



House of Assembly
Nova Scotia

DEBATES AND PROCEEDINGS

Speaker: Honourable Kevin Murphy

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Second Session

WEDNESDAY, MARCH 6, 2019

TABLE OF CONTENTS	PAGE
PRESENTING AND READING PETITIONS:	
Gov't. (N.S.): Hiring Process for NSHA Directors - Inquiry Requested, J. Lohr	1825
Gov't. (N.S.): Hiring Process for NSHA Directors - Inquiry Requested, A. Paon.....	1826
Gov't. (N.S.): Hiring Process for NSHA Directors - Inquiry Requested, K. Masland.....	1826
Gov't. (N.S.): Hiring Process for NSHA Directors - Inquiry Requested, Hon. P. Dunn.....	1827
Gov't. (N.S.): Hiring Process for NSHA Directors - Inquiry Requested, L. Harrison	1827
Gov't. (N.S.): Hiring Process for NSHA Directors - Inquiry Requested, T. Halman	1827
Gov't. (N.S.): Hiring Process for NSHA Directors - Inquiry Requested, B. Adams.....	1828
Gov't. (N.S.): Hiring Process for NSHA Directors - Inquiry Requested, E. Smith-McCrossin.....	1828

GOVERNMENT NOTICES OF MOTION:

Res. 735, Contestants: Open Data Contest - Congrats., Hon. P. Arab	1829
Vote - Affirmative.....	1830
Res. 736, Intergov'tl. Network, Cdn. Francophonie Conf. - Welcome, Hon. L. Metlege Diab	1831
Vote - Affirmative.....	1832
Res. 737, Wheadon, Ralph: Wilderness Stewardship - Thanks, Hon. I. Rankin.....	1832
Vote - Affirmative.....	1833
Res. 738, E. Shore Fishermen's Protective Assoc.: Excellence Award - Congrats., Hon. K. Colwell	1833
Vote - Affirmative.....	1834
Res. 739, Riverside Lobster: Excellence Award - Congrats., Hon. K. Colwell	1834
Vote - Affirmative.....	1835

INTRODUCTION OF BILLS:

No. 97, Credit Union Act, Hon. K. Casey	1835
No. 98, Antiviral Drug Act, T. Martin	1835

STATEMENTS BY MEMBERS:

McDonald, Gillian: Mental Health - Needs Consistent Care, J. Lohr	1836
Forestry Sector Experts: Explaining Complexities - Thanks, L. Roberts.....	1836
Higgins, Lisa/Slade, Kelly: Keliza Healthy Living - Congrats., S. Lohnes-Croft.....	1837
Beaver, Kayla: Mental Health - Needs Consistent Care, K. MacFarlane.....	1837
Nominees: Theatre N.S. Merritt Awards - Congrats., S. Leblanc	1838
Harnish, Emily - R.D.: Educ. - Thanks, Hon. L. Hines	1838
Conway, Garret: Mental Health - Needs Consistent Care, Hon. A. MacLeod	1839
Kondali, Zoran/NSCC Int'l.: Improving Student Exp. - Thanks, Hon. L. Metlege Diab	1839
Wyatt, Brennan: Mental Health - Needs Consistent Care, B. Adams.....	1840
Leonidas: Purveyors, Belgian Chocolate - Welcome, Hon. T. Ince	1840
Nauss, Anthony: Mental Health - Needs Consistent Care, K. Masland.....	1841

Sperry, Jack: Memorial Fundraising - Congrats., Hon. I. Rankin.....	1841
Cole, Melissa: Mental Health - Needs Consistent Care, Hon. P. Dunn.....	1842
Burton Ettinger Staff: Christmas Dance - Thanks, Hon. P. Arab	1842
Bernardo, Carol: Mental Health - Needs Consistent Care, T. Halman	1843
Esonwune, Ifeoma: Investing in Youth - Thanks, R. DiCostanzo.....	1843
Rice, Kristen: Mental Health - Needs Consistent Care, L. Harrison	1844
Indigenous People: Enviro. Care - Act Boldly, L. Zann.....	1844
Joycey, Marc - Candidate: Film School Scholarship - Best Wishes, B. Horne.....	1845
Balcom, Melissa: Mental Health - Needs Consistent Care, B. Johns.....	1845
SMB Rails to Trails Assoc.: Re-opening - Congrats., H. MacKay.....	1845
O'Connell, Sean: Mental Health - Needs Consistent Care, Hon. C. d'Entremont.....	1846
NEOF: Access to Youth Progs. - Recog., L. Roberts.....	1846
Burrill, Gary: MLA - QP Clarification, The Premier.....	1847
Theriau, Ben - Athl.: Special Olympics Summer Games - Congrats., K. Masland.....	1847
Voluns.: HEART Hockey Fundraiser, Barho Fam. - Thanks, B. Maguire	1847
LaRusic, Frankie: Mental Health - Needs Consistent Care, K. Bain	1848
ORAL QUESTIONS PUT BY MEMBERS TO MINISTERS:	
No. 365, Prem. - Valley Reg. Hosp.: Service Erosion - Comment, J. Lohr	1848
No. 366, Prem.: Low Incomes - Explain, G. Burrill.....	1849
No. 367, H&W - Doctor Recruit.: Specialists - Emphasize, K. MacFarlane.....	1851
No. 368, H&W: ER Overcrowding - Address, T. Martin	1853
No. 369, H&W - Methadone Treatment: Addiction - Prevent, J. Lohr	1854
No. 370, H&W - Therapists: Qualification Standards - Maintain, Hon. C. d'Entremont.....	1855

No. 371, EECD - Go-To Teachers: Mental Health Training - Adequacy, K. Masland.....	1856
No. 372, H&W - Valley Reg. Hosp.: Wait-times Reduct. - Resources Lack, T. Martin.....	1858
No. 373, LAE - Teachers: Mental Health Training - Value, T. Rushton.....	1859
No. 374, H&W: Freedom Foundation of N.S. - Min. Visit, B. Johns.....	1860
No. 375, H&W: Abstinence-based Prog. - Retain, Hon. A. MacLeod.....	1861
No. 376, H&W - Prep: Universal Cov. - Commit, S. Leblanc.....	1862
No. 377, H&W - Mental Health Act: Involun. Admit. - Resources, K. Bain.....	1863
No. 378, H&W: Mental Health Serv. Dart. Gen. - Transfers, T. Halman.....	1864
No. 379, H&W: Mental Health Serv. - Improve, E. Orrell.....	1865
OPPOSITION MEMBERS' BUSINESS:	
PRIVATE MEMBERS' PUBLIC BILLS FOR SECOND READING:	
No. 89, Workers' Compensation Act	
S. Leblanc.....	1868
Hon. C. Porter.....	1872
T. Rushton.....	1877
L. Zann.....	1879
No. 86, Emergency Department Standards Act	
G. Burrill.....	1883
S. Lohnes-Croft.....	1886
K. MacFarlane.....	1890
T. Martin.....	1894
ADJOURNMENT:	
MOTION UNDER RULE 5(5):	
Gov't (N.S.): Access to Mental Health Serv. - Inadequate, J. Lohr.....	1898
L. Roberts.....	1901
B. Maguire.....	1903
ADJOURNMENT, House rose to meet again on Thur., Mar. 7 th at 1:00 p.m.	1906
NOTICES OF MOTION UNDER RULE 32(3):	
Res. 740, Merry, Tanya & Catlin: Son - Birth Congrats., K. Masland.....	1907
Res. 741, Roy, Kayleigh/Wolfe, Travis: Son - Birth Congrats., K. Masland.....	1907
Res. 742, Roy, Cassandra/Dagley, Tyler: Son - Birth Congrats., K. Masland.....	1908
Res. 743, Joly, Ben & Michelle: Fun Hallowe'en Safety - Thanks, Hon. I. Rankin.....	1908



House of Assembly
Nova Scotia

HALIFAX, WEDNESDAY, MARCH 6, 2019

Sixty-third General Assembly

Second Session

1:00 P.M.

SPEAKER

Hon. Kevin Murphy

DEPUTY SPEAKERS

Suzanne Lohnes-Croft, Brendan Maguire

THE SPEAKER: Before we begin the daily routine, the topic for late debate tonight at the moment of interruption, as submitted by the honourable member for Inverness, is:

“Therefore be it resolved that the government has failed to provide adequate access to mental health services.”

That’s late debate at the moment of interruption.

We’ll now begin the daily routine.

PRESENTING AND READING PETITIONS

THE SPEAKER: The honourable member for Kings North.

JOHN LOHR: Mr. Speaker, I beg leave to present a petition. The operative clause reads as follows:

“We, the undersigned, support this prayer to the NS House of Assembly and Minister of Health to request a formal independent inquiry into the original hiring process for the position of Senior Director (Provincial) of Mental Health and Addictions at the Nova Scotia Health Authority (NSHA), and all hiring processes of Directors and Senior Director from the time that the NSHA was created to present day. We ask that the Minister of Health hold accountable the NSHA to place the best interests of the public, in terms of wait times, above all other considerations in such hiring processes.”

Mr. Speaker, I have affixed my name.

THE SPEAKER: The petition is tabled.

The honourable member for Cape Breton-Richmond.

ALANA PAON: Mr. Speaker, I beg leave to table a petition. The operative clause reads as follows:

“We, the undersigned, support this prayer to the NS House of Assembly and Minister of Health to request a formal independent inquiry into the original hiring process for the position of Senior Director (Provincial) of Mental Health and Addictions at the Nova Scotia Health Authority (NSHA), and all hiring processes of Directors and Senior Director from the time that the NSHA was created to present day. We ask that the Minister of Health hold accountable the NSHA to place the best interests of the public, in terms of wait times, above all other considerations in such hiring processes.”

Mr. Speaker, there are 231 signatures affixed on this and I have affixed my own.

THE SPEAKER: The petition is tabled.

The honourable member for Queens-Shelburne.

KIM MASLAND: Mr. Speaker, I beg leave to table a petition. The operative clause being:

“We, the undersigned, support this prayer to the NS House of Assembly and Minister of Health to request a formal independent inquiry into the original hiring process for the position of Senior Director (Provincial) of Mental Health and Addictions at the Nova Scotia Health Authority (NSHA), and all hiring processes of Directors and Senior Director from the time that the NSHA was created to present day. We ask that the Minister of Health hold accountable the NSHA to place the best interests of the public, in terms of wait times, above all other considerations in such hiring processes.”

Mr. Speaker, the petition contains 229 signatures and I have affixed my signature.

THE SPEAKER: The petition is tabled.

The honourable member for Pictou Centre.

HON. PAT DUNN: Mr. Speaker, I beg leave to table a petition. The operative clause reads as follows:

“We, the undersigned, support this prayer to the NS House of Assembly and Minister of Health to request a formal independent inquiry into the original hiring process for the position of Senior Director (Provincial) of Mental Health and Addictions at the Nova Scotia Health Authority (NSHA), and all hiring processes of Directors and Senior Director from the time that the NSHA was created to present day.”

Mr. Speaker, there are 249 names affixed and I have affixed my signature as well.

THE SPEAKER: The petition is tabled.

The honourable member for Colchester-Musquodoboit Valley.

LARRY HARRISON: Mr. Speaker, I wish to table a petition. The operative clause reads as follows:

“We, the undersigned, support this prayer to the NS House of Assembly and Minister of Health to request a formal independent inquiry into the original hiring process for the position of Senior Director (Provincial) of Mental Health and Addictions at the Nova Scotia Health Authority (NSHA), and all hiring processes of Directors and Senior Director from the time that the NSHA was created to present day. We ask that the Minister of Health hold accountable the NSHA to place the best interests of the public, in terms of wait times, above all other considerations in such hiring processes.”

Mr. Speaker, the petition has 220 signatures and I have affixed mine.

THE SPEAKER: The petition is tabled.

The honourable member for Dartmouth East.

TIM HALMAN: Mr. Speaker, I beg leave to table a petition. The operative clause reads as follows:

“We, the undersigned, support this prayer to the NS House of Assembly and Minister of Health to request a formal independent inquiry into the original hiring process for the position of Senior Director (Provincial) of Mental Health and Addictions at the Nova Scotia Health Authority (NSHA), and all hiring processes of Directors and Senior Director from the time that the NSHA was created to present day. We ask that the Minister of Health hold accountable the NSHA to place the best interests of the public, in terms of wait times, above all other considerations in such hiring processes.”

Mr. Speaker, there are 231 signatures and I have affixed my signature.

THE SPEAKER: The petition is tabled.

The honourable member for Cole Harbour-Eastern Passage.

BARBARA ADAMS: Mr. Speaker, I beg leave to table a petition, the operative clause being:

“We, the undersigned, support this prayer to the NS House of Assembly and Minister of Health to request a formal independent inquiry into the original hiring process for the position of Senior Director (Provincial) of Mental Health and Addictions at the Nova Scotia Health Authority (NSHA), and all hiring processes of Directors and Senior Director from the time that the NSHA was created to present day. We ask that the Minister of Health hold accountable the NSHA to place the best interests of the public, in terms of wait times, above all other considerations in such hiring processes.”

Mr. Speaker, there are 228 signatures, and according to the rules of the House, I have affixed my signature.

THE SPEAKER: The petition is tabled.

The honourable member for Cumberland North.

ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, I beg leave to present a petition with the operative clause:

“We, the undersigned, support this prayer to the NS House of Assembly and Minister of Health to request a formal independent inquiry into the original hiring process for the position of Senior Director (Provincial) of Mental Health and Addictions at the Nova Scotia Health Authority (NSHA), and all hiring processes of Directors and Senior Director from the time that the NSHA was created to present day. We ask that the Minister of Health hold

accountable the NSHA to place the best interests of the public, in terms of wait times, above all other considerations in such hiring processes.”

This petition has 152 signatures and according to the rules of the House, I have affixed my signature.

THE SPEAKER: The petition is tabled.

PRESENTING REPORTS OF COMMITTEES

TABLING REPORTS, REGULATIONS AND OTHER PAPERS

STATEMENTS BY MINISTERS

GOVERNMENT NOTICES OF MOTION

THE SPEAKER: The honourable Minister of Internal Services.

HON. PATRICIA ARAB: Mr. Speaker, I beg leave to make an introduction.

THE SPEAKER: Permission granted.

PATRICIA ARAB: I'd like to bring everyone's attention to the East Gallery and ask that a few of my guests today rise as I say their names.

Joining us in the East Gallery are the award winners from this weekend's Open Data Contest. In first place, we have Grade 10 student Om Agarwal. Our second-place winners were Keji Fasuyi, Sadman Hoque Sadi, and Sarbottam Thapa Magar - I apologize if I am not pronouncing your names properly. Third-place winners were Yingda Guo and Matthew Richard. I'd also like to make note that our People's Choice winner, Tina Roberts Jeffers, wasn't able to be in attendance today.

I ask that they receive the warm welcome of the House. (Applause)

THE SPEAKER: The honourable Minister of Internal Services.

RESOLUTION NO. 735

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

Whereas this past weekend, the Department of Internal Services and Dalhousie University hosted the third annual Open Data Contest in conjunction with International Open Data Day; and

Whereas students and entrepreneurs were invited to spend the two days developing innovative applications, visuals, or statistical models that use data from Nova Scotia's open data portal; and

Whereas Prognomatrix, Food Insecurity, Data Boys, and Take 2 were the top team recipients of the Open Data Contest;

Therefore be it resolved that all members of this House join me in congratulating all the award recipients and contestant participants on their innovative projects and ideas.

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

THE 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 SPEAKER: The honourable Minister of Acadian Affairs and Francophonie.

HON. LENA METLEGE DIAB: Mr. Speaker, I beg leave to make an introduction.

THE SPEAKER: Permission granted.

LENA METLEGE DIAB: I would like to draw all my colleagues' attention to the East Gallery, vers la galerie est, où nous avons aujourd'hui avec nous les membres du réseau intergouvernemental de la francophonie canadienne, members of the Intergovernmental Network of the Canadian Francophonie.

Sylvie Painchaud et Kelly Tatbuteau, Bureau de coordination nationale de la Conférence; Denis Racine et Ghislain Lafontaine, Patrimoines canadien, Canadian Heritage; Allison Séguin et Stéphane Cloutier de Nunavut; Nancy Power, Yukon; Benoît Boutin, Northwest Territories; Rhéal Poirier, Alberta; Charles-Henri Warren, Saskatchewan; Teresa Colins, Manitoba; Jean-Claude Camus, Ontario; Marie-Michèle Tremblay et Renée Madore, Québec; Gilbert Loisier and Line Pinet, Nouveau Brunswick; Aubrey Cormier, Île-du-Prince-Édouard; Florentina Stroia, Newfoundland and Labrador; Ina Amirault and Mark Bannerman de la Nouvelle-Écosse.

I ask all members of the House to rise. S'il vous plaît, levez-vous. Je demande à mes collègues de leur donner un accueil très chaleureux. I ask my colleagues to give them a warm welcome to the House. (Applause)

RESOLUTION NO. 736

HON. LENA METLEGE DIAB: Monsieur le Président, à une date ultérieure je demanderai l'adoption de la résolution suivante:

Attendu que cette année, la Conférence ministérielle sur la francophonie canadienne, un regroupement intergouvernemental de ministres des provinces et territoires responsable des dossiers de la francophonie canadienne et de la ministre fédérale responsable du dossier des langues officielles, célébrera son 25^e anniversaire; et

Attendu qu'aujourd'hui notre province a accueilli à Halifax le Réseau intergouvernemental de la francophonie canadienne, un regroupement des hauts fonctionnaires qui appuient la Conférence ministérielle sur la francophonie canadienne; et

Attendu que la Nouvelle-Écosse abrite une communauté acadienne et francophone dynamique, et le gouvernement s'est engagé, il y a 15 ans, à soutenir et à favoriser l'essor de cette communauté par la promulgation de la Loi sur les services en français;

Par conséquent, il est résolu que les députés de l'Assemblée législative se joignent à moi pour souhaiter la bienvenue en Nouvelle-Écosse aux membres du Réseau intergouvernemental de la francophonie canadienne, ainsi que des échanges fructueux avec la francophonie de notre province.

Monsieur le Président, je demande l'adoption de cette résolution sans préavis et sans débat.

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

Whereas this year the Ministerial Conference on the Canadian Francophonie, an intergovernmental group of ministers from the provinces and territories, responsible for the Canadian Francophonie and the federal minister responsible for official languages, will celebrate its 25th Anniversary; and

Whereas today in Halifax our province welcomes the intergovernmental network of the Canadian Francophonie, a group of senior officials who support the Ministerial Conference on the Canadian Francophonie; and

Whereas Nova Scotia is home to a vibrant Acadian and Francophone community, and the government committed 15 years ago to support and foster the growth of this community through the enactment of the French Language Services Act;

Therefore be it resolved that the members of the House of Assembly join me in welcoming the members of the intergovernmental network of the Canadian Francophonie to Nova Scotia, and in wishing them a fruitful exchange with our province's Francophonie.

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

THE 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 Lands and Forestry.

HON. IAIN RANKIN: Mr. Speaker, I beg leave to make an introduction before my notice of motion.

THE SPEAKER: Permission granted.

IAIN RANKIN: Mr. Speaker, in the Speaker's Gallery we have with us a legend. A long-time staff member from the department of the former Lands and Forests, Mr. Ralph Wheadon is there, joined with his friend Gary Jones, who is a legend in his own right - a consummate fundraiser for prostate cancer. If those two fine gentlemen could give a wave and receive the warm welcome of the House. (Applause)

THE SPEAKER: The honourable Minister of Lands and Forestry.

RESOLUTION NO. 737

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

Whereas Ralph Wheadon will be celebrating his 90th birthday on March 9th and continues to live in the home he built for his wife and nine children more than 60 years ago; and

Whereas Mr. Wheadon's interest in the woods and his love of the outdoors led him a long and distinguished career with Nova Scotia's Department of Lands and Forests, where he served for more than 30 years caring for the province's forests and woodlands; and

Whereas in 1951, he started building the former Lewis Lake Forestry Depot that includes the office that remains there today; helped to map out and maintain trail systems, including the creation of fire roads that were used to protect these wooded areas in the event of wild fire; and is one of the original members of the Five Bridges Wilderness Trust, an organization committed to preserving, protecting, and encouraging wilderness appreciation, and continues on as an honorary member of this organization;

Therefore be it resolved that members of this House join me in thanking Mr. Wheadon for his lifetime of service toward Nova Scotia's natural resources and efforts to dedicating to the preservation of Nova Scotia's forests.

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

THE 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.

RESOLUTION NO.738

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

Whereas during the 21st Annual Fisheries and Aquaculture Minister's Conference, the Eastern Shore Fishermen's Protective Association received the Minister's Award of Excellence; and

Whereas the Eastern Shore Fishermen's Protective Association received this award in recognition of their efforts to protect and enhance the sustainability of Nova Scotia's lobster resource for the long-term viability of the fishery and their communities; and

Whereas the Eastern Shore Fishermen's Protective Association has developed and adopted science-based strategies and initiatives to protect their lobster resource and support the sustainable economic growth of this important renewable resource in the waters of the Eastern Shore of Nova Scotia;

Therefore be it resolved that all members of this House recognize the Eastern Shore Fishermen's Protective Association for their dedication to their membership and to their contributions to the stewardship and enhancement of the Nova Scotia lobster industry.

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

THE 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.

RESOLUTION NO. 739

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

Whereas during the 21st Annual Fisheries and Aquaculture Minister's Conference, Riverside Lobster received the Minister's Award of Excellence; and

Whereas Riverside Lobster received this award in recognition for their innovative approach at creating the conditions to attract and retain a skilled seafood processing workforce in rural Nova Scotia; and

Whereas for over 20 years Riverside Lobster has been expanding and evolving its products and facilities to take advantage of the increased global demand for Nova Scotia's high-quality lobster products, and to reach maximum economic opportunity Riverside Lobster has prioritized the attraction and retention of their skilled workforce through numerous employment benefits and initiatives that go well beyond the current industry standard;

Therefore be it resolved that all the members of this House congratulate Riverside Lobster for their commitment to their employees, their customers, and their community.

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

THE 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. 97 - Entitled an Act to Amend Chapter 4 of the Acts of 1994. The Credit Union Act. (Hon. Karen Casey)

Bill No. 98 - Entitled an Act to Amend Chapter 7 of the Acts of 2011. The Fair Drug Pricing Act. (Tammy Martin)

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

[1:30 p.m.]

NOTICES OF MOTION

STATEMENTS BY MEMBERS

THE SPEAKER: The honourable member for Kings North.

JOHN LOHR: Mr. Speaker, I beg leave to make an introduction.

THE SPEAKER: Permission granted.

JOHN LOHR: Mr. Speaker, in the West Gallery, I would like to call your attention to a number of people: Linda Marshall, Robbie Weatherbee, Carol Rolph, Kayla Beaver, Gillian McDonald, Russ and Yanna Conway, and Laurel Walker. They're all here today because they are advocates for mental health change in this province and have in some cases experienced tragedy themselves. They are advocating for change. I'd ask you to give them the warm welcome of the House. (Applause)

THE SPEAKER: The honourable member for Kings North.

MCDONALD, GILLIAN: MENTAL HEALTH - NEEDS CONSISTENT CARE

JOHN LOHR: Mr. Speaker, the first time Gillian McDonald was hospitalized for her mental illness, she was 16 years old. In 2017, she completed a six-month DBT program at Mount Hope. She had been seeing the same psychiatrist for two years and was put on lithium, a medication that requires regular monitoring.

Following her completion of the DBT program, she was surprised to find that her file would be closed at the community mental health clinic. Gillian lives with bipolar, and the regular treatment and medication had been helping her gain a level of comfort. She is now unable to access any type of one-on-one therapy and is unable to work with anyone to process her traumas.

Gillian deserves consistent care. She deserves better. I commend her for her bravery in sharing her story. (Applause)

THE SPEAKER: The honourable member for Halifax Needham.

LISA ROBERTS: Mr. Speaker, I beg leave to make an introduction.

THE SPEAKER: Permission granted.

LISA ROBERTS: In the West Gallery today, I would like to invite three guests to the Legislature to stand. Greg Watson is the manager of North Nova Forestry Co-op, and in that role, he works with some 300 different woodlot owners, having some role in the management, harvesting, and marketing of wood from 70,000 hectares, I think that is, of Nova Scotia's forested lands in the north-central part of the province.

Debbie Reeves is chair of the Large Private Non-Industrial Landowner Group and is here from New Ross, where she is with Murray A. Reeves Forestry Limited.

Darcy Merryweather of Hilden is with Brookfield Lumber Company.

I'd like to extend the warm welcome of the House to all three. (Applause)

THE SPEAKER: The honourable member for Halifax Needham.

FORESTRY SECTOR EXPERTS: EXPLAINING COMPLEXITIES - THANKS

LISA ROBERTS: Just briefly and unscripted, Mr. Speaker, I'd like to express my thanks as the NDP's spokesperson on Lands and Forestry to the three individuals in the gallery, but also to many others across the province who have been generous with their time and explaining the many complexities on the ground in the forestry sector.

THE SPEAKER: The honourable member for Lunenburg.

HIGGINS, LISA/SLADE, KELLY: KELIZA HEALTHY LIVING - CONGRATS.

SUZANNE LOHNES-CROFT: Mr. Speaker, I rise today to congratulate Lisa Higgins and her daughter Kelly Slade on the opening of their new business, Keliza Healthy Living in Mahone Bay. After completing treatment for breast cancer, Lisa decided it was time to make some changes in her life. Kelly, Lisa's daughter, moved home from Calgary to spend more time with her mother, and the two began to discuss their business ideas.

The health-conscious mother-and-daughter duo decided to open Keliza Healthy Living. The store offers superfood smoothies and sells a variety of vitamin supplements, health foods, and environmentally-friendly products. The site also has rooms upstairs for wellness practitioners and their clients.

Mr. Speaker, I would ask you and the members of this House of Assembly to please join me in congratulating Lisa Higgins and Kelly Slade on the opening of Keliza Healthy Living and wish them success in their future endeavours.

THE SPEAKER: The honourable member for Pictou West.

BEAVER, KAYLA: MENTAL HEALTH - NEEDS CONSISTENT CARE

KARLA MACFARLANE: Mr. Speaker, Kayla Beaver finally decided to seek professional help for her mental health issues this year by going to a walk-in clinic to get a referral.

After a hasty visit, she was given a prescription for Ativan and sent on her way. Kayla felt more embarrassed and emotional than she had before she stepped out of her comfort zone and asked for help. She went to the QEII Health Sciences Centre for help, and after waiting for nearly 24 hours was finally able to speak to someone and arrange a treatment plan.

People who reach out for help deserve to have someone at the other end offering that help. Kayla deserves to be treated with respect, to have her concerns taken seriously, and to receive help.

I commend Kayla for sharing her story and I hope that it is the first step in creating positive change for her.

THE SPEAKER: The honourable member for Dartmouth North.

NOMINEES: THEATRE N.S. MERRITT AWARDS - CONGRATS.

SUSAN LEBLANC: Mr. Speaker, Dartmouth North is many awesome things, and today it can add “home to many powerhouse thespians” to its list of things to brag about. Yesterday, the nominees for the 2018 Theatre Nova Scotia Merritt Awards were announced and six of the nominees in the outstanding performance categories live in my community.

Congratulations go to Burgandy Code, Jeff Schwager, Ryan Rogerson, and Genevieve Steele for being nominated for their roles in *Two Planks* and a Passion Theatre’s *Animal Farm by Fire*; Lee J. Campbell for his title role in *Shylock* by No Holds Bard theatre; and to Sebastien Labelle for his role as Francis in Workshirt Opera’s production of *Tom at the Farm*.

The Merritt Awards, named for a beloved professor of theatre at Dalhousie University, Robert Merritt, honour theatre productions and people all over Nova Scotia and are the annual celebration of the vibrant theatre community that Nova Scotia should be extremely proud of.

I ask that all members of this Assembly join me in congratulating the nominees and in thanking the theatre community for its invaluable contribution to the cultural fabric of our province. Thank you.

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

HARNISH, EMILY - R.D.: EDUC. - THANKS

HON. LLOYD HINES: Mr. Speaker, being that March is National Nutrition Month and March 20th is Dietitians Day, I thought it would be fitting to spotlight the work of registered dietitian Emily Harnish of Guysborough County.

Emily currently works in diabetes education and clinical in-patient and outpatient nutrition at St. Mary’s Memorial Hospital in Sherbrooke and Guysborough Memorial Hospital in Guysborough, where she provides a critical component in whole health care by creating individual nutrition plans with each person. This approach empowers each person to take charge of their health and well-being and live their life to the fullest. Emily says that she loves playing a part in a person’s success story in getting to reach their nutrition goals.

I know I speak for the greater Guysborough community when I say that we are all grateful for her skill, dedication, and enthusiasm.

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

CONWAY, GARRET: MENTAL HEALTH - NEEDS CONSISTENT CARE

HON. ALFIE MACLEOD: Madam Speaker, Garret Conway was courageous, smart, and extremely talented. For the last four years of his life, Garret fought impossible battles against his mental illness.

He lived with severe depression, mixed with bouts of mania that came with a bipolar diagnosis. He attempted suicide; he self-medicated; and he tried to get better. When he attempted suicide again, he was released less than 24 hours later. This was less than six months after being involuntarily admitted to the Mayflower Unit at Mount Hope. Nothing in Garret's medical history would make you think he should be released.

I commend his parents, Russ and Yanna, for their bravery in sharing Garret's story and seeking change to our mental health system.

THE SPEAKER: The honourable member for Halifax Armdale.

HON. LENA METLEGE DIAB: Madam Speaker, I beg leave to make an introduction.

THE SPEAKER: You may do so.

LENA METLEGE DIAB: I would like to introduce my constituent, who is in the East Gallery, David MacDonald. Please stand and receive the welcome of the House.

David is a committed public servant here in the province and a proud Nova Scotia St. F.X. grad. I met him in 2017 on the campaign trail knocking on doors, and I'm proud to say he's been a great supporter in the community. I stood here last Fall and congratulated him and his wife on their marriage. So, can we please ask all members to give him the warm welcome of the House. (Applause)

THE SPEAKER: The honourable member for Halifax Armdale.

KONDALI, ZORAN/NSCC INT'L.: IMPROVING STUDENT EXP. - THANKS

HON. LENA METLEGE DIAB: Madam Speaker, I rise today to highlight the work of Zoran Kondali.

A graduate of the University of Sarajevo, Zoran has lived and worked around the world leading and contributing to projects in many countries, currently living in Halifax Armdale. He, in Halifax and Nova Scotia, has brought his varied experiences to the International Activities Office at Saint Mary's University where he worked for eight years. Zoran joined NSCC International where he develops and manages a variety of international activities for the students in raising cultural awareness.

In December, I was delighted to meet Zoran at one such event, the NSCC international students' holiday party, where students in the culinary program showcased their talent and technique.

Please join me in thanking Zoran and the NSCC International team for their work coordinating international learning and capacity at home and abroad.

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

WYATT, BRENNAN: MENTAL HEALTH - NEEDS CONSISTENT CARE

BARBARA ADAMS: When Brennan Wyatt was only 10 years old his mother discovered that he had Googled information on the family computer on how to kill himself. Brennan's journey for the next 17 years was filled with appointments, referrals, numerous visits to the Nova Scotia emergency department, psychologists' prescriptions, and a stint in the day treatment program. What Brennan's journey lacked was consistency. The lack of intensive, long-term treatment prevented him from success and recovery.

Brennan was an artistic, brilliant, compassionate, sensitive, worldly person with a huge heart. He deserved better from the mental health system. He deserved treatment that would have allowed him to live life happily.

I commend his parents Heather and Jim for sharing his story in an effort to create change.

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

LEONIDAS: PURVEYORS, BELGIAN CHOCOLATE - WELCOME

HON. TONY INCE: Madam Speaker, each year Cole Harbour-Portland Valley grows, thrives, and succeeds through small businesses, buying local, and engaging in social activities. I love that I get to share when small businesses come into Cole Harbour-Portland Valley, whether it be through entertainment, gift shops, cafés, restaurants, retails, or recreation.

Since 1913, Leonidas has had one mission: to make the most delicious, best-quality pralines accessible to everybody. Today you can buy their Belgian chocolate in over 1,300 shops worldwide.

I am excited to share that Cole Harbour-Portland Valley is now one of those communities. I encourage everyone to head in and try some of the Belgian chocolate. I guarantee you will want to come back and get more.

Mr. Speaker, I welcome Leonidas to our community and wish them success and all the best.

THE SPEAKER: The honourable member for Queens-Shelburne.

NAUSS, ANTHONY: MENTAL HEALTH - NEEDS CONSISTENT CARE

KIM MASLAND: Madam Speaker, when Anthony Nauss found himself in the hospital being treated after badly harming himself, both he and his family were relieved that he would finally receive the mental care he needed.

The next morning when he was released from the hospital that relief quickly turned to disappointment. Anthony was released feeling alone, scared, helpless, hopeless, and unworthy of being helped.

Anthony reached out again for help and left with nothing but an armful of phone numbers and information pamphlets. Living with PTSD and a personality disorder had become too much for Anthony. He was scared, he needed help.

Sadly for Anthony and his family that help never came. Anthony deserved better.

I want to commend his big sister Sarah for sharing his story.

THE SPEAKER: The honourable member for Timberlea-Prospect.

SPERRY, JACK: MEMORIAL FUNDRAISING - CONGRATS.

HON. IAIN RANKIN: I ask the members of the Nova Scotia House of Assembly to join me in recognizing Jack Sperry, a student from Ridgecliffe Middle School. In the face of tragedy Jack has risen above the devastating events that claimed the life of his little brother, to help others in need.

On January 23, 2013, Jack, his father, and his younger brother were involved in a car accident. Sadly, Jack's little brother Owen Sperry, succumbed to injuries incurred in the tragic accident. The BLT community responded generously with a fundraising campaign for a scholarship in Owen's name, but the charitable giving did not stop there. Jack has continued to honour his brother's life by gathering donations from family and friends, providing toys for the children in single-parent families, and by identifying and providing Christmas gifts to five families in need.

In December 2018, the EHS LifeFlight crew reached out to Jack and used its act of kindness fund to partner with Jack's charitable fundraising and added the names of 80 seniors to the list of those who had received Christmas gifts.

[1:45 p.m.]

I would like the members of the House to join me in congratulating Jack Sperry for the admirable work he has undertaken to honour the life of his brother and his generous spirit to care for others.

THE SPEAKER: The honourable member for Pictou Centre.

COLE, MELISSA: MENTAL HEALTH - NEEDS CONSISTENT CARE

HON. PAT DUNN: Madam Speaker, if it wasn't for her own determination, Melissa Cole wouldn't be matched with a social worker in working on getting her life back under control.

When she went to the hospital in fear that she would take her life if she didn't get help, she was told to come back in the morning when a psychiatrist was on duty. Melissa refused to leave and was given a spot in the psych ward overnight.

Last week she found herself once again having suicidal thoughts and once again reached out for help only to be disappointed. Melissa has been left with additional anxiety knowing that she has years of treatment ahead of her but no reasonable consistency in assistance.

Hopefully, by sharing her story, Melissa can help create change and for that I commend her.

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

BURTON ETTINGER STAFF: CHRISTMAS DANCE - THANKS

HON. PATRICIA ARAB: Madam Speaker, today I would like to recognize the staff at Burton Ettinger Elementary School for their extraordinary dance moves. This past Christmas the teachers of the school put on a Christmas dance for the students. Amy Adams spearheaded the choreography to everyone's favourite Christmas classic, Mariah Carey's *All I Want for Christmas Is You*. With over 8,000 views on YouTube, it's clear the dance was a big hit amongst students and parents, as well as our entire broader community.

I ask the members of this House of Assembly to join me in thanking the staff of Burton Ettinger Elementary School for making school a fun place to learn and to dance.

THE SPEAKER: The honourable member for Dartmouth East.

BERNARDO, CAROL: MENTAL HEALTH - NEEDS CONSISTENT CARE

TIM HALMAN: Like many first responders, Carol Bernardo is living with PTSD. Unfortunately, Carol has not been able to access the services she needs to live a peaceful, happy life.

When she has expressed to friends that she has had suicidal thoughts, she has reached out for help and been told by hospital staff to just put her face in cold water. She has been discharged and said she still doesn't feel safe, only to be told there are no beds for her.

Carol has attempted to take her life multiple times within a 24-hour period, only to be turned away every time; told she doesn't meet the criteria to be admitted to the hospital.

Our mental health system has failed Carol, but she's lucky to have supportive friends and family helping her get through each day.

THE SPEAKER: The honourable member for Clayton Park West.

RAFAH DICOSTANZO: I beg leave to make an introduction. We have with us here in the East Gallery Ifeoma Esonwune. Ifeoma is a very vibrant, wonderful member of Clayton Park West riding and she is volunteering in I can't tell you how many things, but I will be reading my Members' Statement, and I thank her for choosing Clayton Park West to be her new home for the last two-and-a-half years.

THE SPEAKER: The honourable member for Clayton Park West.

ESONWUNE, IFEOMA: INVESTING IN YOUTH - THANKS

RAFAH DICOSTANZO: I would like to recognize a woman who works hard to create fun activities to help connect and educate youth of Clayton Park West. Ifeoma Esonwune immigrated to Nova Scotia from Nigeria two and a half years ago and now runs an event planning company, Matella Event Concepts.

Ifeoma volunteers her time to lead the Little Learner's Social Club where children get together and exchange stories of kindness and love. Ifeoma inspires children to be supportive with one another, all while having fun.

She recently hosted the Children Cook's Club at the Sobeys on Lacewood Drive. She organized a cooking guide and groceries for the kids to prepare a meal with the help of Chef Scott Piercey. Ifeoma hopes to make this kid's club a monthly activity and believes this experience will help the children become more active members in their community.

I ask this House of Assembly to join me in thanking Ifeoma for dedicating her time to helping the youth learn and grow.

THE SPEAKER: The honourable member for Colchester-Musquodoboit Valley.

RICE, KRISTEN: MENTAL HEALTH - NEEDS CONSISTENT CARE

LARRY HARRISON: I rise today to commend Kristen Rice for bravely sharing her struggle with the mental health system in our province.

Kristen went to the QEII when she was experiencing suicidal thoughts. Things worsened when she wasn't allowed to have her peer support worker or her friend in the same room. Kristen had been sent home from the hospital on the same day she had attempted to take her own life, and she had been sent home without agreeing to a safety plan or agreeing that she wouldn't harm herself. The few times she had been admitted she was put in a dark, cold room, feeling more like a prisoner than a patient.

The mental health and addictions system in our province failed Kristen. I hope her bravery in sharing her story will bring much-needed change.

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

INDIGENOUS PEOPLE: ENVIRO. CARE - ACT BOLDLY

LENORE ZANN: We have to act boldly if we want to reduce the effects of climate change. The time for endless talking is coming to a close. It's the Indigenous people who have been the earliest caretakers of the land we call Canada, and they continue to lead in the area of environmental care.

The treaty rights of Canada's Indigenous people have been acknowledged both in Canada and at the United Nations. Free, prior, and informed consent by local Indigenous nations is the legal bottom line that must be respected when approaching any resource proposal.

That's why I would like to recognize Dale Poulette for keeping the fire going in Sipekne'katik to try and save the Shubenacadie River. Citizens' voices must have prominence, Madam Speaker, in any decisions affecting the environment.

The Environmental Bill of Rights the NDP introduced is needed so that citizens have a voice in environmental issues and people have the right to legal action to protect their rights to clean air and water.

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

**JOYCEY, MARC - CANDIDATE:
FILM SCHOOL SCHOLARSHIP - BEST WISHES**

BILL HORNE: I rise today to praise and give best wishes and congratulations to Wellington's Marc Joycey on his selection as one of the four candidates for a scholarship to the prestigious Vancouver Film School. The other three applicants are from Brazil, the United States, and South America.

Marc is set to graduate this Spring studying political science at Dalhousie University, but has decided he would rather play a lawyer than become one. Three of the candidates will receive a partial scholarship, and one will receive a full-scale ride.

The opportunity to attend the Vancouver Film School has strengthened Marc's decision to pursue acting as a career. I ask all members of the Legislature to join me in congratulating Mark on his success now and for the future.

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

BALCOM, MELISSA: MENTAL HEALTH - NEEDS CONSISTENT CARE

BRAD JOHNS: Melissa Balcom was strong, brave, a trailblazer, beautiful, loving, giving, brilliantly hilarious, inspirational, and most of all, committed.

She fought for her life every second until she died. She recorded her thoughts to share with friends and family, so they could see her struggles and they could continue to fight for the change she wasn't able to see.

She spent two days in Abbie J. Lane Memorial and was released before she felt she was ready. She was in the ICU where she finally had her first psychiatric consultation and felt a glimpse of hope. While she was being discharged, she was told that it was up to her to keep herself safe.

Melissa didn't deserve the system that she experienced. Mel deserved better. I want to thank her friends, Fran and Rachael, for sharing her story in an effort to create change.

THE SPEAKER: The honourable member for Chester-St. Margaret's.

SMB RAILS TO TRAILS ASSOC.: RE-OPENING - CONGRATS.

HUGH MACKAY: The St. Margaret's Bay Rails to Trails Association recently completed a major improvement project celebrated by an official re-opening ceremony last September.

When the original railway around St. Margaret's Bay was closed, a group of dedicated volunteers founded their association in 1995, committed to transforming the old railbeds into active living infrastructure. Now, a trail spanning 32.5 kilometres from Hubley to Hubbards offers opportunities for walking, cycling, horseback riding, cross-country skiing, snowshoeing, and ATV activities. The trail is part of the Rum Runners Trail, which runs from Halifax to Lunenburg, and also connects to the Aspotogan trail.

Three years ago, the group began a massive fundraising program coupled with thousands of hours of volunteer labour to resurface the trails; replace several bridge decks; repair ditches, culverts, and drainage issues; and trim trees and brush. Madam Speaker, the volunteer members of the St. Margaret's Bay Rails to Trails Association are to be congratulated on their important contribution to active transportation, wellness activities, and improved access to the enjoyment of our province's natural beauty.

THE SPEAKER: The honourable member for Argyle-Barrington.

O'CONNELL, SEAN: MENTAL HEALTH - NEEDS CONSISTENT CARE

HON. CHRISTOPHER D'ENTREMONT: When Sean O'Connell reached out for help after having suicidal thoughts, he never imagined it would be nearly a year and a half before he received an appointment with Mental Health Services. Sean went to the ER and was told to follow up with his family doctor. Unfortunately, he is among the thousands without a family doctor, so a friend's doctor agreed to help him through the referral process. He was put on antidepressants but they didn't help his condition. He needed proper assessment. He needed to be taken seriously. He needed to be someone's priority.

Sean was one of the lucky ones. Fifteen months after his initial trip to the ER, a cancellation gave him an opening for an appointment. I commend Sean for sharing his story and I hope it helps create change in our system.

THE SPEAKER: The honourable member for Halifax Needham.

NEOF: ACCESS TO YOUTH PROGS. - RECOG.

LISA ROBERTS: I want to recognize the continuous hard work and tremendous contribution and commitment of the North End Opportunities Fund and its volunteer board of directors, which includes educators, social workers, youth workers, and community members. Their goal is to provide young people in the North End of Halifax, including Bayers Westwood, with the opportunity to participate in programs they would otherwise be unable to take part in, be that an art camp, a sleepaway camp, music lessons, or participation in a sports team.

To date, the North End Opportunities Fund has facilitated the participation of over 190 youth in the athletic, artistic, and leadership activities of their choosing. I am pleased

to advertise on the NEOF website and grateful that when I'm contacted by a parent who cannot afford to enroll their child in a particular program, I am able to refer them to the North End Opportunities Fund.

THE SPEAKER: The honourable member for Annapolis.

BURRILL, GARY: MLA - QP CLARIFICATION

HON. STEPHEN MCNEIL (The Premier): Mr. Speaker, I appreciate the opportunity to address the House in a statement. Yesterday during Question Period, I said I think the Leader of the New Democratic Party supported closing the mill. I said, I think. I have since talked to him; that is not accurate. I want to make sure I put that on the record. I don't want to misrepresent his position, so I just wanted to put that on the record that yesterday during Question Period, in one of my answers, I didn't want to allude a mis-intention of the Leader of the New Democratic Party.

THE SPEAKER: The honourable member for Queens-Shelburne.

**THERIAU, BEN - ATHL.:
SPECIAL OLYMPICS SUMMER GAMES - CONGRATS.**

KIM MASLAND: Mr. Speaker, today, 19-year-old Ben Theriau from Hunts Point, Queens County, is on his way to Abu Dhabi in the UAE to join 7,500 athletes from more than 190 countries as they compete in the 2019 Special Olympics World Summer Games. Ben is one of only six Nova Scotian athletes selected to be on Team Canada and will be competing in the 100 and 200 metre track events. Since the day it was announced that Ben would be joining Team Canada, he and his family have kept a busy schedule in preparation for this day and now here it is.

The entire community of Queens is bursting with pride for Ben. As he travels to the games, he takes all of our best wishes for an amazing experience, one which he has well earned. We're all with you Ben. Have a blast, buddy.

THE SPEAKER: The honourable member for Halifax Atlantic.

VOLUNS.: HEART HOCKEY FUNDRAISER, BARHO FAM. - THANKS

BRENDAN MAGUIRE: Mr. Speaker, last night, March 5th at 6:00 p.m., a community came together. Hundreds of people packed the Spryfield Lions Rink for a hockey game to honour the Barho family and to raise money for HEART, the Hants East Assisting Refugees Team Society. Regulation ended in a 6-6 tie and the game was decided in a shootout, a fantastic and exciting game.

This was a moment for our community to come together to heal and love. I want to thank all the volunteers who made this happen: Jared Glazebrook, Peter Mowat, Josh Priest, Daryl Joseph, a special thanks to Kinnon Kendziora, Krista Reid and the Chebucto Minor Hockey for making this happen. Thanks to all the volunteers for bringing our community together.

THE SPEAKER: The honourable member for Victoria-The Lakes.

LARUSIC, FRANKIE: MENTAL HEALTH - NEEDS CONSISTENT CARE

KEITH BAIN: Mr. Speaker, when Rosemary LaRusic saw a picture on Facebook of the homeless man sleeping under a tarp in a wheelchair, she knew right away it was her son Frankie. Frankie's severe mental illness had left him without a home, vehicle, children or any sort of income. He isn't considered a danger to himself or anyone else, so his mom is limited in the help she can give him. When he nearly froze to death he was considered in danger and admitted to the hospital. Unfortunately, he was released only a few days later and was back on the streets.

Frankie and Rosemary deserve better. Our system should ensure that people are safe, and their loved ones are able to help in any way possible. Let us commend Rosemary for speaking up and fighting to get Frankie the help he needs.

[2:00 p.m.]

ORDERS OF THE DAY

ORAL QUESTIONS PUT BY MEMBERS TO MINISTERS

THE SPEAKER: The honourable member for Kings North.

PREM. - VALLEY REG. HOSP.: SERVICE EROSION - COMMENT

JOHN LOHR: Mr. Speaker, my question is for the Premier. Today the *Halifax Chronicle Herald* revealed a staggering erosion of services at Valley Regional Hospital which I will table.

The surgical wait-lists have extended beyond 3,000 surgeries. Within that number, urology surgeries have a wait-list of more than 900 and orthopaedic surgeries have a wait-list of greater than 1,300. It is yet another example of how this government has failed to tackle the crisis in health care.

My question for the Premier is: What does the Premier have to say to the people of Annapolis and Kings Counties who are facing unacceptable wait times due to the neglect of his government?

THE PREMIER: I want to thank the honourable member for the question. As he would know, more recently, outside of the Memorandum of Understanding with physicians, we have put another \$40 million in to deal with the issues of support around offices and pay. The docs are continuing at the negotiating table right now.

He would also know that last year alone we put in an additional \$9 million in when it comes to orthopaedic wait times. That is \$24 million in addition to what has already been put out in the last number of years, but we, like he, want to continue to see improvements in wait time and will continue to work with our service providers to best deliver that outcome.

JOHN LOHR: I thank the Premier for that answer. Patients from Yarmouth and South Shore are often transferred to Valley Regional despite having their own regional hospitals. This is particularly true for orthopaedic surgeries, but also for other surgeries. Valley Regional has outlined a clear need for an additional 50 beds and three surgery suites. This would be a first step to clearing some of the backlog.

The Premier likes to talk at length about his deep pocket plan for capital spending in Halifax, and 'less is more' plans for hospitals in Cape Breton, meanwhile the Valley drowns in the need for surgeries. My question for the Premier is: Does the Premier have a plan that will give Valley Regional the facilities that it needs?

THE PREMIER: I want to thank the honourable member for the question. We continue to invest in health care infrastructure across the province, including the Valley. At the Valley Regional the hospice is ongoing.

One of the issues that is not in his preamble that is a challenge is anesthesia. It not only impacts the Valley, it's impacting other parts of the province. That, in itself, impacts OR time - the surgeries that are taking place.

It is not just the fact that we continue to make those investments providing more OR time, more operations, we need to make sure that we have the entire disciplinary team that can actually carry out those surgeries.

THE SPEAKER: The honourable Leader for the New Democratic Party.

PREM.: LOW INCOMES - EXPLAIN

GARY BURRILL: Last week Statistics Canada reported that median incomes in Nova Scotia are the lowest - tenth out of ten - dead last in the entire country. Last month I heard the Premier say in his state of the province comments that, in his view, we are economically on the right path - the right road in Nova Scotia.

My question to the Premier is: How can a province possibly be on the right economic road when it has, as we have, the lowest incomes in the entire country?

THE PREMIER: I want to thank the honourable member for the question. We have continued to make investments in those most vulnerable in our populations when we ensure we are leaving more money in the pockets of low-income Nova Scotians by adjusting basic personal exemption, weighted heavily for those who need the support the most.

We continue to make transformational change that is going to take place in income assistance. At the same time, working with private sector employers to ensure that university and community college graduates get their first job opportunity in this province.

We are supporting that in wage support; continuing to make sure that we continue to grow the private sector in the province; and continue to make sure at the same time we are investing in public services.

He would know that we had a substantial number of increases in the public sector wage sector that we believe are affordable, but yet they were still being increased.

All of those will take time to continue to allow for the economy of the province to grow, and I look forward to continuing to see more people choose to stay and live and work in Nova Scotia.

GARY BURRILL: What the Premier is failing to square up to in this response is the government's comparative economic performance. Since the current government began its mandate, median incomes across Canada have risen by 6 per cent, but in this same period median incomes have risen in Nova Scotia by 0 per cent, 0.2 per cent.

I want to ask the premier: Does he not register some sense of dismay, or register some sense of alarm that Canadians in the rest of the country, outside of Nova Scotia, have seen income increases fare 30 times greater than ours have been in the period the Liberals have been in power?

THE PREMIER: Mr. Speaker, I want to thank the honourable member for the question. As he would know, there are many challenges facing this province. There have been structural challenges for successive decades. When it comes to delivering services in Nova Scotia, we've been out-stripping our growth. We will continue to deliver those services. We had some difficult decisions to make when we came into power to make sure that we were able to pay as we go.

Mr. Speaker, we are seeing positive signs in the incomes of Nova Scotians. We are also very encouraged by the fact we're starting to see that all-important cohort of 18 to 34-year-old population starting to grow in Nova Scotia. This is the third consecutive year that we've retained more young people than we've lost. All of that is because they recognize

this province is moving in the right direction. We will continue to see that growth and they want to be part of it, they want to live here. Not only do they want to work here, they want to live here and raise their families here.

GARY BURRIL: Mr. Speaker, the premier has cited a great many different considerations, but none of these considerations changes the fact that incomes in Nova Scotia are as flat today as yesterday's Shrove Tuesday Pancakes.

Now look, the Conference Board of Canada has identified weak consumer demand as a key thing inhibiting economic growth in this province. So, I want to ask the Premier: How are we going to improve consumer demand when we've got the lowest incomes in Canada?

THE PREMIER: Mr. Speaker, he would know if he looked forward the wage growth in this province is keeping pace with the national agenda. He would also know when he uses a national number there are certain provinces, through resource development, which have seen huge growth.

We have seen, quite frankly, a record year when it comes to exporting opportunities and getting the proper price for our products. After successive decades when people would continue to sole source one market - take five bucks per pound for lobster in December. That was unacceptable to us when we came to power. All of that growth and the price of lobster turning around, and being spun around, and deckhands, fish operators, those are all positive signs.

What I want to tell the honourable member, it takes time to continue to move this province out of the direction it had been going under successive governments in this now positive way. In a direction that allows us to not only see a future for those of us that live here, but we see young people who are really showing their real confidence by choosing to live, stay, and work here.

THE SPEAKER: The honourable member for Pictou West.

H&W - DOCTOR RECRUIT.: SPECIALISTS - EMPHASIZE

KARLA MACFARLANE: Mr. Speaker, my question is for the Minister of Health and Wellness.

Valley Regional's problems are not limited to a lack of facilities. They continue to combat the all-too-familiar problem of a lack of doctors, in this case, anesthesiologists. In the Fall the Valley Regional Hospital lost one full-time and one part-time anesthesiologist. Without sufficient coverage by anesthesiologists, surgery simply cannot go ahead. What we have is a choke point in the system that has a cascading effect.

My question is: Within the NSHA's doctor recruitment strategy, is priority given to those specialities like anesthesiologists who are vital to the patient flow?

HON. RANDY DELOREY: Indeed, recruitment and priorities of recruiting the appropriate health care professionals is a priority for government, as well as the Nova Scotia Health Authority.

As the member, and I think others would be aware, looking at what the needs of the system are, do play a role in identifying the priority of the recruitment. But when there's a vacancy the recruiters are out there engaging, promoting those opportunities and looking to fill them as soon as possible.

KARLA MACFARLANE: Dr. Davidson is quoted in an article that was tabled earlier by my colleagues, saying the lack of anesthesiologists will result in patients actually losing limbs, and even dying, because surgeries cannot be performed - his words, not mine. Chief Anaesthesiologist Robert Doyle states that each lost doctor reduces the hospital's surgical capacity by 20 per cent, and it's leading those that remain towards a burnt-out state of feeling.

We have tried to talk about this at the Health Committee, but the majority on that committee will not let us talk about it; they refuse. I can't for the life of me understand why the government won't talk about the working conditions of its most sacred and scarce profession.

Why is the government refusing to listen to the concerns of our doctors in Nova Scotia?

RANDY DELOREY: In response to the member's question, the fact of the matter is that we do listen to physicians. Talking about the work being done - for example, the member is talking about surgical capacity and surgical work. We listened to doctors - a little over a year ago an orthopaedic team came together, produced a plan for the Nova Scotia Health Authority, and brought it to the government to address wait times and improve our capacity in the delivery of orthopaedic surgeries. We accepted that plan that was developed by doctors and presented to us - we listened to them, and we have taken action.

We have hired more ortho surgeons; we have hired more anaesthesiologists as part of that plan - that's listening to doctors and implementing those plans to improve care for all Nova Scotians.

THE SPEAKER: The honourable member for Cape Breton Centre.

H&W: ER OVERCROWDING - ADDRESS

TAMMY MARTIN: My question is for the Minister of Health and Wellness.

Over the course of the past five years, the number of visits made to the Cape Breton Regional Hospital Emergency Room by patients without a family doctor have more than doubled. Since 2011, the number of patients leaving the Regional without being seen has jumped by 34 per cent, with almost 1 in every 10 patients leaving without being seen by a doctor in 2018 - and I'll table that.

Mr. Speaker, I would like to ask the minister: Does he agree that these numbers indicate that the crises in primary care is a major contributor to overcrowded emergency rooms?

HON. RANDY DELOREY: Indeed, I have spoken here in the Legislature before, indicating that in fact we do believe - and I do believe - that strengthening access to primary care is one of the tasks needing to be done in order to reduce pressures on our emergency departments. That's why, Mr. Speaker, we continue to invest in recruitment of physicians and strengthening our collaborative practice teams.

The member raises questions about Cape Breton, where we have recruited eight new family physicians and seven new specialists (Interruptions)

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

RANDY DELOREY: Four of those new doctors, Mr. Speaker, came through the immigration physician stream, which was implemented just about a year ago with my colleague the Minister of Immigration. We do take primary care seriously. We do believe that's an important part of our overall health care system and helps reduce the pressures on emergency departments.

TAMMY MARTIN: Mr. Speaker, over the course of the past few years the minister and the Premier both have responded to concerns about primary care in Cape Breton by pointing to the low rate of people on the family doctor list. Their argument, as I understand it, is that Cape Breton has one of the lowest subscription rates to the list, and there's nothing to worry about.

However, as we have learned this week, other numbers tell a different story. Last night it was reported that 20 doctors - 20 doctors - are withdrawing from providing in-patient care at our community hospitals because their compensation makes keeping a family practice open at the same time unsustainable.

I would like to ask the minister: Why is he closing community hospitals in Cape Breton that also provide primary care, when the need for more family doctors is so high?

RANDY DELOREY: In fact, Mr. Speaker, I think what the member was referring to was our investment in primary care infrastructure for Cape Breton. (Interruptions)

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

RANDY DELOREY: That is investment in primary care facilities in those communities. It's an investment in our emergency facilities at Cape Breton Regional and at Glace Bay. (Interruption)

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

[2:15 p.m.]

RANDY DELOREY: And Glace Bay, Mr. Speaker, and supporting those family practice teams include hiring 25 new health professionals in Cape Breton over the last two years to strengthen those collaborative practices.

THE SPEAKER: The honourable member for Kings North.

H&W - METHADONE TREATMENT: ADDICTION - PREVENT

JOHN LOHR: Mr. Speaker, my question is for the Minister of Health and Wellness. Earlier this year, I visited addiction treatment centres in Cape Breton. While I was happy to see the great work being done to help people recover from addiction, I was sad to see the massive lineups of people at pharmacies waiting to get methadone. Withdrawal from substance abuse can be fatal, but people in Cape Breton deserve treatment for their addiction, not just to have one addiction replaced with another.

My question for the minister is: With the increase of people being put on methadone, are counselling and treatment services for these individuals being increased as well?

HON. RANDY DELOREY: The member raises a very important topic as it relates to opioid-use disorders, a challenge facing much of the country, and Nova Scotia is not immune. That's why one of the first programs I announced when I came in in 2017 as Minister of Health and Wellness was our opioid overdose response framework.

There are a number of factors to that, but one of them is the expansion of treatment options. In the last year, based upon our investments and expansion of treatment options,

we've reduced the wait-list by just over 90 per cent, from over 200 people waiting to about 20 on the list, as of February.

JOHN LOHR: Mr. Speaker, while in Cape Breton, I was told that it costs 22 cents to make the dose of methadone, but the pharmacies sell it for \$10 apiece. More and more people are being put on methadone and it is creating serious dependency issues in our communities. Apparently, a black market is being created by people taking their methadone, going out back, throwing up, and selling that to someone else.

My question for the minister is: Will the minister tell the House what is being done to prevent methadone from becoming just another street drug?

RANDY DELOREY: It's my understanding that methadone, and I'll verify this for the member, is to be taken in front of or with the treatment people.

Mr. Speaker, steps are taken to ensure the product, the treatment is consumed in front of health care professionals. Again, based upon the treatment protocols and standards, that would be the process for delivery of that drug treatment that would be followed in Nova Scotia, like other parts of the country.

THE SPEAKER: The honourable member for Argyle-Barrington.

H&W - THERAPISTS: QUALIFICATION STANDARDS - MAINTAIN

HON. CHRISTOPHER D'ENTREMONT: My question is to the Minister of Health and Wellness as well. In 2008, while in government, our Party passed legislation that clearly defined the requirements necessary to be classified as a counselling therapist in Nova Scotia. One of the requirements, among others, was applicants had to have a master's degree in order to register with the college.

Recently other provinces have been shifting from educational requirements for licensure to competency requirements. My question to the Minister of Health and Wellness is: Will he commit to maintaining the current qualifications to call yourself a counselling therapist?

HON. RANDY DELOREY: The member raises an important question around the regulation of health care professionals - indeed, as health care professionals, the self-regulation aspect of that.

At this point in time, Mr. Speaker, I am not aware of changes to that qualification standard within the college, so there is certainly nothing on my agenda I've seen that would suggest there would be any changes coming.

CHRISTOPHER D'ENTREMONT: The Canadian Free Trade Agreement allows people to transfer between provinces to work. Because qualifications vary from province to province, we're at risk of having people who have the equivalent of a diploma coming here and calling themselves counselling therapists. It would be the equivalent to taking a two-year nursing course, moving to another province, and calling yourself a registered nurse.

Counselling therapists are responsible for treating people with serious mental illness, and their college has been told by the department to prepare to accept those people who are less qualified, just because they call themselves a counselling therapist.

My question again to the minister is: Will he commit to maintaining the high standard it takes to be considered a counselling therapist in Nova Scotia, for the safety of our patients? (Applause)

THE SPEAKER: Just before we move on to the minister's answer, I want to remind the members of the audience in the gallery here that it's not proper to participate in the proceedings by showing pleasure or displeasure, so I'll ask you to refrain from showing either side there.

The honourable Minister of Health and Wellness has the floor.

RANDY DELOREY: What I do assure the member is that, indeed, when it comes to all of our health care professionals and the regulatory oversight that takes place, it is important. The public interest, as the member referenced, is the primary objective - ensuring and maintaining that public interest. I do commit, whether it's with counselling therapists or other regulated professions, that the public interest will remain top and foremost in any legislation or regulations governing those entities.

THE SPEAKER: The honourable member for Queens-Shelburne.

EECD - GO-TO TEACHERS: MENTAL HEALTH TRAINING - ADEQUACY

KIM MASLAND: Mr. Speaker, my question is to the Minister of Education and Early Childhood Development. In 2013, Go-To teachers were identified and trained across the province to help students navigate the mental health system. This one-day training, which didn't even include mental health first aid, was meant to be enough to prepare teachers to deal with everything from mild depression to suicidal thoughts.

Mr. Speaker, bullying in our schools is rampant. Students are having suicidal thoughts and this government thinks that one day of training is enough. My question to the minister is: What additional training is being provided to teachers to be prepared to handle student mental health issues?

HON. ZACH CHURCHILL: Mr. Speaker, just one correction for the member: we are seeing the global number of bullying incidents decrease in our province, which I think is a positive thing that we should celebrate.

Mental health is always a challenge. Professional development for teachers is ongoing. There's funding available for that. We have particular funding on areas related to inclusive education as well. But further to that, we also want to have wraparound supports for our students, so we've brought in child and youth care practitioners, behavioural experts, and autism experts. We've also brought in the SchoolsPlus program. That's all designed to better provide mental health supports - well-being supports - to our students.

While we know we have not fixed all the challenges in the education system, we are seeing progress, and the feedback we are getting from the front lines has been generally positive.

KIM MASLAND: Mr. Speaker, I thank the minister for the response. I'd like to ask the minister to table the stats for the bullying incidents going down, because I can't seem to find those anywhere.

The Go-To training was designed for certain teachers that students would naturally turn to for help. Go-To training didn't provide educators with any additional way of bypassing wait-lists or accessing additional programs or services. This training took educators who had good relationships with students, gave them one day of training, and made them responsible for helping students with severe mental health crises as they sit on endless wait-lists.

My question to the minister is: Given this additional responsibility and stress that we've put on the educators, what service does the government provide for educators to protect their own mental health?

ZACH CHURCHILL: Mr. Speaker, these numbers have been reported publicly. I've done media interviews on them as well. We can make sure that the member gets the data on mental health.

We have increased supports in our schools. We've brought in non-teaching supports for the first time in education. SchoolsPlus is designed to help get students to the areas of government service where those services are needed, whether it's mental health or an issue at home that involves Justice or Community Services. That is all intended to pull some of the pressure off our educators, having these non-teaching supports in place.

There's still a lot of work to do. We know there are still issues with bullying - one incident is too many - and we're going to keep doing our very best to ensure that those non-teaching specialized supports are in place to help students with mental health, behavioural,

and emotional issues, and to make sure we have that wraparound support in our schools that we know our kids need.

THE SPEAKER: The honourable member for Cape Breton Centre.

H&W - VALLEY REG. HOSP.: WAIT-TIMES REDUCT. - RESOURCES LACK

TAMMY MARTIN: Mr. Speaker, my question is for the Minister of Health and Wellness. The department's promise to cut wait-times for hip and knee replacement surgeries, without adding additional resources, has put the surgical department of the Valley Regional Hospital in serious jeopardy.

Seven months after the province announced the program, chief anesthesiologist Dr. Robert Doyle and 23 of his colleagues at the hospital wrote a letter calling for a halt to the initiative at the hospital, saying it had led to the deterioration of overall care at the facility. The program put "unacceptable, additional pressure on an overburdened and over-capacity infrastructure and staff."

Mr. Speaker, will the minister admit that it was irresponsible to push forward with such an ambitious program without providing adequate resources to support it?

HON. RANDY DELOREY: Mr. Speaker, I'd encourage the member to go back just over a year ago, to Fall 2017, when we announced this initiative for increasing the access to orthopaedic surgeries. We were very clear that the proposal that came forward was one that was developed by the health care professionals, the surgeons themselves who had come forward to us with the proposal.

I'd like to clarify for the record and the member's remarks that we didn't include additional resources - in fact, we did. We hired four additional orthopaedic surgeons, as well as four anesthesiologists to support that work. On top of that, there were a number of other ancillary support health professionals, like physiotherapy and other services, that were brought on-stream to help move forward with this. So we did in fact invest based upon the program that was designed and brought to us by health professionals on the front line.

TAMMY MARTIN: Well, that is out of the words of 24 health care professionals at Valley Regional who are looking for support.

Mr. Speaker, while hip and knee wait-times absolutely need to be dealt with, they cannot be dealt with at the expense of people's lives. They need to be properly funded. The pressure that the minister's goal put on the Valley Regional Hospital has had dire consequences. Dr. Dion Davidson, a vascular surgeon at the hospital, said that as a result of the shortage of anesthesiologists, surgical time has been cut and as a consequence, people who needed surgeries have died before they could receive the surgery.

Will the minister please tell this House why he pushed recklessly forward with his plan when medical staff at the Valley Regional Hospital alerted him and told him of the danger?

RANDY DELOREY: Mr. Speaker, I find it unfortunate - the categorization of a recommendation that was brought forward from front-line health professionals through the Nova Scotia Health Authority to the department, which included increased resource allocation, which meant millions of dollars being invested to hire additional specialists and support providers in other health care professions to support this initiative.

This was a well-planned and financially-supported program that was rolled out across the province. These additional orthopaedic surgeries are available across the province, and where there are wait-lists, people can request a referral to another part of the province with a shorter wait-list so that we can actually stabilize and balance out the delivery of orthopaedic surgeries from one end of the province to the other.

THE SPEAKER: The honourable member for Cumberland South.

LAE - TEACHERS: MENTAL HEALTH TRAINING - VALUE

TORY RUSHTON: Mr. Speaker, my question is for the Minister of Labour and Advanced Education. In order to graduate with a Bachelor of Education, there are a number of requirements. Something that is not required is to take either a first aid course or a mental health first aid course. Educators are responsible for keeping our students safe, and without proper training, that's a daunting task.

Does the minister feel that mental health training would be a valuable asset for teachers?

HON. LABI KOUSOULIS: I'd like to thank the member for the question. I do believe that mental health training, as well as first aid training, would be valuable for our teachers in the public school system. I think that those are skills that would help them deliver education to our students, and it would be of great benefit to the students as well.

TORY RUSHTON: That's how you answer "yes," Mr. Speaker.

Mental health first aid helps to identify the red flags and warning signs of any underlying mental health issues. In a world where cyberbullying continues to spread and more and more students suffer in silence, identifying these warning signs is as important as ever. Ensuring that all educators in the province are trained to identify mental health issues quickly becomes a difference between life and death for a student who is being cyberbullied.

My question for the Minister of Labour and Advanced Education is: Is he willing to work with universities to make mental health first aid mandatory for a Bachelor of Education?

[2:30 p.m.]

LABI KOUSOULIS: Mr. Speaker, I will pass this question on to the Minister of Education and Early Childhood Development. It is the Department of Education and Early Childhood Development that sets the criteria for teachers but, in terms of whatever they're looking for, I'm more than happy to work with the department and our universities to bring it forward.

HON. ZACH CHURCHILL: Mr. Speaker, it's very timely that this conversation happens in the Legislature because we do have a steering committee that's working with our B. Ed. providers to look at the curriculum, identify the additional needs that we have from a training perspective to deal with the complexities in the classroom, mental health and other supports as well.

So, the advice from the member is pertinent. These conversations are ongoing, and I look forward to informing the member and the House of the changes that are made to our B. Ed. programs to help our teachers better meet the needs of the system and the students.

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

H&W: FREEDOM FOUNDATION OF N.S. - MIN. VISIT

BRAD JOHNS: Mr. Speaker, for over 30 years in the North End of Dartmouth, a dedicated team at the Freedom Foundation of Nova Scotia have been helping men transition from a life of addiction to a life of sober independence.

Hundreds of men have gotten back on their feet because of the work at the Freedom Foundation and their programming. Graduating from this program doesn't just mean recovering from addiction. It means developing skills, independence, and a sense of ownership again over your life.

Over the last 30 years, every single provincial Minister of Health has visited the Freedom Foundation to see the incredible work they do there. My question for our Minister of Health and Wellness is: Has he visited the Freedom Foundation?

HON. RANDY DELOREY: Mr. Speaker, at this point in time, I have not been over to visit the Freedom Foundation but I have learned about the services that are provided by them, as I have with other service providers that are operating in communities across this great province.

BRAD JOHNS: Mr. Speaker, Freedom Foundation is funded primarily through the Department of Health and Wellness. They say that they need an additional \$10 a day increase to their funding to be able to run the programs that they need.

For 10 years, this funding that they currently receive hasn't changed. After visiting, you can clearly see first-hand how important the programming is and how far an additional \$10 a day would actually go for the foundation.

Knowing how much the province invests into this program and the repeated requests for a visit from the minister, my question for the minister is: Why hasn't he visited the Freedom Foundation and would he be willing to?

RANDY DELOREY: Mr. Speaker, when I have the opportunity to get out to communities throughout the province, I do meet with and visit a wide range of service providers. Some of them are our partners, like the sites for our Health Authorities, and others are community-based organizations. I do my best to get around and get out to see as many as possible. I'd be happy to include this organization within the groups that I would visit in my next opportunity to get out in that part of the province, here in Central.

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

H&W: ABSTINENCE-BASED PROG. - RETAIN

HON. ALFIE MACLEOD: Mr. Speaker, my question through you is to the Minister of Health and Wellness. For years, transition programs like Freedom Foundation of Nova Scotia and Talbot House have been operating abstinence-based programs for people recovering from addictions.

These programs have a zero-tolerance rate in place for alcohol or drug use. As methadone grows in popularity as a treatment for addiction, these programs are facing increasing pressure from the Nova Scotia Health Authority to switch from abstinence-based to methadone-based programming. My question to the minister is quite simple: Is the department going to force abstinence-based treatment programs to switch to methadone-based in order to continue receiving government funding?

HON. RANDY DELOREY: Mr. Speaker, I've never heard a proposal like that come forward or seen a proposal like that come forward. But what I can advise the member is in my engagement with a special focus on mental health and addictions, I went around and stopped at various sites to talk with mental health and addictions front-line staff. I asked them about treatments and the changes, because we did bring mental health and addictions departments together as a team rather than where they previously operated separately, and one of the things that they had highlighted, and I can perhaps delve deeper in the other response, is that there are changing clinical guidelines around best practices for treatment of addiction-based conditions.

ALFIE MACLEOD: Mr. Speaker, for the minister's benefit the answer was no.

Hundreds of people have graduated from the abstinence-based recovery programs like Freedom Foundation and Talbot House. Graduating from these programs requires constant support and determination. The graduation numbers prove that the innovative work being done by these programs truly does work for these clients.

With this proven track record of success of abstinence-based addiction recovery programs, will the minister commit to allowing these programs to continue without being forced to add methadone into their programs?

RANDY DELOREY: Mr. Speaker, the member is raising questions of a clinical nature as to what the best practices are for the delivery of clinical treatments. What I can assure the member and all members of the House, and all Nova Scotians, is that we will be guided by the best clinical advice and evidence that we have when governing the treatment programs and the delivery of those programs in the province. I think that's an important thing for members to keep in mind - when raising questions of a clinical nature, that we do, I think, take the lead from clinicians who know what the appropriate best practices would be.

THE SPEAKER: The honourable member for Dartmouth North.

H&W - PREP: UNIVERSAL COV. - COMMIT

SUSAN LEBLANC: Mr. Speaker, my question is for the Minister of Health and Wellness.

Truvada is a drug used in the treatment of HIV. Individuals diagnosed with HIV are eligible for full coverage of this medication. Recent research has shown that when taken daily as PrEP, the drug is 98 per cent effective for the prevention of sexual transmission of HIV and 70 per cent effective for the prevention of drug injection transmission of HIV. Evidence from other jurisdictions have shown that universal coverage results in significant decline in new HIV diagnoses. British Columbia, Alberta and Saskatchewan all provide universal coverage for PrEP.

Will the Minister of Health and Wellness agree to include universal coverage for PrEP in the upcoming budget?

HON. RANDY DELOREY: Mr. Speaker, I thank the member for raising this important question. As members of the Legislature may be aware, the province began covering PrEP as part of our formulary earlier this year, as part of our Pharmacare Program. As part of that announcement, one of the commitments we made was to engage and continue consultations to look at what else, other types work, and what role further

coverage may include. That work has been ongoing with, I believe, our primary health care team.

As far as what's in the upcoming budget, I think the member can wait a couple of more weeks.

SUSAN LEBLANC: Mr. Speaker, I can't, I can't - I need to know now.

As of June 2018, Nova Scotia has 16 new HIV infections, double the expected number. Members of the PrEP Action Team has said that adding PrEP coverage through Family Pharmacare will have little to no impact on HIV rates in Nova Scotia, since many who would benefit from PrEP will not be able to afford the hundreds if not thousands of dollars in co-pay required before provincial support kicks in.

Universal coverage for PrEP would require a \$1.5 million annual investment. This is just over the lifetime cost of HIV-related health care for one person. Does the minister agree it would make better sense and a better investment in preventive medicine than to continue to pay the cost of rising infection rates?

RANDY DELOREY: Mr. Speaker, the member raised a very important piece of information for this Legislature. For the members who aren't aware, with the increased number of HIV infections that we've seen in this past year, the vast majority of the increase has been seen actually in the area of drug use transmissions. That raises another very important question and challenge that we face - it goes back to our commitment and our efforts to provide more treatment options as well within the drug addiction space to help reduce those and avoid some of those other risk factors that are at play to avoid those increased transmissions and infections.

THE SPEAKER: The honourable member for Victoria-The Lakes.

H&W - MENTAL HEALTH ACT: INVOLUN. ADMIT. - RESOURCES

KEITH BAIN: Mr. Speaker, my question is to the Minister of Health and Wellness as well. According to the Mental Health Act, a person cannot be involuntarily admitted for care unless they are a danger to themselves or someone else. This creates problems for people who have family members who are living with severe mental illness but aren't considered a danger. Family members are unable to provide their loved ones with the intensive care they need, and it leaves them feeling helpless.

My question to the Minister of Health and Wellness is: What resources are available to get help for someone who needs it but is not considered a danger?

HON. RANDY DELOREY: As the member noted, the key distinction there is involuntary admittance to the care. Just like other health treatments, the health care system

can't force treatments on individuals who have the capacity to make those health care decisions for themselves.

With respect to what types of services are available to individuals with mental health conditions, they obviously include services offered by the Nova Scotia Health Authority and other community-based partners who are available throughout the province. Obviously, crisis lines are available to help perform online assessments and other treatments that I can certainly engage with the member further, if he is so inclined.

KEITH BAIN: Mr. Speaker, I have a constituent whose son is homeless as a result of a severe mental illness. He was admitted to the hospital but was released a few short days later because he wasn't deemed to need long-term, intensive care. His illness caused him to lose his home, children, vehicle, and any sort of income.

He was admitted to the hospital because he nearly froze and starved to death, Mr. Speaker. If that isn't someone who needs intensive care, I don't know who is.

My question to the minister: When someone is admitted to the hospital under the Mental Health Act, is their safety and their best interests considered contributing factors as to when they get discharged?

RANDY DELOREY: Certainly when evaluating patients again and their suitability for discharge from a hospital system, whether from a physical ailment or a mental health one, indeed the clinicians who are making those discharge decisions have the clinical expertise and the intimate knowledge of the individual patients, as well as what their clinical needs may be, what needs would require the hospital services, and what may be required when they are discharged. All those components do come into play as those clinicians who are approving the discharge and discharge plan make those decisions and sign the discharge papers.

THE SPEAKER: The honourable member for Dartmouth East.

H&W: MENTAL HEALTH SERV. DART. GEN. - TRANSFERS

TIM HALMAN: Mr. Speaker, so far this session every time the Minister of Health and Wellness or Premier have been asked about ambulance shortages, they have been bragging about the new offload program at the Dartmouth General. Now the offload program might be helping avoid backups, but it isn't helping anyone in Dartmouth in a mental health crisis.

As the only regional hospital in the province without emergency mental health services, if you show up at the Dartmouth General with suicidal thoughts you are put in a taxi and sent to the QEII.

Mr. Speaker, my question to the Minister of Health and Wellness is this: Do the taxis get to use the ambulance door or do they have to use the main entrance?

HON. RANDY DELOREY: Mr. Speaker, the most important thing for the member to realize is that as a single Health Authority, the teams within the various facilities across the province do just that. They work together as teams providing services to meet the health care needs of all Nova Scotians.

I think the important thing for the member and his constituents to be aware of is that the Health Authority and the system are working together to ensure that the individuals get the care and the treatment they need, whether it be for physical or mental health conditions.

TIM HALMAN: Mr. Speaker, when the Auditor General called this government out on their lack of a mental health plan, the minister said that 911 is always available. Now, the people of Dartmouth are better off calling Bob's Taxi than 911 in order to get to the hospital that actually has the services they need.

[2:45 p.m.]

Mr. Speaker, the Dartmouth General is in the middle of a multimillion dollar renovation. The staff of the Dartmouth General expected these services to be added, the residents of Dartmouth expected these services to be added. My question is this: Does the minister believe that the people of Dartmouth don't experience mental health emergencies?

RANDY DELOREY: Mr. Speaker, I appreciate the member drawing attention to the ongoing investment and expansion of services being provided to the Dartmouth General Hospital, including inpatient beds and surgical suites as part of the overall QEII New Generation redevelopment project.

Mr. Speaker, I assure the member and his constituents that indeed, Dartmouth is a critical piece of the health care delivery for the province and the Central Zone and of course, like any Nova Scotian, mental illness does not discriminate. Indeed, no matter where you reside, no matter your social status. We certainly acknowledge and recognize that any Nova Scotian could be afflicted by a mental illness.

THE SPEAKER: The honourable member for Northside-Westmount.

H&W: MENTAL HEALTH SERV. - IMPROVE

EDDIE ORRELL: Mr. Speaker, I just heard the minister say that for mental health illnesses, it doesn't matter where you reside, but it does matter where you reside if you're looking for treatment in a local hospital that is closed.

Mr. Speaker, a recent article in the *Montreal Gazette* that I will table, outlines the immediate action Concordia University took after the first ever student suicide on campus. It took one suicide for Concordia to implement stronger mental health services and supports. A single death sent the staff into immediate action and they're now leading the way on how we should respond to suicide.

My question to the Minister of Health and Wellness is: How many suicides will it take in Nova Scotia for the government to take action and improve mental health services?

HON. RANDY DELOREY: Indeed, our government, very clearly under the leadership of the Premier, my mandate letter makes it abundantly clear that one of my top priorities in my mandate is the investment and expansion of mental health services for the province.

We take this area of the health care system very seriously, it is one that I take seriously not just because it's in a mandate letter, Mr. Speaker. It's one that I take seriously because it affects all Nova Scotians.

EDDIE ORRELL: Mr. Speaker, universities in this province and universities across Canada have something in common - they both have been grappling with rising demands for better mental health supports for years.

Concordia has set the standard for mental health supports. The response to suicide shouldn't be the exception, it should be the rule. So, I'll ask the Minister of Labour and Advanced Education: Will the minister implement the same type of program in universities in Nova Scotia that Concordia University is looking into?

HON. LABI KOUSOULIS: Two years ago, with great success, Acadia University launched the peer-to-peer mental health support program as a pilot project. What they found was that the wait time for students decreased dramatically, because the interventions were there before any smaller anxieties could become more serious for the students.

Because of the success of this program we invested, in last year's budget, over \$0.5 million and rolled this program out to all universities. Mr. Speaker, so far the results coming back have been very positive. Before rolling it out, we did have it peer reviewed from professionals and everything has been positive. I look forward to the support to the universities and to our students ongoing.

THE SPEAKER: We are going to add 30 seconds to Question Period.

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

LENORE ZANN: Mr. Speaker, I was going to ask a question today about the Alton Gas Treaty Truck House. The minister has left things in the air so much that there are now

injunctions instead of consultations with our First Nations people. Is this really the path to reconciliation? Is this really the way of “we are all Treaty people”? I think not.

Does the minister commit today that this project will not go ahead before the province adequately consults Sipekne’katik First Nation?

HON. MARGARET MILLER: I thank the honourable member for...

THE SPEAKER: Order, please. The time allotted for Oral Questions Put by Members to Ministers has expired.

Just before we move on to Opposition Business, the honourable member for Kings North on a quick introduction.

JOHN LOHR: Mr. Speaker, I want to introduce a friend in the West Gallery, Mark Wales, a farmer from Aylmer, Ontario, who grows garlic and peppers. He is here as part of the Canadian Horticultural Council Annual General Meeting.

Mark is a past president of many organizations: the Ontario Federation of Agriculture for three years; and the Garlic Growers of Ontario. I got to know Mark because we are both Nuffield scholars and he was a Canadian Nuffield scholar in 2004.

I would ask the House to give Mark Wales a warm welcome to the House.
(Applause)

OPPOSITION MEMBERS’ BUSINESS

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

CLAUDIA CHENDER: Mr. Speaker, would you please call Public Members’ Private Bills for Second Reading.

PUBLIC MEMBERS’ PRIVATE BILLS FOR SECOND READING

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

CLAUDIA CHENDER: Mr. Speaker, would you please call Bill No. 89.

Bill No. 89 - Workers’ Compensation Act.

THE SPEAKER: The honourable member for Dartmouth North.

SUSAN LEBLANC: Mr. Speaker, before we begin, may I make an introduction?

THE SPEAKER: Permission granted.

SUSAN LEBLANC: Thank you. I'd like to draw the attention of all members to the gallery opposite where we once again have a number of members of our firefighting community present.

I'd like to introduce them each by name. We have with us today: Captain Paul Edwards, Captain of Halifax Fire; Brendan Meagher, President of the Halifax Professional Firefighters Association; Joe Triff, Vice-President of the Halifax Professional Firefighters Association; Leonard March, Captain, Halifax Fire; Josh Chisling, former President, Truro Firefighters Association; Tom Malone, Truro firefighter; James Bissett, Truro firefighter; Craig Matthews, Truro firefighter; Martin Lapointe, Halifax Fire; Colin Gates, Halifax Fire; Kevin Guy, Halifax Fire; and Sarah Drysdale, Halifax Fire.

Please welcome them to the House. (Applause)

THE SPEAKER: The honourable member for Dartmouth North.

SUSAN LEBLANC: Mr. Speaker, I am honoured to speak to our bill to expand the presumptive coverage for occupational cancers available to firefighters in Nova Scotia.

We all know that firefighters are there for all of us when we need them. We tuck our kids into bed at night knowing that if the unthinkable happens and there is a fire, there will be people who will come to help us, and they will come quickly. We owe it to our firefighters to extend these benefits to them. Too many people have already died without presumptive coverage. They cannot afford to wait any longer.

Firefighters' work is giving them cancer at rates much higher than the general population. In comparison to all causes of fatality in the general population, the cause of death in firefighters is two to three times more likely to be due to cancer, even though firefighters tend to lead healthier lifestyles as a requirement of their work.

Last year, a study from the University of the Fraser Valley in British Columbia found that firefighters are 86 per cent more likely to die from cancer than from any other fatal illness. Cardiovascular disease accounted for just 5 per cent of fatality claims, and respiratory disease accounted for just under 2 per cent.

The study which was conducted with the University of Fraser Valley and the British Columbia Injury Research and Prevention Unit reviewed 10 years of firefighter health and injury data.

Cancer rates among firefighters also increase dramatically with age, with the 35- to 39-year-old group accounting for only 1 per cent of workplace fatal cancer claims; the 60-

to 64-year-old group accounts for 17 per cent of fatal cancer claims; and the 65 and older group makes up nearly half of the claims.

What is making firefighting more dangerous, or so dangerous? Fires have changed over the course of the past 20 years. The things that we keep in our homes are making fires more toxic than they were 20 years ago. Consumer goods are increasingly made of synthetic materials and coatings. The plastics, foams, and coatings in our homes create a toxic soup of carcinogens when they burn. Fire experts say the synthetic materials create hundreds of times more smoke than organic ones.

Flame retardants alone, ironically - like the ones covering your couch or your curtains - double the amount of smoke and increase toxic gases tenfold. Your TV, your child's Barbie, your Saran Wrap, your couch - all of them can be poisonous when they ignite and their fumes are inhaled.

In 2012 Susan Shaw, the executive director of the Shaw Institute and a professor of environmental health sciences at the State University of New York in Albany, had paramedics draw the blood of 12 firefighters after they responded to a fire. Their samples contained three times the level of flame retardants than the general population. Their blood levels of perfluorooctanoic chemicals, which are used as non-stick coatings, were twice as high as those of the World Trade Center first responders.

While all people are exposed to these household chemicals, fires magnify the exposure. When flame retardants and other compounds burn, they create reactive oxygen species, molecules that bind to DNA and cause mutations that can lead to cancer. In a fire situation, the extreme heat helps chemicals enter the body through the skin. With every 5 degrees the body temperature rises, skin absorption rates increase by as much as 400 per cent.

Continuous exposure to these carcinogens has also cumulative effects. The longer a firefighter is in the line of duty, the more likely they are to develop a workplace-related cancer. That's a lot of statistics and a lot of facts to take in. It's a lot of horrifying information.

We know these people are putting themselves in harm's way to take care of us and now it is time for us to take care of them. The NDP is calling for presumptive coverage for firefighters through the WCB to be expanded to cover a longer list of cancers and more accurate latency periods.

Mr. Speaker, back in 2003 Nova Scotia was a leader on the national stage when it came to presumptive coverage. We introduced some of the first legislation to guarantee that firefighters wouldn't have to fight to prove their illnesses had developed as a result of exposure to the carcinogens that are part of their jobs. Since then, we have fallen behind.

Every province has updated their list of eligible cancers. Nova Scotia is at the back of the pack, only covering the six originally outlined.

Over the past 15 years, a number of major cohort studies have been undertaken, having compared cohorts of thousands of firefighters to the general population and have found that firefighting puts people at significant risk of developing ureter cancer, penile cancer, testicular cancer, esophageal cancer, breast cancer, prostate cancer, skin cancer, digestive tract cancer, multiple myeloma, pancreatic cancer, ovarian cancer, and cervical cancer. That's in addition to brain, bladder, kidney, colon, non-Hodgkin's lymphoma and leukemia.

I'd like to take a moment to point out three of those cancers: in particular the breast cancer, ovarian cancer, and cervical cancer. In the original list or in the list that is currently covered of cancers in Nova Scotia, there are no cancers that are directly related to female anatomy, particularly related to female anatomy. That's an interesting thing to note.

In the coverage that we're asking for or calling for we include three types of cancers that are particular to females. Mr. Speaker, it is very possible that the very females who Halifax Regional Fire and Emergency and all of the other firefighters and organizations in Nova Scotia are looking to attract to become part of their firefighting teams, just won't do it because of the risks of those cancers, and the fact that they wouldn't be covered, should they terribly be affected by those cancers.

Those women are in their child-bearing years - why would they subject themselves to that kind of danger when they can't be covered or make sure that their families would not be covered? I just want to point that out, especially as we draw closer to International Women's Day.

[3:00 p.m.]

So, brain, bladder, kidney, colon, non-Hodgkin's lymphoma and leukemia were covered in 2003. We need to pass legislation, now, to ensure that these cancers are rightfully recognized as workplace illnesses, so that firefighters can get the supports they need.

Objections from the Minister of Labour and Advanced Education about taking time to do it right, are not merited. The minister has said that he is looking to overhaul the Workers' Compensation Act, and not make amendments. Frankly, Mr. Speaker, firefighters need presumptive coverage now, they cannot afford to wait any longer.

We in the NDP also want changes and improvements to the Workers' Compensation Act, generally. We are not going to stand in the way of any changes that we think are positive, but the fact that the minister is currently working on the Act is not a reason to delay these changes now.

The research has been done, the evidence is clear, we're happy to share what we've learned to expedite the process, but the process must be expedited. We cannot wait until 2020 to make these changes.

Mr. Speaker, last year I was home alone with my children and an alarm went off in our home. I thought at first it was the fire alarm, but I was weirdly shocked by that because there wasn't any smoke, there wasn't a thing going on and I didn't understand what was happening. Quickly, I realized that it was the CO alarm. I freaked out, got my kids outside, called 911 and the firefighters were there within, I would say, three minutes. They checked out my house, I was home alone with my kids, they checked out my house and they made sure it was safe for me to go back inside with my little ones. When everything was okay, they played with my son and it was a big, happy thrill.

My point about telling you this story is that when I called 911, that fire truck was in front of my house in minutes. They responded immediately, they have to. When anyone calls 911 here, or anyone across the province, we expect that someone is going to respond within minutes.

Firefighters, Mr. Speaker, imagine if we had to wait the amount of time that they've waited for this coverage. Imagine that. We wait three minutes, they wait another year until the minister is satisfied that all of the work he has done with the Workers' Compensation Act is completed. These people cannot afford to wait any longer.

Today we're joined in the gallery by Captain Paul Edwards. He's been a firefighter for 31 years and he is a six-year survivor of prostate cancer. As I'm sure Captain Edwards will tell you, when you have prostate cancer the last thing you need to be doing is filling out forms and compiling evidence to convince Workers' Compensation that your ailment is directly related to your work environment. What you should be doing instead is resting, getting the treatments you need, spending time with your family. To suggest anything else is utterly ludicrous.

Expanding presumptive coverage immediately will make a huge difference in the lives of firefighters in Nova Scotia. We need to expand presumptive coverage and enact the latency periods we've proposed, and that will make every single firefighter in the province eligible for the federal Memorial Grant Program for First Responders, regardless of the municipal injury coverage policy for firefighters.

That means that whether or not any given volunteer department's municipality pays into WCB on their behalf, families of firefighters who have died as the result of an occupational illness that has been deemed to be primarily resulting from their employment, or volunteer work as a first responder, would be eligible to receive a \$300,000 lump sum, tax-free, memorial benefit to honour the service of their loved one.

We know there is more work to be done. Researchers in British Columbia are recommending the creation of a national firefighter wellness surveillance system to help address the soaring cancer rates and other key firefighting health risks. We can do this now and continue to make changes.

While our fire departments have policies in place to keep firefighters as safe as possible on the job, there is a certain amount of risk that cannot be prevented, and that's where we come in, Mr. Speaker. All of us in this room, we have the power in this House to change our laws when they need changing, to act swiftly on issues that are urgent.

We are being presented with an opportunity to make a huge difference in the lives of the people who protect our families and communities every single day, who put themselves, literally, in harm's way every day. We have a chance to act swiftly, just as firefighters need to act swiftly when 911 is called. I hope that all of my colleagues will join me today in jumping at this chance to make things better. Thank you.

THE SPEAKER: The honourable Minister of Municipal Affairs.

HON. CHUCK PORTER: Thank you very much, Mr. Speaker. It's a privilege to stand in this House at any time and debate a bill of great importance, and any bill for that matter. This is one, obviously - we've had lots of discussion around a variety of emergency service issues in the past, and I'm sure we'll continue to do so as we move forward in the future. I want to thank the honourable member for the comments that she has made over the last 13 or 14 minutes or so as well.

I was asked if I would like to offer a few comments on this bill and I said, certainly, I will. I've got a bit of a history, as some would know in this House, of working in emergency services. I spent nearly 17 years as a paramedic in this province and had the pleasure of working not only alongside other great paramedics but working with the fire service, both with full-time paid firefighters as well as the volunteers across this province. I worked in a number of different areas across this province, from Pictou County to the Valley to the city and through the northern region and the western region and others. I can't tell you the value in having them helping us out on the side of the road or in someone's home when these situations come in and we're responding to calls. They play an integral role in everything that they do, from that perspective, and certainly out there fighting fires, which is more about the topic that we're on and the circumstances that come from that and some of the things that have been done in the past.

I can tell you that through the mid-1980s to near mid-1990s, I also spent time as a volunteer firefighter with the Windsor Fire Department in the Valley. I can tell you the work that is carried out by those volunteers, as well as paid members across this province, can be quite daunting. It is dangerous at times.

I know there are other members in this House - the member for Victoria-The Lakes I see on the other side today, I know he spent a couple of years in the fire service as well. I say that in jest - he spent a long while over there. Many years. I thank him for that, and every one of these folks around the province.

There's another guy who joined this House in the recent past who also spent a little bit of time over in Oxford: the member for Cumberland South. He represents that area and that county and was active for a good long while as well, and will certainly understand the topic at hand and the dangers that go along with firefighting.

Whether you're on the side of the road fighting a car fire or you're assisting in a motor vehicle accident or you're within somebody's home checking on alarms, as was described a few minutes ago, or you're actually fighting a fire in that home - I can tell you first-hand there's nothing quite like being inside a residence and there's a fire raging around you. It makes you think a little bit.

The training that goes into that is exceptional, and the amount of time that is given. The volunteers, I know specifically, spend hours and hours and hours every year just training - not even including what they're doing on the road doing calls. Depending on where you are around the province, certainly as we've seen lately, there's a lot of time and effort put into that and a lot of hours of your time spent doing that. I know that the paid firefighters are also very well trained.

I've had the honour of working as a paramedic in this province for some years, as I said, part of that spent in the HRM and working out of and sharing stations, in later years, where we were housed once EHS took over. We got to know those guys and gals.

The honourable member across the way for Dartmouth South - for Dartmouth North; I'll get that right one of these days, but I always confuse the two of you - mentioned about the gender issue here and how in recent years we've seen more women come into this profession, not only as professional firefighters and full-time firefighters, but also in the volunteer system. I know back years ago when I was in, there were a couple of young women who'd joined at the time, and we see more and more and more of that now. If you go around the province and you look at these volunteer fire services, you certainly see more women joining, and that's a great asset to these departments as well. We're pleased to have them there.

It's important, how she speaks to the different kinds of outcomes or potential around the cervical cancer and others that she has raised - breast cancer and so on. So, there is a lot to this. We know the importance of having the volunteers, as well as the paid service. We've often said, over all the years I've been here, we've heard different members stand and talk about volunteer firefighters and how you couldn't pay, municipalities couldn't put the money out to pay the hours that they put in. Anyone who's been involved or is involved knows exactly what I'm talking about. Again, as I said a few minutes ago, just the training

alone to keep them safe. There's a reason they train like they do. We used to go into an old ship and do pan fires once upon a time at the fire school. I know they do things a little differently now with towers and houses and how they train and prepare for more realistic fires and it's not quite the same. It's now other kinds of smoke that are created, not real necessarily in some situations. It's a little bit different when you enter these.

So, you get a chance when you train as a firefighter or you work or you volunteer and you find yourself in these situations and it doesn't matter the time of year because we all know it doesn't matter. They're tougher in the winter as we all know as well, and we've seen recent circumstances, around snow and ice and everything else, not only getting to the fire, but actually fighting those fires. I really want to stress the importance here on this piece around how dangerous it is and how much we appreciate the great work these folks are doing out there all over the province, looking after the health and well-being and the safety of all the great residents here in Nova Scotia.

The honourable member also mentioned about the quick response times. We know that that happens out there. We are very fortunate to have great response times across the province. It varies a bit probably from area to area. In the HRM, it's very quick. They are there. They're ready to go and out the door. In a volunteer service as we know, sometimes, there's a couple of minutes' delay but it's still quite quick when you think about how fast they're getting out there and they go regardless. They may be eating dinner with their family and they're up and they're gone. Or getting out of bed in the middle of the night to go and fight a fire, or respond to a medical emergency, or whatever else they're doing. We realize they respond to a lot of things and, depending on where you're at around the province.

As to the medical first response issue, we've heard a lot about that as well lately and how some services do it. Not all do it but there's a lot that do it. That's another add-on to what we're doing within the fire service and it is a real asset as I said. This carries on, this has been going on for years, this medical first response. They're, again, well trained and assisting other emergency crews that are coming along.

There are just couple of points I wanted to talk about here. The honourable member raised some very interesting pieces around statistics. In 2003, there were comments around when Nova Scotia introduced, was first in the country to introduce presumptive legislation regarding firefighters' cancers under the WCB Act and she has talked about those. The brain cancer, bladder and colon and kidney, leukemia and non-Hodgkin's, and how more is needed to be done. I think that it's probably fair to say that most everyone would agree. Work continues. Work continues.

I spoke to the minister about this as well and asked where we are with this and some of the stats I've gathered a little bit I just want to share. We know that there's roughly 50 per cent not covered under WCB. More than 50 per cent of the volunteers are not covered by WCB and many are not covered at all.

I'll go back to when I was a firefighter in Windsor some years ago and I don't know what it's like in every region today around coverage and insurance and such. We were always told and, fortunately, I never had to go and seek it out to find out if it was accurate or not, but I believe that it was. When the fire horn, in those days there was still a fire horn, or your pager went off, you were covered from the time you left your home, responded, until you got home. All the time you were on scene, and I don't know how much that varies. I know there are some services, I believe there are some services that may not have any coverage like that at all. I'm not sure how many or what those numbers are but I do know that does exist.

We were always told that we were covered during those times. It was a great thing to have but it didn't speak specifically in those days around cancers and diseases and things that might occur, which you may develop later in life that I was ever aware of. I know all these things cost money, of course, as we well know. That's not a reason not to act as we also know and the government in 2003 decided it was a good time to implement this presumption of cancer care for firefighters.

[3:15 p.m.]

I know that as the government continues to work on this, they're looking at it from a very holistic approach, more than just cancers, for firefighters and citizens alike. My understanding is the updating that is going on is for Nova Scotians across the board, and what will be covered and what will not be covered. Again, there's this who's covered and who's not covered, what are they covered under? We know they're not all covered under WCB, those that are out there.

The HRM, I know there's folks here today and I welcome them as well, great to see them here for this debate. I'm not sure if they're under WCB or not; I didn't think they were but maybe they are, and I stand to be corrected on that. As a full-time unit they may be covered through their workplace insurance, et cetera, for these things.

I'm not sure of all those details and again, when you step outside of that, when you start looking at the volunteer services across the province and others, some covered, some not covered. I'm sure they probably vary.

Municipal units are generally responsible - I know in rural Nova Scotia, and it would be the same in the CBRM and the HRM, I guess, the municipal unit would contract the fire services that were there. It's the same in rural Nova Scotia where I come from. Municipalities come together, they fund - I know the fire chiefs walk in, some of them have very good knowledge and present their budget to councils and make their case and ask for their funding annually to continue. Sometimes there are increases that are needed in that for obvious things, whether they're working toward a new vehicle; they need more hose on their truck, or other equipment; or whatever it might be. There's a reason they appear.

I know from our local council that I have a good knowledge from former chiefs and chiefs that exist today who do all they can when it comes to those budgets to ensuring when they're asking, they've got it detailed down. They know how tough it is to go in and ask for dollars that everyone is looking for. Municipalities and governments across the board, whether provincial or federal, have responsibilities. This is one of those responsibilities that we ensure that we continue to fund our fire services right across this province.

We also need to ensure that we continue down this path. I stand, quite frankly, with the member in hopes that this is not a long review of how we get to where we need to be. What will that look like in the end? This holistic approach, what are the end results of this bill or another bill or changes to what WCB looks like in the future?

I don't know, but I can tell you my personal opinion on this, which doesn't often get shared. I think I have a personal bias probably coming out of the world of EMS, not only working as a paramedic for all the years that I did and having the honour of working alongside these individuals, knowing what they do, having been in that position as well and knowing what that is like to walk into some place and appreciate very much everything they do.

I think it's important that we continue to focus, solely, not only on the emergency service side.

When it comes to WCB, we all have files, I'm sure, I know that I do at my office around WCB - some of them go back numerous years - that need resolutions.

Any improvements that we can offer around improving, updating - you can use whatever word you like around how to make that better - is important in this province and I think to every citizen in Nova Scotia. Government needs to take the time, we need to make sure we have this right; doing it piecemeal, doing a piece here and a piece here and a piece here - I'm not sure that's the approach that does work.

From my own perspective I would like to see us ensure that we get it right, but in a timely fashion. We need to get to where we're going, and we need to make sure that we have best practices and look at what's going on around the country, what others are doing. We're also leaders in a number of areas and we can continue to be.

I think as we go forward, in all of this, we need to keep in mind every instance - I know that they're all a little different and we're talking about firefighters today and it's vitally important that they are covered.

As we put together whatever that new piece looks like, I do agree that we need to ensure that we shouldn't separate the pieces out. We should look forward to representing and looking after, as best we can, from the best-practice approach, all Nova Scotians right across the board who have, whether they're cancers or other issues, injuries - whatever may

be inflicted upon them as we move forward. I want us to be able to ensure that we have a process that works smoothly and in a timely manner.

Sometimes, as we know, and you have all heard it before, some would argue that the wheels of government - we have all heard this term, "the wheels of government." It doesn't matter who has been in government, quite frankly, via partisanship - it moves slowly at times. We need to ensure that these do not move slowly, that we move right along on this.

With those few comments, I will take my seat.

THE SPEAKER: The honourable member for Cumberland South.

TORY RUSHTON: I want to pay recognition to the member for Dartmouth North. I want to thank you very much. I'm a 20-year veteran of the fire service. The studying that you did to go into your speech this morning, the numbers and the statistics - I won't echo them out here, but congratulations on your study on that. Thank you very much for bringing that to the floor here.

THE SPEAKER: Order, please. I would just like to remind the honourable member for Cumberland South to keep your comments directed through the Chair and to not speak directly to other members.

The honourable member for Cumberland South has the floor.

TORY RUSHTON: I apologize, Mr. Speaker. Thank you very much. Newbie, eh?

I'm a 20-year veteran. I want to salute the visitors in the gallery as well. Some of them, I sat in classrooms with and learned with. One or two of them up there, I might even have attended scenes with.

I just want to paint a little bit of a picture so we can understand what the fire service is going through. I went from a firefighter in 1997-98 when I joined, up through the ranks to being chief for the last 12 years. I have been an inspector. I have been an investigator.

More importantly to me, I have been a volunteer firefighter. As I said to one of the members last Friday who attended the presentation of the bill, fire doesn't dictate whether you're volunteer or career. Fire is fire. We're all serving Nova Scotia. As the Minister of Municipal Affairs just pointed out a little bit ago here, Mr. Speaker, there are many who sit in this House as well who are currently firefighters or have been firefighters.

The hardest thing that I did was not to decide to run in politics. The hardest decision I had for my family and myself was to take a step away from the fire service. The fire

service in Nova Scotia and all through Canada is a family. It's a huge family. I'm glad that both members have recognized the fact that this service is a timely service.

When I was elected as deputy chief in 2002, one of my first duties I had to look to was when a three-year veteran came to me and had a fire-related cancer. I want to bring the point of the statistics that the member opposite brought up, that not all firefighters are necessarily covered under Workers' Compensation. They're not. The actual number is, about 40 per cent are and about 60 per cent aren't.

Throughout my whole career, I have been very active in the fire service. I have been a member of the Fire Service Association of Nova Scotia. I have been a member of the Maritime Fire Chiefs Association. This topic has been huge for the last 20 years, even prior to my existence in the fire service.

Firefighters and fire departments are going through good practices now. Twenty years ago when I joined the fire department, it wasn't uncommon for firefighters to take their gear home and wash it in their own washing machine, sharing that debris with their family. What did we do? We just contaminated families. Twenty years ago, we didn't have things such as decon. When we get back from a fire call now, there's a washdown period for most departments. If the departments are watching today, and they haven't implemented that, implement a decon.

Regular gear maintenance - I was very pleased five years ago when I went to my council, Mr. Speaker, and explained to them that we need to do regular maintenance on the gear - annual inspections, washing every time we came back from one of those fire scenes to keep the carcinogens out of the skin of the firefighters, out of the air that we breathe and our lungs.

Another thing that I was very privileged to have, Mr. Speaker, is a council that supported me in Oxford when I went to them and explained that flash hoods and gloves need to be cycled on a six-month cycle. Still today, even though I'm not chief, that is a practice. It is not just my department but many other departments.

I'm not going to take the time and reintroduce the statistics my colleague has presented, but I have taken the time to speak to the new president of the Fire Service Association of Nova Scotia. Where do they sit on it? In 2002, when this did start for my service with the Fire Service Association of Nova Scotia, I recall there were many questions. The president's one question was, he wasn't actually 100 per cent aware this bill was being presented but welcomed it. He did have a few questions, and rightfully so. Even more surprising, he was unaware the government had planned on updating the WCB in 2020. But it was another welcomed opinion.

Anything we can grow for the fire service, which I will point out in Nova Scotia is a majority volunteer service, anything we can do for those people, men and women, who

are leaving their kids' birthdays, leaving their graduation ceremonies. Three years ago, I had to walk out of my kid's Christmas concert because there was a three-alarm fire going on in the neighbouring village. Anything we as a government can do to support our firefighters, it's applauded.

Mr. Speaker, I can't ensure that this bill is going to go to the Law Amendments Committee. I can't ensure that we are going to have the proper bill that is going to make all firefighters happy. Standing here today, even when I sat in front of government on the other side soliciting issues for the fire service in Nova Scotia, I couldn't guarantee we were going to get all our answers. But today I have been granted to give a voice to the fire service, career and volunteer, to voice concerns over issues we see. That three-year veteran that talked to me in 2002, he had a cancer that was related to a fire call to which he responded. Three-year veteran. He was 22 years old and can't serve the fire service any longer because of that illness. Thankfully, he is still around with us today, but he can no longer serve. That's one volunteer gone in a service that is begging for volunteers at the present time, for many, many reasons.

Now, I had a lot of the statistics that you had, and I said I will not entertain the statistics again today in the House, but I encourage this government, at least send this to Law Amendments Committee. Let those stakeholders come in and talk to us. If you are willing to open this up in 2020, but not willing to let us see it, let us hear from the stakeholders at Law Amendments Committee, use it as an educational process. Let us learn from those firefighters. Let the ones in the gallery come and be heard. Give them a chance to voice their voice in this House.

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

LENORE ZANN: Mr. Speaker, I want to say I appreciate all the words that have been spoken here by my colleagues in the House. Obviously, we care deeply about this issue, which is why I think it would be timely to have our bill passed. If we do pass this bill, which I think the government should see the value in, the volunteers in departments that don't have Workers' Compensation, will be covered immediately.

There is a public safety officer compensation benefit that would give every firefighter the death benefit, so their families would be looked after in the case that they are lost. Today, if these presumptive cancers are adopted then the WCB portion of this piece can just come later. I really can't see what would be holding us back from just moving this on to Law Amendments Committee, having people come and speak to the bill and then bringing it back for third reading, and passing it. I think it would be a win-win for all of us.

[3:30 p.m.]

Let's put partisanship aside. Partisanship has no place in these kinds of bills and just because we brought it forward doesn't mean that it should not pass. It's really hard to overstate the importance of firefighters in our communities, Mr. Speaker. In the community I represent, some of our firefighters are here today - I'm glad to see Josh Chisling here and others - I'm really proud of our three fire services that are in Salmon River, in Truro, and in Bible Hill, but there are also fire services in the near vicinity, and they all support each other whenever they are needed. That really makes my heart warm.

The firefighters, I've come to realize, are a family. I won't say a family of brothers because there are sisters in there too - we have women as well. I believe the first female firefighter joined the Truro Fire Service in 1994, which is not that long ago. I was very pleased to be able to celebrate some of their pins and medallions they received. One woman received a really long service award. It was really pleasing for me to be there.

I also remember when I first became an MLA 10 years ago some of the politicians who got up to speak kept referring to them as "firemen" and a couple of the women said, do you see what we're putting up with? I said yes, we've got to change this. It's nice to see that at this year's annual firefighters' dinner they were referred to as "firefighters", so we are moving ahead slowly but surely. All of them do the great work that is needed, and I have to say thank you from the bottom of my heart.

The career and volunteer firefighters who are employed by these services help to keep our homes, our businesses and all residents safe. They respond in emergency situations and they frequently put their lives and their health on the line because that is how dedicated they are to our safety and to society.

The Town of Truro Fire Department was actually formed in 1868, 151 years ago. I was honoured to be able to celebrate their 150th anniversary, this huge milestone, with the brave men and women who make up the fire service today. I also would like to note that our Truro Fire Service was the first one on the scene of the Halifax Explosion, on December 6, 1917, which resulted in approximately 2,000 deaths and 9,000 injuries. That blast was felt in Truro where people still remember plates shaking, things falling off the walls, glass shattering. Many of the children who were brought in from Halifax, orphans to be looked after, put into people's homes, many of them with burns and major surgeries needed. Our firefighters and doctors took care of those people when they were suffering.

I have to say that at that time it was a long distance to get from Truro to Halifax. What is now a one-hour journey took three to four hours at that time. As I said, they were the first ones there to try and help the people who were suffering here in Halifax.

Firefighters are not just sitting around waiting for the next fire to happen, they are out there in our communities taking part, educating, and building relationships, helping to

create a culture of safety, teaching people, educating them that when fire happens it can happen very quickly and within three minutes if you are not aware of it and ready to act, you could be lost or your children could be lost, as we have seen recently in Halifax with the poor Syrian family who lost seven children.

The Town of Truro Fire Department consists of highly-dedicated career and volunteer fire personnel with very active fire prevention division backgrounds and training, performing a variety of day-to-day tasks such as medical emergencies, fire investigations, public education, school programs, fire inspections, public awareness, and ongoing training within the fire industry.

The department strives to provide the greatest level of service, preventing fires, protecting property and assisting the public on any matters that arise. Now the Bible Hill Fire Brigade - and I quote from their website, "has been serving the community since 1946. More than just firefighting, the Brigade provides essential community services including fire prevention and emergency training to over 5000 residents. The Bible Hill Brigade works closely with neighbouring brigades to provide mutual aid assistance for large emergencies in adjacent communities."

For over 70 years, this group of volunteers has been serving not just the community of Bible Hill but providing regional support when called upon. This shows the importance not just of our larger urban fire services but the rural and small-town services that come together to help respond to the bigger emergencies.

I'm sure I don't have to convince anyone in this House of the value of firefighters. In each of our districts where we represent, there are firefighters out there working every single day to help keep our children and our aging parents and each and every one of us safe.

We need more awareness of what firefighters do and how important they are to our society, but we also need awareness of the many health risks firefighters specifically face.

All we have to do is look south of the border to the 911 responders to the firefighters who came in to save those people and to see the lack of action where many of them are dying and they have not received the proper care they needed. Let's not make the same mistake here in Nova Scotia.

Imagine a job where you are exposed to burning chemicals and a variety of toxins, hazards that not even the best protective gear can fully keep out of your system. Imagine not having the option of refusing unsafe work because for firefighters, that's the name of the game. They go where it is unsafe for others to go.

We come here to this House where we are looked after. We have pages who bring us coffee and water. In comparison to what the firefighters do, I'd say that's a pretty easy

existence. We don't have to rush into burning buildings. We don't have to worry about whether we are going to come home to our children and our families that day.

Brendan Meagher of the Halifax Fire Department said, "We have huge advances in respiratory protection yet we know that skin is the vessel into the body. As we sweat, we absorb these toxins and the implications are that firefighters are getting sick."

In 2003, labour laws in Nova Scotia were updated to reflect the knowledge that we had at the time of the types of cancers to which firefighters are exposed. However, in the 16 years since, there has been research uncovering a host of other cancers that they are at risk of developing. That's why it is so essential we update our legislation to give presumptive coverage for all the known cancers from which our firefighters are at risk.

It's scary enough to go into this line of work knowing you may well be injured or possibly even die or get sick as a result of its dangerous nature. It's an even scarier thought, I am sure, to think of a loved one who may be diagnosed with an illness that is not eligible for coverage and be left to deal with it on your own.

Because our laws are outdated, firefighters who are diagnosed with ovarian, breast, or prostate cancer, just to name a few, are not covered under Workers' Compensation benefits. Well, shame on us if we do not do something about this now.

I believe just like PTSD where presumptive coverage is brought in for first responders, the key thing here is that they are presumed to have gotten sick because of the work they are doing, and it is no different for firefighters.

If a firefighter is diagnosed with ovarian cancer, there should be no debate or question about where that cancer came from. The same with prostate cancer. This link between firefighting and cancer is strongly supported by research and that should be reflected in this province's laws. Not to mention that whether firefighters are paid workers or volunteers, they are responding to the same fires and are exposed to the same risks and they are deserving of the same protection for their health.

Other provinces are recognizing the importance of presumptive coverage. B.C., Alberta, Ontario, and P.E.I. are keeping in step with the research while Nova Scotia, sadly, is lagging behind.

What are we? We should not be a have-not province where we leave our people wanting, lacking. We have the money. We have the resources. People's health should come first, so let's do the right thing. (Applause) Thank you.

It seems just an obvious move that we should make and why not make it now when we already have the basis of legislation in other jurisdictions? How hard is it? Make it now

while firefighters are out there risking their lives, serving our communities, and sacrificing their health.

I just want to end with a very short story. A couple of weeks ago, I was woken up in the middle of the night to loud sounds - sirens and lots of lights flashing. I looked out my bedroom window, and there was a house on fire a few doors down. There were our firefighters, in the middle of the night, in the cold and the nasty weather. I thought of them, my goodness, they had to get up in the middle of the night and go put on these clothes and go racing out there to deal with something like this. I wouldn't want to do it, but yet there they were, dragging the big hoses and trying to put out this fire. In the end, luckily, nobody was hurt. The house did burn, unfortunately, but there they were, and I said God bless them as I watched them taking care of business.

For this and all that they do, I want to thank our province's firefighters. On behalf of the NDP caucus, I want to say thank you so much, and let's hope that this bill passes for all of you and for all firefighters across the province. Let's go beyond thanking them. Let's pass it, pass the legislation that fully recognizes the sacrifice they make, the importance of their health, their value in our communities, and the invaluable service that they provide for all Nova Scotians.

THE SPEAKER: The honourable New Democratic Party House Leader.

CLAUDIA CHENDER: Mr. Speaker, would you please call Bill No. 86.

Bill No. 86 - Emergency Department Standards Act.

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

GARY BURRILL: I'm pleased to speak this afternoon, Mr. Speaker, to the Emergency Department Standards Act, also known as the emergency room accountability Act, which our Party is bringing forward for debate today. If there is an area where real accounting is called for, it's the crisis in emergency care which is engulfing Nova Scotia.

We see the evidence of this from many different angles. Certainly the crisis is apparent at the level of the ambulance service across the province. Over the last eight weeks, paramedics have issued a public warning to the people of Nova Scotia through their union that the supply of ambulances was perilously compromised more than 170 times. That's in eight weeks, 56 days, more than 170 code criticals, as these warnings are called. That means that, roughly three times a day so far in 2019, in at least one of the province's four zones, there were not enough ambulances available because the emergency vehicles were backed up while paramedics waited in overcrowded emergency departments to transfer care and responsibility for their patients to the emergency department. That's certainly something that somebody should account for.

Equally, the crisis of emergency care is apparent at the level of whether or not emergency departments around the province are even open. A person doesn't have to be a professional health care researcher in order to understand the trend that is taking place. From the time of the tabling of the Ross report on emergency services in Nova Scotia, in 2010, until the beginning of this present government, in 2013, the trend in emergency room closures was, year after year, without any exception, downwards.

Since the 2013 outset of this current administration, the trend has been in the opposite direction, with every year more unscheduled emergency room closures being marked than the year before, until we come to the figures for the present year, during which, in one 12-month span, unscheduled ER closures went from 5,468 to 12,568 hours - a doubling-plus, an increase of 132 per cent in a tidal wave of shuttering that, in that time, has washed over communities from Shelburne to Springhill to Sheet Harbour. That's not even to mention the preposterous level of emergency room shut-downs that in this period have engulfed industrial Cape Breton. This also is something that stands to be accounted for.

[3:45 p.m.]

Doctors and other front-line workers have spoken out publicly about how the crisis in emergency care looks from the angle of front-line professionals. In late January, here's what Dr. Jeanne Ferguson said about working in emergency services in Sydney: "I had a patient come in the other day who said he had a heart attack. He said they moved him to a chair because a fellow came in with a worse condition than him, and he said, 'The nurses cried, the doctor cried, and the patient beside me threw up on the floor.' The conditions are starting to become third world, not first world." I'll table her account.

The following day, when called upon by the media to respond to Dr. Ferguson's concerns and remarks, the Premier characterized them as inflammatory. Somebody, in my view, should be brought to account for that.

Most recently, our Party released figures obtained through freedom of information showing that the numbers of patients appearing in emergency rooms without a family doctor have more than doubled since the Liberals came to power in our province. In some particularly disturbing instances - the Dartmouth General Hospital and in Kentville and in the hospital in Truro - these numbers have increased more than threefold.

Now, the thing about these numbers that's significant is that they were, as I said, obtained through freedom of information. Unlike the numbers of #codecritical, which are published and made public by the paramedics' union so that anyone can see them, and unlike the numbers about emergency room closures, which are published and made public so that anyone can see them, under a law that was passed by the NDP in 2009 - unlike those two bodies of information, information about this particular crucial metric of health care system performance - the number of emergency room patients without a family doctor - is

not available in Nova Scotia without a formal application under the Freedom of Information and Protection of Privacy Act.

Startlingly, the same is true for a whole range of measurements by which the progress or the lack of progress of the government on the crisis in emergency care might be assessed. A person might want to know whether or not their hospital is doing better or whether it's doing worse in terms of wait times at the emergency department, or maybe a person might want to know whether their hospital is doing better or worse for ER patients who are sicker or less sick, or maybe a person would want to know whether or not their government as a whole is doing better or worse about these overall ER wait-time issues. None of that information would be available to that citizen in our province. There's no way for them to find it out without some fairly sophisticated sleuthing.

The reason for that is that the government does not, in our province, publish this information for the public. This is a flaw in our health care system and a flaw which the present Emergency Department Standards bill is intended to address.

Additionally, the bill that we are providing the government an opportunity to move forward on today would require that the Health Authority and the IWK report at least monthly on a variety of related metrics by which emergency departments' performances can be appraised, including the number and percentage of patients whose ER waits exceed 24 hours after first triage assessments, the number and percentage of patients who leave the emergency department without being seen by staff following an initial assessment and triage, and the number and percentage of patients not transferred into the care of the hospital from the care of paramedics or other first responders within the 20-minute standard of arrival at an emergency department.

Now, openness about and public access to this sort of information are very important at every level. It's no exaggeration to say that proper democratic functioning cannot be sustained without this kind of open access to information. This is the reason why it has been a matter of dismay for us in the NDP to experience the governing Liberals' abuse of their majority on the Legislature's Health Committee in order to prevent testimony from front-line health care providers from being made public in the proceedings of that committee.

This is why the Opposition as a whole, as well as so much media in our province, have found the government's arguments in favour of limiting the Public Accounts Committee to monthly rather than weekly meetings, to be so lame and convoluted and disrespectful. That's because public scrutiny is a very important thing. Nowhere is public scrutiny and access to information to make it effective any more important than when you are, as we are, in the middle of a health care crisis.

A competent government, when the situation calls for it to put its shoulder to the wheel and address a deep and pressing problem, begins by establishing some benchmarks

and by establishing some measures, relative to which the public can make a judgment on whether the government's efforts are or are not making the headway that is required.

Hand in hand with these kinds of measures and benchmarks goes to a system of regular public reporting, so that the information without which a health care system can't be improved and the scrutiny without which a government is just going to languish, both of these things are brought to bear as powerfully as they can be, on addressing the public crisis.

The Health Authority recognized last week the validity of what is being put forward in the Emergency Department Standards Bill by agreeing to provide publicly the information, or at least a lot of it called for in this bill. Similarly, last week the Premier spoke positively about the initiative that's contained in this legislation.

I want to be as clear as possible about what is actually being called for in this bill. It is not simply that this official, that CEO, or some other part of the health bureaucracy should decide today to provide this information. It is not just this Premier, this Health and Wellness Minister, or this government should accede to public pressure and agree today to make these measures public. Rather, it is that this Health Authority, this government and future health authorities, and this and other governments in future will be prohibited by law from failing to make this information public. The information is essential entirely in order for us to move out of the crisis spiral into which the present government has plunged emergency care in Nova Scotia.

THE SPEAKER: The honourable member for Lunenburg.

SUZANNE LOHNES-CROFT: I'm pleased to rise today to speak to Bill No. 86, the Emergency Department Standards Act. This was a Private Member's Bill by the member for Cape Breton Centre, and I thank her for submitting this.

I appreciate the remarks from the Leader of the NDP and his passion for health care. It's certainly evident that he spends a lot of time researching and listening to people on the front lines. That's important for all of us, as members of this Legislature to be listening and speaking to front-line workers, as we should with all health care workers and all workers in our province. I was interested to hear his remarks and I'm sure we'll hear from the member for Cape Breton Centre later and a member from the Official Opposition.

This could also be cited as the Emergency Department Standards Act: "The purpose of this Act is to adopt standards regarding access, triage and site performance for emergency care at all hospitals with an emergency department."

One of the biggest requirements of this Act is that the Health Authority would publish for each hospital with an emergency department at least once monthly, the number of occasions which there was the necessity to declare a Code Census when that has

occurred; the numbers and percentages of patients who are transferred from hospital care from paramedics and go over that 20-minute waiting area - we heard the Leader of the NDP mention that issue; and the numbers and percentages of patients with a Canadian Triage Acuity Score, to take a better look and critique the length of stay that patients are having in the emergency room and if it's longer than eight hours.

They also want to know more details on people who are there for more than eight hours; how many patients were kept; how many were admitted to the emergency department; those who do not have primary care providers that walk into an emergency room and are using it; who's been admitted to in-patient unit care and remain in the emergency department for more than 24 hours from the time of their first triage assessment; and whether a site performance has been affected by any disaster or mass casualty.

That's sort of the roundabout of what this bill is asking for. It seems to me that's a lot of reporting and it's a lot of documentation, but I understand that a lot of this is already being done by the staff at emergency rooms.

We all know how much time for our primary care workers and front-line workers is spent documenting. We don't want to increase that amount of work which takes them away from actual hands-on patient care, but yet I agree - knowledge is power. Some of that knowledge has to come from the statistics that this information would provide.

We heard earlier this week that the Nova Scotia Health Authority has said that this is information that they could provide, and they would be willing to provide. We saw that this was done by the NDP as a FOIPOP and the information that they gathered from this FOIPOP said there were large number of people coming to the emergency rooms who were without a family primary care giver. That's right across the province.

The numbers from the NDP referred to visits and not people. Patients could show up several times and be recorded under this, so sometimes the numbers aren't quite so accurate. The NDP numbers don't tell the whole story; we're talking about visits not people who may go to the ER more than one time. The data also doesn't say why they're going to the ER.

We heard the minister speak about it today in Question Period and we heard it previous to that, that one of the challenges with our emergency departments are many people are going there for primary care. They're not always accessing the walk-in clinics or the ambulatory care centres.

That's why we, as a government, have been focusing a lot on improving primary care here in Nova Scotia. We've introduced new initiatives like the immigration stream that Minister Delorey has also talked about.

THE SPEAKER: Order please. I would like to remind the honourable member for Lunenburg not to use proper names in the Chamber.

SUZANNE LOHNES-CROFT: Thank you. I want to say the Minister of Health and Wellness has spoken of that as has the Minister of Immigration, many times, about how this immigration stream is helping.

I was interested to see that the Leader of the NDP brought up the situation about the EHS services and the backlog that it's creating in our emergency departments. We've asked the Nova Scotia Health Authority and EHS to come back with recommendations. There is a review going on right now to address the ambulance off-loads and to address patient flow within the emergency departments. Our goal is to get more ambulances back out on the road, more quickly, to serve our communities overall.

I think the member for Dartmouth East brought up the program at the Dartmouth General. It was a pilot project a number of years ago, but it was deemed quite successful at the Dartmouth General. It was an off-load team that was waiting at the hospital to take on patients that came in by EHS services, by paramedics. Now, Dartmouth General has hired their own paramedics who work with patients, and it has really made a difference in the patient flow and getting people in and out of the emergency room at Dartmouth General.

[4:00 p.m.]

Maybe that will be an initiative that will be thought of during this review, to have this type of system in other facilities around the province. As we know, our paramedics are very well trained and many of them do this work very well. They can assess. They are able to do things like workups and get things ready for when the doctor sees the patient. All the information is collected, and it just moves the whole system. Other paramedics can off-load at the hospital, get out on the street and do more services in the community.

Also, the system will be working with an independent consultant and we're hoping that this will come out in the Spring. I know I'm meeting with paramedics in my constituency and I hope many of you are doing the same, talking to paramedics and front-line workers. It's important we listen to their concerns. I will continue to do so, and I really recommend my colleagues here in the Legislature do so as well.

We really need to acknowledge that a lot of the overcrowding this time of year is from respiratory diseases. Pretty well every winter we get in this situation where there are a lot of respiratory illnesses and the emergency rooms are really filled to capacity. Hopefully, the Spring will be on its way and some of this issue will clear up on its own. It will still be addressed and it's a good time that this report will be coming out, and we can address it and look at different ways.

We've heard a lot about the Cobequid Community Health Centre recently. I really think that some people have been critical about opening it up for 24 hours to take the overload, but I feel that's great problem solving. As an educator, one of the first things we teach our early childhood students is problem solving. It's great to see the staff at the Nova Scotia Health Authority are quick to problem-solve and do their best in a situation that could be challenging and difficult. So, I don't really take that as a negative, that the Cobequid Community Health Centre has been used that way. I think it was a creative way and a very positive way to deal with a difficult situation.

Another thing I want to talk about is some of the infrastructure that this government is putting in place. We know that a lot of our challenges have been avoided for decades and by numerous governments. This government has decided to address some of these issues and we're doing that, Mr. Speaker, with some of our new projects, our redevelopment projects, such as the QEII New Generation project. We know this infrastructure will help alleviate issues, it will address people who have to come in from outside the metro area. It will help take the load off the old Victoria General and have newer facilities, newer equipment. We're not reinventing the wheel; this type of redevelopment project has been done elsewhere in Canada and internationally. The job will be necessary to meet local needs, so we know that there is a new lead, Dr. Kevin Orrell in Cape Breton. He's there with their health care development and he's the lead on that program, and he agrees that this is the right way to address it.

We have to look at how we are going to reorganize our health care system, because we have to think what we put in place now has to last for 50 or more years. We can't do with the same ways that we've been doing here. We need to be progressive. We have a changing population, we have changing demographics, we've got changing human resources, and we have financial considerations that will all make a difference in how we set up the infrastructure of our health care system. I think these considerations will put us in good stead and help us to be a leader globally.

Since March 2017, we have hired more nurses and nurse practitioners, 125, Mr. Speaker, and we have hired a lot more health professionals. Since April 2018, 120 new doctors and specialists have started working in Nova Scotia, 55 of them family doctors, and 65 specialists. All that is helping us to move our health care system ahead. As of February 1st, 69,223 people in Nova Scotia have found a primary caregiver. That's really important.

I have done a lot of travel with my work for conferences. We're always saying how bad things are here in Nova Scotia, but there are jurisdictions, not just here but in the United States, that are far worse off than us.

We're making progress. We're a small province. We're under a million people. We have limited resources, but we're maxing our resources and our financial commitments, Mr. Speaker.

Earlier this week, the Nova Scotia Health Authority did confirm that they track similar information that this bill has asked for. That's really important because, as I said earlier, knowledge is power for all of us. It helps us make good decisions. The Nova Scotia Health Authority is discussing things like their format, how they're going to post this information, and what is the most important information to provide about emergency rooms, what is beneficial and what is not beneficial. We should also let those discussions go on. We need to let the Health Authority take the lead in this. They work with the front-line workers.

Speaking of that, Mr. Speaker, I would like to say that I admire the health care workers and the front-line workers. I can tell you about my little hospital in Lunenburg. One time when a family member of mine was having an emergency, the team knew they had to bring in a LifeFlight, and it was getting dark . . .

THE SPEAKER: Order, please. The time allotted for the member's comments has expired.

The honourable member for Pictou West.

KARLA MACFARLANE: It's a pleasure to rise in my place and speak to Bill No. 86, an Act respecting emergency room accountability. I want to thank the member for Cape Breton Centre for introducing this most important bill. I also want to thank the Leader of the NDP for speaking so passionately on it and, of course, the member for Lunenburg, who gave a great speech as well.

At the end of the day, we all know we're concerned about the health care system here in Nova Scotia. I appreciate the fact that the member for Lunenburg mentioned problem-solving, which I will mention a little bit later on.

I wish the member for Cape Breton Centre didn't have to introduce this bill, but unfortunately, we find ourselves grasping for this current Liberal Government to understand that there are catastrophic situations happening in this province right now with regard to our health care system. I know that these situations are happening right in their own constituencies because I end up hearing from some of their constituents. Perhaps they hear from mine too. I know that the Minister of Health and Wellness definitely hears from a number of my constituents.

I do know that this bill is certainly on the same wavelength as one I recently introduced called the Health Authorities Act, Bill No. 87. Bill No. 87 defines Code Census and requires the provincial Health Authority to publish certain information weekly on the state of our overcrowded emergency departments.

I haven't heard from anyone recently - in fact, within the last couple of years - who has indicated that they have gone in, gotten in, and received medical assistance

immediately. I think everyone appreciates that they have to wait a bit, but the length of time that's currently happening for most people is just unacceptable.

This bill, Bill No. 86, is the product of the perpetual injustice that Nova Scotians are witnessing and experiencing in our emergency departments across this province. The bill is proposing to adopt standards at all Nova Scotia hospitals with emergency departments regarding the access, triage, and site performance for emergency care.

The bill would require monthly reports on a number of expected standards and to see whether or not they are being met, such as on the number and percentage of patients who are not transferred from the care of paramedics within 20 minutes. As we all know, I hear every other day from paramedics. It's hard to realize, but if you could all just take a moment and visualize 15 ambulances in a lineup at the QEII. We're having paramedics shift out their shift with their co-workers right there at the hospital, and then we are having, of course, situations where there are no ambulances available. I believe one of my colleagues today mentioned that it's easier to call a taxi. That's not right. It's not right. We wouldn't want that to happen for one of our loved ones or ourselves.

In Section 4(b):

No. (ii) is patients with a triage score of 1-3 who stay in the emergency department more than eight hours.

No. (iii) is patients with a triage score of 4-5 who stay in the emergency department more than four hours.

No. (iv) is patients who are kept at the hospital without a bed - another crisis that we can refer to with long-term care.

I will say I really like No. (v), which is patients at emergency departments who do not have a primary caregiver. This is extremely important, as we know. I stand in my place today, and I still don't have a doctor. My children don't. My father doesn't. I know there are actually thousands and thousands of people in Pictou County who do not have a doctor and don't have access to primary health care. That's why they're going to our emergency departments. They don't want to go because they have a sore throat or an earache, but they have no doctor to go to.

No. (vi) is patients who are admitted to hospital more than 24 hours after their triage assessment.

No. (vii) in the bill, which I like as well, is those who have left the emergency department after triage but before seeing anyone else.

These are measurements that demonstrate how emergency rooms are failing to cope with the demands that are placed on them. These are almost exclusively measurements of how ERs don't meet a standard of care that Nova Scotians deserve.

It makes me sad to think that we need to stand here in our place today to try and legislate such statistics to prove and indicate to this Liberal Government, which seems to have blinders on or be insulating themselves from the truth of what's happening in our health care system. We have to try to get these stories out there for this Liberal Government to understand that we are ready to erupt in our health care system.

It's really sad when I have paramedics from across this province calling me every other day. It's shameful, and I feel for them. I don't have the answers for them, but I do listen. That's all we are asking, that you listen so that we can collectively come together and find solutions.

I often wonder if this government has ever followed up on one solution. I had the privilege and honour to have a couple of meetings with Dr. John Ross. Through conversations with him, I have learned it's important that all district health authorities ensure unrestricted public access to emergency care. Policies and protocols must be in place that provide timely assessment, reassessment, and management of emergency medical and surgical conditions to promote patient flow through emergency departments.

Specific recommendations to help achieve these performance standards are included in Dr. Ross' report known as *The Patient Journey Through Emergency Care in Nova Scotia*, dated October 2010.

In select cases, emergency care providers may decide to treat a condition over several hours anticipating that a patient can be safely discharged following treatment. In such cases, patients should be formally registered in a virtual clinical decision unit known as CDU with anticipated length of stay less than 24 hours. Criteria for the CDU are currently in development by a provincial working group. That is something we haven't heard from this government at all.

How is that provincial working group doing? Are they coming forth with these suggestions and recommendations? Are they being implemented?

There is a list of them, but one of the other ones that stood out was the total length of stay in emergency department from triage to ED departure, admission, or discharge. For a CTAS, one to three patients should be eight hours or less 90 per cent of the time, and we know that's not happening.

Patients who are being observed or receiving active treatment with the goal of discharge in less than 24 hours are exempt. An example of that would be a clinical decision unit.

One of the other interesting things is as soon as a hospital admission is requested, all in-patient services should be available including consultations and therapies to reduce time to the definitive treatment that is necessary.

We have a lot of very brilliant, talented, kind, generous people offering their time to volunteer, professionals who are giving lots and lots of suggestions and solutions.

Interestingly enough, just this week a constituent of a colleague of mine from the Cape Smokey area suffered a heart attack and because there was only one ambulance in the area, wasn't transferred to the regional until - no surprise - the next day.

How would we all feel if that was ourselves, or more importantly, I am sure you are all sitting there thinking a loved one? Your spouse, your children, your parents? How would you feel? We need to do something, and we need to do it together. We really, really do.

I know often it feels like we are pointing fingers and believe me it's not what we want to do. We do want to sit down, and we want to find out collectively together what we can do to move forward. There has to be something here that we can do to help people. It's unacceptable what's happening.

One of the interesting things that happened recently in our newly-formed Health Committee was we had an opportunity to go over the accreditation report of 2018. Interestingly enough, and really shocking actually, it revealed in the report that 15 out of 56 of the high-priority recommendations have not been met yet by this government.

Those are big concerns. I know that it was difficult during the Health Committee meeting to try to address all of those, but we will continue on those committees to address this and point it out. We are to expose and disclose that kind of information.

This bill is one that I understand the reasoning around it, and I accept the reasoning around it. I wish we didn't have to be standing here speaking about it, but I often wonder, do we really need to be collecting any more data to determine what we already know? We know what the problems are. What we need to be doing is holding departments accountable.

I had an opportunity to speak to a few front-line workers on this bill and they acknowledge and understand there are big problems, and morale is very low at the moment and I feel for them. It's sad for me to be with friends who are allied professionals and they're counting down the days to retirement or some are even considering starting a new career. They feel they're not being heard; they feel like there's denial and there are big issues within their work environment.

I think the feeling for our caucus, having a little bit of time to discuss this bill, is that we truly appreciate it. We agree there are a number of things listed that should be accounted for, as I mentioned earlier. But if we're going to have to be providing more funds and resources for something, we would like it to be seen as investment in improving patient care, so our loved ones don't have to wait to get the care that they deserve.

On that note, I'll take my seat and, again, I want to thank the member for Cape Breton Centre for introducing this most important bill.

THE SPEAKER: The honourable member for Cape Breton Centre.

TAMMY MARTIN: Mr. Speaker, first I would just like to clarify a few statements that were made by the members opposite. This will not cost any more money. This data is already available; it's just not made public. We're all for investing in health care, believe me, but we can't fix what we don't know is broken. We need to publish and make known these issues that are a problem.

I worked in health care for a number of years, and reports are printed daily, I can guarantee you, that show these stats - if not daily, weekly and monthly. This information is already out there. It will not cost this government one more cent, but it will help this government to rectify the current crises. When I talk about crisis, we're talking about every aspect of health care.

Just as I'm getting ready to rise in my place, I get a tweet that at 3:00 p.m. in CBRM there is one ambulance available. I hope that nobody in my family will need it in New Waterford and the ambulance is coming from Baddeck, because let me tell you they'll be dead. One ambulance available in CBRM as of 3:00 p.m. today - that is shameful.

The crisis in our emergency rooms is at a breaking point. The demands that our regional hospital in Sydney and our many ERs across the province is much more than they can handle. The comment on that to which the member opposite spoke, thank you to each and every health care worker across this province because they are at their breaking point - not only are the walls and every aspect of the facility ready to break, so are these staff.

We've heard as a Party, I've heard as an MLA, from many staff who work two, three hours overtime at the end of every shift because they just can't leave staff in that situation. I've heard from many staff that are lucky if they get to go to the washroom during their 12-hour day shift or back shift. So, thank you to some doctors right down to the porters and everybody in between because we appreciate the work you do each and every day in sub-par, MASH-like conditions.

With the recent announcement about the redevelopment in Cape Breton, it proves a little humorous, in my opinion, that since that announcement one of the two hospitals that are to be left, when everything is said and done, has been closed more now than ever before

- the Glace Bay emergency room. It's been closed almost entirely since the new year, but yet that's the one that's going to remain open. As I said in Question Period today, 20 physicians have resigned in Cape Breton from their in-patient detail. That is a disgrace.

We need to know what's going on in our hospitals if we want to fix the problem. We need to have the information available so that the public can hold the government accountable - and that's any government. I would stand here if it was the NDP, the Progressive Conservatives, or the Liberals, because again I will say, and I've said it many times, this shouldn't be a partisan issue. We should be here, everybody in this House, should be here for the betterment of Nova Scotia regardless of what political stripe you have. I don't believe, Mr. Speaker, that we are doing that good for Nova Scotians.

We need the numbers about Code Critical. We need to track how often our ambulances are backed up.

As I just said, 3:00 p.m., one ambulance available in CBRM. The other day, a lady told me she was at her workplace and a client that she was dealing with took a pain in the chest and she was in Sydney and the ambulance was in Frenchvale. Now imagine, the ambulance had to come from Frenchvale to Sydney. After 45 minutes, the ambulance still wasn't there. That was a heart attack. I have no idea if that patient survived or not, but that is a disgrace.

Many times, in CBRM, the only ambulance available has been in Antigonish. If that was somebody in my family that was waiting for an ambulance to come from Antigonish, oh dear, you'd hear me from the top of this building I'll guarantee you.

We need to know how often our emergency rooms are closed. We need to know because we have seniors. I have seniors in my constituency that can't afford a cab to their local hospital, let alone a cab to the regional hospital. We have a lot of seniors in our constituencies that have no family members, that depend on a local bus, or a neighbour, or a friend to take them to the emergency room.

I wish I had a nickel for every time I saw on Facebook: is New Waterford Hospital open today? No, I didn't think, because I probably would be rich and wouldn't have to stand here, because we don't know those answers, and constituents and the people in Nova Scotia need to have those.

People need to get the care that they deserve. We need to track how many patients are showing up at ERs without family doctors and how many patients in Nova Scotia are orphaned. I remember when I was still at the Health Authority and we got a notice about an orphan clinic and I honest to God thought that they were talking about kids without parents because I hadn't - I thought, where are we in this province that we're talking about orphaned patients? I thought we were talking about kids who needed adoption, sadly.

I have a woman in my constituency who has to go without her medication. She doesn't have a family doctor. The local hospital is closed most of the time and she cannot get to the regional. So, she has cut her meds in half. She's gone without her meds. Imagine if we were proactive as a government how this would not end up in her showing up in EHS in an overcrowded emergency room.

Some people tell me they can't be bothered. They'll do what they can. They'll take an aspirin. But they can't be bothered asking if a local hospital is open across the province. They can't be bothered going on the 811 list anymore, because it just doesn't make a difference. So how is that being proactive with our medical care in this province? I'll tell you, it's not.

We need to know how long patients are waiting in ambulance bays before they're transferred to the care of somebody in that hospital. I had a call from a lady who told me she went through two paramedics; not in two different trips. She was there long enough to go through the first set of paramedics that took her in, and then they switched off, as the member for Pictou West said before, that they actually switched off, because they're lying in an ambulance bay for so long that they're there longer than the paramedics actually work.

We've seen, I've seen, we all know that at any given time there could be up to 12 ambulance patients in an emergency room hallway. Not only is that absolutely ridiculous to think that that's how bad our emergency rooms are, imagine the craziness and how that's adding to the overall feeling of the emergency room - when things are already overcrowded and you're trying to service and look after people but you have all of these extra bodies there that really don't need to be there if we only had a government that admitted this health care is in crisis. We need to know how many patients are leaving without being seen.

I had a call from a woman I know quite well. She said she did a 12-hour shift in the emergency room and she still never was seen. She had to go to work. She went in at 7:00 on whatever evening, and at 7:10 the next morning she left because she had to go to work. Again, Mr. Speaker, how is that being proactive? How is that looking after Nova Scotians? We need to have these statistics, and they're there, they're available, we just need to implement it.

We need to know about the fathers in Nova Scotia who take their sick child to an emergency room, to only have been given a sheet many hours later - your child with a sore throat and a fever and everything else going around - and say you know what, you're just not sick enough. Maybe you should either come back tomorrow or you can go to the Regional now, after four or five hours.

Mr. Speaker, is that health care in Nova Scotia? If that's what health care is in Nova Scotia, I don't want to be part of that. Regardless of what political stripe you are, that shouldn't be something that anybody in this House stands for.

I want to impress upon this House we can't solve the problems that we don't see. Day after day, we recount the stories of Nova Scotians who are suffering. We're not talking to health care workers, we're not talking to doctors, we're not talking to anybody on the ground. I'm sure everybody is aware of doctors in this province who have spoken out against the conditions in which they are working. I know everybody in this House is aware of doctors who have done examinations in staff washrooms, and we think that's okay?

I know that there are doctors that have had to hold sheets up around a patient to do a pneumonia exam because it was just not right to ask that man to take his shirt off in public. I can't believe some people in this House are not as outraged as I am. It's disgraceful - that's my favourite word. It's just unbelievable.

Imagine the staff that we have, how exhausted they are. I mentioned it before. Aside from saying thank you to them, we need to look after them, because if health care is busting now what is it going to be like if we lose the staff we have? We hear so many stories of doctors, nurses and other health care professionals that are fed up and we relay these stories to the government, but we continually get no feedback. These fall on deaf ears each and every time. But I will continue, as will my colleagues, to stand on the rooftops and shout, and make sure everybody in Nova Scotia knows that health care is in crisis, knows that not one new bed has been invested in long-term care, and knows that this government values a balanced a budget rather than the health and welfare of one Nova Scotian.

A balanced budget, Mr. Speaker, is more important to this government than the health of Nova Scotians. This government has the money to invest into health care to help this problem, to alleviate some of the strains, to resolve some of these problems. Use the surplus. The money is there, Mr. Speaker.

If the government is confident in its ability to address the Third World conditions to which our emergency rooms are working right now, I would love to know your plan. I, along with my colleagues and I dare say more than half if not 75 per cent of health care workers I hear from - and I know my colleagues across the way hear from them, but you're just not paying attention because you hear from them like we do...

THE SPEAKER: Order please. I would just like to remind the honourable member not to refer to her colleagues opposite directly, to keep your comments directed through the Chair.

The honourable member for Cape Breton Centre.

TAMMY MARTIN: My apologies. Mr. Speaker, I know that everybody hears the cries from the health care workers in this province, but we need to get serious about measuring the outcomes. We need to get serious about digging down, finding the problems and finding the solutions. Things won't change if we stay in the dark. We need to shine a light on these problems. They're not impossible to fix. We, collectively, should be working

together to bring the fix to health care in this province for the betterment of all Nova Scotians.

THE SPEAKER: The honourable New Democratic Party House Leader.

CLAUDIA CHENDER: Mr. Speaker, that concludes Opposition business for today. I'll ask you to hand it back over to the Government House Leader.

THE SPEAKER: The honourable Government House Leader.

HON. GEOFF MACLELLAN: I thank the NDP House Leader for turning it back to us. That concludes all business for today in the House.

I move that the House do now rise to sit again tomorrow, Thursday, March 7th, between the hours of 1:00 p.m. and 6:00 p.m. After the daily routine and QP, business will include second readings on Bill Nos. 92 and 95 and, if time permits, we'll move to Address in Reply.

THE SPEAKER: The motion is for the House to adjourn to sit again tomorrow, Thursday, March 7th, between the hours of 1:00 p.m. and 6:00 p.m.

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

The motion is carried.

We have reached the moment of interruption. The topic for late debate, as submitted by the honourable member for Inverness, is:

Therefore be it resolved that the government has failed to provide adequate access to mental health services.

ADJOURNMENT

MOTION UNDER RULE 5(5)

THE SPEAKER: The honourable member for Kings North.

GOV'T (N.S.): ACCESS TO MENTAL HEALTH SERV. - INADEQUATE

JOHN LOHR: I rise today to address this issue of mental health services. Today, if you were noticing, we had a number of members' statements on stories of tragedy that came from Nova Scotians. We were able to introduce a number of people in the House who were mentioned in members' statements. I will not recap those members' statements. If anyone in the public is interested in hearing those stories, you can go back earlier in

Hansard, I am sure, and read them. We had Gillian McDonald and Russ and Yanna Conway and a number of others mentioned. They're really stories of tragedy. These are stories of mental health services failing to meet their needs.

To go philosophical in the first sense, why is there such an increase in the demand for mental health services? In fact, I believe there is. The demand for mental health services is on the rise, and I'm not totally sure why. One of the issues that I believe is a contributor to that is drugs. Mind-altering drugs alter the mind. I believe that is simply something you can make as a statement. I think another statement you can make about drug use is that individual results will vary. That's one factor. I know there's other social factors.

I don't believe that the rise in the need for mental health is the fault of the Liberal Government, but I think it is our government's responsibility to address that rise in the need for mental health services. I don't believe that the increase in demand for mental health services is the fault of our hard-working, front-line mental health service providers. I want to say right off the bat that the people working on the front lines providing services, I have deep respect for what they do. Many of them are overwhelmed. They're heartbroken themselves, they're frustrated, and they're struggling to keep up with the demand for these mental health services.

I do not believe that you can separate out what's happening in mental health from the overall picture of what's happening in health care. If you listened for the last half hour, we heard an analysis of what's happening in health care, which is truly alarming. Many thousands of Nova Scotians do not have a family doctor. I believe that is a contributor to the crisis in mental health care.

We hear about how our ERs are overwhelmed. If you have a mental health crisis, often that's where you will end up, in the ER. If the ER is already overwhelmed with other issues, then you are going to be triaged in the ER. If they are dealing with somebody with a broken leg and someone with an appendix that needs to come out, and on and on it goes, someone who is otherwise healthy but has mental health issues may not end up being triaged as high on the list as they should be. I can understand.

I know that when I dropped in to our own ER in the Valley Regional, which was in the news today about the terrible circumstances we are facing there, the terrible conditions in our surgery department - but the ER, too, I will say, has been overwhelmed lately. I had one ER person say to me, "John, we are practising unsafe medicine every day." So put somebody with a mental health issue into those circumstances, and no, they're not going to get their mental health needs met. They're going to be sitting for a long time waiting to be the next person to be seen. They're going to be waiting to see a psychiatrist, and maybe there's a psychiatrist and maybe there isn't.

We know that across Nova Scotia, there's a shortage of psychiatrists. I was in Cape Breton recently and I was told that they were at least 10 psychiatrists short in Cape Breton.

Go on the Nova Scotia Health Authority website and look at job postings: two psychiatrists posted in Cape Breton. I'm not sure if that's simply because they'll post two and when they get those two, they'll just leave the ad up. I don't know, but there's clearly at least 10 openings there to meet the demand.

Psychiatrists are the drivers of our mental health system. They're the ones who make a diagnosis, and I can tell you that if you're facing a mental health issue, one of the most critical steps is to get a diagnosis to know what you're really dealing with. If you don't have a psychiatrist there, you aren't going to get a diagnosis. In Cape Breton, good luck getting a diagnosis. How are you going to get treatment if you don't get that?

I heard recently of someone who went into the ER in Amherst and was not able to get help for their daughter, I believe. They ended up going to Moncton and getting a diagnosis in the system in Moncton, in New Brunswick, which will get billed back to Nova Scotia on the interprovincial agreements for health care. That's not an option available to a lot of people. We should be able to provide these services in Nova Scotia.

I met recently with the Association of Psychologists of Nova Scotia, and I was surprised at their biggest concern. Their biggest concern was the rise of two-tier health care for psychologists. If you need psychological services, there's an increase in private psychological services available through psychologists, but not through MSI. I wasn't really aware of how this was growing, and we're probably lagging behind other provinces in this trend, but if you were to need psychological services and you had private health care or had enough money to get them yourself, you can get them. If you need overnight detox - if you can afford \$15,000 a month, you can get overnight detox. You can go and stay in a really excellent facility and get taken care of, but that option is available to about 10 per cent of our citizens.

The other 90 per cent who need those services do not have the health care insurance plan or the support of an employer or one of the other ways that people get into that private stream. The psychologists' association is concerned about the lack of services available to ordinary Nova Scotians, the 90 per cent who do not have access to this type of services, for one reason or another - for the reasons I've outlined.

There's a huge crisis in mental health care. As I said, it's a growing crisis. It's not anyone's fault that the crisis is growing - it's simply society and a variety of factors - but it's incumbent on this government to deal with the crisis in mental health care also. That's why we've called, as a Party, for increased spending in mental health care.

Obviously, the positions that are vacant now need to be filled. If salaries need to be increased to be competitive with other jurisdictions around the country, I believe that needs to be done. We need to find a way as managers of this system, in this House. Ultimately, the Liberal Government here is responsible for this. It will change - someday it will be

another government, and if it's us, we need to find a way to be competitive with other jurisdictions on pay to attract the professionals we need.

We need to find a way to solve the problems in our ERs so that someone who has a mental health issue will not be triaged to “Well, you're physically healthy and we've just got too many other things to deal with right now. We can't deal with you. You sit and wait,” and they sit there for 15, 20, or 30 hours and get discouraged and leave, or a shift change comes up and just want to get this dealt with and get sent home or released as some of the stories we heard earlier today through members' statements of absolute tragedies.

[4:45 p.m.]

The reality is that these are human lives, these are our sons and daughters, our family members. I recognize this is not easy to deal with, I'm not saying there is any easy solution but there needs to be increased investment in wages and salaries for these front-line service providers; there needs to be a re-looking at their priorities. I know that you on that side of the House, the government, just as much as we the Opposition wants to see this done. I understand that.

I believe we are going to continue, as long as this crisis continues to deepen, which is what I believe we've seen despite efforts to address it, I believe there's some sort of global things that need to be done. I realize my time is rapidly running out, but I call upon the government to make the necessary investments in health care, mental health care and addictions to get this done. Thank you.

THE SPEAKER: The honourable member for Halifax Needham.

LISA ROBERTS: Mr. Speaker, I welcome this opportunity to speak about an issue which indeed we know affects one in five Canadians. Since most of us have at least five people in our lives, it pretty much affects all of us. It's a very important topic and one that we should put attention to.

I was struck by a study in *The Lancet* which found that investment in treatment for depression and anxiety had a multiplier effect of 4:1 - meaning that for every \$1 invested, government can anticipate a \$4 return when the value of health effects are included. I don't think that is a finding that any government should look at and not be motivated by. We have so many Nova Scotians that, I'm sure that other members like me sometimes have them in our constituency offices, where for want of some help, for want of some hope, individuals end up not living the lives they want to live and, indeed, not living the lives that are well within their potential to live – and we all lose out as a result.

As the member for Kings North noted, the sort of help and assistance that is available to some Nova Scotians is entirely out of the grasp of many others. Our mental health care system is in fact absolutely two tier and it's interesting to note and to recognize

and really sit with the fact that not only is the health care treatment system two tier and if one has full-time employment with benefits with an EAP program, with health insurance one can access specialized services including counselling and psychology and so forth. But also, our society is increasingly two tier, and poverty - particularly, I would note, having to be in interaction on a regular basis with the Department of Community Services or Workers' Compensation or the bureaucrats who administer CPP or even in some cases, unfortunately, interacting with the folks who run our public housing authorities.

Each of those interactions, I have noticed from my interactions with constituents, can be greatly stressful. I know that I'm not alone in this Chamber in having conversations with constituents about their annual income review by Income Assistance and really getting from them that sense of dread and anxiety that comes from having to justify one's existence and be prepared to defend oneself as one really, you know, is made to go to great lengths to be seen as deserving of what is, in fact, completely inadequate assistance to live a dignified life.

So, I would argue that it's two-tiered in more than one dimension, I guess. It is because of that two-tiered nature of our mental health care system that the New Democratic Party has introduced a bill calling for a Mental Health Bill of Rights, which is on the order paper and that Mental Health Bill of Rights would guarantee that every person experiencing mental illness or psychological distress be treated with dignity and respect, to have prompt and appropriate access to publicly-funded diagnostic services and treatment, to have access to client- and family-centred support services, to have access to treatment and support that is appropriate to the person and to the person's circumstances, and to have access to an advocate of the person's choice or to a public advocate, if the person is unable to choose an advocate.

What would it mean for that to actually have legs and to be real in our system? Well, certainly, yes, it would require more allocation of our budget to mental health care. But it is of note that our current health budget shows we are falling behind most other provinces. Ontario - well, at least, Ontario did; we'll see what happens this year - Ontario spends almost seven per cent of the health budget on mental health. B.C., Ontario, P.E.I., and Newfoundland and Labrador, all have same-day walk-in counselling clinics. That is so significant for individuals who are experiencing anxiety and depression, being told that you can get help in three weeks is like tantamount saying I'm sorry, we can't help you at all. Because it's just not meaningful when you are in that moment of distress.

Many other jurisdictions are recognizing the best practice, which is like low-barrier, same-day. Again, going back to that study in *The Lancet* recognizing there are real payoffs for us as a society when we actually don't leave people to suffer, when we help to alleviate that situation in a timely manner.

For other people who are, well, actually for all people who are experiencing distress and are turning to the current community mental health services that are run through the

NSHA, what we're seeing, and I'm certainly seeing at my constituency office, is that centralization has actually closed more doors than it has opened. People are being filtered out of this system at the front door. The gatekeepers, recognizing that there are inadequate resources past the front door, are screening people out or turning people away and directing them to community-based services, community-based agencies, which are then being asked to perform kind of heroic tasks on modest budgets, again, without the respect or the consideration of the government.

Quite particularly, cognitive-based therapy is often what is recommended for people experiencing anxiety and depression. I had the experience in my constituency of hearing of people being referred back to the community health team to go find information about where that was being offered because community mental health isn't actually offering it. But nobody in the community has been given the resources to provide it either. There's basically a recognition that this is what you need, but sorry, we can't give it to you. That just does not make sense. We know that those community-based agencies actually do want to provide great service to people and, in many cases, community-based agencies are the most economical, responsive, creative, and connected places for people to get assistance, but they can't do it with nothing. In fact, many people will remember that in 2015 and 2016, the government actually cut funding to some community-based mental health groups, including Eating Disorders Nova Scotia, just for example. Instead of investing, we've seen kind of disrespect and disinvestment.

People should not need to be amongst the privileged and the few to get assistance. Again, I'll reiterate the point, that we actually all lose out as a society when we are not enabling and helping Nova Scotians to live to the best of their abilities and to be in community with us, as their best selves.

I welcome this subject coming to the floor of the Chamber and I hope to hear more from the government.

THE SPEAKER: The honourable member for Halifax Atlantic.

BRENDAN MAGUIRE: Mr. Speaker, I want to thank both the member for Halifax Needham and the member for Kings North for their passionate speeches. Without getting into personal things, the member for Kings North and I have had several conversations over the years and I respect and understand his passion on this.

We can all agree that one youth or one person living with mental health issues is one person too many. One that has no access to mental health help when they need it is one person too many.

We all know the stories, we all have our personal stories and I think the member for Halifax Needham said - Statistics Canada said one in five individuals live with some sort of mental health issue. So, it's safe to say, statistically at least ten of us in this

Legislature are dealing with some sort of mental health issue. That's just touching us personally, that doesn't take into account the people who we love and the people we know and the people we represent.

For someone who grew up in foster care and lived in the system for a long time, it was more common than not, to be honest with you; living in group homes and seeing people, friends of mine that ended up on the streets.

I tell the story about this young lady who in the summertime, last summer I was coming out of a restaurant with a friend of mine and I saw her across from Park Lane. I had lived with her at Phoenix House for about a year. I'm not going to get into names, but her and I had become quite close actually when we lived at Phoenix House. I would have said that of all the youth who lived in the house at the time, she would have been one of those that you walked away and you thought that she's going to be okay, everything is going to be good, she is going to live a good life.

I came out of the restaurant and there she was on the side of the street, in really rough shape. I went up and talked to her a bit and gave her some assistance. A friend of mine said, "Why would you do that?" I said, "Because you don't know the back story." Everybody has a story, everybody has the potential and sometimes mental illness can derail that.

I want to talk about a few different stories over the course of my lifetime on how mental health has impacted people that I know and people I love, and how getting the right services at the right times have actually changed their life and have had a positive impact.

I think of one guy who I lived with for quite a while. Actually, he and I were roommates, there was a bunch of us; he is sworn to secrecy on the stories of when we all lived together. He was bipolar, but he was also a huge mental health advocate. He had his life together, as together as you can when you are in your early 20s. We knew that this individual had some issues, but we thought because he was so well educated on the issues, that he was so involved in the community, that he was able to kind of keep it all together.

We woke up one morning and he had written the entire Residential Tenancies Act on the living room wall. He had done this overnight. Obviously, that was a sign that he was in crisis. He was in his own personal crisis. It took about four months of essentially chasing him down, trying to get him to come home, trying to get his family to help, until he finally had crossed the line to where he had to be admitted to the Nova Scotia Hospital.

[5:00 p.m.]

What I learned during that was, because he was considered an adult, there were very few things that could be done unless he was a threat to himself or those around him. We had called the mental health crisis unit several times. We went down to the hospital to

seek advice. We had talked to a mutual friend of ours, Dr. Stan Kutcher, about what could be done. What kept coming back was that, because he was an adult, until he was a threat to himself or someone else, there wasn't much we could do, because he has his own rights and he's his own individual.

Fortunately he didn't hurt anyone, but he had set his life back, I think. We're still really close friends and he talks about that. He'd set his life back by probably about two years, he thought, because he had lost his job and he had dropped out of university. All in all, he ended up okay and I think he has a better understanding of his own mental health.

Another friend of mine, who was also a roommate at the time with us, told me a story. He suffers from schizophrenia. He has been off his medicine for quite a while, and he has, in his own opinion, a very good handle of it. He's only had one episode since 1999, which is when he was first diagnosed with schizophrenia. He talks about a party he was at for the millennium coming in. He said he was having fun, he was having a few drinks, he was with friends, and when he woke up it was 2001. He had experienced a schizophrenic episode and he did not remember the entire year. It was gone. He had turned off a lot of people, he had upset a lot of his family members, and he had a very hard time, but in the end, he did get the help he needed.

The reason I'm telling you these stories is because mental health impacts us all differently. I think of a very close friend of mine who, when we were really young, we were just teenagers, had always joked about how when he hit a certain age, he was going to take his own life. We would say, you know what, it's just so-and-so being so-and-so. We kind of blew it off. I guess - I'm 43 years old, and even when I was younger, there was a large stigma on mental health. I think that from the help of all three Parties and all the leaders in our community - not just our political leaders but individuals in our community - we're starting to take that stigma off mental health where we, as adults, can talk about it.

He didn't lie. When he hit that age, he went missing for a few days - I think it was about a day - and then he was found. He had taken his own life.

I often wonder what the difference between the three of them is. I think about my own struggles with mental health, and I've been very vocal about that in our community. I've talked to youth in our community. For me, it was 2004. I was on a strike with Bell Aliant at the time. We were, I think, five months into the strike, and I essentially locked myself in my apartment and didn't come out for about two months. I dealt with it my own way. Then two years ago, it came up again. I was driving to the cottage with my kids and I had a really severe anxiety attack. Luckily for me, I had people around me who were experts that I could reach out to who helped me get the support I needed.

I don't think anybody takes mental health lightly. I don't think anyone, any Party, is any less or more concerned about mental health. I think we all can agree that more needs to be done, let's be honest. Like I said when I started this out, one person living with mental

illness who doesn't have the resources they need is one person too many. I think we can all agree on that. As leaders, I think from all sides, we'll continue to advocate for the people in our community.

I was told one time that mental health is a journey and it starts before we realize we're on that journey. By the time we realize we're on that journey, a lot of times we're in the middle of it without help. That's when we seek help, and hopefully we get that help. The mental health journey doesn't end until you're done, until you're gone.

I just want to say that it has been a very emotional day. We have listened to a lot of health care issues from all sides, whether it's the emergency room or access to family care or mental health. I think that everybody can agree that we're all compassionate about this issue. Everybody is working as hard as they can. There is no quick solution when it comes to mental health, but we will continue to fight, and we will continue to support. We can all agree that we will continue to be leaders in our community and help those who need it.

THE SPEAKER: Thank you very much. That concludes the time allotted for late debate this evening.

The House now stands adjourned until 1:00 p.m. tomorrow.

[The House rose at 5:06 p.m.]

NOTICES OF MOTION UNDER RULE 32(3)**RESOLUTION NO. 740**

By: Kim Masland (Queens-Shelburne)

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

Whereas the birth of a child is a momentous event and marks the beginning of a very satisfying journey down a long road, where the rewards far outnumber the challenges; and

Whereas a new baby is like the beginning of all things - wonder, hope, a dream of possibilities, author Eda J. LeShan wrote; and

Whereas on February 28, 2019, Tanya and Catlin Merry welcomed their son, Sawyer Lee Merry, into the world;

Therefore be it resolved that all members of this House of Assembly congratulate Tanya and Catlin on this miraculous event in their lives and wish them many more happy years as parents.

RESOLUTION NO. 741

By: Kim Masland (Queens-Shelburne)

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

Whereas the birth of a child is a momentous event and marks the beginning of a very satisfying journey down a long road, where the rewards far outnumber the challenges; and

Whereas a new baby is like the beginning of all things - wonder, hope, a dream of possibilities, author Eda J. LeShan wrote; and

Whereas on February 8, 2019, Kayleigh Roy and Travis Wolfe welcomed their son, Sloan Heber Everett Wolfe, into the world;

Therefore be it resolved that all members of this House of Assembly congratulate Kayleigh and Travis on this miraculous event in their lives and wish them many more happy years as parents.

RESOLUTION NO. 742

By: Kim Masland (Queens-Shelburne)

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

Whereas the birth of a child is a momentous event and marks the beginning of a very satisfying journey down a long road, where the rewards far outnumber the challenges; and

Whereas a new baby is like the beginning of all things - wonder, hope, a dream of possibilities, author Eda J. LeShan wrote; and

Whereas on February 27, 2019, Cassandra Roy and Tyler Dagley welcomed their baby, Maddox, into the world;

Therefore be it resolved that all members of this House of Assembly congratulate Cassandra and Tyler on this miraculous event in their lives and wish them many more happy years as parents.

RESOLUTION NO. 743

By: Hon. Iain Rankin (Timberlea-Prospect)

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

Whereas the members of the Nova Scotia House of Assembly can probably remember the fun we had as children on October 31st, Halloween night, when we went from house to house showing off our costumes and repeating the hollow promises to play tricks on people who didn't fill our bags with goodies; and

Whereas there is potentially a darker side to this festive Fall celebration that calls for vigilance, I would like to share with you how some protection is provided in the BLT community by Ben and Michelle Joly, owners of Jolcar Security Service; and

Whereas the Jolys provide two free marked cars to patrol the neighbourhoods on Halloween night handing out glow sticks and watching over the community;

Therefore be it resolved that all members of this House of Assembly join me in thanking Ben and Michelle Joly for providing this service to the community and for showing how a local business can draw upon its resources to make a significant contribution to the community.