House. I'm very proud of that bill, and I look forward to debate on it.

MS. MACFARLANE: Yet that bill has no financial attachments. Other jurisdictions in Canada offer five paid days of leave for victims; 2,400 victims at five days each equals over 12,000 person-days of leave. Those 12,000 person-days of leave mean that on any given day 34 people would be on leave.

The latest statistics peg the median salary in Nova Scotia to be around \$31,000, and 34 full-time equivalents at \$31,000 is just under \$1.1 million. So Mr. Speaker, for \$1.1 million the province could cover the cost of five paid days of leave for victims of intimate partner violence.

Does the minister agree that \$1.1 million is a good investment in assisting victims of intimate partner violence find safety for themselves and children?

MR. KOUSOULIS: Mr. Speaker, in terms of the Public Service, with our employees, we do have paid leaves available. What we have here is a bill that will protect all workers, not only workers who are in the Public Service but all workers in Nova Scotia. That bill for Nova Scotia has rights for a person to take 16 weeks of leave, and it also has rights for people to take 10 intermittent days of leave.

The member has spoken about other provinces that have the paid leave. So far, there are two in all of the country that have paid leave. I have committed to look at paid leaves in the future.

MR. SPEAKER: The honourable member for Cape Breton Centre.

H&W - C.B. COM. HOSPITALS: CLOSURE - PLAN CONFIRM

MS. TAMMY MARTIN: Mr. Speaker, a few months ago I brought up the suspension of the New Waterford Consolidated Hospital's mobile care team. I was worried about health care in industrial Cape Breton, worried that our community hospitals were having their oxygen supply cut off. Clearly, residents of Glace Bay and North Sydney were experiencing similar problems. At the time, we were told we were fear-mongering, but it seems, with the news of the potential closure of the Northside General and Glace Bay Hospitals, that I wasn't too far from the truth.

Mr. Speaker, will the Minister of Health and Wellness admit that closing community hospitals in the CBRM was the plan all along?

HON. RANDY DELOREY: I'm not sure where the member is getting the information she cited in the question there before, particularly with respect to references of closures of facilities. It's difficult to respond to the inquiry based upon information that I don't have before me.

MS. MARTIN: To the Minister of Health and Wellness's question, it is actually something that is being done, from what we understand, without the NSHA involved, being done at the doctor level, and that's who is telling us.

When we asked about this yesterday, the minister said the reviews of community hospitals should be expected and that the Health Authority is always working to deliver care in the most effective way. Mr. Speaker, would the Minister of Health and Wellness table a list of hospitals under review in Nova Scotia?

MR. DELOREY: Indeed, part of the role and responsibility of the Nova Scotia Health Authority is to review all health services to ensure that we are operating and providing the care and services that Nova Scotians need. We're seeing significant progress taking place. We're seeing investments based upon a proposal brought forward by the Nova

Scotia Health Authority which they developed in partnership with orthopaedic surgeons, which is moving us towards the national benchmark.

We have seen partnerships, working with physicians and Doctors Nova Scotia, to enhance our ability to compensate front-line family care providers. We work with our physicians all the time with primary care access through collaborative practice. That's what happens in our health care system. It's the way to move forward and to provide the best care possible to all Nova Scotians.

MR. SPEAKER: The honourable member for Northside-Westmount.

H&W - C.B. HOSPITALS: LOCUM PHYSICIANS - RETENTION

MR. EDDIE ORRELL: Mr. Speaker, my question is also to the Minister of Health and Wellness. A critical shortage of emergency room doctors is almost always to blame when the emergency room over the Northside General or other hospitals in Cape Breton is closed.

Locum physicians used to fill the gap, but a new policy is driving locum physicians away. One locum physician was told that only \$500 of his flight to get to Nova Scotia would be paid. His hotel would only be reimbursed for the days he worked, and his rental car would not be covered, even though he was being asked to work at the Northside, Glace Bay, and the Cape Breton Regional Hospitals. In the end, this doctor decided not to come to Cape Breton.

My question to the minister is, when locum physicians are so instrumental in keeping the emergency rooms open, why is the minister driving them away?

HON. RANDY DELOREY: I wholeheartedly disagree with the assertion that the member brought forward there. Indeed, as the minister, I welcome physicians to step up and support. I thank those physicians who do work and practise on a locum basis.

There are many who work throughout the province providing care. The example being used in our emergency rooms, many of our communities rely on physicians who are willing to step up to the plate, so I thank them for their service. We do have policies in place that stipulate how the compensation for that type of service is provided.

MR. ORRELL: Mr. Speaker, to come fill a gap in the under-resourced emergency room, an out-of-province locum doctor must pay a license fee of \$250 a month. They are also required to pay a \$500 Doctors Nova Scotia fee, a cost that used to be covered by the health board. As I said, those doctors are now responsible for the cost of a rental car to get to and from work and their hotel room on their days off. If they were lucky enough to get an interested doctor, they'll find out that they make less at the Northside General than they do at the Cape Breton Regional Hospital.

My question to the minister is, will the minister commit to knocking down all these barriers to prevent locum doctors from coming to Cape Breton and working in these hospitals?

[2:15 p.m.]

MR. DELOREY: Mr. Speaker, I thank the member for the question. Indeed, we do look at our compensation models. The member cited some examples though that don't relate to fees charged by organizations outside of government. He cited Doctors Nova Scotia - the fee for the licensing is managed by the College of Physicians and Surgeons.

With respect to those policies and the funding that we do provide, we do look at those and I think we have a great example where we work with Doctors Nova Scotia. (Interruption)

MR. SPEAKER: Order, please. The honourable Minister of Health and Wellness has the floor.

MR. DELOREY: I think we've demonstrated recently exactly how well we can work with Doctors Nova Scotia and our partners providing health care services to come up with a program towards the compensation needed.

MR. SPEAKER: The honourable member for Cumberland North.

H&W - NURSING HOME BEDS: INCREASE - TIMELINE

MS. ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, every day across this province, our hospital beds are filled to about 40 per cent with people awaiting long-term care, nursing home beds, or they can't return home because of the lack of home care supports. As a result, our emergency rooms are filled with admitted patients with no privacy, noisy environments, not conducive for healing.

My question to the Minister of Health and Wellness is, when can we expect this government to increase the number of nursing home beds available and also create a plan to improve home care supports?

HON. RANDY DELOREY: Mr. Speaker, I thank the member for the question. I think it's very important to note that the work that has been done in the path that we've charted both in the area of long-term care as well as the home care services, we've invested heavily, we've been making great strides particularly in the home care space, we've seen the impacts.

The member references people waiting in hospital - we've seen a reduction in the number of people waiting in hospital for nursing care access. We've seen a reduction in

the number of people and how long they wait to access home care and long-term care services. The path we're making - is there more work to be done? Yes, there is and we're continuing to pursue that. (Interruption)

MS. SMITH-MCCROSSIN: Mr. Speaker, I thank the minister for his answer and I think we all can agree that when you look at the problem with the paramedics and not being able to get people into emergency departments, we still have a lot of work to be done.

I wanted to also identify that the Auditor General identified eight out of 12 of the home care recommendations made by his office were not completed last year. The recommendations have been in place since 2008 and were also identified in 2013. The Auditor General said he was very disappointed by the performance; I will table that document.

My question to the Minister of Health and Wellness is, who is actually accountable to follow up on the Auditor General's recommendations for home care? Why have they not been completed, and when can we expect these recommendations to be done?

MR. DELOREY: Mr. Speaker, I thank the member for the question. That update the member is referencing goes back to the AG's Report that was released in the Fall, it spoke to that report at that time. We acknowledge there's work to be done and we're continuing that work. Much of the recommendations around home care in particular relates to the structure of contracts with home care providers as well as performance metrics associated with those contracts.

We've been working with those home care providers, our partners in that space, in a way to identify the key performance indicators to ensure accountability and transparency. But we want to do that in a way that does not put at risk the care actually being provided to our loved ones in our communities. We're continuing that work, it's well under way and we look forward to seeing it fully rolled out.

MR. SPEAKER: The honourable member for Inverness.

H&W: WESTERN C.B SURGERIES - ADVOCACY

MR. ALLAN MACMASTER: Mr. Speaker, for the Minister of Health and Wellness. For 100 years, surgeries have been performed in Inverness. It represents a million dollars of payroll in a local community, it represents convenience for local patients, and less travel for their families, and it eliminates possible delays for patients who are in need of an operation.

Two years ago, myself and Dr. Pillai met with the previous Minister of Health and Wellness' staff in Halifax here, because Dr. Pillai will soon be retiring, and he has been the surgeon at the hospital.

My question, Mr. Speaker, is who is advocating to keep this service in Inverness? We have no district health authority, local doctors are busy with their practices, and hospital staff are employees of the government and must watch what they say.

MR. DELOREY: Indeed, Mr. Speaker, I believe members of the Opposition share the same objective as their community members, as do the members of the government side, as is the shared objective of the employees and the physicians and our partners in the health care system - that is to ensure that we provide the best care possible to our citizens.

That work is equally appropriate and applicable, and advocacy takes place at all levels, on behalf of all citizens of the Province of Nova Scotia, that includes Inverness, and we'll continue to do that, to ensure we can provide the best care possible to all citizens.

MR. MACMASTER: Well, Mr. Speaker, I will state to be clear: we care about keeping surgery in Inverness, and the question becomes, what is the plan? That was two years ago that Dr. Pillai and I met with government.

Assuming that government values keeping surgery in Inverness, and assuming the cost would just be transferred to another location if surgery was moved out of Inverness, can the minister assure people in western Cape Breton that the future of surgery is safe in Inverness, when no one in the system - other than the retiring surgeon - seems to have the ability to advocate to keep it?

MR. DELOREY: Mr. Speaker, as I've noted previously, there is work that looks at all services that we provide to Nova Scotians. Work takes place to ensure that we can provide the best care possible, making the best use of the resources that we have.

Mr. Speaker, there's a plethora of research that I can certainly make available to the member, that assesses a number of factors around the care - and that's the primary focus and objective that we have, is to ensure that we have the right care in our communities across the province.

MR. SPEAKER: The honourable member for Cape Breton Centre.

H&W - KNEE & HIP SURGERY: AG RECOM. - ADDRESS

MS. TAMMY MARTIN: Mr. Speaker, yesterday, the Auditor General reported that after four years, the Nova Scotia Health Authority still has not acted on his recommendations regarding a plan for meeting the national benchmark in knee and hip surgery wait times.

The minister continues to announce money for these services, but without any public accountability for how the money is being spent. Mr. Speaker, can the Minister of

Health and Wellness explain why the Health Authority still has no public plan for meeting these important national benchmarks?

HON. RANDY DELOREY: I think the member might be a little bit off-base there, Mr. Speaker. It's not that we haven't implemented a plan. Indeed, there was a public announcement with media right downstairs - back in I believe, October - where we actually announced the plan of how we are going to move forward with improving our progress around orthopaedic surgery wait times.

That work was committed to then, and we committed to pursuing additional surgeries in that fiscal year. We completed over 400 surgeries. With the movement forward, that plan is continuing to be executed. We put in another \$8.8 million I believe, towards these services, targeting another extra 350, or additional 350 surgeons in this fiscal year.

MS. MARTIN: Mr. Speaker, investments are one thing but a plan is quite another. Money budgeted last year for ortho-surgeons went unspent, and more was added to this budget. Why should Nova Scotians believe that this spending is effective if there are no public measures of the outcomes it achieves?

In 2014, the Department of Health and Wellness agreed to lay out exactly how we will reduce wait times for hip and knee replacement, and to report on the progress along the way. Four years later, there's still no road map, and now the NSHA says they'll have one in place by 2020, six years after the initial agreement. According to the Health Authority's VP of Quality, implementation efforts may have been hampered by the need to focus on amalgamation, and I'll table his comments.

Mr. Speaker, can the minister confirm that combining the Health Authority stalled progress on important public accountability measures, like the ones highlighted by the Auditor General?

MR. DELOREY: Mr. Speaker, the number of concerns I have with the statements made by the member opposite - I just stated that we very clearly laid out the road map and the path forward in October 2017. That's the plan that we're executing on.

The mistake that the member opposite made in citing the fact that we had money set aside to hire additional surgeons in the last fiscal year is mistaken. The roadmap that was released in October, one that was designed by the NSHA in collaboration with orthopaedic surgeons and others who are involved in the front line, based upon their recommendations, was not dependent on investments and hiring additional orthopaedic surgeons in the last fiscal year. That was based upon making better use of resources that we have in place now.

It is being efficient and effective in using our resources. That is step one. Step two is to invest in hiring additional staff to provide these surgeries. That is what is put in place in this phase two, in this fiscal year. That's where the money is going forward with, and as I said, we've seen results: over 400 additional surgeries between October and another 350 on slate for this fiscal year.

MR. SPEAKER: The honourable member for Kings North.

TIR: J-CLASS ROADS - POLICY CHANGE

MR. JOHN LOHR: Mr. Speaker, my question is for the Minister of Transportation and Infrastructure Renewal. Recently, while meeting with municipal officials, I was told that the long-standing policy of transferring J-class roads to the care of the province has been suspended. In the past, my municipality has partnered with TIR in fixing up J-class roads. Once these roads met provincial standards, care was assumed by the province.

My question for the Minister of Transportation and Infrastructure Renewal is, will the minister confirm if the policy around J-class roads has changed? Does the province still assume responsibility for J-class roads once they meet provincial standards?

HON. LLOYD HINES: I thank the member for the question. The J-class road program, which was part of a service exchange from many years ago, has been working very well with the province. Over a period of time, the maintenance for those roads is the responsibility of the municipalities. In some instances that is performed by a private contractor, and in some instances the province provides that service.

The J-class roads are also eligible for 50-50 cost sharing on paving jobs. Just this morning I signed off on 30 or 40 projects for J-class roads, which is an excellent program for the province, because it offers road improvement at half price for both parties. Thank you.

MR. LOHR: I'd like to thank the minister for that answer. I'm not sure he got right at the heart of it. I'd like to move on to another road issue.

A second type of road of great concern to many in Kings North is Z-class roads. These are privately-owned roads which are publicly used and shared by landowners. One such road is Tupper Road. It is 300 metres long, has 14 landowners with small homes on it, and it is a shortcut to the Valley Regional Hospital from Brooklyn Street. It has had snowplowing and summer grading by DTIR for more than 50 years. There are many other roads like this in Kings North, in fact, in the Annapolis Valley.

My question is, will the minister commit to the citizens of Kings County living on these Z-class roads that have historically had DTIR services that he will continue to provide these services?

MR. HINES: I really appreciate the question. The complexity of the style and number of roads that we have in the province is a bit of an enigma. It goes back to our history, where we are a very old province. On the Z-class, there usually is a grading associated with it. In some jurisdictions, the municipalities have stepped up and provided additional service, such as additional grading or repairs and gravel. There's no indication that I am aware of to changing the normal posture that we have with the Z-class roads of the province. Thank you.

MR. SPEAKER: The honourable member for Sackville-Beaver Bank.

H&W - PATIENT TRANSFERS: AUTHORITY - EXPLAIN

MR. BRAD JOHNS: Recently my office received a visit from a constituent whose mother had sadly passed away a year ago at the Halifax Infirmary. Given the seriousness of her condition, the family over the course of a few months had been instructed to take their mother directly to the Infirmary should she have any serious incidents.

Seven days before her passing the family did as they were instructed and took their mother to the Infirmary emergency department. Before being released, the family was again instructed by the doctor that if there were any other symptoms, or if symptoms worsened to bring their mother back to the Infirmary.

[2:30 p.m.]

On Easter Sunday, 2017, she was transported by EHS to the Cobequid Community Health Centre, over the objections of the family. After waiting for three hours, she was taken to the Infirmary, as originally requested, but by then it was too late.

My question for the minister is, how is it that an EHS supervisor has the authority to override the explicit instructions of a medical specialist?

HON. RANDY DELOREY: Mr. Speaker, as I am sure the member appreciates, it's not possible for a minister to delve into specific instances or cases on the floor of the Legislature or indeed in public, due to health privacy concerns.

Mr. Speaker, what I can assure the member is that indeed, the health care professionals who work throughout the health care system, whether it is in our emergency departments, or paramedics within our ambulance system, our EHS system, do work together to provide top-notch care on behalf of Nova Scotians throughout the province.

MR. JOHNS: I thank the minister. This incident to me is somewhat troubling because there are only limited services at Cobequid. When people are in life-threatening situations, time can mean the difference between life and death. I know that EHS workers

are well-trained and do the best they can. They are well meaning but I just don't understand how instructions of a physician cannot be respected.

My question to the minister is, could the minister please explain the protocol that applies in this circumstance, and what other families who find themselves in similar situations can do to ensure that if a physician gives instructions, that those instructions are followed?

MR. DELOREY: Indeed, the general process that our EHS system operates on is a combination of assessment of the individual who they are responding to. Whether that's a traumatic incident, Mr. Speaker, like a car accident, or a different type of acute health care condition, like a heart condition or stroke or some other condition like that, whatever the health condition they are responding to, the paramedics provide that front-line assessment and they use clinical judgment.

Indeed, in addition to that, there are communications that take place from the ambulance and they can make those connections into hospital sites as well, Mr. Speaker, to have those discussions to ensure that the receiving site is aware of what's coming in to receive direction, as the member suggests, from physicians. That work does happen as part of the ongoing interaction between those services.

MR. SPEAKER: The honourable member for Dartmouth East.

EECD: HS CITIZENSHIP COURSE - IMPLEMENTATION

MR. TIM HALMAN: Mr. Speaker, my question is for the Minister of Education and Early Childhood Development. In Nova Scotia's 2015 Action Plan for Education, the government claimed that a 21st century citizenship course would be created, and that it would be mandatory for graduation from high school. The government claimed this class would be introduced to students in the 2016-17 school year.

Mr. Speaker, I was a teacher in that school year and this course was nowhere to be found in the high school curriculum. In fact, I attended a high school graduation in 2017, where not a single student crossing the stage last June had taken this course. For a government that continually pats itself on the back this session for implementing reports, there sure are a lot of forgotten promises collecting dust.

Mr. Speaker, my question is, what happened to this government's plans for a 21st century citizenship class at the high school level?

HON. ZACH CHURCHILL: Mr. Speaker, in fact Citizenship 9 has been established. It's in Grade 9 classes. As the member will know, there is a movement to ensure high schools are from Grade 9 to Grade 12, so he will see Citizenship 9 in Grade 9 classes across this province. Thank you very much.

MR. HALMAN: Mr. Speaker, there are some concerns that the material of that course is not appropriate for Grade 9. We know low voter turnout among our youth in the last provincial election indicates that Nova Scotian students are graduating high school without basic knowledge of how government works. Along with this, students are graduating without basic knowledge of personal finance. These students are going out into the world, to community college and university, without any budgeting skills or understanding how a mortgage works.

The minister talks about positioning Nova Scotia's youth to compete on the world stage, but we continue to produce some graduates who struggle with basic life skills and an understanding of how our political system operates.

My question is, why are we continuously uprooting our education system when solutions we landed on three years ago have yet to be implemented?

MR. CHURCHILL: At every single stage and in every single year that this government has been in power, we have made investments in and improvements to the education system. Those have included redevelopment of our curriculum so that we have modern courses to provide our students with the needs they have in a modern economy.

We have provided more support to students with special needs. We have provided more supports for mental health in our education system. We have hired 1,300 teachers. We have invested more than \$300 million into our education system.

Every single time we have moved to make a difference and make a change, that member and those Parties opposite have opposed us at every single juncture. The record will reflect that there has been one Party that is actually focused on the needs of our students, that has made the tough decisions to improve their lives and their well-being, and that Party is the Liberal Party.

MR. SPEAKER: The honourable member for Dartmouth North.

COM. SERV. - ESIA RECIPIENTS: CHILDREN'S DENTAL SERV. - ACCESS

MS. SUSAN LEBLANC: My question is for the Minister of Community Services. We know that good dental care is preventive health care. Children's dental service has been frozen for three years, despite the need for greater access to dental care. Today, there are 30,000 Nova Scotian teens who would have the lifelong benefits of good dental care if this government had kept their 2013 promise to extend dental coverage up to age 17. Children living in families with lower incomes are going without dental care.

What has the minister done to ensure young people living in families receiving ESIA can access the dental care they need?

HON. KELLY REGAN: As the honourable member will know, this year, for example, we are removing the calculation of maintenance from eligibility for ESIA, which means more money in the pockets of Nova Scotians who are receiving ESIA. In fact, for the average household that does receive that maintenance, it is \$275 per month. That's a big increase. I would never tell Nova Scotians how they should spend their money, but that could be one place they could spend it.

MS. LEBLANC: With respect, that money does not apply to all families on ESIA. Also, the tax credit that the government likes to talk about would add \$41 a month to the families that receive that increase. That's not going to cover the need for dental care.

It's also not just children who need dental care. Their parents need it too. Poor oral health is related to increased risk of heart disease, stroke, diabetes, and other serious conditions. According to the department policy, dental coverage may be provided for emergency issues, including the relief of pain, the control of prolonged bleeding, or for dental problems identified as barriers to employment.

People on ESIA do not have access to cleanings or other services to prevent pain, bleeding, infection, or other complications. Even if coverage was provided, the department will only pay 80 per cent. With ESIA rates at \$535 per month, people cannot afford that.

Does the minister agree that people on ESIA should be able to access preventive dental care so they are not forced to face pain, bleeding, and other dental complications?

MS. REGAN: I want to assure the honourable member that, as we continue on down the path of transformation, we are looking at all options for ways that we can improve services to our clients.

MR. SPEAKER: The honourable member for Cumberland North.

BUS.: ECON. GROWTH/WELLNESS (CUMBERLAND CO.) - CREATE

MS. ELIZABETH SMITH-MCCROSSIN: My question is for the Minister of Business. Community health boards in Cumberland County have done an exceptional job working with people and have identified creating economic wellness as a top priority.

When assessing the health of people in the county, Colleen Dowe, a community health board co-ordinator, said, "The thing that came up the most in the surveys and the conversations was money. When we talked to people and asked them what they needed to be healthy, a lot of them said money. The more people struggle, the more they talked about money and the less they talked about services."

My question to the Minister of Business is, what is the Department of Business currently doing to encourage economic growth and wellness in Cumberland County?

HON. GEOFF MACLELLAN: I think that our record shows, and certainly our fiscal management does, that we have done a number of things.

With Graduate to Opportunity, with the amount of employment supports that were brought in to the private sector, with our investments in post-secondary education and institutions, and with our investment in tax cuts and tax incentives for both families and the private sector operators, we are making huge strides in supporting the private sector. We have moved away from picking winners and losers, cutting big cheques for a few. We're building an environment where people can create jobs with our immigration programs, with the fact that we're keeping young people home, and we're providing youth the opportunity to stay here in the province. We're building a better Nova Scotia one day at a time.

MS. SMITH-MCCROSSIN: Mr. Speaker, the determinants of health indicate financial health is actually the most significant indicator of health. SOAR Community Health Board member and Amherst Recreation Director Bill Schurman said developing the plan was interesting and eye-opening - and I'll table the document - the root of a lot of our issues are financial.

I'd like for our Premier to hear this: 44 per cent of our workforce earn \$22,000 or less - 44 per cent - and the average combined income in Cumberland County is \$40,000. We know in Cumberland County we have to find a way to raise the bar.

My question to the minister is, will the minister make a commitment today to work with myself, the Cumberland Business Connector, which is a board of local private businessmen and businesswomen, to improve the economy in northern Nova Scotia and Cumberland County?

MR. MACLELLAN: Mr. Speaker, that is a commitment of any government, but I certainly think that we've been doing a significant job and making positive strides with respect to rebuilding the economy in Nova Scotia.

Again, Mr. Speaker, the members have heard me and all members have heard us talk many times about our fiscal management, and the fact of three consecutive balanced budgets, it does make a difference for Nova Scotians. Our exponential growth in tourism, being led by the private sector, is one example of that; historic investments in our province's infrastructure so our economy can flow, we can get goods and services; tremendous growth on the export side, where we're selling our goods to the world.

Finally, I would say we're tired of seeing Nova Scotians spend their hard-earned tax dollars on interest payments because of the debt that has been accumulated over the last decade by previous governments. We're not wasting any more money on debt, Mr. Speaker, we're putting money back into the pockets of Nova Scotians.

MR. SPEAKER: The honourable member for Inverness.

ENERGY: ELECTRIC CAR BATTERY CHARGERS - SUBSIDIZATION

MR. ALLAN MACMASTER: My question is for the Minister of Energy. Nova Scotia Power recently had some trouble convincing the URB that Nova Scotians should pay for the installation of electric car chargers between Yarmouth and Sydney on their power bills, but Nova Scotia Power had no problem convincing the minister. He gave \$120,000 in taxpayers' money and called it clean energy despite the fact that most of our energy still comes from fossil fuels.

Why is this government spending \$120,000 on subsidizing electric car battery chargers for the few people who can afford to buy these expensive automobiles in Nova Scotia?

HON. GEOFF MACLELLAN: Mr. Speaker, as the member would know, the electrification of our economy is one of those ways we're going to move away from a fossil economy. And do you know what? Nova Scotia has been doing a leading job in the federation with respect to our environmental protection.

I'm very proud of the work we've done on the energy policy file, working to reduce our carbon footprint obviously, leading the federation in GHG reductions. Mr. Speaker, our renewables around tidal, around wind, we're doing tremendous work, and we'll continue to lead that charge. We'll let the URB do their work, and we'll continue to do ours to make a better energy future for this province.

MR. MACMASTER: Mr. Speaker, how many people in Glace Bay own a Tesla? For that matter, how many people in Inverness own a Tesla?

The spirit of publicly funded adventurism in the energy sector is shared by our neighbours to the west. New Brunswick Power recently embarked on a similar mission, and with provincial and federal governments, to spend millions on electric car chargers - and I'll table that. There are now 88 chargers in New Brunswick, approximately one for each electric car. There is such little demand that one station in Bathurst used a total of 41 minutes for the month of December, generating a dollar's worth of electricity.

If Nova Scotia Power plays its cards right, they might break even on these chargers before the year 2028, which is when New Brunswick Power will stop losing money on these stations. Will the minister's electric car chargers end up like so many government adventures, and produce a negative return on investment, or will this government finally succeed in heavily subsidizing the burning of imported coal to power private luxury automobiles?

[2:45 p.m.]

MR. MACLELLAN: Mr. Speaker, all of the components of our energy grid, our energy mix, that make Nova Scotia a national leader with respect to our climate change policy and energy consumption have been based on things that started out as extremely expensive. Wind turbines were extremely expensive. Solar panels were extremely expensive. Tidal energy and the investments are massive at this point. But the point is that they were part of the future energy mix for our economy.

While electronic vehicles and the infrastructure that supports them are few and far between at this point, we know that over time the manufacturing costs will come down and it will be part of a cleaner Nova Scotia.

On this side of the House we don't view everything as being so negative. We know there's a positive energy future for this province.

MR. SPEAKER: The honourable member for Sydney River-Mira-Louisbourg.

H&W: HEALTH CARE CRISIS - MIN. ADMIT

HON. ALFIE MACLEOD: Mr. Speaker, I got a charge out of that. My question through you is for the Minister of Health and Wellness. The government has stubbornly maintained there is not a crisis in Nova Scotia's health care system. He says this even though there are 100,000 Nova Scotians without a family doctor, wait times are growing, emergency rooms are in danger of closing and, all the while, Nova Scotians keep getting sick.

My question to the minister is quite simple, will the minister admit that all of these things add up to a crisis?

HON. RANDY DELOREY: Mr. Speaker, I thank the member for the question. I appreciate the opportunity to highlight for the member many of the great things taking place in our health care system across the province.

We're seeing significant improvement and a path forward in our orthopaedic surgeries. That was a plan that was brought forward with the Nova Scotia Health Authority, working with physicians and surgeons on the front line to come up with that plan. Government stepped in when that plan was brought forward to commit to executing the plan that they brought to us. That's working together to see improvements.

We've seen over 400 additional orthopaedic surgeries completed between October and the end of March. We've committed to continue down that path with increased investments for this fiscal year where we're going to see another 350 or so additional orthopaedic surgeries.

MR. MACLEOD: Mr. Speaker, Webster defines “crisis” as a “situation that has reached a critical phase.” The Oxford Dictionary defines “crisis” as “a time of intense difficulty or danger,” or “a time when a difficult or important decision must be made.” Finally, the Cambridge Dictionary says “crisis” is “an extremely difficult or dangerous point in a situation” - as in, I don’t feel well, I don’t have a doctor, I have to wait in an ambulance for two hours to get into an ER.

These are extremely difficult situations in this whole case. Will the minister admit to the thousands of Nova Scotians who hear his fairy tales every day, who don’t have a doctor and have few ways to get primary health care, that the system is definitely in a crisis according to the definition?

AN HON. MEMBER: Oscar has already left the building.

MR. DELOREY: Mr. Speaker, again, I’m happy to explain to the member opposite the progress we’re making. (Interruptions)

MR. SPEAKER: Order, please.

MR. DELOREY: The progress that we’re making in expanding collaborative care practices to ensure there’s expanded primary care access to Nova Scotians (Interruptions)

MR. SPEAKER: Order, please.

MR. DELOREY: . . . expanded primary care access across this province, in Cape Breton and throughout the province. I’m happy to see the expansion that we announced earlier in October, again, with our partners, an expansion that’s only possible (Interruptions)

MR. SPEAKER: Order, please.

MR. DELOREY: . . . an expansion only possible because of the collaboration between our front-line health care professionals - physicians, nurses, social workers (Interruptions)

MR. SPEAKER: Order, please. I do believe Oscar has left the building.

OPPOSITION MEMBERS’ BUSINESS

MR. SPEAKER: The honourable New Democratic Party House Leader.

HON. DAVID WILSON: Mr. Speaker, would you please call the order of business, Private Members’ Public Bills for Second Reading.

PRIVATE MEMBERS' PUBLIC BILLS FOR SECOND READING

MR. SPEAKER: The honourable New Democratic Party House Leader.

HON. DAVID WILSON: Mr. Speaker, would you please call Bill No. 69.

Bill No. 69 - An Act to Provide Dental Care for All Nova Scotian Children.

MR. SPEAKER: The honourable Leader of the New Democratic Party.

MR. GARY BURRILL: Mr. Speaker, five years ago this week, a wonderful thing happened in Nova Scotia. On April 8, 2013, the government announced that the age of children's complete dental coverage under MSI was being extended from nine until the month that a child turns 14. This meant that overnight 40,000 children in Nova Scotia became newly eligible for comprehensive MSI coverage of their teeth, which more than doubled to 77,000 the number of kids with universal dental coverage in Nova Scotia.

Now, universal dental coverage for children was not, at that time, something entirely new in our province. It had in fact existed when those children's parents were growing up. For many years, under the Children's Oral Health Program, children had been covered for dentistry until they were 16 in Nova Scotia. But, by 2013, a succession of Liberal and Progressive Conservative cutbacks had pruned that program to the point where the program only covered children nine years of age and under.

My own family may serve as an illustration of what happened. When my oldest son was born in 1985, Nova Scotia children were covered for their teeth until they reached 16. The year that that child started school in 1990, the age limit for the Children's Oral Health Program was lowered from 16 to 14. The next year, in 1991 when our youngest was born, the dental coverage age limit went down again to 12 and, five years later, when that youngest of our children started school, the Liberal Government of that time lowered the age once more, this time to under 10. When this last cutback was introduced in 1986, Dr. Errol Gaum, a dentist in Bedford and Dartmouth, started a petition against it and said the government was trying to balance its budget on the backs of children.

So, the announcement that was made on April 8, 2013, of the extension of dental coverage for kids aged 10, 11, 12, and 13 - this was, in Nova Scotia, a significant moment in public health. It meant that dental examinations, X-rays, preventive services, and fillings - all of this, the whole range, was covered. Therefore, parents could be assured that through those years of second molars and those common shifts of teeth that come in those years when kids are having a lot of rapid growth, that through those years they would be able to get their children to the dentist, whether or not they were in a position where they could afford this.

So, it was an exciting moment, and equally exciting was the parallel announcement that was made that same day five years ago this week, the announcement of a plan to continue, year-by-year, to extend the age of children's dental coverage over the upcoming three years until we would get to a place in Nova Scotia where we would have every child under the age of 17 covered completely for their teeth. But at this moment of something exciting having happened, something inspirational having happened, a great step forward, it was not very long before something very disappointing, something that was a setback, happened.

When the current Liberal Government was elected in 2013, it picked up where the last Liberal Government had left off in 1996, by not implementing the planned expansion of children's dental coverage to kids aged 15 to 17, despite the fact that the new Premier, in the course of the pre-election period that year, had committed that he would do so.

In my view, Mr. Speaker, every government has areas of success and areas of failure. I have spoken before of areas where, in my judgment, the current government can rightly claim credit. But if I were to make a list of areas where the present government has failed, where it has been weak, and where it has been disappointing, at or near the top of that list would be the betrayal of 30,000 young people who would otherwise have had the lifelong benefits of good dental care had that planned expansion of the Children's Oral Health Program not been entirely abandoned by this government.

For that reason, I am proud to stand with the Party that has introduced An Act to Provide Dental Health Care for All Nova Scotian Children for the government's consideration in this session. This is an Act which would re-establish the commitments to 15- and 16-year-olds that had been withdrawn and would re-establish those commitments by extending universal MSI-based dental coverage to every single young person under the age of 17 in Nova Scotia.

Mr. Speaker, the facts speak with such strident clarity in favour of this legislation. We know a number of things. We know that we live in a province where about one in 10 people don't get dental work because they don't have the money. We know that approximately 200,000 people in Nova Scotia avoid visiting the dentist because of cost. We know that approximately half the population making lower incomes have no dental insurance, no dental benefits whatsoever. We know that it is the unequivocal recommendation of the Canadian Paediatric Society and of the Canadian Academy of Pediatric Dentistry that all children in every jurisdiction should be given access to basic treatment and preventive oral care, regardless of the financial position of their family.

Further, we know incontrovertibly that kids having trouble with their teeth tend to lose sleep, tend to miss school, and tend to eat more poorly. We know incontrovertibly that the decisive risk factor, the primary risk factor, determining whether or not this kind of suffering is going to be part of a kid's experience is affordability, cost, income. We know incontrovertibly that later in life, the very children who undergo this suffering are more

likely to have compounded suffering with the experience of heart disease and stroke and diabetes.

I think, Mr. Speaker, of my children's grandfather the late Bruce Dean, who worked very hard all his life on the highways and on the farm and was a person unacquainted with the world of privilege. He told his grandchildren that there are two things in life that you have to remember: get an education and look after your teeth. A worthy government would make sure that no young person was ever unable to follow that advice because they didn't have the money.

MR. SPEAKER: The honourable member for Clayton Park West.

MS. RAFAH DICOSTANZO: I want to start by saying how lucky we are in Nova Scotia to have a universal dental program for our children - I have experienced it with my two daughters - and how beautiful an experience it has been for them compared to the experience I grew up with. I also want to compare and say that only four provinces in Canada have this universal dental program for children - Quebec, P.E.I., Newfoundland and Labrador, and the Yukon. So we are very fortunate to have that here.

Dental coverage isn't an insured service under the Canada Health Act. However, Nova Scotia spends \$11 million annually through MSI, and 70,000 Nova Scotians are served under six different programs. One of them is the Children's Oral Health Program, which costs us approximately \$7 million for the ages of zero to 14.

Currently, children in Nova Scotia are covered per year, for one routine dental exam, two routine X-rays, one preventative service instruction on brushing, flossing, or cleaning. There are also services for fillings, necessary extractions - all are covered. In some cases, MSI covers fluoride treatments and many other things. So our children are very well looked after, and we are very grateful for the services that the dentists are providing for our children, and the IWK in some cases.

[3:00 p.m.]

The program is the payer of the last resort, which means that if the parents of the child have insurance, then the insurance is charged first and then the rest is charged to MSI, or MSI covers for the difference. There's also the Oral Health Advisory Group, which was created in 2014, they're actually focused on three different phases. The first phase was to review the Children's Oral Health Program, and determine the impact of means testing. This phase has been completed, and they have moved on to Phase 2, which is to review the remaining five Department of Health and Wellness dental programs. I believe that phase also has been completed. For the last phase, they are working on a framework for provincial oral health strategy. This phase has not started, but that's their next step.

I have worked at the IWK Dental Services for many years, and have truly enjoyed learning about their struggles, really - the education of children and our diet, and how much of their time when they see children who are in very extreme cases, that most of them are related to the intake of sugar and lack of hygiene. I think we can do a lot better in educating and going after preventative dental health.

In general, I think Nova Scotia - and Canada - is a leader in dental health compared to the countries that I have lived in, whether it was Europe or Iraq. We should be very proud of how we look after our teeth and how we teach our kids, but we can always do better. I think our focus should be on preventative health in general, but more for our children. I remember how many times I had repeated, as an interpreter, not to send your kids with juice packs or sugary candy or snacks, everything else that we have. We really have to be very conscious in what we feed our kids, and how they can look after their teeth. I think if we push towards that, our money will be much better spent than in other cases.

I also want to bring up that the IWK is working very hard, and they have some of the most wonderful surgeons to do very difficult work with children, and they treat them with kid gloves, as we say. We do provide an amazing health service. From my experience with my daughters, I think the early years of their life were more important to be followed, to be instructed, and these were available for my children and all our children.

I'm not sure how much more that extra two years will give our children. It is the preventative health, and the brushing and the hygiene and everything else that we can teach as parents, as educators, and as MLAs as well, in providing ideas or things that we can bring to the forefront of what is happening in our health system, anything that is preventative health. I truly see a change in the last few years where our health system is finally - or our doctors and health providers are thinking preventative health. We are finally thinking, let's spend our money, spend our attention and our focus should be not to get to the stage where it costs us so much money.

We are an aging generation where we have a lot of seniors which is costing, and less young people to pay the taxes. We have to be very reasonable and our expectations are very high. I remember talking to a couple of dentists, the hardest things for them is how they spend their money on new machines. Having new technology is wonderful but they are very expensive for the dentist and we never think about how expensive it is at the hospital. We take it for granted - we want the top of the line and the newest and latest machines but until you hear a private dentist tell you the struggles they have in having a machine for \$200,000 or \$300,000 and within three or four years that machine is no longer the latest and they need to upgrade. They have not recovered from the first machine, let alone the second.

This is happening in our hospitals as well. We all have to be conscious where we spend the money and how much we can really balance the needs, and where the money can be spent. Just like in our households, we're always budgeting, and in this case for Bill No.

69 it has not been proven - there's no evidence, it does not show to improve the outcomes by increasing the age from 14 to 17. In earlier years, which is available in Nova Scotia has proven, and we all can say our kids have wonderful dental service in Nova Scotia.

I would like to thank the member for Halifax Chebucto for bringing the bill forward but we are working hard on providing excellent services for our children and through the private sector or through the IWK, and I'm very grateful for that. Thank you.

MR. SPEAKER: The honourable member for Cumberland North.

MS. ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, I stand today to speak to Bill No. 69. I'm pleased to have an opportunity to speak on this important topic. Dental health is important for all Nova Scotians. Eating is a part of the necessity to maintaining human life, and as a nurse I can say teeth are important to aid in chewing and grinding of our food to prepare our food for the next phase of the digestive system. It is certainly an important topic and an important part of our health care system.

Thankfully, last year I had the privilege of meeting with Dr. Tom Raddall III, who is a dentist living and practising in Liverpool, Nova Scotia. My husband and I lived there from 1992-95 so we actually knew him and his wife from back in those days. Currently, Dr. Raddall is chairman of the Canadian Dental Association Advocacy Committee. He came to see me in his role as chairman of this committee and wanted to share some concerns with me about our current oral health program for children.

He met with me to let us know that he and the association, along with the Nova Scotia Dental Association, believe there needs to be reforms made to the oral program for children here in Nova Scotia. He and his colleagues believe that it is currently not effective. Why? His main reason is there's not enough focus on prevention. Prevention of dental cavities, dental care is the key to reducing dental problems and also the key to lowering the cost of dental care in Nova Scotia over a lifetime.

I would suggest increasing the age of the current dental program for children from 14 to 17 sounds like a great idea in theory. However, when you read the White Paper that was presented in 2015 by the dental association, you'll read they actually disagree with that approach of increasing the age. I'll refer back to that document in a bit.

So what should the goal of the Children's Oral Health Program be? What is the current goal? Through my research, Mr. Speaker, I actually was not able to find that answer. It's not readily available. The first alarm that goes up for me is, how do we evaluate the program as it currently exists if there are no specific goals and objectives of the program?

We should always be examining results, Mr. Speaker. Are we achieving the desired outcomes? Are we accomplishing the desired effect for the funding of the program? I can

tell you what dentists want, as well as the local dental association. They want to prevent dental cavities, dental caries, because that will lead to preventing surgeries.

They gave me some statistics which were alarming. Dental surgeries for children actually take up about 25 per cent of our operating room time. If we were able to reduce the need for children's dental surgeries, that would open up operating time for all the other types of surgeries that have long wait times.

Prevention is the key, so we look at ways to prevent dental cavities, especially in children. One of the best uses of money documented is putting fluoride in the municipal water supply. Right now in Nova Scotia, approximately only 50 per cent of municipal water supply is fluorinated. My recommendation, Mr. Speaker, would be for our government to be looking at working with municipalities to find ways of putting fluoride in their municipal water supply. We know, it's well documented, that this will have a very positive impact on preventing dental cavities in our children.

Referring back to the Oral Health Advisory Group, the white paper, this report was submitted to the Minister of Health and Wellness back in 2015. I would like to refer to some of their recommendations.

Recommendation No. 1 was "Redesign the COHP to incorporate a form of means testing to target the Program to those in need." One of the suggestions Dr. Raddall had mentioned when he met with me in the Fall was that instead of increasing the age to 17 years, what the dentists would rather see is targeting the money that's there, which is approximately \$6.2 million, I believe, to children in need and focusing more on prevention and education, getting children with that first tooth, first visit - that's kind of their motto - and finding out why about 50 per cent of the children in need are actually not accessing the program now.

The second recommendation of this report actually stated, do not expand the age eligibility of the Children's Oral Health program. Then it goes on to explain some of the reasons that I have already given.

Recommendation No. 3 was, "Structure the COHP to shift expenditures from restorative procedures to prevention." We all know that money spent on prevention is good use of money. It's a lot less expensive to prevent children's cavities than to have children going into their dentist and go through fillings and having their teeth pulled. Unfortunately, a lot of children are not able to cope with the stress of that, and they have to have general anaesthetic, which obviously is an increased risk to the child. I can guarantee you that no parent would want to put their children through an increased-risk medical procedure if there was any way of preventing that.

Mr. Speaker, I think we can do a better job of educating our parents and helping them to understand that, through prevention, good tooth care right from the early age of an

infant and getting to the dentist for that first tooth, first visit, will go a long way in preventing dental cavities.

[3:15 p.m.]

Recommendation 4 - consider how dental cavities risk assessment can be used to target or provide additional coverage to those children high at risk - and I'll just read through the last couple.

Recommendation 5 - adjust ensured dental procedure codes to provide more preventive services to high-risk beneficiaries and to better reflect the services delivered to beneficiaries.

In reading this recommendation, I will bring up some of the concerns of the dental association, and that is currently dentists are expected to provide services to children at a reduced rate. Unfortunately, this has actually led to some dentists deciding to close their practice to children. In some ways, I can't blame them, Mr. Speaker, they are running a business and they have huge overhead expenses for their equipment, and I know in a family practice medical office your overhead ranges anywhere between 30 to 40 per cent of your gross revenue, or more, depending. Certainly, my understanding, dental offices even exceed that because of the high cost of their equipment.

To expect a dentist to provide services at a remuneration of around 60 per cent of the actual price, you're actually asking them to provide a service and lose money, because the fees won't even cover the cost of their overhead. So, I do think that we need to look at that, Mr. Speaker, and try to make sure - there are children in this province who are not having access to a dentist because dentists are being discouraged by their fees not being paid in full.

Recommendation 6 - to address the Children's Oral Health Program plan rules that create limitations for delivering appropriate care. One of the examples, Mr. Speaker, in that was if a child falls and breaks a tooth, the current plan actually doesn't provide the dentist any ability to bill for that service.

Recommendation 7 - to develop a communications plan for the Children's Oral Health Program that targets multiple audiences.

Recommendation 8 - to evaluate changes made to the Children's Oral Health Plan Program to link changes to any change in oral health outcomes. Mr. Speaker, I believe that is one of the key recommendations - you should always be measuring outcomes and ensuring that tax dollars are being spent wisely. Things change, demographics change, health status changes, health practices change, so we don't just want to develop a program.

I believe, if my memory serves me right, this program was first started around 1976, somewhere around that time. So, a lot of things change and it's important that we're evaluating our programs and making sure that we change the programs to meet the needs of the people here in Nova Scotia.

Recommendation 9 - to continue the Children's Oral Health Program as an insurer of last resort. One of the points with that, Mr. Speaker, is that around 50 per cent - actually, the data may not be in 100 per cent for Nova Scotia, that's Canadian - around 50 per cent of the families in this province have private insurance and do not need access to an MSI program for their children's health. So, again, looking to the recommendation by the dentists to take the \$6 million and target it to the families in highest need, and ensure that we're getting the highest outcome for our money.

Recommendation 10 - address the Children's Oral Health Program administrative role that can create issues for providers when they coordinate benefits with private insurers. Anyone who has worked in a medical office, or any office that tries to do private billing with insurers, knows that that can be a real issue and problem. So, we always want to be looking at reducing red tape and ensuring that we're making things as easy as possible, administratively.

In the summary of this White Paper, Mr. Speaker, the Oral Health Advisory Group emphasizes the identified need to understand the barriers that prevent eligible children from accessing this health program, especially in the early years. "This information can be used to improve and expand communication about the COHP. However, increased utilization of the COHP under its current structure is not sustainable in tough economic times. The Group therefore recommends further expansion of age eligibility only be considered in conjunction with a program redesign."

Based on the bill that was brought forth, I believe it's important to look at what the professionals in the industry are telling us. They are the ones who are actually working day to day with the families in this province. I will table this document that I have used extensively in my speech.

I will finish off by just saying I do commend my colleagues in the NDP for bringing forth this bill. I believe it is absolutely an important topic. The dental health of our children in this province is something that we need to draw attention to, that we need to make improvements upon.

I was able to work with some young children and saw them in pain. I told their parents - one family in particular was an immigrant family, Mr. Speaker. There was a language barrier, and the children would cry. I would try to tell the parents, please stop feeding them sugar, candy, because it would only make it worse. They had a four-month wait to get in to see a pediatric surgeon, and they had to have their teeth all pulled.

This is a problem across the entire province, and I do recommend that all of us work together to find better solutions for the children of Nova Scotia, to prevent dental decay.

MR. SPEAKER: The honourable member for Dartmouth North.

MS. SUSAN LEBLANC: I'm very happy to stand up and speak in support of Bill No. 69. I want to thank my colleagues for expressing their views on this bill, and throughout my comments, I'll address the things that I have heard in this debate so far.

This is what we do know. We know that when a baby smiles for the first time, its admirers are beyond themselves, full of pride and love. It's just one of the best moments in a parent's life to see that little smile for the first time. We all can connect with that.

We know that when that same baby gets their first tooth, there can be pain and sleepless nights, and it feels really awful. But when that tooth finally pushes through, there's more pride and more joy and more hope for this child. This child is growing, and it's exciting. The world is its oyster, and all of those coos and celebratory comments from the parents and the family make this child smile more.

We know that when a child loses their first tooth, there's a lot of excitement. The visit of the tooth fairy for the first time is a big night for the child. It just happened in my house a month ago.

We know that a mouth full of healthy teeth is something to celebrate and be proud of. When, following a trip to the dentist, a kid can burst in through the door and say I've got no cavities, that is a cause for celebration. But we also know that dental care is expensive, and not everyone gets to celebrate healthy teeth because they can't afford to go to the dentist regularly.

When I hear my colleagues talk about advice given to children or given to families to tell their kids to stop eating sugar or not to feed their kids so much sugar, I worry about that actually. I feel very worried about that. Obviously, that is good advice. We know that sugar rots our teeth. We know that sugar causes cavities. We know that, but we also know that sometimes parents don't have a choice.

I'll give you an example. I know you all know this, but when you go to the grocery store to buy a two-litre jug of milk, it's \$3.69. I always get the four-litre because it's a little cheaper, \$5.19 for four litres. But if you buy a two-litre bottle of pop, it's 88 cents. I'm not saying that everyone will choose pop over milk because it's cheaper. That is not the case, yet there it is. There's something wrong with our system when a two-litre container of milk is almost triple the price of a two-litre bottle of pop.

Some people don't have the choices that other people have. We know that when a family is worried about paying bills and putting food on the table, dental care is a luxury that drops off the priority list.

This is my experience as a middle-class, university-educated professional person. I found myself unable to go to the dentist. When I finally did go to the dentist a couple of years ago because my partner wound up in a job with health care benefits, I realized I hadn't been to the dentist in seven years. We were all shocked because I didn't have any cavities. It was very exciting. It was simply something that I couldn't pay for. It was off the priority list for me. I was paying a mortgage but not able to afford to go to the dentist.

People who are mid to low-income earners sometimes don't have a choice about where they spend their money. Earlier today, we heard the Minister of Community Services talk about people on ESIA and this government's great and honourable choice to give them back the child support payments that are theirs, that are owed to them, which somehow has been sold as this very benevolent act by the government. Maybe, we heard the minister say, those families that are getting that new money could spend it on dental care. Maybe they could, but I don't believe it's the job of any one of us to tell people how they should be spending their money. I also don't think we should assert that just because a family gets a little bonus, we know what's best for them. I found it quite offensive.

Mr. Speaker, we know that people living in poverty, including people working minimum wage jobs, cannot afford to pay rent and also for nutritious groceries. There are many studies about this. We know that lack of access to nutritious, healthy food has a negative impact on oral and overall health. We know that children with poor oral health tend to eat poorly, lose sleep, and miss school. We also know that missing school leads to poor learning outcomes and that that leads to difficulty finding employment after high school.

Doctors tell us that children of the working poor suffer the most from the lack of dental care. People in lower family incomes, like many of my constituents in Dartmouth North, are going without proper dental care. We also know that the consequences of going without oral health care extend well beyond physical well-being. Kids with poor oral health care often experience terrible pain from tooth decay, and that makes it hard for them to concentrate, to do well in school, and to participate in their communities because they are agitated and upset and depressed because of the pain. Think about when anyone in this room has had a toothache. Being agitated and upset all the time can lead to social isolation.

Poor oral health also has an impact on the mental health of kids. If you are afraid to smile, to show your teeth, which you and your family used to be proud of when they first started growing in - now you are afraid to show them because they are rotten, one is going grey, or you have a hole or a giant cavity - then how are you supposed to let go and be your true, relaxed, confident self? Think about the impact that has on children, especially youth.

We're talking about youth here because we already know that we do have coverage for children up to 14. Then all of a sudden, at 14 you are getting acne, you don't know what's going on in your personal life, and also you now can't take care of your teeth. I'm making light of it a little bit, but it's actually not funny. There are way more important things that children need to be thinking about at that age than how they are going to get their teeth fixed.

Having bad teeth makes it hard to get a job later in life. Teeth indicate class status. I have a number of constituents who come into my office as adults, who are missing teeth, and many of them stand with their hand in front of their mouth, and talk with their hand in front of their mouth, covering their mouth.

[3:00 p.m.]

It is a sign of a lack of confidence, and no wonder. It becomes a habit of people talking like this, and again, it indicates class status - it's more difficult when you lack confidence to get a good job, or to do well in that job interview, and it's all a spiral, it is all connected. We also know that of course, later in life people with bad oral health are more likely to suffer heart disease, stroke, and diabetes, and other serious health conditions.

My colleague from Cumberland North talked about one of the things being preventative care, that preventative care is important. I totally agree, but I also want to just point out before I move on, that preventative care does save money, and that's good, and it costs us less in the long-run, in the health care system, but we must not only think about money. We also have to think about those social impacts of the choices we make for children and families in general. So, yes, it saves us money in the health care system, but it also saves us pain and agony and mental distress for people who are suffering from tooth pain, bleeding gums, and all of those complications - missing teeth.

So, Mr. Speaker, this is what we don't know - we've talked a lot about what we do know, everyone knows all these things - but this is what we don't know, how could anybody wish poor health now, and poor health later, on children in our province? In 2013, the Premier of the province said that the NDP Government's decision to expand children's dental health to children of 17 and under was a good one, and he would support it if he were elected to government. Interesting. He said that this kind of support for families was not a luxury, but rather a moral responsibility, which I completely agree with.

Despite these words, the Premier has failed to act on expanding children's dental coverage, meaning that thousands of 15- and 16-year-old children were not able to access dental care. Today, there are 30,000 Nova Scotian teens who would have the life-long benefits of good dental care, if the government had kept its promise.

So, Mr. Speaker, I want to urge the House to continue the Children's Oral Health Program to cover kids up to age 17. I believe it is our moral responsibility to take care of our children, and this is a really good way to do it.

MR. SPEAKER: The honourable House Leader for the New Democratic Party House Leader.

HON. DAVID WILSON: Mr. Speaker, would you please call Bill No. 71.

Bill No. 71 - Fair Drug Pricing Act.

MR. SPEAKER: The honourable member for Cape Breton Centre.

MS. TAMMY MARTIN: Mr. Speaker, I'm pleased to rise today to speak to Bill No. 71, and the effects of a national Pharmacare program, and how it would affect the residents of Nova Scotia.

Prescription drugs are unaffordable for thousands of Nova Scotians. Too many family members worry about how to pay for their medications, and the situation is especially egregious when it comes to children in need. Mr. Speaker, from campaigning in the last couple of elections, I have witnessed first-hand where seniors have to choose whether they can buy their drugs, or buy groceries. Buy their drugs, or put oil in their tank. I've met with seniors who are eating cat food because they cannot afford to pay for their medications, and if they don't take these medications, they will die.

Something sad I realized, Mr. Speaker, just in the last sitting of this House - it was brought to my attention that there are seniors who are now drug sellers. They sell their prescription medications. They'll keep half and cut them in half, so they'll have one per day. The other half they will sell in order to feed themselves something other than cat food. Who in their right mind believes that this is an acceptable practice for anybody in this province? I can't even believe we're having this conversation to be quite honest.

Of 246,000 Nova Scotians under the age of 25, 59 of them are covered by private insurance, whether it's their own or their parents' coverage. The majority of people who will go without Pharmacare - without prescription drug coverage - are women and young women. They are the most likely in our province to not have prescription drug coverage, and I think that is also something that speaks to how we still have a great divide in this province when it comes to equal rights among all people in our province, sadly.

One-fifth of Canadians pay for every drug that they take, and only one-third of working Canadians are covered by an employer co-pay or co-shared drug plan. The rest, again, must choose. They either take their medication - as my colleague said - sometimes we have to prioritize things, and I've been in that situation myself. When you are faced

with paying your mortgage or buying your medication or going to the dentist, I choose my mortgage and hope that I don't suffer from not taking the medication.

Mr. Speaker, 3.3 million Canadians cannot afford the medications that they need. We know that across our country, 700,000 Canadians go hungry to pay for their medications. I've walked down a street in Vancouver and was absolutely shocked to see the amount of homelessness in that particular area. Imagine the people we don't see - the homeless and hungry people who are going without the basic necessities of life so that they can survive. I've referenced a few in Estimates over the past week or two, who need to choose between selling their home or paying for medical services that they need.

Regardless of the Party stripe, I can't believe that we have to have these conversations when you are talking about people living or dying. I think this government needs to look at how they spend their money and where they could spend it a little bit better. We need to look after each other; we need to care about what happens, regardless of what political stripe you are.

We know that the lower your income, the less likely you are to have a cost-shared benefit plan because those in precarious employment don't have the option. For example, my mother, who is a senior with a limited income, cannot afford to opt into a self-pay plan, so she must pay and hope that the drugs are well within her means. Thankfully for me, she is quite healthy.

Mr. Speaker, 91 per cent of Canadians who were polled believe in a national Pharmacare plan. We know that there is a current undertaking by the Canadian Labour Congress to push for a national Pharmacare program. I've recently been lucky enough to attend one of their sessions and I would urge you - everybody in this House - to please go on their website. It's called A Plan for Everyone and the opening video is very emotional, to see the effects that Canadians go through without a national Pharmacare program.

Mr. Speaker, 130,000 Nova Scotians who make under \$15 an hour are also more likely to be part of a Pharmacare plan, or to fill their prescriptions. Again, these are mostly young women, women of colour, Indigenous women, and people who are precariously employed. They choose food.

What does this mean for young people who don't have drug coverage? It means, as I've said, they are giving something up. They need to choose between the medication that keeps them alive or food that keeps them healthy. This is not a choice that any Nova Scotian should have to make in this province. It means abandoning your treatment because you cannot afford the one you need.

We talked at the CLC about prevention, and I've talked in this House about being proactive as opposed to being reactive. Time and time again we act after the fact. Let's look at giving people the drugs and the Pharmacare they need and assisting them in

maintaining healthy lives, so that by not taking the medication that they need in three months they are not tying up an emergency room, an ambulance bay, or a critical care bed in a hospital that could have been avoided.

Continuously, this government is reactive. It's time we stand up and face our problems head on. If you can't afford an antidepressant that works for you but you can afford the one that doesn't, having no prescription drug coverage might just mean that you're giving up hope forever. In those cases, that's when we get involved in illicit drugs, alcohol, many of those different aspects in order to deal with the mental health issues they cannot afford to deal with because there is no prescription drug coverage. It means you suffer through your life.

How can anybody in this House think that's okay? To expect any Nova Scotian to suffer through life? To grit your teeth and bear the pain, the discomfort, or the anxiety? Young people who would have no choice but to suffer will have the worst outcomes down the road. Someone who is dealing with severe depression or anxiety or any of those mental health conditions - imagine how they're going to end up in their lives in 10 or 20 years after going untreated?

I would have to think those conditions going untreated will affect many more departments in this government than just Health and Wellness. For our health care system, having national Pharmacare coverage - without it means having poor patient outcomes. Again, we talk about prevention and we talk about being proactive as opposed to being reactive.

Sometimes you can't afford to fill or to refill the drug that was prescribed to you, so you can't continue your treatment when you get home. When you're in the hospital, your drugs are covered, you're stable, and the goal of all of the health care workers there is to ensure that you're fine for discharge in a timely fashion. Then lo and behold, when you get discharged from the hospital, you can't afford those prescriptions. My guess is that in a week or two, your condition is going to resurface and you're going to be back in that emergency room and back in an acute care bed. That is not effective government.

We talk a lot about health care in Nova Scotia because we believe in taking care of each other. I truly believe people on this side of the House believe in taking care of each other, and that's why we push these issues, but nobody seems to pay attention. In this day and age, especially when we need to take care of each other, no one should have to give up food or heat or shelter to afford medication. Imagine - take your high blood pressure pills or your cancer medication or eat. To say those words disgraces me.

Having a national Pharmacare program could also save money. Studies have shown that there could be a savings by being proactive. Preventative medicine could save in excess of \$10 billion. Imagine the health care system and education system we could have if the

government actually sat down and looked at how they actually spend their money and we actually cared about every person in this province. Thank you.

MR. SPEAKER: The honourable member for Halifax Atlantic.

MR. BRENDAN MAGUIRE: Mr. Speaker, I am full of energy today. I want to start by saying to the member for Cape Breton Centre, I agree with most of what she said - it's almost like an ounce of prevention. We want to make sure that we are addressing our health care issues in the front end rather than waiting for them to become chronic diseases and waiting for 10, 15, or 20 years down the road when they become more and more expensive. I'm going to come back to that in a minute, but I wanted to say I'm proud to stand here today to speak on this bill. I'm going to stick to the facts.

One of the things I want to pull out is something called Pharmacare 2020. I will table that for the House. This was done by Stephen Morgan, PhD, from the University of British Columbia; Danielle Martin, MD, from the University of Toronto; Marc-André Gagnon from Carlton University; Barbara Mintzes from the University of Sydney; Jamie Daw from Harvard; and Joel Lexchin from York University. I probably butchered a few of those names.

Done in July 2014, it's the summary of recommendations from moving from principles to policies.

[3:45 p.m.]

Mr. Speaker, the four areas they identified in their research when it comes to a national Pharmacare program is access, so universal access to necessary medicines; fairness, so a fair distribution of prescription drug costs; safety and appropriate prescribing; and of course value for money - so maximum health benefits per dollar spent.

I'm going to go through a few of these, Mr. Speaker. I'm going to start with access, and what was said about access. The recommendation was, "Provide universal coverage of selected medicines at little or no direct cost to patients through Pharmacare." Fairness, the recommendation was, "Select and finance medically necessary prescription drugs at a population level without needs-based charges - such as deductibles, coinsurance, or risk-related premiums - on individuals or other plan sponsors (e.g., businesses)."

When it comes to safety the recommendation was, "Establish a publicly accountable body to manage Pharmacare, one that integrates the best available data and evidence into decisions concerning drug coverage, drug prescribing, and patient follow-up."

Value for money, the recommendation was, “Establish Pharmacare as a single-payer system with a publicly accountable management agency to secure the best health outcomes for Canadians from a transparent drug budget.”

Finally, their final recommendation is, “Fully implement Pharmacare - a public drug plan that is universal, comprehensive, evidence-based, and sustainable - by 2020.” Mr. Speaker, I will table that for the House.

What is Pharmacare? Before I jump into some of the facts about who is covered and who is not covered, Pharmacare is a health care system that - essentially our health care system covers everything but the drug costs. Pharmacare would cover for all Canadians the cost of drugs, either fully or percentage-wise to make it more affordable so that Canadians can afford the health care system and the health response they absolutely need and which is essential.

It is estimated that 700,000 Canadians skip purchases of their food to pay for prescriptions and medications and upwards of 250,000 Canadians across Canada skimp on heat, in the Canadian climate, to pay for their drugs; 46 per cent of all Canadians are covered by a public Pharmacare program, so this would be through businesses and unions. Sorry, I would say that 46 per cent would probably be through our public sector, through our unions, CUPE and the rest of them; 37 per cent are covered through private drug plans, private industry, or ones that Canadians are paying for out of their own pockets - sorry, 17 per cent is paid out of their own pocket, so we have 17 per cent of all Canadians who are struggling day-to-day to pay for the costs of their drugs through programs.

There have been some small steps forward, we can see that. In 2016, Canada’s generic drug industry agreed to cut prices 25 per cent to 40 per cent for everyone in provincial and public drug plans, so it’s a small step forward for those who have a plan. Still, it does not cover all Canadians.

In 2017, Quebec’s Health Minister announced an agreement to reduce how much the province spends each year on drugs by 40 per cent, a decrease of more than \$300 million annually to Quebec taxpayers. This deal was done with a generic drug supplier.

In Ontario, the OHIP+ plan now covers prescriptions for those aged 24 and younger. Further back there was a universal comprehensive drug benefit from 1975 to 1987 in Saskatchewan. These are all examples of provinces that have done things.

We also here in Nova Scotia, through the Departments of Community Services and Health and Wellness, some of this is also covered. Is more needed? Yes, absolutely, but I want to say some of the numbers that I read were a bit staggering. For example, it’s estimated that roughly \$28.5 billion a year was spent on prescription drugs, that’s how much Canadians are spending, that was in 2015-16, they’re spending \$28.5 billion on drugs, going into the hands of large pharmaceutical companies.

How much of that money is going back into our local economy? How much of that could we have saved? Well, it is estimated under a national Pharmacare Program, of that \$28.5 billion, we would save \$24.6 billion. So, if we had a national Pharmacare Program, the cost to Canadians would decrease from \$28.5 billion annually to \$3.9 billion. That is a massive saving.

Canada is also the only industrialized country with universal medical care that does not provide universal coverage for prescription medications, and nearly 10 per cent of Canadians say they don't take recommended medication because of the cost - 10 per cent of Canadians. I think, we're at what, 35 million Canadians across Canada now, so 3.5 on average, Canadians will not take their drugs today, tomorrow, or the next day, because they can't afford it.

Currently, basically the only people being covered right now are seniors and youth through public coverage and those who have private or public health care. So, one-in-five Canadian families cannot afford to fill their prescriptions because of cost. So, if we move forward a national universal single-payer plan, it means that these families will take the medication without having to worry how much they pay, and they will have more money to pay for things like food and rent.

Why do I keep going back to a national health care plan? Well, as most people in this room know, the federal government just released their budget. It's definitely a hot topic, we have seen that the Trudeau Liberals, even though they took a lot of heat when that budget came out, from both Parties, they've decided that they need to work toward a national Pharmacare program for all Canadians, no matter your race, religion, or sex. That to me is what being Canadian is. We're not biased based on your income, we're not biased based on how you look, where you're from, or how you sound.

Some of the statistics that really kind of blew my mind was the amount of money per capita we are spending on generic drugs for example. So, we all know, like anything else, if you slap a fancy label on, whether it is a life-saving medicine, a pair of jeans, or a pair of sneakers, the second you slap that label on there the price goes through the roof. So more and more developed countries, provinces, and states have to rely on generic drugs. We have to hammer out a deal - not as a province, but as a collective group - to ensure that we have the buying power available to get the best possible price for all Canadians.

The federal government is now moving forward, and this was so important that the Health Minister in Ontario stepped down; he stepped down to take the lead on a national Pharmacare program. They are going to put \$231 million toward the opioid crisis, with \$150 million available for emergency - that is part of the consultation that will be going on with the national Pharmacare program. They will be consulting provinces, territories, and our indigenous groups. This is an extremely important part. We need to make sure, as a country, that whatever we put forward, our provinces, our territories, our people, and our

First Nations people are on board. If the federal government does not have the approval of all of us, a plan will not work.

I do hope that the federal leaders - one of the first quotes that I saw was from some gentleman named Andrew Scheer. He said, Canadians should brace themselves, brace themselves for a Trudeau national Pharmacare plan - fear-mongering over a national Pharmacare program. Brace yourselves, people. Cheaper drugs for those who need it the most. Brace yourself. How dare we? (Interruption) No, no, no, let's not go down that road.

I do want to remind everybody here that in 2004-05, there was a budget put forward by then Prime Minister Paul Martin, who wanted to go down this road, who decided that was the time that we should have a national Pharmacare program. I can't remember what Party he represented, but I feel like it was a good idea. It was voted down. It was voted down by all sides.

Mr. Speaker, I want to go back and talk about the savings, the \$24 billion savings to all Canadians if we had a national Pharmacare program. If in 2004, everybody in the House of Commons had the foresight to vote for that budget, Canadians would have saved \$344 billion in drug costs. That's \$344 billion in the pockets of Canadians right across this beautiful country. Who knows how much suffering and how much death would have been prevented if we had had a national Pharmacare program for the last 14 years?

Mr. Speaker, I would like to finish with this. October 2019 is quickly approaching. There is a federal election on the horizon. Once again, the Liberals, after being the Opposition and the Third Party with Stephen Harper, have come forward and said, we are going to have a national Pharmacare program. So, I hope that everybody in this House reaches out to their counterparts, reaches out to the people in their community, and votes for a Liberal MP. (Interruptions)

MR. SPEAKER: Order, please.

The honourable member for Cumberland North.

MS. ELIZABETH SMITH-MCCROSSIN: I didn't know we were advertising for the federal Liberals here today.

I would like to speak to Bill No. 71, the Fair Drug Pricing Act. I wanted to say a few words specifically about the Act recommending that no one under the age of 25 years old would have to pay for prescription medication. I do commend the member for Cape Breton Centre for bringing this bill forward and bringing up the important issues of pharmaceuticals, the cost of pharmaceutical drugs, to the people of Nova Scotia.

I think we all know that, unfortunately, there are some people in this province who cannot afford to fill their prescription. As a family practice nurse for many years, often

people would tell me, but they wouldn't necessarily tell the physician because they were too embarrassed, that the prescription they were just given would have to go unfilled because they didn't have the money to fill it.

[4:00 p.m.]

I don't see the age demographic that is of more concern to me in that, that would fit and that would be our senior population. This bill seems to address more those 25 and under. Those needing drugs that are 25 and under, are certainly important, but they don't fit the demographic that's in the highest need for pharmaceuticals.

I did want to bring up a few points - some of you here in the House may already know this, that Kathleen Wynne, the Premier of Ontario, did bring in a similar program called OHIP+. This legislation does mirror that policy. While it's a laudable goal, they definitely have had a lot of significant challenges with implementing this program, and I think it's important to examine those that have done this before, and see where maybe some mistakes were made. This is a conversation that we should be having, I would agree with the member opposite, on a national level. He is right, the Trudeau Liberals promised in their recent budget to look at a universal Pharmacare program, however, I would also like to point out the day after the federal budget, the federal Health Minister was talking about a national Pharmacare strategy, but not an actual plan. So, this could mean that maybe the feds want to subsidize private insurers, rather than devising a universal plan.

I do have an article here on that topic - national Pharmacare program - that one of the long-time barriers of a national Pharmacare program has been the assumption, Mr. Speaker, that it's going to mean we have to increase taxes, which no one wants to do. Dr. Danielle Martin from Women's College Hospital was one of the authors of a national Pharmacare study that's recently been done, that actually showed it could save \$7.3 billion, and that taxes would actually not have to be increased. The savings could be achieved through lower cost for generic and brand-name drugs because of the economies of scale in price negotiation.

Did you know, Mr. Speaker, that every developed country with a universal health care system, has universal coverage of prescription drugs, except Canada. So, those countries include the United Kingdom, France, Germany, Australia, New Zealand, Norway, and Sweden. All of those countries that have a universal health care system also have universal prescription drug coverage, except Canada.

So, it is certainly something to highlight. I do agree with the member opposite that we do need to be pushing our federal counterparts to be working on this, and we need to be leading the way as a province, extending a hand, letting them know that we are ready to talk with them and help them on that journey.

I am concerned, Mr. Speaker, about the cost of such a program to provide free medications to people under the age of 25. Mainly because a certain percentage of those people would already have private drug coverage, and I don't believe if someone has private health care insurance that our taxpayers should be paying for their medications when they have a private health plan that can do so.

A friend of mine recently said, government should never be providing services that the private sector can, and I think this is just an example of that Mr. Speaker, where we already have private health plans in place for a certain percentage of our population. So, we don't want to replace that or take that away. However, those in need, we definitely should be looking at ways of ensuring that no one goes without prescription medication.

In Ontario, the new plan means that no one under 25 will have to go through their parent's private insurance coverage, and parents don't have to pay a co-payment or a dispensary fee. Just as most things in government, it's important to balance the benefit and the cost, and I have to wonder if taxpayers paying for medication for affluent families, or those with private drug coverage, makes sense in a province like ours that's already in crisis.

In Ontario it is unclear what the establishment of OHIP+ will mean for the insurance industry, and whether it will reduce their family premiums. While the Ontario Liberals are hopeful, they have no guarantee that those who have private coverage will pay less, even though the drug costs of their kids are being paid for by taxpayers.

I've also read that OHIP+ is not as simple a process as it appears. One London, Ontario mother, for example, is caught in an expensive Catch-22. Her pharmacist recently told her that her son's prescription of ADHD medication would only be covered by OHIP+ under certain conditions. One of the conditions was that her son try another drug for the condition, even though he was doing well on the drug that his paediatrician specifically requested and specifically asked that no generic substitutions be made for this prescription. The paediatrician then had to submit a request for coverage through an exceptional access program form.

Meanwhile, the mum had to pay up front for the drug. Previously, before OHIP+ came in place, she paid about \$20 for the prescription through her husband's private insurance. Now she says the company is refusing to cover the drug because OHIP+ is supposed to be the primary payer for her son's medication. This mum was quoted in the media as saying, "I don't see why taxpayer dollars should be letting the insurance company off the hook."

One Ontario pharmacist says situations like the one just explained happen every day across the province. He said that the government has taken people who have coverage and put them in a situation where, because of the changes, they have to pay out-of-pocket for something they didn't have to pay for before.

According to the Conference Board of Canada, the introduction of OHIP+ provided drug coverage to 1.2 million Ontarians who previously had no private insurance; it also transferred an additional 2.1 million people who already had private insurance to public coverage.

Shawn Whatley of the Ontario Medical Association said those numbers represent a mixed blessing: Ontario doctors are very happy about the 1.2 million patients who needed the coverage, but it's too bad that funding is being used to help the 2.1 million patients who already had the drugs covered that they needed.

From a practical point of view, the switch to OHIP+ has presented time issues for physicians, and I think this is important to bring up here. The Ontario Medical Association is hearing from many doctors who are being inundated with patients who have exceptional access program forms that need to be filled out - and those forms take time.

I know here in Nova Scotia, it is already very frustrating for our physicians who have to continuously fill out forms for Pharmacare exceptional status. We have a doctor shortage here in Nova Scotia and we don't want our doctors to be filling out forms. We want them to be treating patients and doing direct patient care.

I also wanted to bring the attention of the House back to looking at opportunities that we could be looking at instead of this bill. The Pharmacy Association of Nova Scotia, just in January, released a document called the pan-Canadian Pharmaceutical Alliance Agreement. Better drug prices could create opportunity for improved health care in Nova Scotia.

The Pharmacy Association of Nova Scotia is saying that the pan-Canadian Pharmaceutical Alliance, on a new generic drug price framework, creates another financial blow to pharmacies. I know that I've heard from local pharmacies that are finding the changes to be hard on their business models and are worrying about the sustainability of it. It could also, however, create an opportunity to provide greater access to health care for Nova Scotians by supporting the Government of Nova Scotia and investing in much-needed pharmacy services.

This new pan-Canadian Pharmaceutical Alliance Agreement is estimated to generate approximately \$3 billion in savings for governments across Canada. The Pharmacy Association of Nova Scotia is suggesting that our province take some of those savings and actually invest them into pharmacy services such as minor ailments assessments, prescribing, vaccinations, prescription renewals, and chronic disease management services. The government can make immediate improvements to health care access across the province.

I did just want to bring up, while we are on this topic, that our pharmacists are very important health care professionals here in this province and I know they want to work

closely with us here in the Legislature and with their fellow health care professionals in finding solutions.

We all talk about a national Pharmacare program, and one of the reasons that works is because there's a reduction in the costs of generics and trade drugs. That often does put financial downward pressure on the businesses of pharmacies. We do need to be taking that into consideration and make sure that our pharmacists are being considered with all these changes.

Mr. Speaker, in closing, I would like to again commend the member for Cape Breton Centre for bringing this bill forward. For some Nova Scotia families this is definitely the answer. However, I do believe that we can find even better solutions by taking a look at the larger problem on a national level. Thank you.

MR. SPEAKER: The honourable member for Truro-Bible Hill-Millbrook-Salmon River.

MS. LENORE ZANN: It feels good to get to my feet and speak about Bill No. 71, our NDP bill, the Fair Drug Pricing Act. I would like to concur with the previous speaker who said that it would be nice to have this as a federal option, for everybody to have Pharmacare, universal Pharmacare right across the country. But since we don't have that, the NDP feels that it would be wonderful to be able to have this available for young people in Nova Scotia just as we've also proposed dental care.

As someone who has lived in Australia where we had both, and also lived in Stockholm, Sweden and across Europe in countries where they have completely free Medicare and dental care and actually a guaranteed annual income, I have to say that it works. Since we don't have that here in Nova Scotia at this time, unfortunately, I support Bill No. 71.

The facts are that one in five Canadians forgo taking prescription medicine due to the cost - one in five. They also say that one in five Canadians suffer from mental illness. These are concerning statistics.

Many families can't afford to pay for the medicines that their children need to get healthy, to stay healthy, and to grow up healthy. I know mothers in Truro who have told me that they have gone for years without any dental care because they would rather put the money into their children, into either their children's food on the table or their children's Medicare, their children's medicines, or even to get their children to the dentist, while they go without.

I don't think it should be an either/or choice. I don't think there should be winners and losers. I think there should all be winners in this case. I believe the people of Nova Scotia deserve this kind of attention and being looked after in such a way.

Essential medicines are crucial for children, not only to treat medical issues in the here and now but also to help ensure that our kids can develop to their full potential. There are many kids who are suffering from different issues that need to be addressed. First of all, they need to be discovered. Then once they are discovered, if a child needs to be on medication, then the family may need help with that in order for that child to grow up as a whole and sound and healthy individual, a well-balanced individual.

We all know that kids get sick. I know I did. They pass their bugs around to others. But if they get early treatment, they get better. Now I was born in Australia where we had a wonderful system in place. I had bronchitis and pneumonia constantly from an early age. I can't even remember going a full year without having had bronchitis several times, to the point where I became immune to certain drugs and had to stop taking them.

My parents weren't rich. They were just young teachers, and their money was going into building a house for themselves - \$5,000 at the time was what it cost to build a house in Sydney, Australia. It's now worth \$5 million but they don't own it anymore, unfortunately. The thing is, they always made sure that I was taken care of and, luckily, we had a system in Australia where education was free - post-secondary education was free, and so was Medicare and Pharmacare.

To recover well so they can just go back to being kids, sick kids need things like antibiotics, they need asthma inhalers, and those things, as we know, are not free. In their teen years more and more young people need access to mental health care, and they need medication to help them stabilize. Too often we lose young people in our communities who struggle with mental health issues, so ensuring that all young people have access to prescription medications that they need could go a long way towards ending the stigma associated with mental illness.

I have to say that, as I've lived in different cities across Canada, I have had various experiences myself, and also met lots of young people who have been suffering due to not getting the medication they need. I remember one time I lived upstairs from a young pianist, a brilliant young jazz pianist. I could hear him sometimes going crazy berserk, and other times he'd just be dead silent. One time I asked him, "How are you doing? What's going on with you?" He said he really needed medication in order to stay balanced, but he couldn't afford the medication so he strung it out. He would just take one-quarter of the pill instead of taking a whole pill, in the hopes that maybe this might at least stay in his blood system enough to do something. But I'll tell you, living upstairs from him, I could tell when he was manic, and when he wasn't, when he was getting some money for his pills, and when he wasn't. I thought to myself, what kind of country are we living in if a young man, who's 22 years old and is a brilliant artist, is suffering?

It affected his relationships. He couldn't keep a steady relationship, and it really affected him. I could tell, even just looking in his face, when he had the dark circles under his eyes, and he was haggard, and it was very sad to see. Then, in another city there was a

young girl. She was 19 years old. She reminded me of me when I first started out. She had blonde hair – pigtails - and she had a bipolar disorder. She couldn't afford to get help for it; she was oftentimes sleeping on couches, couch-surfing, homeless. She had run away from home, didn't want to be back in the little cow town where she came from. She would self-medicate by going drinking, if people would offer her booze. Then the booze would lead to her doing other self-hurting actions by going with people who perhaps were not healthy for her, by staying overnight with people who were not safe.

In fact, she eventually got involved in drugs. One day I asked folks on the street where she was, I hadn't seen her in a long time and they said, "Didn't you hear? She had an overdose a few nights before." I cried. I cried because I thought, that poor young girl had so much potential, but because she couldn't afford the medication she needed, she was self-medicating with all these other things that were not the answer to her problem. I also thought, that could have been me. "There but for the grace of God, go I," as someone who is an alcoholic - an addict, who's sober 22 years now - I see people and I go, oh my God, I don't know how they do it. I just thank the good Lord that I was able to afford the drugs I needed when I needed them, and that I was able to come to my senses and realize I was a sick person and stop drinking.

Investing in the health of our children makes economic sense too. Curing and caring for children now will help ensure that they will be healthy and active members of their community when and if they reach adulthood. Starting with kids is pragmatic, it's economically sound, it's morally defensible, it's a morally defensible first step towards universal Pharmacare, which we know we need in this country.

Let's take this step and show some leadership, show some leadership on the national stage. Nova Scotia should be a poster child for the way we treat our people. Nova Scotians are hard-working. They love life. They're kind. They're generous. Why don't we give them a hand up too and show them how much their government cares for them?

When we were in office, the NDP did have a fair drug pricing plan, in which we capped the price of generic drugs. We took a step to take generic drugs, which were at 85 per cent of the price of regular drugs - that's how much it was, 85 per cent for generic drugs. We took them down from 85 per cent to 35 per cent.

I'm going to tell you, we had a Health and Wellness Minister at that time who did that hard work. She went toe to toe with the pharmaceutical companies, and although some people may not be very happy about it, lots of other people are. They are so grateful that she did it. Her name is Maureen MacDonald, and without Maureen MacDonald, we would not be where we are today.

I have to say that, as far as I'm concerned, she's the best Health and Wellness Minister this province has ever seen and will probably ever will see (Interruptions) Sorry.

I just have to say, just have to call it like it is. Yes, Maureen MacDonald was a great Health and Wellness Minister, and I'm sure my colleague would agree.

Recently, Ontario brought in the same kind of bill as this one, Bill No. 71. They brought it in and passed it. In January 2018, they passed a bill for Pharmacare for young people and for children. If they can do it, why can't we?

I lived in Stockholm, Sweden, for a year. I was performing there. I was lucky enough to get a job performing in a play called *Two for the Seesaw*. I was 26 at the time, and I had gone from a country with absolutely no Medicare and no Pharmacare, which was America, where I had to pay exorbitant amounts if I ever got sick. I had to pay \$500 just to go and see a doctor. One time, I got the bronchitis-pneumonia that I would get from time to time, less now than when I was a kid, and it cost me \$350 to see a doctor and then another \$150 for the medication - \$500.

Here in Nova Scotia, I would just be able to walk in and see a doctor for free. Thanks to the Pharmacare that I have, the Medicare that I have through my job here but also through my acting work, it cost \$12. This is what happens when you don't have money and you don't have a system that looks after its people.

I also have to say that living in a country like Sweden, they focus on prevention. They believe in looking after their people. They believe in free daycare. They believe in free post-secondary education so that kids don't come out of school drowning in debt and anxious, with anxiety issues. They look after their seniors.

Of course, mental health and illness in seniors is a problem as well, especially with depression. Depression and anxiety are two big ones for our seniors. I believe that this Fair Drug Pricing Act would be a very, very good start for Nova Scotia to set us on our way to a bright future.

In Scandinavian countries, as we have heard from other colleagues here, they also believe in having an annual general income, an annual allowance, a living wage, again, so that people do not have to have anxiety. Are they going to have a roof over their head? Are they going to be able to put food on the table? What this does is, it gives them a sense of just relaxation. They know they're not going to end up as an old bag lady in the street or somebody pushing a cart. They know that their government will look after them.

For that, they're grateful, and they want to give back to society. They are proud workers. Everybody has a job. Everybody is proud of their job. If they are unable to work, they are looked after by their government. That is the kind of country I would like to live in, and that's the kind of government that I would like to be in.

The other thing I'd like to say about this is that when the NDP was in government, we also covered the cost of insulin pumps. So, insulin pumps and supplies for eligible youth

to the age of 18 was a very helpful thing. Supplies for people 19 to 25 with type 1 diabetes, who use an insulin pump, we also put that in place at that time, Mr. Speaker.

So, I believe that we can do better; I believe we can keep adding to all of this in order to make a complete picture of health for the people of Nova Scotia.

With that, Mr. Speaker, I believe my time is almost up, but I would wish that every member of this House give to this their full-most thought and really picture a time when Nova Scotia can look after its own, and with the help of the federal government perhaps we can also have Pharmacare right across this country, and free dental care as well.

MR. SPEAKER: The honourable New Democratic Party House Leader.

HON. DAVID WILSON: Mr. Speaker, would you please call Bill No. 86.

Bill No. 86 - Motor Vehicle Act.

MR. SPEAKER: The honourable member for Dartmouth South.

MS. CLAUDIA CHENDER: Mr. Speaker, I'm pleased to rise today to address Bill No. 86. This bill, from our perspective, essentially is not really more than housekeeping; it fills a gap. It's funny that I'm the member who's speaking to this first - as someone who has an urban constituency I probably have the least interaction with TIR of anyone in this Chamber just about. It's not nothing, I do have some provincial roads, but certainly if there are any issues relating to sidewalks or traffic, generally I'm in touch with my municipal counterparts, but this is the exception.

So, I get calls on a regular basis from people in my constituency asking me to change the speed limits. Dartmouth South, while it has quite a vibrant little downtown, is also a main transit route out of the core of HRM out to the beaches, and out to all parts of our province really. So, we have thoroughfares like Portland Street and Pleasant Street, and even Crichton Avenue, that take people out to the Circumferential Highway and beyond. I think it wouldn't be an exaggeration to say that cars regularly travel the routes that I just mentioned at 60, 70, 80 kilometres an hour without batting an eye.

What this legislation proposes to do is to amend the Motor Vehicle Act so that municipalities can lower speed limits. We're not asking, nor are our municipalities asking frankly, for the ability to raise speed limits. We recognize that there can be major safety concerns, traffic planning, all kinds of issues involved with the raising of speed limits; however, there are many, many situations in my own constituency and beyond, where municipalities have been asking for the power for quite a long time to be able to lower speed limits where appropriate. I understand that this may trigger other changes, but from where I sit, Mr. Speaker, it's pretty simple.

I mentioned the busy streets, Portland Street and Pleasant Street, Crichton Avenue. I'm sure almost all other municipalities have analogs for these busy thoroughfares that cars simply travel down much too quickly. Some of the issues involved with those streets in fact, have to do with children, Mr. Speaker. We have spoken in this Chamber before about issues with the distance that children are expected to walk to get to school, issues with busing.

One of the issues that I hear almost every time this distance comes up when a parent contacts me, which is more frequently now, is I don't want my child crossing that street. I don't feel comfortable with my child crossing this, in certain cases, four-lane thoroughfare with cars racing down, who may or may not be paying attention to crosswalks, and where the nearest lighted intersection might be blocks and blocks out of the way.

In fact, Mr. Speaker, I've had a constituent who has kept their child home from school, certainly not on my advice, but they said look, my 14-year-old has to walk an hour to school and back. They have to cross an incredibly busy street, and I frankly don't feel comfortable. I understand that concern, I would share that concern if I were that constituent.

[4:30 p.m.]

But this isn't the only issue, it's not just these big thoroughfares. Mr. Speaker, I live at the corner of a street that is probably travelled six or seven blocks from one end to the other. There's no stop sign on the street, there are no traffic humps, or whatever they call them. There's no traffic calming measures at all.

The speed limit, I believe, is 40 kilometres an hour. I would say the average speed with which cars travel down this very steep hill is about 60 to 70 kilometres an hour. I've lived on this street for six years and in that time, there have been three major accidents. One time, a car plowed into the side of a house, another time a car rolled completely over, and another time it ran into a light standard. Mr. Speaker, this is just unacceptable. We need to be able to act.

We all know, as I mentioned earlier - many of my colleagues, more than myself - how challenging it is frankly for TIR to stay on top of the endless issues around roads and maintenance in this province. We have a tough climate, we have a lot of infrastructure. It's a big job, TIR has a big job, so it's not surprising to me that an issue like lowering a speed limit on a residential road in a pocket of the province probably doesn't float real high up on the list when you come to them with those issues.

On the principle that we should be utilizing all of our resources to their maximum efficiency, Mr. Speaker, it just makes sense to me that in a case like this, we would be approaching - we wouldn't have to approach TIR, that we should put the power in our municipalities to make these very simple changes, to lower a speed limit, so that they can make sure those municipalities are safe.

This is about a basic level - it's an order of government issue, I would say. It's also an issue of communities being able to advocate for themselves. We don't have school boards anymore, we don't have local health authorities anymore, but we still have municipal governments. (Interruption) At least for now, we still have municipal governments.

Mr. Speaker, as we've said in this Chamber so many times, there is a logical reason to have local decision-making for any number of reasons - for health care, for education, and in this case, for traffic and safety in certain circumstances. A municipality is going to have a much better sense of what makes sense, as I said, on a single road in a corner of the province, frankly, than I suspect the hard-working staff in their office in Halifax at TIR. To me it makes eminent sense that we would allow municipalities to be able to make the decision, in a codified way, that is responsible, that takes into account all the outstanding issues. I'm sure this could be arranged so they would be allowed to lower speed limits.

Mr. Speaker, I think it enhances the safety in our communities, it puts local decision-making where it should be: in the hands of our municipal governments. Frankly, it takes some of the burden off TIR, who have bigger fish to fry. They have big roads, they have highway projects, they have infrastructure projects, that's what we expect. They are building schools, that's what we expect TIR to do. They do that job pretty well, and we should let them do it. For these smaller issues that I suspect tie up staff and require advocacy, let's not ask them to do that.

Mr. Speaker, I'll finish by saying that every call I've gotten related to speed limits - and I'd say it's probably somewhere between 10 and 20 since I've been in office - almost all of them have said, I called my councillor and my councillor specifically asked me to call you, and not only did my councillor ask me to call you and ask you about this, but they also told me to call you and ask you if we could make this decision next time.

The municipalities aren't passing the buck. Quite the opposite - they are asking for this power. They are ready to take on the power of being able to lower speed limits, being able to ensure safety in their community, and they are requesting it from the province. So, Mr. Speaker, I see no reason why this small piece of authority that ensures safety in communities couldn't be delegated. Thank you for the opportunity to speak on this bill.

MR. SPEAKER: The honourable member for Clare-Digby.

MR. GORDON WILSON: Mr. Speaker, it's a pleasure to rise today and speak to the bill brought forward by the honourable member for Sackville-Cobequid. I was hoping to hear him speak. Hopefully at the end of this session we'll hear his comments on it.

First off, I want to say that safety is paramount. There's no question that the Minister of Transportation and Infrastructure Renewal should be commended in the work

that's going on, and also even the previous Minister of Transportation and Infrastructure Renewal. We like to keep them all happy.

Just quickly, on that note, while we are talking about a safety issue here, let's not lose sight of the fact of the work we're doing to twin our highways, to make it safer for us as MLAs and all those people who travel back and forth to get here.

It would be remiss of me not to bring forward the fact that we have Highway No. 101 from Three Mile Plains to Falmouth that's being twinned. I'm sure all the folks who travel down the Valley are going to be happy with that. Highway No. 103 from Tantallon to Hubbards, 22 kilometres there; Highway No. 104 from Sutherlands River to Antigonish.

By the way, that is going to be another example of a P3 such as the Cobequid Pass that was so successful, and hopefully in the near future we're going to see the tolls off that highway.

Lastly, the construction of the four lanes, the divided Burnside Connector on Highway No. 107 between Burnside and Bedford. Safety is a paramount thing in this department.

In saying that, I'd like to just speak - what the bill itself speaks of is actually setting limits below what the existing limits are. I want to quickly point out that municipalities can already do that. There is nothing that's impeding them from doing that. I believe there was a pilot that was carried out a year and a half or two years ago in HRM to that - I have some documents that I will table here with regard to that - but there is nothing there that says it can't happen now. I guess the process is the one that's more difficult.

In saying that, I think it's also important to note the fact that municipalities in the province should work together. I'm very fortunate in my area that we meet regularly. When I was with the municipality at Digby, we had a regular quarterly meeting with our TIR folks where the municipality would sit down and we would talk about common issues. Some of them might have been speed limits; some of them might have been alders on the side of the road or various things.

That format is very important, and I'll tell you why I think it's important. The standardization of safety when you're travelling on a road is extremely important, especially when it comes to speed limits.

The fact that TIR takes that responsibility, and takes that responsibility extremely seriously, is even more important. We have one entity that provides consistency. Where I live in Digby - actually, I live in *Culloden* - you can't tell where the Town of Digby starts and the Municipality of Digby starts. What would happen if we gave one municipal unit the opportunity to reduce speed limits and the other one decided not to? All of a sudden,

you're driving down the road and you don't know where one starts and one stops. The same thing could happen on the outskirts of HRM.

Actually - and I will table those documents - that was one of the concerns of a study that was done on speed limits that was raised: what would happen in some of these outside areas? Firstly, I'd like to just go to a document that was - I'll table this. This was a March 23, 2017, meeting of the Transportation Standing Committee here in Halifax. Part of that was a report. I'll read some of the discussions that were in that.

It says, "Staff has consulted with our counterparts at the Province and although it has been indicated that the Provincial Traffic Authority will consider requests to post speed limits below 50 km/h . . ." - so they will consider posting requests below 50 km/h - ". . . such requests must be accompanied by an engineering study/assessment that supports the request and includes identification of supporting physical measures that will effect the required change in driver operating speed."

There's a reason for that, because they found out that when you reduce speed limits, simply putting a sign up, believe it or not, does not slow people down. It's been proven, the studies that go on, over and over. So, what you need to do is you need to actually physically change the way that road is designed to be able to get outcomes, and actually, they've done some work in the pilot, and I'll get to those points in a minute.

There was a Low Posted Speed Limit Study that was done in 2013, and I'll just go over that. Based on the jurisdictional review and detailed analysis of those jurisdictions who had implemented speed limits below 50 kilometres an hour contained in the study report, it was found that there was no conclusive evidence that posting speed limits below 50 kilometres an hour would result in a reduction in vehicle speed limits.

There's an interesting statement. There were four key findings. One was that operating speeds on a road can be controlled via modification of the physical environment. Another one was that improperly set speed limits - and this is interesting - particularly those that are set too low, can't produce an environment where users feel more secure. So, it's a false sense of security. You got a speed limit posted lower than what people actually go.

Again, back to the point of having one entity that would actually be responsible for controlling the speed limits: consistency in application of posted speed limits is critical. Giving it to 51 different municipal units to start changing speed limits all over everywhere, I don't think serves that consistency. So, overall, the report recommended that the province allow the posting of speed limits below 50 kilometres, but only if sound engineering, education, and enforcement are adhered to.

This is probably one of the most telling documents, it actually came from HRM. I do understand the differences of living in rural Nova Scotia, and driving in rural Nova Scotia, and then coming to the city. I do respect the fact that there is a huge difference in

the city - especially in Halifax - of getting around. I do understand that crossing the streets here isn't the safest thing in the world to do. That's certainly been an issue that's been debated for quite a while, but I don't think that simply reducing and giving these opportunities to every municipal unit is going to fix that problem.

The second one that I'd like to point out is just simply - this was a report that was out, and I'll table that. This came out in the *Halifax Examiner* in 2016. There was an article that was written in there, again it was a discussion that was part of the conversations going on in HRM, Mr. Speaker, with the municipal council, with the city here, and it said that the provincial traffic authority's Mike Croft made a presentation to the Halifax Active Transportation Advisory Committee. The minutes of the meeting of March 24th describe one key finding presented at the meeting: the study found there was an average reduction of 2.4 per cent in speed, directly after the lowering of the speed limit that was posted, while the reduction became less over time.

So the maximum result they got in reducing the speed limit - this was in the 50-kilometre zones that they posted lower, there was a pilot that was around here - the biggest impact that that had was a 2.4 per cent reduction in overall speed, and that actually went away after time.

It was also said that sustainable transportation activist Tristan Cleveland was at that ATAC meeting. The results, however, are kind of obvious: you cannot just change the number on a sign, people don't just slow down. You can't reduce the speed of the road without designing the road differently.

Obviously, these are some major things if we have to consider if we're bringing a bill such as this forward. Again, safety is paramount. The fact that we're just here standing about it today, Mr. Speaker, is an important thing, because I do believe that there are some key things.

We could do better with our speed limits in the city with an awareness program. We could do better in our cities, and in those different areas, with education, with better enforcement, and these are just some key things that also have come out in some studies. Working together is to me the most important thing that we could do. We all want the same thing. There's no question about it. Everybody wants to be able to travel on a safe road.

[4:45 p.m.]

I listened to the comments from the member opposite, her opening remarks. I don't think there were any real underlying concerns that anybody had with the Department of Transportation and Infrastructure Renewal and the good work that they do.

I have worked with them myself. I had a speed limit in my municipality, on the Lighthouse Road going out to the lighthouse, that I wanted reduced. I had several people

in the area who brought a petition to me. We were in government, and you would think that it would be an easy thing to do.

They sent the safety person out there. For several different days they stood there, hidden, and took the speeds of the vehicles that were travelling on that road. They did the vehicle count. They looked at how many people were walking on the road. They did observations of what the safety hazards were and what the sighting distances were for all the driveways along that road. They did an extensive amount of work and, at the end of the day, convinced me that probably there would be no change whatsoever in driving habits with a simple reduction of the speed limit in that area.

That's the kind of engagement that we need to advocate to our people who come to our offices with a problem, be it in a metro area or in a rural area. We need to be able to build those relationships with the people who make the decisions. We need to trust those decisions that they make. We need to allow that to work back and forth, not only for the right answer at the end of the day but, even more importantly, for us as legislators to understand what it takes to get things done the right way.

I am not going to take up the rest of my time. Ten minutes goes fast enough as it is. I will just close by noting - and this isn't a dig, but it certainly is something that needs to be understood, and I will table this. There was a discussion by the previous government: "Transportation and Infrastructure Renewal Minister Maurice Smith has asked his department and the provincial road safety advisory committee to conduct a study on whether streets would be safer if the residential-street limit is reduced." The previous government, Minister Maurice Smith - I don't know why he didn't pull the trigger on it. I think I understand why we don't feel comfortable in pulling the trigger on it.

I think the fact that we are all interested in safety and how we can bring this forward is important. But at the end of the day, I have trust in the minister and the Department of Transportation and Infrastructure Renewal, whole-heartedly. Our roads are safe and getting safer as we speak, every day.

MR. SPEAKER: The honourable member for Sackville-Beaver Bank.

MR. BRAD JOHNS: I'm blown away by what I just heard. I listened last Thursday when the Minister of Municipal Affairs stood up and talked about how they want to provide municipalities with tools to be able to accomplish things they want to do, and how they want to work with municipalities across the province and support them and everything else. I just listened to the member for Clare-Digby basically say totally opposite things. I'm confused about whether or not members of that government are talking to each other.

We do support this bill. What I see this bill as being is an opportunity to provide additional tools to municipalities across this province that have reached out.

I'm sure that the member for Clare-Digby, as well as any other members in the House at all, who have a municipal background - it was always one of the number one things that I heard from residents on a continuous basis at the municipality: concerns around speeds. Ironically, it was not speeds on the 100-Series Highways but speeds in residential neighbourhoods. It was certainly something that I was frustrated about numerous times. Although the municipality did have the authority to implement numerous tools when it comes to addressing shortcutting and traffic-calming issues, we didn't have the ability to adjust speed limits.

I have a lot here prepared, but I'm blown away by some of what I just heard. I mean, the former speaker speaking in regard to the studies that show that reduced speeds, posted speed limits don't reduce accidents. Well, why did - and I believe it was the current government that reduced speed zones all across the province in school zones. So, why would you go from a 50 to a 30 if there weren't studies that show that and, I mean, in addition to that, I read when I was looking at this - I apologize for not bringing it - but numerous studies that showed that a reduction - I mean, my goodness, it's a common-sense thing.

My mother always used to say if you're going to hit the ditch, hit it going five not 50 because you're going to do less damage to the car. Well, it's the same thing to the person. There are loads of studies that show that reduced speeds, especially with pedestrian impact have reduced fatality and outcomes. So, the previous speaker spoke about education and better enforcement. Well, this is certainly a tool that allows policing to be able to enforce speed limits that are reduced.

Numerous times, I remember discussions with both HRP as well as RCMP members who expressed to me concerns about ticketing people who were only going 10 or 15 kilometres over a limit because, usually, when that went to court, if it was appealed, sometimes it could be overturned, and so they like to make sure that there was a good margin. So, I think that that's a justification for looking at this. I'm kind of blown away by some of the things that the previous speaker spoke about. I would have thought that this government would have seen the errors of the ways before, governments before, and would have taken a lead on this, particularly given the stance that the Minister of Municipal Affairs has taken and the comments that he's made about wanting to work and help municipalities. Well, I mean, obviously, the member who brought this forward, from Sackville-Cobequid, it has been brought forward because it was brought to him from municipalities.

I do want to point out that under the MGA, Section 3(11) of the MGA it does highlight the roles of the traffic authority as well as the Minister of Transportation and Infrastructure Renewal, what their roles are. I will say that municipalities are required under the Municipal Government Act to have a traffic authority. If not, by default, it does go to the Minister of Transportation and Infrastructure Renewal. But there are many municipal units across this province where they have either appointed an independent

person to act as traffic authority - in some cases, I know city managers are acting as traffic authorities or sometimes there's a subcommittee of the municipality. But they are required to have a traffic authority, and those traffic authorities I don't think they willy-nilly go out there and just reduce speeds on roads because it's something they want to do.

In HRM, we did do a test on Flamingo Drive here in Halifax. In fact, there were two public consultation processes that were required to go through where residents were consulted and matters talked about; there were postings that went up about them for drivers to be aware. So, there was a process that HRM, followed and I would make the assumption that there are similar processes other municipal units would follow as well. So, I don't think it's a willy-nilly thing.

We talk about municipal government as responsible government. We had this whole discussion here last week and now we're saying, well, yeah, okay, last week they were responsible, but now they're not. I do find that somewhat ironic. I think that is, like I said, this is an additional tool. I think municipalities already have ways that they do look at traffic calming and shortcutting issues.

Here in HRM, there are many, many physical measures that HRM has instituted: speed humps, raised intersections, traffic circles. In some cases, you see a narrowing or a parking on both sides of the street in one-way streets, which all try to curb and address the issues of speeding. I know it can't be something that when I was a municipal councillor only I faced because there were a number - at the time my MLA, I'm now here, but he and I joined together to create lawn signs which we donated and gave out in the community to residents who had issues, you know; please slow down or respect our neighbourhood. We distributed those throughout the communities because the municipality didn't have the authority to address this and lower the speed limit.

I think it's time that this government takes - I'd love to see this government take the lead and allow municipalities to do this. I think it would certainly show leadership. They took the leadership when it came to Bill No. 85, and even though there were numerous speakers for and against that, I'd like to see them take the leadership on this as well.

Now, I will admit that when I was on council, numerous times the HRM traffic authority did consistently say that they felt reducing speed limits in areas had no impact but, like I said, I certainly disagree with that based on discussions that I had with police officers when I was the Chair of the Halifax Regional Board of Police Commissioners. This came up numerous times at the police commission, in addition to other topics like red light cameras.

There were numerous things that came up and we sent correspondence a number of times to the province and this has never been acted on, so it would be nice to see this come forward and acted on now.

I want to see what else I'm missing here because I kind of got thrown off by the former speaker's comments there.

I also think, and I did bring this up, that obviously the current government felt, for one reason or another, that there was legitimacy in reducing speeds in school zones. I think this particular legislation would also allow municipalities to look at and expand areas.

I know that churches, community centres, perhaps Legions, we talked about studies. I mean the two things studies often show is that it's not just the speed of the vehicles but it's also the age of the person they hit, so I think it's a twofold issue there. Studies have shown that, so perhaps areas with Legions - and I always found it somewhat ironic that the municipalities have no ability to reduce speed limits around playgrounds. They can certainly post those little yellow signs that are suggested speed limits that provide a suggested reduction in speed, but it's not enforceable.

The RCMP go out, and in some cases they can't do anything about it, so I think there are merits in allowing municipalities to do this. I think that as elected officials, making our communities as safe as possible is one of our primary responsibilities, and this bill certainly is a common-sense approach to doing just that when coming to speeds.

I would also add, and I think I spoke about some of the other ways that HRM has looked at chicanes, traffic circles - all those have a relatively significant infrastructure cost to implement. Reductions of speeds don't; it's a speed sign. It does provide the RCMP or the HRP the ability to then enforce that, but it doesn't have a significant impact on the financial budgets of municipalities, which I think when we come across the province probably comes into play for some municipalities as well.

Mr. Speaker, with that, I guess I've said what I needed to say and certainly thank the members for their patience and tolerance while I spoke. I hope the members on the other side will certainly reconsider this. Thank you.

MR. SPEAKER: The honourable member for Halifax Needham.

MS. LISA ROBERTS: Mr. Speaker, I welcome this opportunity to speak to this bill. I have enjoyed the conversations in the Legislature this sitting around municipal issues, and I feel like we're lucky at this moment that we have a number of members on all sides who have a real interest in, and also some experience at, the municipal level of government.

Just to clarify, to answer, or to respond somewhat to the comments from the member for Clare-Digby, this is a request that has been made to the province from at least the Municipality of Halifax. So the NDP agreeing to put this forward and calling it for a debate is really a way of us signalling that we respect that the municipality is well placed to respond to its citizens on these issues, that we trust another level of government to make good decisions, to not abuse those powers. Indeed, as the member for Sackville-Beaver

Bank addressed, municipalities do have traffic authority. They exercise those powers that they're granted as traffic authorities within some fairly regulated frameworks, that are actually agreed to internationally.

[5:00 p.m.]

It's important to realize that we are actually at a moment where a lot of those frameworks and those ideas are actually shifting. We in North America, in Western society in general - we have gone through a period of real car-centric design, and we are recognizing the folly of that at this point.

One of my great pleasures with my kids - my son actually learned to ride a bike before he turned four years old, because I would walk with him to his preschool in our neighbourhood, and I would just have my hand on his shoulder blade to help push him up the hill. As I pushed him up the hill, he slowly learned how to keep his balance and so, even though he didn't have one of those little fun scooter balance bikes, he actually learned to ride a bike with pedals before he was four. We love riding our bikes as a family.

I started speaking about a great pleasure - first though, I'm going to address the great frustration. We actually only really do that in our neighbourhood during these fantastic events called Switch, which is based on this wonderful model of actually closing streets to all vehicular traffic. It started in Bogota, Columbia, and it has spread to Mexico and actually all over the world, where often streets are closed to cars and to other vehicle traffic on Sundays.

Everybody comes out onto the street and enjoys that public space, which is indeed what streets were from the very beginning of civilization. Streets were public space, and we've given them up to cars, which are dangerous, which threaten our lives, and we've become very complacent about that. We've prioritized them in many, many ways. Really, we are at a moment now of realizing the myriad of different impacts of those choices over the past 60 to 70 years.

So, during these Switch days that were organized by the Planning and Design Centre, and have happened in both Dartmouth and Halifax, we're able to actually leave our house and within a pretty short and reasonable commute - sometimes using sidewalks - actually get to a space where my kids are safe to ride their bikes.

But in general, we load up the bikes onto the back of the car on a bike rack, as many other people do, and we drive somewhere so that we can safely ride our bikes. How crazy is that? Until we actually prioritize making our streets safe, we are going to be paying consequences, and we pay the consequences in so many different ways.

We know that children are not getting a lot of physical activity. Well, one of the reasons why kids don't get as much physical activity as they used to is because we've made

the environment around their homes less safe than it used to be. To some extent, there's often debate about whether it is actually more dangerous. Were our parents all foolhardy in the 1970s when they just said come back in when the streetlights come on, or is it actually more dangerous now? In fact, cars and their speed and the way our roads have been designed are a contributing factor to why our streets actually are more dangerous.

Cars do regularly go far beyond the speed limit in urban areas. Indeed, walking to school, if you're lucky to have a sidewalk, still feels dangerous because we just had a gentleman killed in Halifax on the sidewalk. It's not the only case by any means. The intent of this legislation is to give a tool to the municipalities that municipalities have asked for and to allow cities - which are closer to people who are using our streets and our spaces for walking, biking, driving as well - allow the municipal politicians who are closer to the people, who are getting those calls to help assist us as we redesign our cities to actually work for people and to work for communities.

I haven't served in municipal office but I did have a great interest in it for quite some time, and I worked closely with Jennifer Watts when she was a municipal councillor in Halifax. I remember when I tweeted out that I wanted every member of Halifax Regional Council to read *Happy Cities*, which is a fantastic book which talks about how the way cities are designed can affect our health in many different ways. Part of it, yes, is about speed. But also it's about, when you reduce speed and you actually create neighbourhoods where people feel like it is safe and inviting to walk and bicycle, you actually create opportunities for social interaction.

Social isolation is one of the great risks to our health right now. People are not having those interactions; they don't know their neighbours. I know part of the reason why I ended up in this position right now is because I fell in love with my neighbourhood. I fell in love with my neighbourhood because I was walking with my kid, pushing him up the hill to his preschool. Then I got a job in my neighbourhood where I would bike, and I would pass parents and kids on their way to that same preschool. It was so delightful, and I could feel the little doses of serotonin. If we don't allow municipalities to do the work they want to do of traffic calming, of creating streets that do feel like public spaces, then we're inhibiting all of our abilities to have those experiences in our communities.

Former municipal councillor, now the representative for Sackville-Beaver Bank, referenced the signs that he sourced along with his then provincial counterpart. We have had those in Halifax as well. They say "Please slow down, we love our children" in strangely Liberal red colours and, really, this legislation is our response to that. Please slow down, we love our children. In fact, we'll actually give you the power to make it happen. It'll make it happen.

The comments of the member for Clare-Digby that just changing the speed limit won't make people slow down, that's true enough. You also have to engage in design measures. In Halifax, they've done wonderful stuff with planting trees and narrowing

streets, in part by adding bike lanes. All of those different measures make it feel less appropriate to drive quickly, and that helps. But it also does help to have speed limits and to have the ability to enforce those speed limits.

I remember I was a journalist at the point that - I'm not sure which government brought in the reduced speed limit around school zones. (Interruption) So it was the NDP Government, and I don't know if the NDP Government at the time was limited in their abilities, but it has constantly struck me as ridiculous. In my neighbourhood, I walk by the school and immediately the limit turns back to 50, like not even a block later - it's like, hello. Do we just want kids to be safe literally in the school yard and to the next corner, or do we actually want them to be safe to walk home. Do we actually want to make our streets safe all the way from home to school? Again, I feel very lucky to live in a neighbourhood where there are many, many parents out walking their kids to school in the morning.

It was interesting earlier today, we had some people in the gallery from the Happy Communities Initiative, which I understand is active in the constituency of Kings South. They've also made some initiatives in Halifax Needham, and I know most of the folks who have been involved in that. Again, allowing our communities to operate at a human scale - and that does include at a slower pace - is a huge part of what allows casual contact, what allows neighbours to actually greet each other.

Car culture has not been good for mental health, and on a very concrete level, I do believe that giving this ability to municipal councillors to have another tool in their tool box - to try to create safer neighbourhoods, and respond to citizens who are asking for this - is a good thing because we all want happy cities, happy communities, no matter which part of the province we live in.

MR. SPEAKER: The honourable New Democratic Party House Leader.

HON. DAVID WILSON: Mr. Speaker, that concludes Opposition Business. I'll ask you to turn over to the Government House Leader.

MR. SPEAKER: The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, given that the NDP has completed their business agenda for the day, and that we're a few minutes ahead of schedule for the moment of interruption, I would like to ask for the unanimous consent of the House to begin late debate immediately.

MR. SPEAKER: Is it agreed?

It is agreed.

The topic for late debate this evening, as submitted by the honourable member for Dartmouth South, is:

“Therefore be it resolved that the Government of Nova Scotia put into immediate effect a moratorium on police street checks during the Human Rights Commission review of the practice.”

ADJOURNMENT

MOTION UNDER RULE 5(5)

The honourable member for Dartmouth North.

GOV'T. (N.S.) - POLICE STREET CHECKS: MORATORIUM - IMMEDIATE IMPLEMENTATION RECOMMENDED

MS. SUSAN LEBLANC: Mr. Speaker, thank you to everyone who is staying to hear this important debate. I am very happy that my colleague from Dartmouth South has put forward this resolution.

Mr. Speaker, during Question Period on March 21st, my colleague, the member for Dartmouth South, asked the Minister of Justice why he won't put a moratorium on street checks immediately, pending the outcome of the Human Rights Commission. The minister responded vaguely about waiting for evidence to make evidence-based decision-making. I think this is an inadequate response, and we all need to talk about it and now.

I hope this resolution will be an opportunity for the governing Party to reconsider its response, and acknowledge that if there is any lack of evidence, it is a lack of evidence that street checks are justified. I would like to think that in the absence of evidence, government should default to protecting civil liberties, rather than default to infringing upon them.

When the minister talks about evidence-based decision-making, it begs the question of whose evidence we are listening to, because we have an abundance of evidence from some of our most vulnerable communities that this practice is wrong. If this government needs to have that evidence corroborated, we only need to look around us to see that other jurisdictions are already taking action.

I appreciate that study and consultation can make sure that we have solutions that are specific to Nova Scotia, but there is no reason that something that is known to be harmful and discriminatory to Nova Scotians should continue while that study continues. A petition being circulated by the Working While Black In Nova Scotia organization, says that the discriminatory impact of street checks on Black Nova Scotians causes psychological trauma, perpetuates negative correlations between criminality and race,

decreases trust in the judicial system, and disempowers Black communities to live safely and free of racism. Every day that street checks continue, this government is perpetuating those harmful impacts.

[5:15 p.m.]

Last Fall, journalist Julia-Simone Rutgers wrote: “Over and over again the city’s racialized communities are asked to chronicle the dehumanizing violence they live every day. Over and over again they oblige, but nothing changes. Why can’t we hear them?” I think it’s an important question to ask ourselves. The discriminatory impact of street checks has been a known issue for at least 15 years. During that time, all Parties in this House had been in government and had failed to address it. So we all bear responsibility, and I think that’s very important to acknowledge. I would like to use this opportunity to share some of the voices that this government doesn’t seem to be able to hear on this issue, and I want to urge this government that, just because there has been inaction in the past, it doesn’t justify inaction now.

I want to be clear to define what we are actually talking about. We are not talking about police being able to have friendly conversations in the community with a resident as it has sometimes been suggested that street checks entail. What we are actually talking about is, police arbitrarily stopping individuals on foot or in their car without reasonable suspicion of a specific crime, and then creating a police record of that person. That is a very important part of this: creating a police record of that person - and that conversation - who has not been charged with anything, and then that record being shared among police forces even as far as the Canada Border Services Agency.

Black community activists in Nova Scotia, across the country, and across the continent have turned up the volume on systemically racist policies and practices, and we need to hear their voices. We cannot allow them to be misclassified as noise.

It was about 15 years ago that boxer Kirk Johnson brought and won a human rights case against the Halifax Regional Police because of a street check. That court case forced the police to begin collecting statistics on street checks. They collected it, but they didn’t analyze it. They just sat on it. It took a media Freedom of Information Act to reveal that Black Nova Scotians are three times more likely to be street checked than white people. That same discriminatory impact was found in RCMP street checks.

Sylvia Parris, who is an African Nova Scotian representative on Halifax’s Board of Police Commissioners, has called for an immediate moratorium on street checks. The United Nations Working Group of Experts on People of African Descent toured Canada and stopped in Halifax and recommended ending carding and street checks.

Lana MacLean, a social worker, describes how her nephew was stopped by police while biking down North Street on his way home from school. She talked about how early

exposure to police sets off a dynamic of mistrust and makes Black Nova Scotians feel like they're criminals.

Ishmeal Beals reports that he is pulled over at least once a month.

A community member named Tom, who preferred not to share his last name, talks about being harassed and followed by police when bringing his groceries home. He said, "Maybe it's the organic bananas I buy."

Desmond Cole, journalist and activist, who is a leading voice on street checks and carding in Ontario, has visited Halifax, and he sees that the practice is the same here. He says, "It's illegal and it's wrong.... [The lack of action from government] reminds Black people that our government doesn't believe we belong in our own streets, that the government doesn't believe that we have the right to drive a car, that we have the right for our children to walk to and from school, without being harassed by police officers and asking personal questions about ourselves."

Marcus James, founder of 902 Man Up, helped develop recommendations for the police back in 2003 that still haven't been implemented. He talks about being questioned by police on repeated occasions when he is closing up the Halifax North Memorial Public Library after community meetings.

These are just a sampling of the many voices saying there is plenty of evidence that street checks need to end now. But the province's response is another inquiry to ask Black Nova Scotians, yet again, to take time out of their lives to publicly share their trauma and their fear with little indication that the province is committed to any change. We need to do better and we need to act now.

The police say that these stops and records are helpful for solving crimes, but this is actually a surveillance approach to policing that is against the Constitution and the rights and freedoms that we all hold so dearly.

I was pleased to hear from the Minister of Communities, Culture and Heritage that the government is taking action and talking about working to end systemic racism. I'm very glad that the government is talking about this, but street checks are one of the most glaring and most documented examples of systemic racism we have in Nova Scotia, and putting an immediate moratorium in place is an opportunity for this government to do the right thing. I sincerely hope it will.

I'd like to end by quoting Sergeant Robyn Atwell, a Black police officer who said: "This practice is wrong. It's not effective. End it."

MR. SPEAKER: The honourable member for Halifax Atlantic.

MR. BRENDAN MAGUIRE: Mr. Speaker, I appreciate the Dartmouth North member's passionate words on this topic.

I want to start out with a few numbers - 37, 2, 1, 2,000, 2002, 2003 and 2017 - and what those numbers mean is very relevant for Nova Scotians. We may not know that, but I'll give a little history on some of these numbers.

In 2000, under the bright lights of the Mohegan Sun Casino in Connecticut, U.S.A., a relatively unknown but extremely talented heavyweight boxer who trained out of Texas but called Nova Scotia his home, scored a sensational knockout over Oleg Maskayev.

I remember where I was that night; I remember watching the fourth-round knockout. I remember sitting there with probably about 30 people in a bar and we celebrated as this young Nova Scotian - his star shone bright that night. That young Nova Scotian's name was - I guess he's a little older now, he's about 44 or 45 years old - is Kirk Johnson. That night we all celebrated; that night Kirk put himself into title contention.

Fast forward to 2002, he fought John Ruiz, who at the time was the WBC heavyweight champion of the world, a much-publicized fight, it lasted 12 rounds. Unfortunately, Kirk came up on the wrong side of the unanimous decision.

In 2003 Kirk fought for the WBO championship against Vitali Klitschko. Unfortunately, once again, Vitali was too much for Kirk to handle. There's nothing to be ashamed of losing against two of the best boxers of all time - not of all time but of that time, I should say. A lot of Nova Scotians were heartbroken. He lost, but he had risen to such heights.

That night we were all Kirk Johnson, those nights we were all Kirk Johnson, and thousands of Nova Scotians wanted to be Kirk Johnson. In 2004, it came out that Kirk couldn't leave his community without being pulled over. This is a gentleman who had made millions of dollars in his life, who could have lived anywhere in the world, who spent a large portion of his career in his 20s and 30s living in Texas - no snow, beautiful weather, great food - but he decided that he wanted to come back to Nova Scotia. He wanted to have a family here. He wanted to help support his dad Gary to open a gym to help youth in Dartmouth and all across Nova Scotia to be healthy and try to achieve their dreams.

Kirk was, and is, a role model. Why was he pulled over? Well he was pulled over because of the community he was coming out of and the colour of his skin. Kirk won a lawsuit against the Halifax Regional Police to which he was awarded \$10,000. We would think that this would help put an end to the perceived racism, that it would help - even though these were painful moments in an extremely successful man's life - that this would help move forward the fight against perceived racism.

I have an article here from January 9, 2017. Kirk is a little older, he has long given up boxing, he hasn't boxed in almost eight years, but he stayed very active in his community, he has a young family. He says that African Nova Scotians are three times more likely to get pulled over. So I ask, where was the lesson, the very public lesson that we all learned in 2004? We talk about what it's like to live in the southern States, we talk about what it's like to live in other parts of the world where, when we turn on TV we see gun violence, we see gang violence, we see Black Lives Matter. But we don't look in our backyard.

I think 2004 was an eye-opener. It was an eye-opener for a lot of people because we thought Nova Scotia was past that, we were beyond that. These things don't happen in Nova Scotia, we're a small, tight-knit community, we all know each other, we all treat each other with respect and decency.

As I was sitting here and I was writing my notes for tonight, I thought of good friends of mine, Jason and Phillip - African Nova Scotian, grew up in Spryfield with me, their mother and my foster mother had become very close friends. We spent a lot of time together. I specifically remember, we would go to Halifax Shopping Centre when we were kids - probably 12, 13 years old, we'd jump on the bus and we'd go to the mall. Jason would say, not going to the mall, not going to the mall. Why, I always thought. Maybe he doesn't have money, but it doesn't matter, we're not going there to buy anything anyway, we're just going to hang out.

But it wasn't that. What it was - he couldn't walk into a store. Any store he went into, all eyes were on him - was he stealing? To avoid the situation, and to avoid what he felt was discrimination because he was a young Black man walking into a store, he decided to avoid those stores altogether.

We need to do better. That's the truth. It doesn't matter who's in government, it doesn't matter who was in government - we need to do better. Stories like Kirk's, stories like Jason's - it leads to a mistrust. A community, a group of individuals - be they Indigenous or African Canadian - if there is a perceived discrimination on their part, if they believe they're being discriminated against by the authorities - be it the front line people, the justice system, the corrections system - they won't trust it. Ultimately, if they can't trust it, they won't believe in it.

I realize I'm extremely lucky. I trust the authorities, I trust the police. I've never had - I shouldn't say I've never had a bad run in with the authorities - I will say that I've never had a run-in that I did not deserve. No details. But all it takes is one bad run-in and that's it, your trust is gone.

[5:30 p.m.]

I can tell you that the majority, 99.9999 per cent, of all men and women in authority that I have come across, that I have spoken to, are outstanding. They don't see the different races. They don't see sex. They don't see gender. All they see is a chance to uphold the law and make us all safe.

Mr. Speaker, I will end with this. We do have a report from Scot Wortley coming out on street checks, and I look forward to it. I think that this is an important topic. I appreciate the NDP bringing this up. I think we can do better not just as authority figures, but also as individuals and citizens. I think part of it starts with communicating and having dialogue with our local police officers and having friendship and striking a balance.

MR. SPEAKER: The honourable member for Sackville-Beaver Bank.

MR. BRAD JOHNS: It's a pleasure for me to stand up and speak on this today. Having formerly been the councillor for the historic African Nova Scotian community of Lucasville for eight years, I am glad that I am able to stand here today and talk about this.

Before I do, I want to point something out. Mr. Speaker, I actually attended school in that community of Lucasville and went to school from Primary right through to graduation with a number of residents from that community and consider it as much my home as Middle Sackville, five minutes up the street.

One thing I have always said was there are some things in this society that, as a white male, I am never, ever, ever going to be able to comprehend and understand, and it would be ignorant of me to suggest that I ever would. I am never going to understand what it's like to have a baby. I'm never going to understand what it's like to be a minority group in a province. Given that, I will speak the best that I can on this topic, and I certainly do want to give that as the preamble.

Mr. Speaker, whenever people feel they are being dealt with unfairly by the police, I think that is a very serious thing. Everyone, regardless of racial background, needs to feel safe and feel secure to go about lawful business in their day-to-day lives and not feel that they are always under the watchful eye of, in this case, the police.

The Minister of African Nova Scotian Affairs recently in a ministerial statement that he gave all of us said that all of us should do everything we can to end systemic racism in our province. I certainly agree with that, Mr. Speaker. That's why I am pleased that the Human Rights Commission has hired and is going forward with the criminologist mentioned, Scot Wortley. He is a leading Canadian expert in this subject and was involved in a study a number of years ago, back in 2005 in Ontario. It was a somewhat pioneering study at the time which looked at street checks in Kingston, Ontario. His study results actually showed - I think one of the other speakers mentioned this earlier - that people of

African heritage were three times more likely to be stopped by police than their white counterparts.

I believe Dr. Wortley has a doctorate in sociology and is also a professor of criminology at the University of Toronto. He said that his analysis will be a groundbreaking endeavour in Canada, but cautioned that the results will not come quickly.

I think that's where this bill has some significant legitimacy, the fact that this is not going to come quickly, and we need to put a moratorium on police checks until we do get something back from Dr. Wortley's study.

When I was preparing my notes for this, I actually contacted my constituency assistant. He's an African Nova Scotian man and I reached out to him for some advice and I asked him, having grown up, have you had any problems recently where you felt race played a part in how you were dealt with the police? I should point out that he also suffers from cerebral palsy and he recalled a time when he was pulled over by a couple of officers and he did feel somewhat intimidated. The officers were accusing him of being intoxicated at the time and his wife, who was in the car, pointed out to the officers that he suffered from CP. He did express to me how he felt at that time, and I don't think anybody has a right to be made to feel that way without some concrete evidence to support that.

I do think that Dr. Wortley's recommendations will certainly include an analysis of how street checks affect not just people of African Nova Scotian heritage, but how it affects all Haligonians regardless of racial background. He said something about it being important to talk to police about how street checks contribute to public safety and whether or not they actually do that. I'll look forward to his report coming forward.

I will say once again, Mr. Speaker, as I said last time - as a former chairman of the Halifax Regional Police board, I certainly want to applaud this approach and thank the Human Rights Commission for taking this issue seriously and in the way that they are proceeding in regard to this issue. I'm very pleased that the HRM Police Chief, Jean-Michel Blais, has actually committed that he will fully co-operate with the investigation and I'm hopeful that Dr. Wortley's investigation and recommendations will address any potential issues, improve the existing system, and make all Nova Scotians - regardless of racial background - feel that they are served and protected by police, so I'm certainly looking forward to Dr. Wortley's final report.

I was glad to hear the member across the way. It seems that he is speaking in favour of this and I'm certainly hoping that his entire caucus will be going that way. I certainly want to thank the member for Sackville-Cobequid for bringing this forward - was it Dartmouth South? I'm sorry, I wasn't quite sure - I thank the member for Dartmouth South. I think there's a lot of merit to it and I appreciate it - to her as well. Thank you.

GOVERNMENT BUSINESS

MR. SPEAKER: The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, would you please call the order of business, Government Motions.

GOVERNMENT MOTIONS

MR. SPEAKER: The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, I move that you do now leave the Chair and the House resolve itself into a Committee of the Whole on Supply unto Her Majesty.

MR. SPEAKER: The motion is carried.

The House will now recess for a couple of minutes while it resolves itself into a Committee of the Whole on Supply.

[5:46 p.m. The House resolved itself into a CW on Supply with Deputy Speaker Ms. Suzanne Lohnes-Croft in the Chair.]

[10:01 p.m. CW on Supply rose and the House reconvened with Deputy Speaker, Ms. Suzanne Lohnes-Croft, in the Chair.]

MADAM SPEAKER: The Chairman of the Committee of the Whole on Supply reports:

THE CLERK: That the Committee of the Whole on Supply has met and made some considerable progress and begs leave to sit again.

MADAM SPEAKER: The honourable Government House Leader.

HON. GEOFF MACLELLAN: Madam Speaker, that concludes government business for today. I move that the House do now rise to meet again tomorrow, Thursday, April 5th, between 1:00 p.m. and 11:59 p.m.

Following the daily routine and Question Period, the House will resolve itself into a Committee of the Whole on Supply. After Supply, we'll move to second reading of Bill Nos. 99, 107, 108, and third reading of Bill No. 76.

MADAM SPEAKER: The motion is that the House rise to meet again on Thursday, April 5th, between the hours of 1:00 p.m. and 11:59 p.m.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

We stand adjourned until tomorrow at 1:00 p.m.

[The House rose at 10:02 p.m.]

NOTICES OF MOTION UNDER RULE 32(3)**RESOLUTION NO. 1131**

By: Ms. Lisa Roberts (Halifax Needham)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas Gerry Mills provided 30 years of service to the Halifax Immigrant Learning Centre and the Immigrant Settlement Association of Nova Scotia (ISANS), including as Executive Director; and

Whereas her leadership was instrumental in promoting a culture of welcoming communities in Nova Scotia; and

Whereas Ms. Mills' last years in leadership at ISANS coincided with an influx of Syrian refugees and the largest ever number of immigrants to Nova Scotia;

Therefore be it resolved that all members of this Nova Scotia Legislature congratulate Gerry Mills on her retirement and thank her for her efforts to build a more vibrant, diverse, and welcoming Nova Scotia.

RESOLUTION NO. 1132

By: Ms. Lisa Roberts (Halifax Needham)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas Colette Robicheau and Jennifer Salib-Huber together created 100 Women Who Care in 2013 to support local charitable groups through quarterly meetings where each member contributes \$100; and

Whereas Ms. Robichaud continues as co-chair of 100 Women Who Care, which has generated more than \$380,000 in charitable contributions in the ensuing five years; and

Whereas 100 Women Who Care inspired the creation of 100 Men Who Give a Damn and 100 Kids Who Care, which provide additional support and awareness of important charitable work happening in our community;

Therefore be it resolved that all members of this Nova Scotia Legislature congratulate and thank Colette Robicheau for five years of steady leadership, inspiring example, and positive impact in our community.

RESOLUTION NO. 1133

By: Ms. Lisa Roberts (Halifax Needham)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas Wee Care Developmental Centre provides inclusive care for children with special needs, as well as typical children, from ages 6 months to 6 years; and

Whereas Wee Care enables parents to pursue their daily activities, knowing their children are benefiting from therapy that is integrated into their early childhood education environment; and

Whereas Wee Care was the first daycare in Eastern Canada developed to meet the needs of children with physical disabilities and developmental delays, and is celebrating 45 years of this important work;

Therefore be it resolved that all members of this Nova Scotia Legislature congratulate and express gratitude to Wee Care Developmental Centre for 45 years of outstanding service to children and families.

RESOLUTION NO. 1134

By: Ms. Lisa Roberts (Halifax Needham)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas Irene Obermann has been a dedicated community volunteer since she moved to Halifax Needham to support her daughter and then-newborn granddaughter; and

Whereas Ms. Obermann has cared for, managed, and brought to life the beautiful and thriving Needham Community Garden; and

Whereas Irene Obermann has coordinated volunteers and advocated for the Halifax Mobile Food Market, which provides affordable fresh food in North End Halifax;

Therefore be it resolved that all members of this Nova Scotia Legislature acknowledge Irene Obermann for her contribution to sustainable food and community gardening.

RESOLUTION NO. 1135

By: Ms. Lisa Roberts (Halifax Needham)

I hereby give notice that on a future day I shall move the adoption of the following resolution:

Whereas Crystal John is executive director of the Mulgrave Park Caring & Learning Centre which has thrived and expanded in its services under her leadership; and

Whereas Ms. John volunteers with the Halifax Mobile Food Market and regularly delivers orders of affordable produce to seniors who reside at Samuel Prince Manor; and

Whereas Ms. John also volunteers as a doula and as president of the Association of Black Social Workers;

Therefore be it resolved that all members of this House of Assembly congratulate and thank Crystal John for her significant contribution to well-being in Nova Scotia.