



House of Assembly
Nova Scotia

DEBATES AND PROCEEDINGS

Speaker: Honourable Kevin Murphy

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Third Session

WEDNESDAY, MARCH 31, 2021

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House of Assembly
Nova Scotia

HALIFAX, WEDNESDAY, MARCH 31, 2021

Sixty-third General Assembly

Third Session

1:00 P.M.

SPEAKER

Hon. Kevin Murphy

DEPUTY SPEAKERS

Keith Bain, Susan Leblanc

THE SPEAKER: Order, please. Just before we begin the daily routine, the topic for late debate this evening at the moment of interruption, as submitted by the honourable member for Dartmouth South, is:

Be it resolved that universal, public, affordable child care must be a core component of our COVID-19 recovery.

The late debate, at the moment of interruption.

We will begin our daily routine.

PRESENTING AND READING PETITIONS

THE SPEAKER: The honourable member for Cumberland North.

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

“Whereas Bill No. 4, The Biodiversity Act infringes upon the rights of landowners in Nova Scotia and gives broad authority to the government over any living thing;

We the undersigned petition the Legislative Assembly of Nova Scotia as follows:

Remove Bill No. 4 from the legislature,
Consult with stakeholders in the province, including private landowners,
fishers, farmers and foresters and do not enforce confidentiality during
consultation sessions,
Create a Bill dealing specifically with invasive species,
Suggest sensible fines for violation of laws.”

The petition contains 107 names and signatures, and I have affixed my signature as per the rules of this House.

THE SPEAKER: The petition is tabled, subject to receiving the hard copy and review by the Clerk.

PRESENTING REPORTS OF COMMITTEES

THE SPEAKER: The honourable Minister of Justice.

HON. RANDY DELOREY: Mr. Speaker, as Chair of the Committee on Law Amendments, I am directed to report that the committee has met and considered the following bills:

Bill No. 28 - Land Titles Initiative Acceleration Act.

Bill No. 47 - Municipal Government Act (amended) and Halifax Regional Municipality Charter (amended).

Bill No. 50 - Municipal Government Act (amended) and Halifax Regional Municipality Charter (amended).

and the committee recommends these bills to the favourable consideration of the House, without amendments.

THE SPEAKER: Ordered that these bills be referred to the Committee of the Whole House on Bills.

TABLING REPORTS, REGULATIONS AND OTHER PAPERS

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

KEITH BAIN: Mr. Speaker, as Chair of the Standing Committee on Public Accounts, I beg leave to introduce two annual reports - the Annual Report for 2019 and the Annual Report for 2020.

THE SPEAKER: The reports are tabled.

As Speaker of the House of Assembly, and pursuant to Subsection 24(1) of the Ombudsman Act and Section 28 of the Public Interest Disclosure of Wrongdoing Act, I am pleased to table the Office of the Ombudsman's Annual Report 2019-20.

The report is tabled.

STATEMENTS BY MINISTERS**GOVERNMENT NOTICES OF MOTION**

THE SPEAKER: The honourable Premier.

RESOLUTION NO. 301

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

Whereas Byron Rafuse has served as Deputy Minister of the Department of Finance and Treasury Board since June 2016 and held many senior positions at the Departments of Finance and Treasury Board, the Solicitor General, Health and Wellness, and Justice over his Public Service career; and

Whereas Mr. Rafuse has been instrumental in ensuring government has the capacity to provide the programs and services needed to support Nova Scotians across the province, while maintaining our fiscal health; and

Whereas Mr. Rafuse is retiring from the Nova Scotia Public Service today, March 31st, after more than three decades of financial leadership and service to Nova Scotians;

Therefore be it resolved that all members of this Legislature thank Byron Rafuse for his 37 years of service and wish him all the best in his retirement.

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.

All those in favour? Contrary minded? Thank you.

The motion is carried.

The honourable Minister of Seniors.

RESOLUTION NO. 302

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

Whereas Community Links is a province-wide organization that supports the establishment of age-friendly, inclusive communities by linking with others to promote change; and

Whereas Community Links has helped connect vulnerable adults in remote and rural communities with local resources to meet their basic living needs during the Covid-19 pandemic; and

Whereas Community Links has worked at record speed with trusted community partners to get funds and resources into communities to help meet needs such as delivery of food, necessities, and medications;

Therefore be it resolved that all members of this House thank Community Links for their efforts to support older Nova Scotians.

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.

All those in favour? Contrary minded? Thank you.

The motion is carried.

The honourable Minister of Fisheries and Aquaculture.

RESOLUTION NO. 303

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

Whereas in March 2020 many anglers felt unsafe visiting licensed vendors in person because of Covid-19, and some vendors opted out of selling fishing licences; and

Whereas developing an online licensing system became a priority, an inland fisheries team began to work immediately on the design of the system for the purchase of general and salmon fishing licences; and

Whereas as a result of their hard work an online licensing system brought record sales for recreational licences in Nova Scotia and the system is now up and running to purchase licences for 2021;

Therefore be it resolved that members of this House recognize the efforts of the staff of the Inland Fisheries Division, Service Nova Scotia, and Communications Nova Scotia whose work has helped anglers buy and contributed to the promotion of angling in our province.

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.

All those in favour? Contrary minded? Thank you.

The motion is carried.

The honourable Minister of Environment and Climate Change.

RESOLUTION NO. 304

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

Whereas border liaison officers have been at our border since March 2020 to keep travellers informed about the Covid-19 pandemic and the requirements to self-isolate; and

Whereas Nova Scotia has been successful in keeping our Covid-19 case numbers low; and

Whereas border liaison officers have played a significant role in helping to keep Nova Scotians safe;

Therefore be it resolved that all members of this House join me in thanking our border liaison officers, who continue to work hard each day to protect the health and safety of Nova Scotians.

THE SPEAKER: There has been a request for waiver.

Is it agreed?

It is agreed.

All those in favour? Contrary minded? Thank you.

The motion is carried.

INTRODUCTION OF BILLS

Bill No. 74 - Entitled an Act to Amend Chapter 228 of the Acts of 1920. An Act to Incorporate the Yarmouth Golf and Country Club. (Hon. Zach Churchill)

Bill No. 75 - Entitled an Act to Eliminate Political-Party Whips. (Alana Paon)

Bill No. 76 - Entitled an Act to Establish an Education Fund for Former Children in Care. (Kendra Coombes)

Bill No. 77 - Entitled an Act to Authorize a Marketing and Promotions Levy in the Town of Digby and the Municipality of the District of Digby. (Hon. Gordon Wilson)

Bill No. 78 - Entitled an Act to Amend Chapter 27 of the Acts of 2000. The Employment Support and Income Assistance Act, Respecting Post-secondary Education Programs. (Kendra Coombes)

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

NOTICES OF MOTION

[1:15 p.m.]

STATEMENTS BY MEMBERS

THE SPEAKER: The honourable member for Queens-Shelburne.

GRANT, TANYA/GRANT, JAMES: N.S. STRONG FLOWER FUND - THANKS

KIM MASLAND: Mr. Speaker, Tanya and James Grant of Milton, Queens County, felt compelled to do their part to support the families of Colchester and to create a sense of unity and community after the tragic events in April.

In their tiny backyard wood shop, they began producing and selling wooden flowers painted in Nova Scotia flag style. Proceeds were put into the Nova Scotia Strong Flower Bursary Fund in memory of Kristen Beaton and Heather O'Brien.

They awarded \$500 bursaries to two Colchester students entering the CCA and LPN programs and intend to open up the applications province-wide this year and hopefully for many more years to come. As of March 8th, they have made and sold close to 2,000 flowers.

Mr. Speaker, I am pleased to recognize the innovative efforts of the Grants and thank them for this wonderful project at a time when many needed it.

THE SPEAKER: The honourable member for Halifax Needham.

FILLMORE, JACOB: ECOLOGICAL FORESTRY - URGENT

LISA ROBERTS: Mr. Speaker, I, like many, feel some relief that after 23 days, Jacob Fillmore is no longer hunger striking. Like dozens of protestors from at least 10 sites across Nova Scotia, I too am echoing his call - the same call, in fact, that I made in a letter to the then-Minister of Lands and Forestry on behalf of the NDP caucus in late October for an immediate moratorium on intensive even-aged harvesting on Crown land.

Variable retention cuts, the interim measure introduced in December 2018 after this government - in fact, this Premier as minister - accepted the Lahey recommendations, were a small improvement on clear cuts, but they are a far cry from ecological forestry.

Jacob's demand also echoes a November recommendation from seven ministers of the Minister of Lands and Forestry's own advisory committee. They wrote, in part, that harvest plans that specify heavy cutting are being submitted and approved at a rapid pace with little apparent regard for the ecological impacts that Lahey warned about.

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

**ST. LUKE'S UNITED CHURCH:
SOLAR POWER CAMPAIGN - CONGRATS.**

HUGH MACKAY: Mr. Speaker, I rise today to congratulate St. Luke's United Church in Upper Tantallon on their successful solar panel campaign.

Not only is St. Luke's a place of worship, it is also an important community hub. Through the financial support of the community, the church surpassed their solar panel campaign goal. Over \$11,000 was raised to install the largest solar panel installation in the St. Margaret's Bay area. The church has now installed 135 solar panels on the roof of St. Luke's, which has helped to save 3,479 kilograms of CO₂ emissions from being generated. This is equivalent to planting 103 trees.

Mr. Speaker, I invite all members of the House of Assembly to join me in congratulating St. Luke's United Church and the community of St. Margaret's Bay in the support of not only the solar panel program but also the Nova Scotia climate.

THE SPEAKER: The honourable member for Clayton Park West.

AL MASALMEH, HAMZA - STUDENT: COM. SERV. - RECOG.

RAFAH DICOSTANZO: Mr. Speaker, I would like to recognize a fun-loving 12-year-old in my riding, Clayton Park West.

Hamza Al Masalmeh is a very enthusiastic, articulate, inspiring Grade 7 student at Park West School. He came to Canada from Syria with his family in 2016. He's an active member of our Litter Prevention Committee, also at Park West School's barbecues, the movie theatre events, and the bingo - all prior to COVID-19, of course.

His latest volunteer venture was with the YMCA at Bayers Road, helping young immigrants, teaching them English. Hamza's father is one of the owners of Grill Way & Catering on the Bedford Highway, where he works part-time to gain entrepreneurial experience.

Would the members of the Legislature join me in applauding this charming young man, who adds so much to our community with his passion for volunteerism.

THE SPEAKER: The honourable member for Dartmouth South.

**MOIR, MATTHEW/GRAHAM, THERESA:
LAND TITLES CLARIFICATION - COMMEND**

CLAUDIA CHENDER: Mr. Speaker, I rise to recognize two constituents and lawyers in Dartmouth South: Matthew Moir and Theresa Graham.

Matthew and Theresa were among the first to volunteer their time and expertise to families fighting for land title in Nova Scotia. Both were involved in the North Preston Land Titles Initiative with the Nova Scotia Barrister's Society, a pilot that expedited files through the Land Titles Clarification Act that was started in the Spring of 2016.

They were diligent volunteers and made a presentation to a government stakeholders' group on behalf of the Initiative prior to the formation of this government's Land Titles Initiative, and to the Commitment in 2017. Matthew remains involved on a pro-bono basis, supporting legal aid lawyers, and has recently helped to train their newest recruit.

Thank you to Matthew and Theresa for your work to deliver legal title to properties in historic African Nova Scotian communities to their rightful holders.

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

COXHEAD, ANDREW - ATHL.: HUSKIES WELCOME - CONGRATS.

BILL HORNE: Mr. Speaker, I rise today to congratulate Fall River native Andrew Coxhead on his last season in the Quebec Major Junior Hockey League, and his intent to play next year with the Saint Mary's Huskies.

Andrew, a centre, has played five seasons with the Q leagues, splitting time between Quebec Remparts and Rimouski Oceanic, and is finishing his last season with the Gatineau Olympiques. In his more than 250 games, Andrew has racked up 58 points and 77 assists. Andrew spent two years as assistant captain with the Quebec Remparts, who drafted him 14th overall in 2016.

Mr. Speaker, I am sure that I join Andrew's family and friends on welcoming him home and congratulating him on a successful career. We wish Andrew the best of luck as he continues his hockey career with the Saint Mary's Huskies.

THE SPEAKER: The honourable member for Sackville-Cobequid.

RINES, ROBERT - LDRA: COM. SERV. - THANKS

STEVE CRAIG: I rise today to thank Robert Rines, Past-President of the Lake District Recreation Association in Lower Sackville.

Robert Rines served as president of the LDRA for 17 years, retiring in November 2020. The Lake District Recreation Association is the owner and operator of the Sackville Community and District Arena and is a not-for-profit society that provides recreational activities and events for the community. Robert's significant dedication and commitment

as president of the association, which includes the communities of Sackville, Beaver Bank, and Lucasville, is to be commended.

I would ask that all members of the House of Assembly join me in thanking Robert Rines for his time and talent that he so willingly shared with the Lake District Recreation Association and the community for the past 17 years.

THE SPEAKER: The honourable member for Cape Breton Centre.

PHOTOPHERESIS TREATMENT: UNAVAILABLE IN N.S. - CONCERNING

KENDRA COOMBES: I rise today to express concerns from my constituents that photopheresis treatment is not available in Nova Scotia. Currently, constituents like Karen MacLeod are required to travel out of province, often several times a month. This can result in considerable hardship for many local families and unnecessary mental and physical stress on those in need of such treatments, especially during the winter months.

Nova Scotians like Karen deserve to receive life-saving treatments within their province.

THE SPEAKER: The honourable member for Clare-Digby.

A.F. THERIAULT: BUS. SUCCESS - RECOG.

HON. GORDON WILSON: I rise again to recognize A.F. Theriault & Son and the continuing impact it has on the local economy and the future of our province.

The shipyard realized 25 years ago the importance of diversifying into other areas in addition to serving the fishing industry and aquaculture. This included building five ferries for Halifax, as well as currently assembling and testing Sustainable Marine's first floating energy platform, this company's second platform tested and assembled at A.F. Theriault.

This platform will soon be moved to Grand Passage between Long Island and Brier Island to be tested. When moved to its permanent site at Sustainable Marine's Fundy Ocean Research Centre for Energy in Minas Passage, this platform is expected to perform and produce 50 per cent more power than the first platform and supply power to 3,000 homes.

As a result of A.F. Theriault's decision to diversify, its employees are now working on cutting-edge projects such as the tidal platform - projects important to Nova Scotia's economic and environmental future. For A.F. Theriault, this has allowed them to increase their workforce to over 200, and they are now currently hiring more.

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

CHEBUCTO LINKS: VIAL OF LIFE PROG. - RECOG.

BARBARA ADAMS: I rise today to bring recognition to the non-profit seniors' support group known as Chebucto Links for overseeing the Vial of Life program.

The program offers a jar containing a person's medical information, such as medical conditions, allergies, and a list of current medications, as well as a sticker to place on your refrigerator for emergency responders in Nova Scotia to easily see. Medical and emergency responders can find this vial located inside the fridge, inside the door, in the event of a crisis.

I ask all members of the Legislative Assembly to join me in recognizing Chebucto Links for their dedication to the seniors within our communities.

THE SPEAKER: The honourable member for Dartmouth North.

DART. N. COM.: WINTER CLOTHING DRIVE - THANKS

SUSAN LEBLANC: When Carla Foxe from the Dartmouth North public library pointed out that the library couldn't give out used winter coats this year due to COVID-19 and renovations, community members came together to organize a winter clothing drive.

The Dartmouth North winter clothing drive was a true collaboration, organized by Sonlife Community Church, SchoolsPlus, the *North Dartmouth Echo*, Welcome Housing & Support Services, the Public Good Society of Dartmouth, Between the Bridges, the library, and my constituency office. Donations came from many generous individuals, as well as Saint Paul Church, the International Association of Machinists & Aerospace Workers, Twiggz and American Eagle in Mic Mac Mall, the staff at The Gap in Dartmouth Crossing, the North Dartmouth Outreach Resource Centre, and Sobeys on Wyse Road.

Bundles were packaged and delivered by Hannah Minzloff, Doris MacDonald, Sylvia Anthony, Pastor Chuck Kelades, Darlene Kane, Lindsay Martin, Ralph MacKenzie, and Rebecca Rose, Sandi Weagle, and Ellen Niles from my office. In the end, over 100 people received coats and fixings and had one less thing to worry about this Winter.

I am truly grateful for this incredible community effort and to all involved.

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

**ST. MARGARET'S BAY LIONS:
CHRISTMAS TREE FUNDRAISER - THANKS**

HUGH MACKAY: Mr. Speaker, I rise today to congratulate the St. Margaret's Bay Lions Club and their volunteers for last December's very successful 2020 Christmas Tree

Fundraising Project. The Lions sold their 500 Christmas trees in a record-breaking eight days. This was the first year ever that they sold out. This is especially significant as, due to COVID-19, this was the club's only fundraising project for 2020.

[1:30 p.m.]

The St. Margaret's Bay Lions Club raises money to support a wide variety of community needs. They have a program that loans medical equipment such as orthopaedic medical boots, canes, wheelchairs, walkers, and crutches.

I invite all members of the House to join me in congratulating the St. Margaret's Bay Lions Club with the success of their 2020 Christmas tree lot.

THE SPEAKER: The honourable member for Yarmouth.

FRIENDS OF ELLENWOOD PARK: COM. SERV. - THANKS

HON. ZACH CHURCHILL: Mr. Speaker, one of the great things about my constituency in Yarmouth is the fantastic Ellenwood Park which is a provincial park. Throughout the year, people from across the province enjoy the natural beauty of the park, from camping and swimming to snow activities. This park is a staple for many recreational users in our community.

One of the reasons why this is such a great place is Friends of Ellenwood Park. From later September until April, Friends of Ellenwood Park, encourages people to be physically active by making various programs available for all ages, such as cross-country skiing, snowshoeing, scavenger hunts, and nature walks. The group also helps maintain the park during the Winter.

Please join me in thanking this community group for encouraging a healthy lifestyle and maintaining and promoting our beautiful parks.

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

BUCHANAN, BOBBY: COM. SERV. - THANKS

KEITH BAIN: Mr. Speaker, I rise today to honour and congratulate Bobby Buchanan of Baddeck on 55-plus years of service to the Baddeck Volunteer Fire Department.

Over those years, Bobby was one of the first at the fire station and on scene and among the last to leave. He also volunteered his time and expertise doing work around the station. Bobby's volunteerism also goes beyond the Fire Department as he is involved in other organizations throughout the village.

I ask all members of the House to join me in congratulating Bobby on his retirement, thanking him for his years of service, and wishing him good health and happiness in the future.

THE SPEAKER: The honourable member for Dartmouth South.

DART. GEN. HOSP. FDN.: COM. SERV. - THANKS

CLAUDIA CHENDER: Mr. Speaker, I rise today to recognize the Dartmouth General Hospital Foundation, again.

Over and above the amazing work they have done to complete renovations to the Dartmouth General, including the new Neville J. Gilfoy wing and expanded dialysis unit, the Dartmouth General Foundation has shown itself to be an incredibly agile organization as it has responded to the COVID-19 pandemic.

One great example of their innovative spirit is the drive-thru testing site next door to the hospital itself. Through the generosity and engagement of a local business owner Darren Godbout, the Dartmouth General established first an outdoor tented drive-thru testing station and then built a winterized version of the same, allowing residents to get quickly and conveniently tested to keep themselves and others safe.

It is a delight to watch such a large organization as a hospital make such rapid, effective innovations. I've heard positive reviews of the experience from constituents and government ministers alike, and I have been a frequent flyer.

The Dartmouth General is an inspired group of people who exemplify what working with and in community can look like.

THE SPEAKER: The honourable member for Lunenburg.

MOSHER, MORGAN/MOSHER, CAMERON: COM. SERV. - THANKS

HON. SUZANNE LOHNES-CROFT: Mr. Speaker, I wish to recognize Morgan and Cameron Mosher, students at Bayview Community School. The brothers are volunteers with the Cornwall and District Fire Department.

After last year's tragedy in Portapique, they contributed a teddy bear to a memorial site at the Cookville RCMP detachment. Together with their mother Amanda Kaizer-Mosher, the boys dressed the bear with a Nova Scotia tartan scarf and delivered it on behalf of Cornwall and District Fire Department. Their mother says the fire department has always been a part of their lives and they are always eager to offer their support with any of the organization's activities.

Mr. Speaker, I ask that you and all members of the Legislature join me in thanking and recognizing Morgan and Cameron for their volunteer efforts and kind gesture to bring comfort to our community.

THE SPEAKER: The honourable member for Pictou Centre.

PARK, TOM - PHYSICIAN: COM. SERV. - THANKS

HON. PAT DUNN: Mr. Speaker, during this period of uncertainty, New Glasgow family physician Dr. Tom Park continued to empower his patients to improve their own health. Dr. Park is always attentive, decisive, friendly, and knowledgeable and willing to go the extra mile for his patient's well-being. He also uses regular language to inform or answer patients' questions. He has always been friendly and comforting to his patients, therefore inspiring confidence with his very reassuring manners.

Dr. Park is a very humble individual but confident in his role, always willing to value patients' wishes in the decision-making process. Dr. Park lives and promotes a healthy lifestyle and despite his time constraints, he establishes a relationship with his patients. Dr. Park is truly making a difference.

THE SPEAKER: The honourable member for Halifax Needham.

NATIVE FRIENDSHIP CTR.: NEW FACILITY - PROPOSED

LISA ROBERTS: Mr. Speaker, the Mi'kmaw Native Friendship Centre located in my constituency is a crucial community space and resource. Under the leadership of Pam Glode-Desrochers, it offers more than 20 programs in the areas of health, housing, food, justice, seniors, and children.

I want to express my support and hope for a new Mi'kmaw Native Friendship Centre, a more appropriate and beautiful facility, to serve as an anchor and a beacon for Indigenous and non-Indigenous people in Halifax and in Nova Scotia. The initiative to build such a centre is happening under the word, *wije'winen*. *Wije'winen*: come with us.

There is already a site close to downtown and to the current centre, and I encourage the province to join the federal and municipal governments to help this project move forward.

Also, given the key location of the current centre and the huge deficit of non-market housing that particularly affects urban Indigenous people, I hope that Housing Nova Scotia will entertain any and all proposals to redevelop that site and hold that land in trust for the benefit of the community.

THE SPEAKER: The honourable member for Kings South.

CARL'S INDEPENDENT GROCER: KEEPING SHELVES STOCKED - THANKS

HON. KEITH IRVING: Mr. Speaker, until the arrival of COVID-19, having safe, continuous access to our food supply was something many of us might have taken for granted.

We assumed from week to week that the shelves at our supermarkets would be stocked. All that changed with the emergence of the pandemic when, suddenly, our shopping experience was altered dramatically and supply chains that normally provided the food on our shelves were interrupted.

The fact that, with the rare exception of a few items, our shelves were kept stocked is a tribute to the extraordinary efforts of our food suppliers, distributors, and retailers. Our food retailers had to quickly introduce and continuously adapt their stores to ensure a safe food shopping experience.

Today I ask all members of the Nova Scotia Legislature to recognize and thank the team from Carl's Independent grocery store under the management of Carl Oldham, Jr. - located in downtown Wolfville - for their tireless efforts in 2020 and 2021 to put food on the shelves, work the checkout counters, and ensure that our food shopping experience during COVID-19 was safe, continuous, and secure.

THE SPEAKER: The honourable member for Dartmouth East.

AUSTEN, DAVID: SENIOR CARE ADVOCACY - THANKS

TIM HALMAN: Mr. Speaker, I rise today to recognize David Austen, a Dartmouth East resident who tirelessly advocates for better senior care.

David is an extremely passionate, caring, and vocal advocate for seniors in Nova Scotia. When David's wife was diagnosed with Alzheimer's disease, David had no doubt that he would stand by her side and ensure she could get the best care possible from their home.

While advocating for better care for his wife and all seniors, David quickly realized that they are probably not the only couple who find themselves in a similar situation. As a matter of fact, I have heard many concerns about the lack of staffing in home care and long-term care. David has become a champion for better senior care. He continues to find time to meet with me and discuss ways to keep senior citizens in their homes.

I commend David for his continued care of his beloved wife, and I'd like to thank him for being a strong voice for seniors' issues.

THE SPEAKER: The honourable member for Cape Breton Centre.

**GREEN, JAYDEN/WOODLAND, KELSEY:
DRAW FOR A CAUSE - THANKS**

KENDRA COOMBES: Mr. Speaker, I rise to recognize Jayden Green of Glace Bay High School and Kelsey Woodland of Breton Education Centre.

Kelsey and Jayden started a group, Draw for a Cause, intent on raising money for ALS, but due to the outpouring of support they expanded their donations to help other organizations. They have raised money for Make-A-Wish, individuals battling cancer, victims of house fires, veterinarian bills, long-term care facilities, and the third floor of the New Waterford Consolidated Hospital. They've also helped fellow students and adoptive families during the holidays.

Jayden and Kelsey's Draw for a Cause continues to go strong. I want to thank Kelsey and Jayden for their commitment to their community.

THE SPEAKER: The honourable member for Halifax Armdale.

REGAN, GEOFF - MP: COM. SERV. - THANKS

HON. LENA METLEGE DIAB: Mr. Speaker, today I rise to express my thanks to my Member of Parliament and friend, the Honourable Geoff Regan. After nearly 24 years of public service, today Geoff made his announcement virtually to the constituents of Halifax West that he has decided not to seek re-election when Canadians go to the polls next.

Having first met Geoff in 1990-91 at the start of my legal career when I articulated and he was then a practising lawyer, and for the next 30 years, Geoff has always been an honest, genuine and a solid representative of the people and for the people. My community and indeed all Nova Scotians were so proud when he was elected as the 36th Speaker of the House of Commons of Canada in 2015.

I ask all members of the House of Assembly to join me in thanking the Honourable Geoff Regan for his dedicated public service and extending him and his family - one of whom is one of our colleagues and the member for Bedford, as well as his two daughters and sons - our very sincere best wishes.

THE SPEAKER: The honourable member for Pictou West.

MOORE, PAYTON: STRENGTH AND COURAGE - COMMEND

KARLA MACFARLANE: Mr. Speaker, I would like to acknowledge a strong four-year-old named Payton Moore of Salt Springs, who was diagnosed with a rare brain disorder when she was only four months old.

This is a rare condition shared with only four others in Canada, where most do not survive past early childhood. Payton has surpassed the expected lifespan and is a happy child who wakes up each morning with a smile on her face.

In early January a GoFundMe page was started by Payton's aunt, which now has raised over \$8,500 for increasing costs for Payton's parents, Carla and Kirk.

I applaud Payton for her strength and her family for their courage and dedication and wish them very best wishes in the days ahead.

THE SPEAKER: The honourable member for Dartmouth North.

BRENNAN, AVERY JEAN: COM. SERV. - THANKS

SUSAN LEBLANC: Mr. Speaker, today is the Transgender Day of Visibility - a day to celebrate transgender and gender diverse people and recognize and fight against the struggles trans people face day to day.

Today I would like to recognize Avery Jean Brennan, a pangender, transfeminine performer, writer, musical director, comedian, and producer here in Nova Scotia, whose work can be seen across Canada.

Once upon a time I had the privilege of teaching Avery Jean drama and public speaking, but now I have the privilege of learning from them. They are an educator and an advocate for trans and gender diverse people who makes sure that cisgender people are paying attention.

Avery Jean is a changemaker in the Canadian theatre community. In 2019 they made history as part of the cast of *Peter Pan* as the first out transfeminine person to perform on stage at Neptune Theatre or in any musical production in any regional theatre in Canada.

Last year Avery Jean was nominated for the Bras D'or Award for work in gender parity through the Playwrights Guild of Canada, and in recent years they have also been the vivacious host of Theatre Nova Scotia's Merritt Awards red carpet celebration.

I ask that members of this House join me in thanking Avery Jean Brennan for their generous contributions to both the theatre and the 2SLGBTQIA+ communities and to Nova Scotia as a whole.

[1:45 p.m.]

THE SPEAKER: The honourable member for Preston-Dartmouth.

MACPHAIL, MARK: DEATH OF - TRIBUTE

HON. KEITH COLWELL: Mr. Speaker, on January 4, 2021 we mourned the passing of Mark MacPhail of Lake Echo. A great friend, co-worker and overall wonderful person. I had the privilege to work with Mark as my executive assistant in Fisheries and Aquaculture. He served the industry and my office with dignity, respect, and hard work. He inspired the people he worked with and contributed to the growth of our economy.

Mark and his wife, Joan, both entrepreneurs, offered a unique service - manufacturing quality, made to order, customised chairs for ergonomic workplaces. The only manufacturer of this type in Atlantic Canada, a business that Joan still operates today.

Mark was a lover of nature and animals. He had a passion for photography and cinematography. He generously shared his gift of photography and showcased the beauty of our landscape and the people who live here. He attended the Devry Institute of Technology, and the University of New Brunswick's Wallace McCain Institute, a prestigious organization of Atlantic Canada entrepreneurs that are chosen for their leadership in business, where he shared his gift for business and entrepreneurship.

I mourn Mark's passing to this day. I miss you, Mark. Rest in peace.

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

CARR, ALEX - ATHL.: QMJHL DRAFT - CONGRATS.

BRAD JOHNS: Mr. Speaker, I rise today to acknowledge 16-year-old hockey player Alex Carr of Middle Sackville.

Alex plays defence for the Cole Harbour Wolfpack in the Nova Scotia Major Midget Hockey League and previously played for Team Nova Scotia in the 2017-18 and 2018-19 seasons. Alex was recently ranked 79th in first round of the 2020 Quebec Major Junior Hockey League entry draft and is currently the 14th highest ranked player from Nova Scotia.

Mr. Speaker I'd like to take an opportunity to congratulate Alex on his success in hockey and for being picked for the QMJHL Entry Draft. I'd also like to wish him all the best of luck as he continues in his hockey career.

THE SPEAKER: The honourable member for Sydney-Whitney Pier.

MACLELLAN, GEOFF - MLA: PUBLIC SERV. - THANKS

HON. DEREK MOMBOURQUETTE: Mr. Speaker, I started my political journey 20 years ago at Cape Breton University, which is formally called the University College of Cape Breton, when I was asked to think about running and replace a guy from Glace Bay. Twenty years later, I'm in government caucus and at the Cabinet table with that same member. My member's statement is for him today, who has been a dear friend of mine and a great champion for Cape Breton.

I've seen first-hand him tackle some of the biggest challenges our island has ever seen. With his announcement that he will not be reoffering, I'm sad for that, but at the same time I'm happy for him and his family.

Mr. Speaker, I ask all members of the House to wish the very best to the MLA for Glace Bay. He is a Glace Bay boy through and through, and he has been such a champion, not only for Cape Breton but for our entire province. Take care, buddy. I'm gonna miss you.

THE SPEAKER: The honourable member for Argyle-Barrington.

COASTAL GROVE FARM: SAFFRON FARMING - CONGRATS.

COLTON LEBLANC: Mr. Speaker, I rise today to recognize Matthew Roy and Cynthia Bazinet, newcomers to Canada, owners of Coastal Grove Farm in Upper Port LaTour, Shelburne County, and the first commercial harvesters of saffron in Nova Scotia.

Saffron, commonly used in cooking but also reported to have medicinal properties, is the world's most expensive spice because of the painstaking way it is harvested by hand. After harvesting, the saffron is dried and stored for about a month to allow the flavour and aroma to intensify before it's marketed.

The couple also hope to introduce crops of tea and various herbs, and are in the process of becoming certified organic growers.

I ask that all members of the House of Assembly join me in congratulating Matthew Roy and Cynthia Bazinet and wishing them continued success in their endeavours. Remember to support local and to buy local.

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

GUYSBOROUGH VOLUNS.: FOOD BANK OPERATION CTR. - THANKS

HON. LLOYD HINES: Mr. Speaker, I rise today in recognition of the tremendous outpouring of support from volunteers in all communities in the Guysborough area. In March 2020, contractors and the public were invited to help build a new food bank operation centre in the heart of Guysborough. The call was answered, and the project got off the ground quickly with many hands contributing to the cause.

The food bank began in the furnace room of the St. Ann's glebe house in 1993 and grew to occupy a small office space in the local shopping mall. It now sits in a brand new, stand-alone building, featuring state-of-the-art refrigeration equipment and abundant storage.

Thanks to the community, the Municipality of the District of Guysborough, and the Province of Nova Scotia for the helping contributions. The grand opening of the complete volunteer construction was in October 2020. I would like to take this time to thank all involved for their continued support and generosity.

THE SPEAKER: The honourable member for Kings North.

KEDDY, PHILIP - FARMER: TOP 4 UNDER 40 - CONGRATS.

JOHN LOHR: Mr. Speaker, I rise today to congratulate Philip Keddy, Horticulture Nova Scotia president and farm manager of Charles Keddy Farms Ltd., for being one of the winners of the inaugural *Fruit & Vegetable* magazine Top 4 Under 40 contest.

Philip is a graduate of the Nova Scotia Agricultural College and has been involved in research projects with Perennia, growing sweet potatoes, and in a Cornell University trial involving UV light to control strawberry pests and diseases.

Philip Keddy will be one of four winners featured in the May issue of *Fruit & Vegetable* magazine, as well as a four-episode series on the AgAnnex Talks podcast.

Mr. Speaker, I invite all members to join me in congratulating Philip Keddy on being named one of the Top 4 Under 40 by *Fruit & Vegetable* magazine.

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

LITTLE DORSET FARMS: COVID-19 CREATIVITY - RECOG.

LARRY HARRISON: I want to acknowledge the creativity of a local business when faced with the challenges COVID-19 created for them.

Little Dorset Farms is a 40-year-old family-run business operating on 600 acres in Middle Musquodoboit. They are well known at the Musquodoboit Harbour Farmers Market for their flavourful beef, pork, free-range chickens, sausages, and meat pies.

Due to COVID-19 restrictions, they suddenly were unable to send animals to market. Owners Ambrose and Maureen Legg set up a retail meat shop in their own processing plant. Being limited on inner space, they set up outside with an order board and bell for service to accommodate their customers, while adhering to the social distancing regulations.

Mr. Speaker, I would like to commend Little Dorset Farms for their perseverance and creativity during challenging times and wish them every success going forward.

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

COMMUNITY ORGS./VOLUNS.: CONTINUING SUPPORT - THANKS

HON. TONY INCE: Mr. Speaker, I rise today to acknowledge the various non-profit organizations and volunteers in my constituency. We all have been through a difficult time, and non-profits have been hit hard, and yet they continue to support our communities and residents.

I would like to thank all of them for their hard work and dedication - organizations like the Cole Harbour Heritage Farm, Parents and Children Together, the Boys and Girls Club of Cole Harbour, the Cole Harbour Parks and Trails Association, Cole Harbour Community Connexions Network Nova Scotia, Cole Harbour and Area Business Association, the Bell Family Trust, and the Westphal-Cole Harbour Firefighters' Association, with a special shout-out to all the volunteers who gave of their time and energy to help these groups our serve our communities' greatest needs. These efforts and organizations have led them to be a big part of what makes Cole Harbour and Portland Valley such a wonderful place to live.

Again, a special thanks to all of you. Thank you for your service.

THE SPEAKER: The honourable member for Inverness.

FOYER PÈRE Fiset: EXPANSION - CONGRATS.

ALLAN MACMASTER: Speaker, I beg leave to also deliver this in French.

I want to acknowledge the work of the board of directors, management, and staff - including the kitchen, laundry, and nursing staff - of Foyer Père Fiset in Cheticamp.

For many years, they have asked for an expansion to provide all residents with private rooms. Recently, they learned their expansion would be approved. The expansion will bring greater dignity for residents. This is their home, and privacy is as important to them as it would be to any of us who require nursing home services. Residents who have been sharing bathrooms with three others can now have their own, and they can have their own private room.

We must also think about the staff, who have been using equipment that is too big to use in rooms better suited for one bed than two. It will mean those caring for residents can work in a modern work environment that relieves some of the physical strains they endure.

The Foyer is a great place to live. One only needs to look at the smiles on the faces of residents and those caring for them.

Monsieur le président, je tiens à souligner le travail du conseil d'administration, la gérance, et le personnel - incluant le personnel de cuisine, de la buanderie, et des soins infirmiers - du Foyer Père Fiset à Chéticamp.

Depuis des nombreuses années, ils ont demandé une expansion au Foyer afin de pouvoir assurer une chambre privée pour chaque résident. On a récemment appris que le demande d'une expansion avait reçu approbation. Cette expansion accordera au résidents une plus grande dignité. Le Foyer est leur chez-eux, et l'intimité est toute aussi importante pour eux qu'elle le serait pour quiconque de nous aurait besoin de soins infirmiers.

Le Foyer est une belle endroit où vivre, ce qu'on ne doit qu'à regarder le sourire des résidents et de ceux qui les soignent.

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

SWEENEY, AUTUMN - RECIPIENT: TED ROGERS SCHOLAR. - CONGRATS.

HON. BEN JESSOME: Today I'd like to recognize Ms. Autumn Sweeney, a graduate of Charles P. Allen High School and recipient of the Ted Rogers Scholarship.

Autumn moved to Nova Scotia with her family from Ireland when she was 10 years old. This past June, she graduated with outstanding marks from CPA's International Baccalaureate program.

While in high school, she was a competitive swimmer as well as a volunteer with the Halifax chapter of Pflag Canada. As a volunteer, Autumn offered peer-to-peer support to youth on issues of sexual orientation, gender identity and gender expression. She was such a valuable member of the Pflag team that they nominated her for the prestigious

scholarship. Autumn successfully received the prize, which is only awarded to 33 other students in Atlantic Canada.

I would like all members of the House of Assembly to join me in congratulating Ms. Autumn Sweeney on her outstanding accomplishments and wish her all the best as she continues her studies at the University of Guelph.

THE SPEAKER: The honourable member for Cape Breton-Richmond.

CAPE BRETON-RICHMOND FOOD BANKS: COM. SERV. - THANKS

ALANA PAON: I rise today to thank the volunteers and staff of the six food banks in Cape Breton-Richmond for their tireless efforts to ease the burden of hunger in our constituency.

When COVID-19 began, the L'Ardoise, St. Peter's, Isle Madame, Louisdale, and Port Hawkesbury food banks were quick to act and prepare for the potential influx of clients. They continue to carry out their pledge to ensure no one goes hungry.

I would also like to acknowledge Cape Breton-Richmond's newest food bank in Potlotek, which opened this past November to support the growing need for food basics in our First Nations community. While I am deeply saddened that the need for food banks exists, and there is no clear indicator the need will cease anytime soon, I am grateful to our volunteers willing to donate their time and energy to ensure our most vulnerable have access to food.

THE SPEAKER: The honourable member for Cumberland South.

WHEATON'S IRVING: 40 YRS. IN BUS. - CONGRATS.

TORY RUSHTON: I rise today congratulate Leigh Wheaton, owner of Wheaton's Irving in Parrsboro, Nova Scotia, and his family.

For over 40 years, Wheatons have owned and operated Wheaton's Irving on Main Street in Parrsboro, the only service station in the Parrsboro area and serving outlying areas. Leigh Wheaton, a few years back, took on the advantage to take over the family business and has been very grateful for the career that the legacy of his father left. Leigh has shared his success with his business with great employees, past and present, and is a great community contributor.

Please join me in congratulating Leigh Wheaton and Wheaton's Irving staff on his 40 years of service to the people of Parrsboro and surrounding area and wish them many more.

THE SPEAKER: The time allotted for members' statements has expired. We'll take our mandated 15-minute COVID-19 break and the House will resume at 2:15 p.m.

[2:00 p.m. The House recessed.]

[2:15 p.m. The House reconvened.]

THE SPEAKER: Order, please.

ORDERS OF THE DAY

ORAL QUESTIONS PUT BY MEMBERS TO MINISTERS

THE SPEAKER: The honourable Leader of the Official Opposition.

PREM. - N.S. POP. GROWTH: FAMILY DRS. - PLAN

TIM HOUSTON: Mr. Speaker, my colleague for Pictou West has previously asked about the 60,000 Nova Scotians on the Find a Family Practice list. As we know, this official list usually represents about half the Nova Scotians who are actually looking for a family doctor. The real number could be closer to 120,000.

At the time, the minister responded to the question in part by pointing to increased population. For years, this government has been claiming population numbers as a product of the Liberal population growth plan.

My question for the Premier is: Why hasn't the population growth plan included recruiting enough family doctors in anticipation of all the new Nova Scotians we've seen?

THE PREMIER: Mr. Speaker, as we continue to grow our population in Nova Scotia, we are tracking to reach one million people here in the province. Part of our recruitment effort is to attract doctors. It's an important part to continue to look at ensuring that we're attracting not only doctors but health care providers. It has been a focus along with the Atlantic Immigration Pilot program. We were able to successfully attract doctors throughout the province and we're going to continue to work on that as we continue to grow our population.

TIM HOUSTON: Mr. Speaker, we do know that the population growth is a good thing. We know the government has taken credit for the population growth here, but sometimes we wonder if they're taking credit for something that in fact they've just lucked into or just happened because people understand how great Nova Scotia is.

If it were in their actual plan, then they would have had a plan to meet the health care needs of new Nova Scotians. They also probably would have had a plan for housing.

You would think that if it were their plan to increase the population, they would have built something into their plan to make sure that new Nova Scotians actually had a place to live.

My question for the Premier is: If the population growth was always in their plan, why was there no housing element to the plan?

THE PREMIER: Mr. Speaker, I'm very proud of the work that the Minister of Immigration and Population Growth continues to do to attract more and more people to our province. We're now attracting people from all over Canada. More are coming to our province from other provinces in Canada than since 1984. All 18 of our counties have seen that population growth. Halifax is now the second-fastest-growing city in the country. Those are all positive things.

But housing is an issue here. Housing is an issue in other fast-growing areas of the country. We have the Affordable Housing Commission that's steadily putting together some recommendations. They're coming out in May, but we're still taking action today. There's a rental cap on right now to make sure we don't have those increases that I think are not right during a pandemic. We're going to continue to grow our population, grow our economy, grow our exports, and have record tourism numbers again once we get through this pandemic.

TIM HOUSTON: I think the point that the Premier's missing is that the Liberal government seems to have been caught off guard by the population growth that it's trying so hard to take credit for. It certainly seems they didn't anticipate that the population growth would include children, and certainly not that those children would be going to school, because if they did, they would have had schools prepared for the population growth that's happening. Instead, what we have is the federal government coming in to put some portables in place for the children.

My question again for the Premier is: If the government spent the last eight years working towards a population growth plan, why weren't they ready to provide the services that they knew would go along with it?

THE PREMIER: Mr. Speaker, I'm more optimistic about the future of Nova Scotia here. We continue to invest record amounts in infrastructure, whether it's health care - acute care and now long-term care - or whether it's our schools, our roads and infrastructure in the province, we're going to continue to drive population growth.

Before we hit the pandemic we had the best economic numbers we've had in decades. We're on our way back, recovering faster than any other province. While other provinces are experiencing a significant second wave and looking to shut down again, we're open for business and our schools are open. I remain optimistic that we're going to lead the federation in our economic recovery.

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

PREM.: AMBULANCE OFFLOADS - WAIT TIMES

GARY BURRILL: Mr. Speaker, every day paramedics are stuck at emergency departments not doing what they were trained to do because they're waiting and waiting and waiting to be able to discharge responsibility for their patients. Here are some of the average offload times recorded at various hospitals last year. Our caucus has received this information in a recent freedom of information application.

Cobequid, 71 minutes; Dartmouth General, 62 minutes; Halifax Infirmary, 91 minutes. Mr. Speaker, 91 minutes.

Does the Premier think something is deeply and systemically wrong with the health care system when paramedics are routinely spending an hour and a half to offload their patients?

THE PREMIER: The member knows that there is a ministerial directive to ensure that the offload times are limited to 30 minutes. We have the recommendations from the Fitch report, most of which are actually already under way in anticipation. We're going to continue to work with experts and make sure that we are maximizing efficiency and improving the system.

Of course, there are pressures across our system. We're going to continue to invest in infrastructure in places, including increased outpatient centre access through Bayers Lake, which those Parties voted against. We're going to continue to make those key investments and continue to look at how we can improve services across the province.

GARY BURRILL: Mr. Speaker, what this member knows is that it takes more than a ministerial directive to solve a systemic problem. The thing about statistical averages, of course, is that they incorporate a lot of smaller numbers, and they incorporate a lot of larger numbers.

If the average wait time for offloading is, let's say, 70 minutes, that means there are all kinds of instances that are going to be measured in the hours and the hours and the hours. The wait for offload could be 24 hours, which we are told by Mike Nickerson, president of the paramedics union, is not unheard of.

Does the Premier agree with me that this is simply beyond all reason?

THE PREMIER: What I can agree with are the recommendations, by and large, in the Fitch report to continue to look at how we can look at continuous improvement in a system that began as a pioneering system that other jurisdictions across North America

looked at. Now we are going to continue to take it to the next level, looking at how we redesign that system.

I think we owe it to Nova Scotians to look at ways that we can improve offload times and also to make key investments in areas to make the best out of the investments we have put into the system.

GARY BURRILL: Mr. Speaker, I ask this question with the solemn permission of the MacPhee family.

On September 29th of last year at 6:30 in the morning, Anne MacPhee's husband, Kelly MacPhee, collapsed at their home on Craigmore Drive just by the Armdale Rotary, about six minutes from the QEII. Anne called 911. It took the ambulance around 40 minutes to arrive. In the course of that 40 minutes, Anne called 911 repeated times, but still no ambulance. Mr. MacPhee passed away before the ambulance arrived.

Mr. Speaker, we know that ambulance response delays indicate systemic problems in health care as a whole. What systematic solutions does the Premier propose in response to this experience as it has been related today by Mrs. MacPhee?

HON. ZACH CHURCHILL: We can all just imagine the turmoil in those final moments of life.

Responders did get there in 34 minutes. There are currently two investigations ongoing related to this specific case. One is a clinical investigation, which will help us determine whether the outcome could have been prevented, and the other investigation is operational to determine which factors in the system at large impacted the 34-minute response time.

Of course, we want to extend our condolences and sympathies to the family and inform the family that these investigations are ongoing.

I know that the family met with representatives from EMC, including Dr. Travers, as well. We will know more about this case as those investigations unfold.

THE SPEAKER: The honourable Leader of the Official Opposition.

PREM.: N.S. HEALTH AUTHORITY - NEW CHAIR

TIM HOUSTON: Yesterday the government appointed a new Chair to the board of the Nova Scotia Health Authority. The new Chair had previously been interim CEO of the Health Authority back in 2019 and had advocated that the Nova Scotia Health Authority had centralized decision-making too much. This was in the face, of course, of criticisms

that the regions didn't have enough say in their own staffing and operations. The new Chair at that time led an initiative to give more decision-making authority to the regions.

My question for the Premier is: Is the reason that the new Chair was appointed because of her previous attempts to decentralize the Nova Scotia Health Authority?

THE PREMIER: Mr. Speaker, our one Health Authority system set up across the province has proved to work very well during the pandemic. It is a prime example of how we are able to get out information from a centralized source, including respecting local decision making. We have made adjustments along the way to ensure that we protect that regional input, and there is on-site management. We have brought in a middle manager - a COO - to ensure that we are getting that local decision making, but at the same time ensuring that we have commensurate services that are across the province and dealing with things that are province-wide, like the pandemic.

TIM HOUSTON: Mr. Speaker, I am not sure of the measuring stick to determine what is working quite well and what is not working quite well, but we do know that health administration costs are way up and health outcomes are way down.

As the new Chair - as in the position of interim CEO, had alluded to the fact that the NSHA was unduly bureaucratic and complex, and that was certainly a sentiment - was and is a sentiment - shared by many health care workers, particularly those outside of the Central Zone, but also those in the Central Zone, the NSHA as a single Health Authority for the province was a key component of the Liberal government's mandate - much like a doctor for every Nova Scotian.

I would just like to ask the Premier one more time: Is the appointment in any way a signal that the Premier intends to walk back from the decision to centralize all health in Halifax?

THE PREMIER: As long as we continue to have success while we break - we broke down the barriers of nine or ten different health authorities across the province, looking at how we can look at best practices in different regions and respecting that there is need for nimble, local decision making for operational issue. That is going to continue. We are going to continue to look at ways that we make our investments most strategic, most efficient in the different regions while ensuring that we have one health system in a province of less than a million people.

THE SPEAKER: The honourable Leader of the Official Opposition.

CNS - COVID-19 PRESS RELEASES: RANKIN GOVT. - DIRECTIVE

TIM HOUSTON: Mr. Speaker, my question is for the Minister of Communications Nova Scotia.

Over the past year, of course, Nova Scotians have hung on every word that the government sent out over the pandemic. They were searching for information and they were searching for certainty in an uncertain time. On September 25, 2020, a CNS release let Nova Scotians know that “government is extending virtual care.” That, of course, means the government of Nova Scotia - government extends virtual care.

Again, in December, a virtual medicine press release announced that “government is further extending access to virtual care.” Of course, the government of Nova Scotia.

Just yesterday, a release went out about virtual care. It was issued by CNS, but it started with, “The Rankin government is continuing to make virtual care...” That is a not-so-subtle change in the way that Communications Nova Scotia puts their releases out.

My question for the Minister of Communications Nova Scotia is this: Who issued the directive to include the phrase “the Rankin government” in COVID-19 press releases?

HON. TONY INCE: Mr. Speaker, Communications Nova Scotia is non-partisan and has legislation and guidelines in place for governing in its public communications. These guidelines state that releases cannot use the names of political Parties. The Premier leads the government, and the use of his name in releases is consistent with these guidelines.

TIM HOUSTON: Seems the minister might have found a slight technicality there, I guess. The Premier has gone out of this way to accuse Opposition and media - others - of politicizing the pandemic whenever we dare to ask questions about it, yet it appears that unlike the previous Premier, this Premier is the one who wants to use all levers of government to, in fact, politicize messages.

I remind the House that the Public Service Act respecting the Office of Communications Nova Scotia clearly does state that official government communications should not be used to promote partisan interest - and that is exactly what is happening here. I can table the guidelines, but I think the minister might already have them.

My question to the Minister of Communications Nova Scotia is: Now that he knows the term “the Rankin government” is certainly being used to promote partisan interests, will he put a stop to it immediately?

TONY INCE: We are not using this - as I said, the Premier leads the government. The use of his name is in releases and is consistent with the guidelines.

THE SPEAKER: The honourable member for Queens-Shelburne.

[2:30 p.m.]

FTB - ELECTIONS N.S. BUDGET REDUCED - EXPLAIN

KIM MASLAND: Recently, members of the House of Assembly Management Commission received a letter from Chief Electoral Officer Richard Temporale. I consider it a very unusual step for the Chief Electoral Officer to make and a striking measure of his concern.

The Liberal majority committee approved Elections Nova Scotia's funding request, but this government chose to reduce that amount in the provincial budget. All of us have watched the Newfoundland and Labrador election with concern and saw first-hand the chaos that can happen when the election watchdog does not have the resources it needs to hold a safe and legitimate election.

My question for the Minister of Finance and Treasury Board is: At a time of such uncertainty, why did the minister not provide Elections Nova Scotia the funds needed for the second year in a row?

HON. LABI KOUSOULIS: As with all departments, requests come through from the departments into the Treasury Board and that's how decisions are made in terms of funding. This would be a question specifically for the department itself where it's geared directly to a department.

KIM MASLAND: Mr. Temporale pointed out in his letter that his office received \$606,000 less than requested and less than approved at the House of Assembly Management Commission. He says that the cut removes funding for Spring 2022 election readiness, external legal support, and the costs of a by-election, among other things.

After all the chaos and confusion we witnessed in Newfoundland and Labrador in the last few months, it's difficult to understand the justification for underfunding Elections Nova Scotia in what appears to be an election year.

My question for whichever department would like to answer this: Is the minister willing to risk the legitimacy of a by-election or a general election during COVID-19 by forcing the organization to operate on a shoestring budget?

LABI KOUSOULIS: Mr. Speaker, what I can say in regard to all of our departments is that we have a budget, which is in the Legislature right now, which has had no cuts to any departments. I can say that in terms of bringing an election forward, Elections Nova Scotia will be adequately funded.

THE SPEAKER: The honourable member for Cape Breton Centre.

PREM. - CHILD CARE: URGENT NEED - ADDRESS

KENDRA COOMBES: Mr. Speaker, my question is for the Premier. Last week, Raven Nickerson-Hache made the difficult decision to leave her career as a medical laboratory assistant at the Cape Breton Regional Hospital. Like many parents across the province, her workday starts early. When she was unable to find reliable child care for her daughter that would be open at 6:30 a.m., without family members or other informal supports to fill in the gaps, Ms. Nickerson-Hache was unable to continue in her position at the hospital.

Mr. Speaker, will the Premier explain what steps this government is taking to address the urgent need for child care that meets the needs of working parents?

THE PREMIER: We continue to invest significant funding in the child care sector. It's really important for families to have access to child care across the province. That's why we recognize the value of the sector during the pandemic and that it was hit hard. That's why we kept the sector whole by investing \$30 million. We recently created 500 spaces for underserved communities, and we're going to continue to look at ways that we support the sector.

KENDRA COOMBES: In Nova Scotia, more than 75 per cent of mothers of young children are in the workforce. However, in CBRM there are licensed child care spaces for less than 25 per cent of children four years and under. Ms. Nickerson-Hache has been on the wait-list for child care for more than a year.

This government has been taking advantage of women's unpaid care work for far too long. I believe our former Premier called it organic child care. We need urgent investment in universal, affordable public child care.

Can the Premier explain why this budget does not invest a single new dollar in child care?

THE PREMIER: Indeed, we did invest over \$100 million in this very important sector for families across the province. We believe in the concept of ensuring that we have universal child care in the province. That's why we've engaged the federal government to learn more about their plans and how they would be rolling out such a system.

We've invested \$60 million now, which is annual, to ensure that all four-year-olds now in the province have access to a public system. We continue to look at ways that we can enhance more and more people entering into early childhood education by supporting our Nova Scotia Community College, and we're going to continue to have conversations to ensure that we support this sector.

THE SPEAKER: The honourable member for Pictou West.

PREM.: VACCINE PRIORITIZATION - CONCERNS

KARLA MACFARLANE: We have asked the Premier about vaccines for those with Down syndrome and cystic fibrosis and why they were not being prioritized in the vaccine rollout, given their increased risk of serious complications from COVID-19. We keep raising these issues and concerns because we are the only province that's doing it this way, and really doing it backwards.

Every other province tells the immunocompromised, we'll keep you safe. But here, the Nova Scotia Premier tells them, we'll keep you safe eventually. It's like the old commercial about four out of five dentists recommend chewing a certain kind of gum. Well, we're the fifth dentist on this one.

Will the Premier please acknowledge that those with underlying conditions have increased risks associated with COVID-19, and that they should be given priority so that they may too share the same sense of normalcy the rest of us are experiencing?

THE PREMIER: I'm very happy to report that over 100,000 doses have gone in arms. That's a big milestone for us, as we continue to listen to Dr. Strang and Public Health with the strategy that has been working with our very low case counts. Our epidemiology allows us to stay focused on our major programs. By far the largest risk group is those that are aged over 80. Now we're descending down to the ages of 75 and above.

I don't think we're going backwards. I think we're going in the right direction by taking the advice from Dr. Strang and ensuring that the plan continues to be rolled out, and that we have vaccines available for all Nova Scotians so that we can get to population immunity as quickly as possible.

KARLA MACFARLANE: "Given that: (a) COVID can cause serious illness in a transplant recipient, (b) transplant recipients often have comorbidities . . . we recommend that vaccine may be given to the pre- and post-transplant patient population when it is available to them." That was a quote from the Canadian Society of Transplantation regarding the urgency. Due to the severity of COVID-19 in this population, we also recommend that transplant patients be prioritized for vaccination.

Will the Premier acknowledge that there is an increased risk for those who have received organ transplants, and that the risk of contracting COVID-19 is not zero per cent?

THE PREMIER: By far, the largest risk is those that are over the age of 80, and those that are in the long-term care centres, who are now getting second doses. We're going to continue with the plan set forward, proposed by Public Health. I think we've done very well. We're really leading the country in the way we've handled the pandemic because of that. It's working.

We're going to continue to look at ways that we can ensure that we have more and more access in communities. We're going to reach about 200 clinics out in communities and across the province. Appointments are open, ready to go in areas near the member's constituency, like New Glasgow. There are appointments ready, and I would consider asking those who are over the age of 75, that the member ask them to book their appointment for their vaccine.

THE SPEAKER: The honourable member for Pictou West on a new question.

H&W - VIRTUAL CARE: LATE RENEWAL - EXPLAIN

KARLA MACFARLANE: Yesterday, we asked the government about its announcement to extend virtual care for another year through the end of March 2022. I don't understand why this announcement was limited to 2022 when we know that virtual care will certainly play a larger role in our health care system in the future.

The existing agreement with physicians to deliver virtual care was due to expire today, actually, and yet the government waited until the last minute to announce an extension. To make matters worse, the doctors I'm talking to only found out when it was announced yesterday.

Can the minister please clarify on what date Doctors Nova Scotia has made it aware of this extension?

HON. ZACH CHURCHILL: I can certainly look into that for the member. Again, there's no going back from virtual care, so all members of the House and members of the public should anticipate virtual care billing numbers being able to be extended. Previous to this extension, we did extend three months at a time, so this is the largest extension yet.

We're giving ourselves a year, and we're working with Doctors Nova Scotia to iron out any potential issues with this, as well as to ensure we have the appropriate accountability metrics in place. Nova Scotians and doctors will benefit from an enhanced virtual care network here in Nova Scotia that is going to continue to improve access points for mental health, for enhancements to primary care. We're really looking forward to what the future brings when it comes to the opportunities that these new technologies provide our patients.

KARLA MACFARLANE: It's a shame, Mr. Speaker, that I had to inform a local doctor about this. Virtual care has the potential to transform the delivery of health care in this province, and yet, for whatever reason, this government seems hesitant to fully commit to it.

This should have been an easy decision, but it's no surprise that a government that decides to focus on rebates for cars that are \$55,000 or more in the midst of a pandemic might have issues with prioritization.

Waiting until the last possible moment to make this announcement is unfair to all those looking to schedule upcoming appointments. Both patients and providers deserve certainty on what services are available, so why did the government not make this decision earlier?

HON. ZACH CHURCHILL: We've been projecting with virtual care that this was going to be extended. We've extended it a number of times, for the billing. We invested in the expansion from a budgetary perspective. We've partnered with the federal government to get additional dollars to expand virtual care. So, I guess all I can do is thank the member for supporting our government's efforts to enhance this critical part of primary care in our province.

THE SPEAKER: The honourable member for Cape Breton Centre.

PREM.: TUITION REDUCTION - ADDRESS

KENDRA COOMBES: Mr. Speaker, my question is for the Premier. Last month, I met with local representatives of the Canadian Federation of Students. The COVID-19 pandemic has been particularly hard on post-secondary students. It has meant moving to online classes, taking on more debt, instability in housing, food insecurity, and graduating into an uncertain job market. However, tuition rates have continued to rise.

Mr. Speaker, will the Premier agree to act on students' recommendations to immediately reduce tuition fees by 10 per cent to minimize the financial burden on students?

THE PREMIER: In this budget, we continue to support our post-secondary institutions. Our government values those institutions across the province as assets, unlike in past governments, like the NDP, where they cut money out of that tuition program - over \$30 million, Mr. Speaker - which made it very difficult for us to control tuition rates when we came in.

We're going to continue to make sure that we value this sector, that we invest in and keep programs like computer science, the jobs of tomorrow; that we continue to invest in Dalhousie and Saint Mary's and St. F.X., and all the other universities across the province that are delivering high education, the best programs that we can have in the country.

KENDRA COOMBES: I'm guessing the answer is no, and Mr. Speaker, when I graduated in 2011, I had a tuition freeze.

Mr. Speaker, the COVID-19 pandemic has been more than challenging for international students in Nova Scotia. Many have been unable to return home while travel restrictions remain in place. International students bring so much to our communities, campuses, and local economies, but they were excluded from many government relief programs.

During the pandemic, access to health care is particularly important. Currently, only one-third of eligible international students have access to MSI. Mr. Speaker, will the Premier commit to remove barriers to accessing health care, and provide the immediate MSI coverage upon arrival for students?

[2:45 p.m.]

THE PREMIER: Mr. Speaker, our government has done a lot to support our students, international students. They are tremendous assets to communities, like in Cape Breton where they have come from far away to get high-class education - that provided business cases for transit in communities like in Cape Breton. We have made adjustments to ensure that we are attracting people and retaining people here, and students (when they get a job offer) they are able to stay here. We are going to continue to look at ways that we can continue to attract and lead Atlantic Canada with our retention rates, as we have over the last few years.

THE SPEAKER: The honourable member for Queens-Shelburne.

TAAT - ALBANY NEW RD. (QUEENS CO.): REPAIRS - TIMELINE

KIM MASLAND: Mr. Speaker, I appreciate the Minister of Transportation and Active Transit taking my question yesterday regarding Albany New Road, committing to providing an update on the status of much-needed repairs.

The current state of Albany New Road causes a tremendous amount of anxiety for local residents who fear that, if needed, emergency services may not be able to reach them. I appreciate that our back roads are experiencing Spring thaw conditions but, because of lack of significant investments, this road has become not only a year-round motor safety issue but now a public safety issue.

My question: Is the minister in a position to provide an update on the timeline for this urgent project today?

HON. LLOYD HINES: Mr. Speaker, I thank the member opposite for the question. We actually have completed RIM work on the Albany New Road in 2019 and 2020. Our staff is monitoring it now. It is a rough Spring for all our gravel roads, and conditions for grading depend on the weather. As soon as the weather permits, we are going to be on that road with our graders.

KIM MASLAND: Mr. Speaker, thank you to the minister for the response. Just so he understands how critical these repairs are - just last week I received an email from Jackie Burke whose late father lived in Albany New Road. On March 11th, her dad experienced a medical event and the family called for an ambulance. It took 52 minutes for the ambulance to arrive. The whole time Jackie and her sisters desperately fought to keep their dad alive. When the paramedics were trying to leave, Jackie said they were not sure they would be able to get back through the road and asked if there was a main road.

My question to the minister is: Will the minister act as quickly as possible to ensure the lives of residents on the Albany New Road are not put in jeopardy because the road is not in acceptable condition?

LLOYD HINES: Mr. Speaker, through you to the member, obviously safety is a major consideration in our department. I want to point out that we have spent, this government, over the past two seasons over \$1 billion on improving our road system throughout the province, including a significant increase to our gravel road program. We strive every day to deliver the best job that we can for Nova Scotians.

I want to thank our over 2,000 workers who are dedicated to helping the people of Nova Scotia in improving our roads and keeping them in good shape.

THE SPEAKER: The honourable member for Kings North.

H&W - VALLEY REG. HOSP.: OPERATING RMS. - OPTIMAL USAGE

JOHN LOHR: Mr. Speaker, my question is for the Minister of Health and Wellness.

In 2014, the Auditor General looked at the operation wait time, operating time scheduling. When the AG followed up four years later, in 2018, seven of his recommendations had not been addressed. One of those recommendations, Recommendation 4.5, stated the Annapolis Valley Health should update and improve its operating room scheduling policy. The policy should address optimal usage expectations and formalize standards to allocate operating room time that includes guidance for revisiting operating room allocation on a regular basis.

My question for the minister is: Can the minister confirm for the residents of the Western Region that formal standards and optimal usage of operating rooms at the Valley Regional Hospital are in place despite the increase in wait time since the beginning of the pandemic?

HON. ZACH CHURCHILL: Mr. Speaker, offload times have been a systemic challenge in the system for a long time. We utilize advice from the Auditor General as well as our experts in the system. The Nova Scotia Health Authority is currently operating under directive from my office here and the department to improve these issues. We're working

very closely with them to identify short-, medium-, and long-term solutions to our offloading. There have been some changes made already that we believe can alleviate some of the pressure. Expanding scope of practice for paramedics and allowing them to treat and release patients on site would be one of those.

JOHN LOHR: In fact, I was asking about operating room, not offload times. I realize he may not have heard that - operating time increases in the wait-list.

The pandemic has increased the wait time for all surgeries in the western region, including cataracts. In fact, in a recent conversation with the local ophthalmologist, I was informed that the wait times at Soldiers Memorial Hospital have increased to an all-time 428 days for cataract surgery. Meanwhile, the provincial average is 380 days for cataract surgery.

My question for the minister is: What is the minister doing to reduce the wait times for cataract surgeries at Soldiers Memorial Hospital in Middleton?

ZACH CHURCHILL: The member is correct. The pandemic did impact elective surgeries across the province as the system prepared to meet what the potential impacts of the pandemic could have been.

I am happy to report to the House that 95 per cent of those surgeries - and this is since the last time I have received the update from the Health Authority - have been either rescheduled or have occurred. They're working very diligently to address the remaining elective surgeries that have been delayed; we're even utilizing private clinics as well, particularly on the cataract surgery issue, to help us deal with that. Those private clinics only exist in HRM, but that is relieving some of the pressure in the system.

THE SPEAKER: The honourable member for Halifax Needham.

PREM.: PERMANENT RENT CONTROL - COMMIT

LISA ROBERTS: My question is for the Premier. We have begun to hear from people who are receiving notice of rent increases. One renter has received a notice saying his rent will increase by 6 per cent on July 1st. Clearly, the landlord is anticipating that the state of emergency will be lifted, and it will be back to business as usual.

I would like to ask the Premier: Will he commit to permanent rent control?

THE PREMIER: Rent control is one tool that we have to ensure that we're looking at the housing issue across the province. We haven't made a commitment until we have the report back from the housing commission, which is made up of a number of experts who will bring forward some recommendations that include rent control, the level, and how it's impacted, how we're able to ensure that our tenants remain protected.

At the same time, we need to look at the supply issue, ensuring that we have incentives for development, ensuring that we work with our non-profit sector. Rent control is not the solution, but right now it needs to remain in place.

LISA ROBERTS: We should all be able to look forward to the end of the state of emergency. Instead, renters fear the end of the state of emergency because they know that it could bring - right now, according to the government's announced plans - a return to rent increases that they can't afford. Rents increased by 20 per cent last year. This housing crisis did not begin with COVID-19, and it will not magically disappear when we enter a new phase of this pandemic. In fact, many project that for renters, it could become worse.

My question for the Premier is: What is the plan when this government lifts the caps and renters are faced with increases?

THE PREMIER: In our province, there is a lot of our housing stock that's aged. We want to make sure that we have investments going into that in the private sector. We want to make sure that our government supports non-profits across the province to ensure that they are part of the solution on how we grow supply.

Rent control does work in some circumstances. There's competing evidence if it works in the long term. There are other jurisdictions that have rent control in place that have similar issues happening right now in their province.

Right now, what I believe is that the numbers of 20 per cent increases or more are not appropriate, especially during a state of emergency, so rent control will remain until we have that report back from the Nova Scotia Affordable Housing Commission and we look at the evidence. This government will continue to look at evidence before we make important decisions like this.

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

H&W: MENTAL HEALTH & ADDICTIONS - FUNDING

HUGH MACKAY: My question through you, Mr. Speaker, is to the Minister of Health and Wellness. The twin scourges of mental health and addictions have negatively impacted many, if not most, Nova Scotia families. The government says that it is making the highest investments ever in addressing mental health and addictions issues. Yet some advocates have spoken out that spending on mental health and addictions as a percentage of the overall health budget has declined.

My question is: Can the minister please reconcile these statements and ensure the House that this government will continue to increase adequate funding for mental health and addictions services?

HON. ZACH CHURCHILL: We do now have the largest mental health budget that we've ever had in our province's history. It also does not take into consideration the budget through our Department of Education and Early Childhood Development, as well, that provides a host of mental health supports for young people. If you do look at, I think, the budget of the department along with the other government departments (primarily the Department of Education and Early Childhood Development) that do provide mental health supports, that percentage would go up.

The percentage in the Department of Health and Wellness, while we've increased the funding in mental health, the percentage does remain lower than seven per cent, primarily because of the hundreds of millions of dollars that we spent on COVID-19 and long-term care.

HUGH MACKAY: I thank the minister for that answer. My supplementary today is also for the Minister of Health and Wellness. The Canadian Medical Association recognizes addiction as a chronic, treatable disease, and urges that it be included in national and provincial efforts to improve chronic disease management.

My question through you, Mr. Speaker, is: Will the newly announced Office of Mental Health and Addictions be supplied with funding to make a serious, positive impact for improving Nova Scotia's management of this devastating disease?

ZACH CHURCHILL: Absolutely. That office is going to be staffed with 15 full-time equivalents, and that is going to be staffed with a clinician at its head. We're going to be in the market pretty soon, actually, do to that hiring.

Furthermore, on the addictions front, we are establishing through this budget additional supports for those dealing with addiction and that need withdrawal support by establishing addictions and withdrawal support hubs in each of our health care zones. Of course, those are going to be programs that are in place to provide support to those individuals and ensure that policy number one is no harm when it comes to withdrawal management.

THE SPEAKER: The honourable member for Sackville-Cobequid.

H&W: COB. COM. HEALTH CTRE. - 24-HR. COVERAGE

STEVE CRAIG: The Cobequid Community Health Centre in Lower Sackville plays an integral part of the well-being of the residents of Lower Sackville - when it's open. Currently the emergency room closes at midnight. Most nights at closing time, there are patients still waiting to be seen by a doctor, and because of this, patients who require care beyond closing time must be transferred by ambulance to Halifax and Dartmouth.

As we all know, the wait time for an ambulance can be a long one, which means staff have to remain on duty until EMS arrives and their patients are safely transferred.

My question for the Minister of Health and Wellness is: When will the Cobequid Community Health Centre's emergency department be expanded to provide 24-hour coverage?

HON. ZACH CHURCHILL: We can certainly investigate that with the Nova Scotia Health Authority. Staffing of our ERs tends to be a big issue when it comes to the hours of operation, finding the physicians, in particular, that will provide those services. I don't know that there is an option to extend those services 24/7, but we certainly can get an answer from the Nova Scotia Health Authority for the member.

STEVE CRAIG: The lineup of ambulances to overcrowded emergency rooms in Halifax and Dartmouth are a symptom of the crisis that this House discussed in Emergency Debate at the start of the session. In short, if an ambulance is waiting to offload a patient, the paramedics on the ambulance are not available for 911 calls. The union's campaign has shown all Nova Scotians how sparse coverage is on some days.

[3:00 p.m.]

I have to question the wisdom of adding to this problem by requiring ambulances and skilled paramedics to transfer patients from the Cobequid emergency room to a different emergency room by ambulance. Will the minister admit that closing the doors at the Cobequid emergency department at midnight is adding to the pressure of a system that is already in crisis?

ZACH CHURCHILL: Offload times do remain an issue, primarily here in HRM. We have issued a directive to the health authority to work with us on finding short-, medium-, and long-term solutions to offloading. We've also taken additional steps through the implementation of Fitch report recommendations that we believe will help with this issue.

One is implementing non-ambulance vehicles that can do non-urgent transport from facility to facility. We do have four vans that have been deployed into our system right now as a pilot program. I believe that program is going to be expanded, because that is one area where I think we can relieve some pressure on our ambulance system - to have non-urgent cases and patients be transported with non-ambulance vehicles.

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

H&W: DR. RECRUITMENT - PRIORITIZE

DAVE RITCEY: Mr. Speaker, my question is for the Minister of Health and Wellness.

Truro and other communities in my constituency are in desperate need for medical professionals. As of last week, NSHA was looking for three and a half family practitioners: one at the Truro Collaborative Practice, one at the Colchester East Hants Health Centre, and 1.5 positions at the West Colchester Community Health Centre. I table those documents.

My question for the minister is: Why should residents of Truro and Colchester believe that physician recruitment is a priority for this government when so many positions in our communities are vacant?

HON. ZACH CHURCHILL: We do have a shortage of doctors in the member's community. Recruiters are working diligently to fill those positions with the NSHA.

Also, other communities have been involved with this process as well. We do find that community involvement can support with the attaching of doctors to the communities. I would encourage the member to speak with members of his community about ways that they can help. Government does provide support for community involvement in these matters. We'd be happy to have some partnerships there.

We have recruited, on average, 120 to 130 new doctors to our system every single year since, I believe, 2017. We have established the conditions, I believe, that will further help with this. We have the highest compensation in Atlantic Canada. We have reduced red tape barriers for internationally trained doctors. We have higher pay for the specialists that we need and for emergency doctors as well.

We're going to continue to do that hard work to make sure that communities have access to the primary care providers that they require.

DAVE RITCEY: It is not only primary care workers that are in demand. At least five critical mental health and addictions support positions remain unfilled in my area.

One example: our area's been looking for a psychiatrist since last year - May 2020. I'll table that document.

My question for the Minister of Health and Wellness is: What assurances can he provide the people in Truro/Colchester that mental health and addictions is a priority?

ZACH CHURCHILL: Truro will be one of the sites for the withdrawal and additions hubs that we do have in place. That is coming to the Truro community. Truro is the hub of that health zone.

The recruitment of mental health clinicians, like psychiatrists and psychologists, has always been a challenge. There is a shortage of supply of those professionals across the country, so we do experience challenges when we're hiring those positions for our health care system.

Everyone's looking for these folks. That's why we have ensured that we have competitive remuneration in place to assist with our efforts to entice these folks to live and work here in the province . . . [Interruption]

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

We will now move into our 15-minute mandated COVID-19 break. The House will reconvene at 3:20 p.m.

[3:05 p.m. The House recessed.]

[3:20 p.m. The House reconvened.]

OPPOSITION MEMBERS' BUSINESS

THE SPEAKER: The honourable Deputy House Leader for the Official Opposition.

BRAD JOHNS: Mr. Speaker, would you please call the order of business, Private Members' Public Bills for Second Reading.

PRIVATE MEMBERS' PUBLIC BILLS FOR SECOND READING

BRAD JOHNS: Mr. Speaker, would you please call Bill No. 48.

Bill No. 48 - Health Services and Insurance Act.

THE SPEAKER: The honourable member for Kings North.

JOHN LOHR: It is a real privilege and an honour for me to say a few words on Bill No. 48, the Health Services and Insurance Act. The very nondescript name, I believe, does not really do justice to the historic nature of this bill. I believe this is a bill which will become part of the conversation across the country. Other legislatures are watching what

we are doing and are aware of the direction the PC Party of Nova Scotia wants to take mental health services.

This bill, for greater clarity, is a very simple bill. I will just read the two statements:

“(1) The Minister shall enter into a service agreement under the M.S.I. Plan with a provider of mental healthcare services.

“(2) An agreement under subsection (1) must include access to mental healthcare services for all insured persons.”

What that is saying is that our PC plan which, as I said, I believe is a historic change in our country, is to open up the MSI billing codes to allow psychologists and allied health care providers to have access to those billing codes.

When we talk about the deficiencies in mental health care in the province, I want to start out by saying my appreciation for the frontline workers we have in the NSHA right now. I know they work hard and they're committed. I believe they are simply overwhelmed. I think the reasons they are overwhelmed are social reasons that have to do with the trend of our country. In fact, I don't believe that those reasons are really, in any way, the fault of this current Liberal government, and I have said that before.

We have been talking about mental health issues for seven years. The increase in demand is not anyone's fault. It's the broad sweep of our society for reasons that I don't understand. I believe that increased need is there and that it is incumbent upon us to address it. I don't believe the current government has adequately taken the steps needed to address the deficiencies in the mental health services that we need. Many people do get adequate care, but many, many people fall through the cracks. I know every member of this House is aware of the tragedies and knows personal examples, knows people in their own constituencies.

Our Party, in an attempt to address the shortfall, has come up with a universal health care plan, and I believe that plan will be talked about across the country. By bringing in this bill, not only do we signal our intention, if we are privileged to become government, but we cause the discussion to move forward on this, which I believe is the real value in this right now, to have this discussed.

I know members in both the other Parties are aware of the universal health care plan we have put forward because I have heard them talking about it. Part of the plan is to have a separate minister of addictions and mental health, which I believe will help reduce stigma on addictions and mental health. A keystone feature of it is to open up these billing codes.

We know that the billing codes opening up will be expensive. We have looked at the cost, and we have an estimate of that cost in the plan. However, we believe we're paying that cost now. It's pay it one way or pay it another.

How are we paying that cost now? First of all, we are paying that cost in human tragedy. There is no doubt about that. We are paying it in lost work, lost productivity. We know that is a substantial number. We are paying it in the sense that we know that if we had better access to mental health care now, some people who end up in the ER, some people who end up in the hands of police who - we have said in this Legislature before - are our de facto frontline mental health workers in our communities. We know that if there was better access to care, some of those people would not end up in the ER, not end up in the hands of the police, but would simply have better care.

One of the things we know, Mr. Speaker, is that when a mental health issue occurs, it typically occurs before a person turns 25. The first time that it occurs is the best time to treat it. We know that by doing that, by offering - and we know that, in fact, it is the young of our communities who are having trouble getting access. We know that.

So, our calculations, our communication with Statistics Canada says that 60 per cent of the people of the province have access through one form or another to mental health care, extra mental health care. Forty per cent do not. It is a huge number, and by having these billing codes opened up, we will provide the opportunity for them to have that access.

One of the things since I have been, two years now, a critic for addictions and mental health for the PC caucus - and, of course, this past year has been COVID-19 and none of us have really travelled very much. In that first year, I had the opportunity to go around the province and meet what I would say are many in the secondary industry, or the private side of mental health care and addictions care. I was very, very surprised at the extent of that, those services. Really, they have arisen to help meet the needs that are there.

I have to say I was very impressed with them all. People are in this field, this line of work, because they are motivated to help other people. That was clear to me. I was very impressed with the private side of the mental health and addictions services in the province. I think that by opening up these billing codes, we will provide the opportunity for those people to do more work. Many of them are doing it on a shoestring. Many of them are, and I do not really want to go through and name names, but I could. Many of us would know who I am talking about, these centres for addiction and for mental health. I will mention a couple: Talbot House in Cape Breton, Freedom House, and Crosby House. I am just very impressed with the work that they were doing.

By providing this opportunity for these billing codes, the counselling services that are needed would become available to many in our province who cannot access it right now.

You know if you break a leg you will get treatment. We all know and recognize that we have world-class acute care treatment in the province. In some cases, chronic care is not world-class, but there is a pretty long wait-list for chronic care. But we have world-class acute care treatment. It breaks down on the mental health care. We know that this is because the demand, the need has outstripped the increases in funding that have come through. Even though I recognize that this current budget is the largest budget we have ever had for mental health care, the percentages continue to slip. We still are spending more money than recommended beyond the primary, other types of health care, when the amount that should be spent on mental health care should be increasing.

[3:30 p.m.]

Our Party believes that the important thing is that people can get the right care at the right time and at the right place. We know that by providing this universal mental health care coverage we will be able to do that. We know that it will include registered psychologists, registered social workers, and registered counselling therapists in our plan.

Right now, these professionals, who are part of colleges and very well trained, when they are treating someone they have to ask themselves, will I get paid? And many of them are offering their services at reduced rates. In fact, when I met with the Association of Psychologists of Nova Scotia almost two years ago, this is one of the requests they had, that the billing codes be opened up for psychologists.

The reasons for doing this are manifold. This is something we know, that the trend across the country is that these issues are going to need to be addressed in a much more formalized way and a much more concrete way. We know that other jurisdictions are looking at having addictions and mental health services, we know that's happened already in two provinces. We know this opening up the billing codes for MSI, which is what Bill No. 48 is suggesting, is something I believe will happen in this province. I believe it will happen right across the country, that there will be more access to mental health services.

You ask yourself, what is happening in our country right now? We know the mental health and addiction issues that we have impact one in five Canadians, maybe two in five. The numbers just keep going up. One estimate says that by the time one in two people, by the time they're 40, will have had a mental health issue. We know it impacts youth. It's estimated from the CMHA website, which I will quote:

- “It is estimated that 10-20% of Canadian youth are affected by a mental illness or disorder - the single most disabling group of disorders worldwide.
- Today, approximately 5% of male youth and 12% of female youth, age 12 to 19, have experienced a major depressive episode.
- The total number of 12-19 year olds in Canada at risk for developing depression is a staggering 3.2 million.

- Once depression is recognized, help can make a difference for 80% of people who are affected, allowing them to get back to their regular activities.”

Timely care, timely intervention, can make a huge difference. We believe opening up these billing codes and increasing the number of professionals available to do this work will make a difference. I believe we are entering a time, when we look back we'll say that services for mental health and addictions, the types of services that our health care system can provide are really starting to come into their own. We are a long way from the 1950s when there was very limited treatment and very little known about how these things can be treated.

We are now in a time when there are more treatments available and more options available and better treatment and more scientifically based treatment. The options, the help that is available is much better than it was. We're at a time when we have to address those issues and look at what we can do to meet those needs. This is what we're saying as the PC Party.

We believe investment needs to be made, we believe that we're paying the costs now. We're paying it anyway. We have to look at how do we want to pay this. In fact, we know our ERs are not great places to go and have a mental health issue. We've had many in this Legislature, which we're not doing right now with this bill, but we've had many in the last couple of years come in and tell us their stories of how it did not work out for them, how difficult it was.

Recently I was questioned by a reporter about someone who was sent home from ER when maybe the more appropriate - would have been allowed to stay or admitted as an in-patient. I had to say to the reporter, I really don't believe the ER staff are to blame. It's systemic. It's how we are dealing with it as a society. We have to look at what they are trying to achieve and what the limits of their treatment are there. Clearly, everyone involved in that sad story could say something different needed to be done.

It's we who manage the system, we who decide which direction this system is going. It's incumbent on us to make the right decisions, to say, yes, there is a bigger need here than there was in the past. Yes, things have changed. Yes, there's better treatment available than there was in the past, and, yes, we know that providing better access to that treatment can make a difference in lives. It will make a difference in who shows up in the ER, it'll make a difference in who the police are dealing with. I would hope it would reduce those numbers. It will make a difference in reducing stigma around mental health and addictions.

Those things, Mr. Speaker, I believe are reasons why Bill No. 48 signals a change to our country, signals a change to how we think about this problem. I think my time is up. I'd like to thank you for the opportunity to say those few words.

THE SPEAKER: The honourable member for Dartmouth North.

SUSAN LEBLANC: Mr. Speaker, I'm glad to stand today to speak to Bill No. 48, that amends the Health Services and Insurance Act to require the Minister of Health and Wellness to enter into service agreements with mental health care providers who agree to treat any person insured under MSI.

I'd like to offer a few thoughts on the dynamics of the mental health conversations that have taken place over the last number of days since we've been allowed back in this House - for the first time, of course, in over a year. But, before I do that, I'd like to just register the gravity of the situation that we have in front of us, and that we are talking about, and that we are grappling with, basically on a daily basis, here in the Legislature.

Last year, 119 Nova Scotians took their own life, and 137 the year before that. Mr. Speaker, more people in this province have reported higher rates of anxiety than anywhere else in Canada since the COVID-19 pandemic began: 27 per cent of Nova Scotians describe their anxiety level as high, a 20 per cent jump from pre-pandemic levels; 16 per cent of Nova Scotians have reported high levels of depression since the pandemic, more than double the pre-pandemic number of seven per cent. The need for mental health care is incredible.

Before I get to speaking about Bill No. 48, I will say that listening to my colleague from Kings North, obviously, we agree on many, many things. We agree on the issue and on the problem, but we may differ somewhat on the way at that problem. I'll get to that in a second.

First, I would like to speak a little bit about the budget that we have in front of us and which we are debating each day for the next several days. Nova Scotians need this government to act to reverse the toll of centralization and under-investment in mental health services, but the budget has only given us a glimpse into some of the mental health peanuts offered by this government.

We hear the Minister of Health and Wellness daily, talking about how this is the biggest mental health budget ever in the history of Nova Scotia. Yes, more money is good money, but that doesn't actually address the issue of what we're talking about.

During Budget Estimates over the last number of days, answers from the minister on specifics for new e-mental health and addictions hubs, a plan to roll out single-session mental health services, a new Office of Mental Health and Addictions - answers to the questions about those things have been vague and scarce. We did learn, however, that the e-mental health hubs may be contracted out, and so the details of those would be determined during a secretive tender process, no doubt.

We also learned that the marginal increase in new investments is still not enough to bring us on par with what the World Health Organization recommends, which is 10 per cent of health spending on mental health. We still hover around the six per cent and that's far short of the international benchmark. These too small and vague investments are layered on top of the currently incredible wait times for access to public mental health services.

As we have been hearing over the last several months in the Health and Public Accounts committees and again here in the Legislature, these wait times are getting shorter in some areas, but we also know that they're not getting shorter in many areas, or they are getting shorter but they are still extremely long waits in many areas, in particular in Cape Breton.

I am also uneasy about some of the tactics that are being deployed to shorten them, or what I understand to be tactics to shorten them. We should not be overwhelming clinicians and therapists by increasing their caseloads in order to reduce wait times. We need proper investment in these areas.

All of this is overlaid by persistent issues with the central intake line and centralization that has steamrolled regional abilities to provide programming that works for their part of the province. It is compounded by incredible staff burnout, frustration and, frankly, terror that speaking out about these issues will threaten their employment.

All of this, without access to universal Pharmacare so people who are able to get a diagnosis and a prescription can reliably afford the drugs that they need to manage their mental health condition.

All of this while 60,000 Nova Scotians do not have a family doctor they can build a relationship with and who might be able to help them manage a mental health concern or issue. Don't even think about it if you are an opioid user because it is practically impossible to be referred back to a family doctor, if you can find one, after you have gone through mental health and addictions treatments.

All of this without the guarantee of a safe supply of drugs that is necessary to halt the epidemic of opioid overdoses.

All of this while Gambling Awareness Nova Scotia has been dissolved and its funding rerouted to general addictions streams. I will note that the minister had no clear answer during Budget Estimates when I asked him why it was not decided to fund both at the same time.

All of this while three Mental Health and Addictions offices are being moved out of downtown Dartmouth from their accessible by foot or ferry locations.

All of this while the two-tier mental health system reigns in this province where if you are lucky to be one of the roughly two-thirds of people with access to private drug coverage, or you can pay the going rate of about \$200 an hour, you are all set. If you do not, or you can't, then it is too bad.

Mr. Speaker, I would like to offer some short comments on the plan and approach put forward by our colleagues in the Progressive Conservative caucus. Like I said, I do feel like there is common ground. I think probably all of us in this House can acknowledge that, though we sit on different sides of the House and have different ways of looking at issues, we can all agree that this is a massive issue in our province - no one is disputing that.

First of all, I would like to say that I was surprised on previous days of the Legislature when the Progressive Conservative caucus did not offer their support to our bill that would create a mobile mental health emergency response service across the province.

The PC caucus seems to be putting forward a crisis line as the alternative which is, in fact, a service that already exists. We have a 24-hour line that folks can call. It is a confusing number - I do not know what the number is, but it is there. (Interruption) Well I know. That is the point. That is the point, would 911 not be easier? Frankly, any other number besides 911 is a tough one.

The bill in front of us would provide billing codes to private providers. It is certainly well intended, Mr. Speaker, but it is unusual in its approach. Listen, unusual is not usually a non-starter for me - unusual is sometimes very exciting - but I can't support this idea. No other province hands out public billing codes to private mental health practitioners. There is nothing wrong with being the first. We are the first in many things, but there is a stronger argument, I would say, for strengthening our public system over funneling resources into the private sector.

The member for Kings North just said if you break your leg, you go to the emergency department. You see somebody, you get your leg addressed, you get a cast and get fixed, and then maybe you get referred to an orthopedic surgeon. That is right, exactly, and for years, our caucus has been saying mental health care should be treated in exactly the same way. When you break your leg, you don't go and make an appointment with a private practitioner - you access the Public Health system, which we have in Canada and which works. It would work better if we recognized how well it could work with proper investment.

Yes, when you break your leg, you go to the emergency room. Yes, when something breaks in your head and you need mental health services, you go get them from the public system - or you should be able to. That is why we are proponents of same day, next day mental health care - I will get on to that in a second.

[3:45 p.m.]

Also, as I have noted before, the approach of creating a separate ministry of mental health and addictions has been flagged by experts as potentially, and I would say definitely, stigmatizing, sending us backward in time to create silos where in fact we need to work together on physical and mental health with a recognition of their interconnectedness, along with the social determinants of health.

We don't need a separate department of mental health and addictions. We are all one body and one mind, and we are interconnected. We should be able to talk about mental health as health care. I know we are guilty of it too, that we separate it out from health care, but we really should be working toward community in a province where it's all considered health care, and that would be reducing stigma.

I would like to now just take a moment to contrast the plans put forward by the PC caucus with the ones that the NDP caucus has put forward. The ideas around these issues that we put forward are: 10 per cent of the health budget should be dedicated to mental health. This would help fund the increased programming that is desperately needed, and I will note that my colleagues in the Progressive Conservative caucus have not explained how the changes outlined in this bill would be funded. It's all well and good to say we're opening up billing codes, but where is the investment that goes along with it? We might as well just take that investment and fund the public health system to the tune of 10 per cent of our health budget, which is what is internationally recommended.

A same-day/next-day walk-in mental health service available in person across the province and staffed by professionals. This appears to inspire the single-session program put forward in this budget, and I am very glad that the idea is being pursued, but with few details, it's difficult to assess whether this program is going to meet the needs of Nova Scotians who need mental health support. We've heard about this program so far with it being you don't need an appointment, and it's a first appointment, but what happens with the follow-up appointments? These are the kinds of questions we need to know, need answers to, but we're remaining hopeful.

An emergency mental health crisis response service available province-wide. This is something we put forward. Obviously we talked about it already. Right now, police are often sent to the scene of mental health crises, an arrangement that we know can be deadly for too many people, and an arrangement that we know the police aren't comfortable with, especially in rural Nova Scotia. They don't want to be dealing with mental health calls, or at least the number that they are dealing with now.

I would like to close on a sentiment expressed to me by a mental health professional in our province, employed by the Nova Scotia Health Authority, who asked to be unnamed. He is facing incredible odds, frustrated by the incredible demand, the lack of resources, or

institutional support. He said, I just want to help my community. Let me help my community. Nova Scotians want to use their skills to help each other, so let us let them.

THE SPEAKER: The honourable Minister of Justice.

HON. RANDY DELOREY: I thank my colleagues who have spoken already to this bill. Let's start at the beginning and acknowledge that over the last number of years, there have been many discussions. I think when this particular topic comes up, they are best classified as discussions rather than debate, because fundamentally, as my previous colleague noted, I think everybody who has a seat in this Chamber, and indeed all Nova Scotians, recognize the legitimacy of the challenges presented by those struggling with mental health and addiction issues.

That's in part, I think, because, as my colleague from the PC caucus noted correctly, citing some stats as to how prevalent mental health and addictions issues are within our society, and those challenges are not limited or restricted to our province. In fact, this is certainly a North American, western world, and much of the globe impacted.

One of the questions, I think, that came up earlier just in passing but I think it was an important one was why the demand continues to outstrip the supports, even with the additional investments being made, and why the growth in demand throughout our society for mental health support? I think there are multi-faceted reasons for that, but one of them, I believe, is a reflection of the work that has been ongoing - not just by government and the health sector but I think by other partners, organizations and society at large to tackle the barriers and the stigma associated with mental health and addiction.

That's not to say that the stigma has totally been erased, but I do believe what we are seeing is the work over the last decade or so to really in a very broad way take down and tackle the stigma to say, it's okay if you need help, it's okay to ask for help. That is one of the most challenging steps in the path to treatment: acknowledging that one requires help, particularly for those individuals with the most acute mental health challenges or addictions, psychosis and so forth where the brain doesn't even allow the individual to acknowledge the need for help - in fact, in many cases resists and pushes away and isolates the individual from receiving help from loved ones who are trying to assist.

As we take down and have seen progress in taking down that stigma, more Nova Scotians, more people across the globe, are acknowledging their need for help and they're reaching out. I think that is the challenge we've been faced with in our health system the last number of years, is that we had a health system that was designed and built for - as my colleague from the PC Party acknowledges - is really focused on the physical health. That's the evolution of our health system. That's where the priorities and focus - even when the Canada Health Act came into effect, it was designed and built around that. While there have been services throughout the decades to support addictions and mental health, it has often been a secondary component of the health system.

If you take a look at what has transpired over the last number of years, credit where credit is due, our colleagues from the NDP caucus, when they were in government, did pass the first strategy - the *Together We Can* document - around mental health. Really, a very important step in a government acknowledging and putting a lens and a focus on such an important topic. But let's also not ignore what's come after that, and what we've done over the last eight years collectively with continued increases in our investments in mental health supports and programs and service delivery.

I know many of our colleagues here are tired of hearing me talk about this because last year I think I spent about 24 hours in Estimates debate and a good portion of that time was spent talking about mental health concerns and responding to inquiries about what we are doing and how we are performing and the reality is we continue to invest. I'll repeat what I said during my tenure as Minister of Health and Wellness: we consciously made a priority of investing in mental health and investing in particular, not solely, but in particular - in programs and supports targeting youth and adolescents.

This is because - again, as our colleague from the Progressive Conservative caucus mentioned earlier - so often the first mental health experiences, particularly severe mental health issues, begin to develop and become visible through adolescence. Like many physical ailments, the earlier we can identify and intervene, the better the short- and long-term outcomes for the health of the individual.

With those targeted investments and focus within our partners in the Department of Education and Early Childhood Development, as the Minister of Health and Wellness said, I believe, earlier today in Question Period - referencing the fact that all of these investments, the mental health investments that we talked about in the health system - doesn't even take into account the investments that are being made in our partner organizations and sister departments like the Department of Education and Early Childhood Development.

There are so many resources being invested there because that is where we get to the heart of making a generational impact on early identification, early intervention, and supporting those young Nova Scotians, the future of this province, to develop the tools to help support them through - if it's a short-term experience that they need to help navigate and build the resilience to overcome, or a much more acute circumstance where we recognize that they may be living with essentially a chronic mental health illness.

That is a challenging time, but with that intervention - with letting them know that there are support providers right there within their school and within their community whom they can interact and engage with, whom they may already have relationships with because they are so close to them through the school system - that they are able to both have the adult individual service provider perhaps even see and intervene of their own accord, or at least that there are others within the school community who can perhaps make referrals and support that.

These are important critical investments that I am very proud of. In addition to that, as my colleague from the NDP caucus noted, we have a lot of pressures. How do we help and support them? We have to recognize - we have recognized the concerns and frustrations expressed by mental health service providers, particularly when it comes to remuneration.

There have been significant investments in the last couple of years, specifically to address historical imbalances that existed in the contracts that have been negotiated for these health care providers. Different circumstances in different parts of the province had led to some discrepancies in the way compensation was provided. Those have been addressed. I've seen very, very significant increases in compensation, recognizing how important and critical the work these individuals do is, in whatever part of the province they are performing their service for the people of Nova Scotia.

[4:00 p.m.]

Have we made progress? These investments that I've highlighted and made reference to, like rolling out the adolescent outreach services model, a model that we were made aware of that was operating in Cape Breton that we saw the benefits of and were able to then learn from that organization, CaperBase - take the model and the structure that they had already developed and honed in their community, seeing the positive results, and expand it out. I believe there are over 40 additional schools across the province that have access now to these services in the adolescent outreach model. As I said, that's focusing on earlier identification and supports to be there.

More mental health clinicians have been made available through the SchoolsPlus program, an education program. Work has been done and investments made, millions of dollars to support the revised suicide risk reduction and prevention framework. Support is provided to community-based and non-profit organizations for a wide variety of mental health supports within those communities.

These are just some of the programs and supports that have been invested in and continue to be supported. It has been mentioned by both of my colleagues that this year's budget is the largest investment in mental health support services ever, and that includes this past year. That's fiscal year ending today, a year that has seen unprecedented challenges and demands, both because of COVID-19 and other tragedies that we have experienced here in Nova Scotia. We are investing on top of that, on top of those unprecedented responses that our systems had to provide.

What are the results? Yes, as my colleagues have duly noted, there's more work that needs to be done. It's true. That's why we're continuing to increase our investments. What have we seen in the way of progress? Let's go back to Hansard. I don't have it here with me but, I assure you, you can probably randomly pick almost any day during my tenure as the Minister of Health and Wellness, and you'll find a member of the Opposition - particularly members from the Cape Breton region - citing numbers about the wait times

for mental health services for first appointment extending over 300 days, oft cited by the members of the Opposition.

Go to the Nova Scotia Health Authority's wait times website, and you'll see that the wait times - as the Minister of Health and Wellness has already noted - for urgent care are within the baseline of seven days or less. For non-urgent care, many are down to the 28-day threshold, but the upper end is about 60. Yes, there's more work to do, but it is a far cry from the over 300 days that we had people in Nova Scotia waiting for a first appointment and engagement.

These dramatic improvements have been made because of structural changes and because of the increased investments and supports. This is a commitment of the government. As we're seeing through the discussions that are ongoing today and have happened in the past, it is not just the government members, but I think the members of all three caucuses that share in our commitment to the people of Nova Scotia to continue to prioritize and support and help, and to create a system that will be there for Nova Scotians so that when an individual overcomes the stigma of a mental health or addiction to ask for help, we are united in our commitment to ensure that help is there for them.

THE SPEAKER: The honourable member for Pictou West.

KARLA MACFARLANE: I want to thank all my colleagues who just spoke for their comments. It's an honour to speak during second reading on Bill No. 48, the Health Services and Insurance Act.

As stated earlier, the purpose of this bill requires the Minister of Health and Wellness to enter into service agreements with mental health care providers who agree to treat any person insured under MSI in the province of Nova Scotia. It has been said over and over again that mental health affects people of all ages, all education, all income levels, and all cultures.

On comments from my colleague, the member for Dartmouth North, it feels like her need to oppose Progressive Conservative ideas is actually preventing her from considering initiatives that will help Nova Scotians who desperately need it. That's what this all does.

I also submit that we too have a detailed, costed plan and it's for the public to review. It's open, and I suggest that the member for Dartmouth North take time to read it. She may actually like it and agree with some of it. I felt that the member for Dartmouth North was clinging to some kind of ideology at every turn to try and make political points. Doing that on such a delicate subject is only putting up barriers to getting people help. It's very disappointing.

This bill is all about getting people help. This bill is non-partisan, and it's simply created and trying to find another solution. Just one of those things out of the tool box that we can use to help people and to truly try to curb the mental health pandemic that we're all witnessing.

In any given year, Mr. Speaker, one in five people in Canada will personally experience a mental health problem or an illness. Approximately eight per cent of adults will experience major depression at some time in their lives. I am certain many of us have experienced, or know someone who has experienced, a mental health disorder. It is a fact that between the ages of 40 - my age is 40 - that 50 per cent of the population will have or have had a mental health issue.

As I said earlier, it's a delicate, delicate topic. This Bill No. 48 introduced by my colleague for Pictou East will improve the colossal wait time for individuals seeking counselling to address their mental health issues. This bill is truly a lifesaver. Literally speaking, it could save lives for many. I know many who are suffering and I'm sure you do too. I'm certain that our colleagues know many as well, whether it's a family member, a co-worker, a friend, or themselves. They are suffering when they don't have to suffer. This bill would help solve many of those who are suffering.

They're suffering because of the lack of resources and affordability. Resources are limited, while the numbers requiring those resources continue to rise. Bill No. 48 is absolutely a reasonable approach and a solution that truly can be implemented with less red tape than most believe. Why we have yet to take such an approach and apply it is beyond my comprehension. It is so easy to do. A shocking and disappointing fact is that in Canada, only one out of five children needing mental health services receives them. This makes me so sad and angry at the same time. Surpassed only by injuries such as mentioned earlier - a broken arm, a broken leg - mental disorders in our youth are ranked as the second highest hospital care expenditures in Canada.

Imagine that statistic for just a moment. Think about the fact that a child falls off the monkey bars at school, breaks their arm and is immediately treated. But it takes months, if not sometimes over a year, for a child with a mental health disorder to be assessed. This is not acceptable, and every MLA should be advocating for better mental health services. That is why our Party worked extremely hard to develop ideas and solutions which created our universal health plan that is made public. People can go and look at it and see the work we put into it.

It's wrong and it's cruel to deny one health. I know all MLAs know the feeling. I know I'm not the only one who is getting calls every other day and people coming through my door. Mental health care is health care. Access to mental health care is a right, it is not a privilege. This bill will address the backlog of mental health and addiction needs that are over and above the existing high demand that predated COVID-19. Through COVID-19,

we have all witnessed the numbers of substance abuse issues, while the mental health of Nova Scotians continues to decline.

We are at a crucial moment for addressing mental health and addictions as we continue to navigate the pandemic. Everyone deserves access to treatment for mental health, not just those who can afford it or have coverage through work. This is why we need the support of the NDP and the Liberal government to pass this critical bill, because it will save lives. Bill No. 4 is clear. It's direct. It's concise. It would have an incredible, positive impact on Nova Scotians of all ages struggling with mental health issues and addictions.

As stated prior, this bill enables the minister to enter into service agreements under the MSI plan with a provider of mental health services. This would save lives. I cannot repeat this statement enough.

Mental health illness is increasingly threatening the lives of our children. Did you know that Canada's youth suicide rate is the third highest in the industrial world? Let that sink in for a moment. I know it's a jagged pill to swallow, but think about that. We need to think of how we would feel as parents if one of our children was suffering, how we would feel so hopeless in helping them, perhaps because of our financial situation, perhaps because we don't have a doctor to help us navigate in getting help. I can't imagine that. It's not fair that we are not doing more to help our youth in particular. I've said it many times before, but I will say it again and again and again. You are only as happy as your saddest child.

Suicide is among the leading causes of death in 15- to 24-year-old Canadians, second to accidents. In between that age group of 15 to 24, 4,000 people die by suicide a year. Let that sink in. Hard to believe, isn't it? Four thousand between 15 and 24 years old.

I myself am aware of six suicides in the past eight months. Six people that I know. These are people whom I knew from Pictou County. I often think, how could this be? It's hard for me to say this, and very difficult, actually, but the youngest suicide - a sweet, beautiful nine-year-old boy from Pictou County. Nine years old. How did we fail him and his family? Everyone take a moment. Nine years old. I often wonder if I had more time to speak, if it would make a difference in convincing my colleagues in the Opposition parties to vote for a bill that truly is non-partisan and would only benefit and save lives.

I feel we truly need to consider Bill No. 4. It is sincerely a good bill and a great start to correcting the unjust system we provide for those accessing mental health care. I know the government is working hard. I know there have been changes, but they're not happening fast enough. The biggest thing that I hear through my office is that they cannot access help.

I know right across this beautiful province of ours, every community is dealing with mental health issues, and I would go as far as saying those who are experiencing not just mental health issues but severe human rights violations and discrimination as well, and stigma because of their mental health disorder. This bill would allow those individuals to be treated effectively and efficiently and at a relatively low cost or none at all. A gap between people needing care and those with access to care remains substantial. Effective treatment coverage remains extremely low.

[4:15 p.m.]

I want to take a moment to thank in particular a lot of the counsellors and therapists and psychologists and psychiatrists in Pictou County. Many of them have helped me in placing those who could not access care. I know that I have gone to my friends far too many times, and I thank them from the bottom of my heart for taking people who would not have been able to navigate the system and couldn't get the help that they needed.

These people who are working so hard to help them are getting burned out. They do such a great job, but we need to provide better resources for them. There must be an increased investment on all fronts for mental health awareness, to increase understanding and reduce stigma.

The WHO - World Health Organization - has been working extremely hard to address mental health issues and to ensure all receive the help they need. They also have been working to develop and strengthen, as appropriate, and as part of a whole-society approach, the timely and quality provision of the full range of mental health services and psychosocial support as part of the health system, to allocate actual adequate funding for mental health, to mainstream knowledge of mental health among other health professionals, and to study the impact of COVID-19 on mental, neurological, and substance use conditions and their consequences during a pandemic.

We are all witnessing the particular impact of COVID-19 on adolescents as well as women, partly due to the increase of domestic abuse and sexual assault. People living in all areas of Nova Scotia are dealing with substance abuse issues. They also are reporting on the stigma and discrimination and human rights infringement that they are experiencing.

Mental health is health. We must remember that. Parity must exist between the two. That parity must embrace the people in charge of fixing that, and that is us. It's no longer acceptable for services to be provided to some and for those with a mental health illness to consider themselves fortunate that they receive help.

Every dollar spent on publicly funded psychological services results in a savings of two dollars for the health care system. With all my heart, I kindly ask Opposition Parties to consider this most important bill. I know I would have no regrets supporting this bill.

Again, a big shout-out to all those who are helping to combat mental health illnesses in Nova Scotia and across the globe. We all need to do better.

I'd like to take this opportunity to say thanks to you for allowing me to stand in my place. I now close debate on Bill No. 48.

THE SPEAKER: The motion is to close debate on Bill No. 48. All those in favour? Contrary minded? Thank you.

The motion is carried.

We'll now take our required COVID-19 break for 15 minutes. The House will resume at 4:33 p.m.

[4:18 p.m. The House recessed.]

[4:33 p.m. The House reconvenes.]

THE SPEAKER: The Deputy House Leader of the Official Opposition.

BRAD JOHNS: Madam Speaker, would you please call Bill No. 69.

Bill No. 69 - Seniors' Dignity Act.

THE SPEAKER: The honourable member for Queens-Shelburne.

KIM MASLAND: It is a great pleasure to rise today to speak to Bill No. 69, the Seniors' Dignity Act. This bill holds special importance to me. Caring for seniors is kind of my family business. My grandmother worked in the North Queens Nursing Home and my mother followed in her footsteps - in fact, my mum still works there.

Of course, members have heard me say many times that before I became an MLA, I had the incredible honour of working with seniors in my community as a senior safety coordinator. I know first-hand that it is true when people say the best classroom in the world is at the feet of an elderly person.

I look back with immense gratitude on many of the conversations I have had with seniors over the years. The simple wisdom, the understated compassion, and the unvarnished vulnerability - these are things that have enriched my life.

There is a Chinese proverb that says if a family has an old person in it, that family possesses a jewel. I know we all believe that, but when you hear that 1,300 seniors are waiting for long-term care, that worries me, and I look for hope.

This legislation introduced by our Leader, the member for Pictou East, gives me hope and it gives me comfort that the people I represent will be able to transition into long-term care when they need it and not be forced to wait. Sadly, as Opposition, we need to introduce these bills because there is little hope coming from government.

I did not see any lines in the budget or capital plan that listed new long-term care beds for Queens-Shelburne. The neglect for this constituency investing into long-term care has gone on way too long, and it is time for change.

I did not see an announcement for the replacement of Roseway Manor - a 66-bed long-term care facility in Shelburne County, a facility that has been tossed around like a political football. Residents and staff of Roseway Manor were promised a facility by the New Democratic Party government, but it never happened.

Shortly after the October 2013 election, the then-Liberal Health and Wellness Minister stated that the Liberal government would honour the commitments of the previous government and Roseway Manor would be replaced. Then again in 2017, the Premier of the day, during an election campaign stop in Shelburne County, committed once again to starting the process of replacement. Well, here we are, Madam Speaker - 2021.

When I recently asked the new Minister of Health and Wellness about the replacement of Roseway Manor, I was shocked when I was told he had not been briefed on the state of the manor yet. Imagine - promise after promise by the government and question after question that I have been asking for four years now, and there is not even a signal of Roseway being on this government's radar.

The staff of this facility go above and beyond and work hard to deliver exceptional care, but the facility is failing the residents. Sixty-six residents in 42 rooms and 28 residents sharing a toilet and a sink with four other residents of all gender. Not a single resident has their own bathroom, shower, or bathtub. Sixty-six residents sharing a single bathtub, buckets in hallways, uneven floors, mould, very limited space, and I could go on, Madam Speaker. This government knows very well of the conditions that exist at Roseway Manor.

The seniors of Shelburne County, the residents of Roseway Manor, and the staff of Roseway deserve better. The building is failing them, and it is heartbreaking. Where is the dignity for seniors, Madam Speaker?

Let us also talk about Hillsvie Acres, located in Middlefield, Queens County. This is a two-storey residential care facility providing 24-hour care to 29 residents. The care provided by the incredible, compassionate staff is absolutely heartwarming, but again the building is failing them. The facility was promised replacement by the New Democratic Party government as well, but this government has refused to honour that commitment.

The facility is actually the largest residential care facility in western Nova Scotia, and residents who live at this facility are forced to share one washroom with eight other residents of all gender. Imagine, Madam Speaker.

Seniors who have worked all their lives, volunteering in their community, who have helped build and shape communities in our province forced to share a bathroom with eight other residents. The rooms are seven by nine feet; their privacy is being stolen. This is not dignity. The building is 127 years old, and the government is announcing replacements for buildings that are half of its age.

When I describe these two facilities in my constituency, does it give you hope that the announcement in the budget of only adding another 236 beds in the next five years will provide dignity to our beloved seniors? No, Madam Speaker, it desperately falls short, and that is a shame.

Madame Speaker, this Seniors Dignity Bill seeks to ensure that our seniors get the care, the respect, and the dignity that they deserve after contributing to their communities and our province for decades.

This bill doesn't solve all the problems but I can tell you this: Bill No. 69 will give thousands of Nova Scotian seniors the peace of mind of knowing that there will be a place for them when they need it. They can find comfort in knowing they will live their final days with dignity. After all, with one of the highest proportions of seniors 65-plus in the country, at 18.9 per cent, the need for long-term care will rise dramatically in the coming years. The need for more beds has been obvious for some time but, sadly, has been ignored by this government. They can't continue to be ignored, and it is incumbent on government to plan and not allow this type of prolonged neglect again.

Here's what Bill No. 69 does. It requires government to build 25 new long-term care beds in single occupancy rooms by the end of the 2023 fiscal year. This is an initiative that comes directly from the PC plan called Dignity for Our Seniors, and I'm pretty proud of that plan.

COVID-19 shone a light on the importance of single rooms for long-term care residents, particularly in relation to infection control and slowing the spread of illness within a facility. Early analysis of the initial outbreak of COVID-19 points to shared accommodations as a significant contributing factor to its spread. We have all heard the horror stories of residents who tested positive for the virus continuing to share rooms with residents who did not yet have the virus. That's unacceptable. We were fortunate in our long-term care residential care facilities in Queens-Shelburne, but it certainly could have happened to us.

More and more single rooms are a necessity for a number of reasons first and foremost for the privacy and for the dignity of our seniors. That said, of course nobody

should be forced into a single room. Properties will still have some double rooms for residents who prefer the option of a roommate. Couples in particular should have access to those rooms.

This has a cost, there's no doubt about it. But I add, Madam Speaker, what is the cost of not treating our elders with care, with compassion, and with dignity? Is that really a price we as a province, as a society, want to pay? Our seniors in long-term care residences deserve to maintain dignity; they deserve to be treated like jewels. Appropriate staffing levels and single rooms are a key aspect to ensuring quality of life and respect.

This requires more than sound bites. It requires more than lip service. It will require action, not just words. The PC caucus is focused on prioritizing the needs of our seniors and most vulnerable. Bill No. 69 is proof of our commitment. More than just a sound bite, it's a solid plan.

I would like to take this opportunity to thank all those who have worked, who continue to work, and who love and care for our seniors, especially during this last year that has created such further challenge. You folks are the faces with smiles behind masks that our seniors would see every day when family could not visit.

With those few words, I will take my place. I certainly would urge the government to look closely at this bill, a bill that will provide dignity and peace of mind to those we should hold most dear.

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

GARY BURRILL: Let me begin addressing this bill on this very important subject by saying how welcome it is with this bill to have the voice of the Progressive Conservative Party joined with this great campaign in Nova Scotia for one resident, one room, one washroom for every resident of long-term care in our province who wants that, as that campaign has been given its original legislative form in our Party's Bill No. 41 - amendments to the Homes for Special Care Act, Respecting a Room for Every Resident - presented here on the 23rd of March.

[4:45 p.m.]

Let me begin with a personal word that the campaign for one resident, one room, one washroom has its beginnings for me many years ago with the experience of my great-uncle, Alf Target. Uncle Alf lived in a facility in Arcadia, Yarmouth County, which used to commonly be called the Poor Farm. It was called that because, in fact, years previous to that it had been the County, as it used to be called, and Poor Farm. But in my lifetime, it was a nursing home.

It wasn't an especially glamorous nursing home by any means, but Uncle Alf was very content there. He had a room of his own, appointed with pictures and mementos of our family. In that room, where he was most of the time because he was very compromised in his mobility, Uncle Alf was kind of - in that room - a king. Certainly, you couldn't say that he didn't have a life of dignity. He did.

But the Poor Farm closed, and its residents were moved to a large, much more institutional, facility in Yarmouth town. When I went to visit Uncle Alf there, shortly after that move, I was startled to find that now he was in a room that he shared with three other men. The situation was nothing at all like his bedroom kingdom at the Poor Farm, and he was nothing at all like he had been there, either. He was uncharacteristically negative and bitter about the move. The next trip I took in connection with Uncle Alf was to his funeral.

Many years later, in the early decades of this century, I thought different times about my great-uncle when the Hamm and MacDonald governments of the day embarked on a major program of new nursing home construction, and many people I knew, who had previously lived in private nursing homes with shared and sometimes cramped accommodations, moved into new facilities, of which many were opened in those years, for example, Elk Court in Brookfield, or the Magnolia in Enfield.

When, in the course of time, I would pay those friends a visit in their new homes, they were routinely enthusiastic, commenting always on the room and on the space and on the quality of the accommodations, which they would often speak of in the metaphor of a hotel, and certainly would speak of as not being anything like what they had imagined a, "nursing home" to be. It was a great period for people moving into and people living in long-term care.

In that time, the sector - this would be 16 to 18 years ago - received a tidal wave of new continuing care assistants to provide the care needs of the new facilities that were emerging. Nova Scotia Community College put on what were called link programs. The link programs allowed for people to finish their GED and their CA certification in one unified program, and, quite literally, when the NSCC graduation day would come, it would take the link CCA graduates half the morning in those years to get across the stage, there were that many of them.

This forward movement on the front of nursing home facility construction continued unabated in the years of the NDP government that followed. During those four years, just shy of another 1,000 new beds - in the more contemporary design standard of one resident, one room, one washroom - were opened. As an MLA at that time in one of the parts of Nova Scotia that received a great many of those new beds and those new facilities - Colchester County - I can tell you that one of the real controversies of those years came from the proprietors of private, often shared-accommodation facilities, who no longer, in the new situation, had a viable business model. Once, increasingly, the words

nursing home came to no longer mean cramped facilities, but more and more often one resident, one room, one washroom. Spacious places.

Then something happened that I would not have predicted. All of that stopped, and I mean stopped. With the election of the Liberal government in 2013, the construction of new one resident, one room, one washroom facilities, which had been transforming the world of long-term care in the previous 10 to 15 years, came to a virtual halt. Such a halt, in fact, that the government opened only 57 new beds from 2013 until 2020.

I will leave aside the reasoning, the motivation behind this mistaken policy choice and how it wishfully pointed towards home care as the answer to all care problems, ignoring the expected growth of the population whose care needs are so significant that there's not enough home care in Canada always to be able to meet them.

I will say, however, that this ill-considered de facto construction moratorium on new long-term care facilities, which was instituted in 2013, was not instituted without there having been warnings issued about its negative effects within the government itself. When the Liberals came to power in 2013, they had on their desks reports from the Department of Health and Wellness's Continuing Care Strategy, in particular one document entitled *Long Term Care Residential Care Facility, Facility Requirements*, which I'll table in a moment, which said, "Experience from new LTC facilities built in Nova Scotia have indicated that . . . private bedrooms" promote "fewer outbreaks of infection, as well as the ability to quickly limit its spread."

I'll table that along with some other documents I'm going to table in a moment.

Then, at that moment, enter COVID. In his new book on the impact of the pandemic on nursing homes in Canada, called *Neglected No More: The Urgent Need to Improve the Lives of Canada's Elders in the Wake of a Pandemic*, author André Picard writes simply that the residents of shared-room accommodation in nursing homes in Canada were, when COVID hit - these are Picard's words - "sitting ducks for pathogens."

Or, as the Nursing Homes of Nova Scotia Association put it in their position paper, *Enough Talk* - which they released last July in the middle of the pandemic - shared accommodation and facilities have made it "difficult to maintain resident dignity" and infection prevention and control. I'll table those three documents.

A heartbreaking dimension of this is that if the Liberal government had simply proceeded with the program of new long-term care facility construction that was before them when they came to power - some 300 new beds were on the drawing board at that moment, but they were cancelled - had they simply continued with the program that they received when they came to power, by the time COVID struck in 2020, we in Nova Scotia would have been so much farther down the road to the improved viral infection path of one resident, one room.

The numbers are quite straightforward. There are somewhere in the area of 7,000 residents in long-term care in Nova Scotia, and of that, 42 per cent live in facilities designed for single accommodation, which means that roughly slightly less than 3,000 people will receive the benefits of single accommodation when new facilities are built.

That, of course, would require that approximately half that many new rooms would be open, since many shared-accommodation facilities are not beyond the useful life of the facility itself. If we add to that the number that floats sometimes between 1,300 and 1,500 people on the waiting list - and the calculation is pretty straightforward - the number of new beds would be required in order for us to attain the objective of one resident, one room is in the area of 3,000. I would suspect this is probably a more accurate number than the reference point number 2,500, which is in the present conservative legislation.

We know that the Dexter government, in the four years before this government came to power, opened very close to 1,000 beds in four years. So we can safely assume that that's well within the range of what could be accomplished, which means that at that rate of construction, the Liberals could - now at the conclusion of their second term - by today have completed 2,000 new beds, and the goal of one resident, one room, if they had continued on that precise trajectory would therefore be accomplishable within the next mandate of the next government elected in Nova Scotia.

But with the position that we have been placed in by the de facto moratorium, which has been in place under the governing Liberals since they first came to power, this goal can be reasonably expected to be at least a decade, if not more, away. This is an unconscionable failure to address meaningfully the needs of one of the most vulnerable populations of our province, which has been addressed so clearly and eloquently by my colleague who spoke before me. It is one of the deepest of failures of the current government of our province.

Advocates for the elderly and for nursing home populations as a whole often say that if there is a silver lining of COVID-19, it might be that the needs and priority of those who live in long-term care, whose suffering through COVID-19 has been so protracted and intense, will perhaps now come onto the screen of government policy attention in a way that has been lacking in recent years. This is to be hoped; it is to be fought for.

André Picard expresses it so well in the title of his book, *Neglected No More*. One resident, one room, one washroom. Thank you.

THE SPEAKER: The honourable member for Kings West.

HON. LEO GLAVINE: I am pleased today to rise to speak to Bill No. 69, Seniors' Dignity Act.

I guess perhaps I take a different view. [Inaudible]

THE SPEAKER: Order, please. Honourable member for Kings West, your internet connection seems to be shoddy. You are coming across as quite garbled. I do not know how to fix the internet problem, but I wonder if you could start again. One moment please.

I will ask you to start again and, if it is not clear, then I will call order again, and I'll go to the next speaker. We will come back to you.

LEO GLAVINE: Hopefully, that will be an improved . . .

THE SPEAKER: Order please. Unfortunately, it is not, so let us move on to the next speaker. We will come back to the member for Kings West and, hopefully, by then the signal will be better.

The honourable member for Cole Harbour-Eastern Passage.

BARBARA ADAMS: I am very proud to speak to Bill No. 69, the Seniors' Dignity Act, introduced by our Party Leader yesterday.

Why this bill? As we have just heard already from the Leader of the NDP, as well as other speakers, we have seen through the last eight years that the government's long-term care strategy that was promised in 2015 for a five-year long-term care strategy to be released in 2017 was never done. It is not done. This government has had eight years to do what was needed to look after our most vulnerable and frail seniors. There is just simply no strategy. They have also failed to fill their commitment in the Homes for Special Care Act, which requires them to establish a staffing level for those in long-term care.

[5:00 p.m.]

This government chose to go with a home-first program instead of building any new beds over eight years, maintaining that people prefer to stay at home. While it is true, this government has also failed to recognize that not everyone has the physical or intellectual capacity to live safely at home, nor do their families have the skills needed to look after a loved one once they reach a certain level of frailty and disability.

The PC Party of Nova Scotia has responded; we have created that strategic plan. We have been working on this plan for home care and long-term care every week, certainly since I got elected.

Using the 40 years that I have as a physiotherapist, I helped our Party create the only comprehensive long-term care strategy that has been introduced in the last eight years. We are very proud of the long-term care strategy that we have put in writing online and now want to introduce as legislation.

We are the Party that has introduced increasing staffing levels in long-term care to 4.1 hours of care. We are the Party that is now introducing and talking about the fact that every senior who wants to be in a long-term care bedroom by themselves should have that right - of course, the NDP have been calling upon that as well. And, we are the only Party that has said in a comprehensive plan that every senior deserves to be in a room by themselves if that is what they want.

Why this bill? Why now? We have a housing crisis in Nova Scotia, but people forget that we have a housing crisis with frail seniors in that over 1,500 of our most vulnerable do not have a place to live where they are safe. They do not have that long-term care room that the Department of Health and Wellness, through their own assessments, has deemed that they need. Despite their best efforts, and with hearts breaking, loving family members have had to make the gut-wrenching decision to admit that they can no longer cope at home with their loved one.

Sadly, after making that decision and calling continuing care for an assessment, family now wait up to six weeks for that first initial assessment. After a time when a loved one needs an advanced level of care, seniors are now waiting to go on the wait-list for long-term care.

Unlike what was said by the Minister of Health and Wellness yesterday during Budget Debate - when he said something along the lines of the wait-list isn't that big because there are only about 2,000 or so on it, and there are 3,000 seniors admitted to long-term care each year, so it should sort itself out - what the minister failed to recognize or perhaps appreciate is that an equal number of seniors who pass away is almost equal to the number of seniors who are put on the list each year. The wait-list is not going down, it is going up - and not as a result of COVID-19.

This has been an issue for years because this government put a moratorium on building long-term care beds for the last eight years. Now they are promising to build under 300 new beds over the next four years. This is disgracefully inadequate. The PC Party has put our plan to build at least 2,500 long-term care beds in writing and now today in legislation to make our commitment legally binding, because we believe that is what Nova Scotians deserve.

Do not be fooled when the government says that they have cut the wait time for long-term care admissions over their past two terms. I know for a fact, from working in the industry, that this government has moved an untold number of people out of the ability to go on the list. In fact, Madam Speaker, this government has moved an untold number of people who are waiting for long-term care out of hospital beds into hotels.

How unbelievable is it, in this day and age, that in order to unclog hospital beds from long-term care waiters we are putting people who are most vulnerable, with the greatest needs, into a hotel? Our seniors deserved to be properly housed in properly

constructed, properly funded, and properly staffed long-term care facilities. The PC Party of Nova Scotia has committed to doing so should we become the next government of Nova Scotia.

Back to the wait-list - this government, despite its talking points, did not cut wait times for long-term care. What they did was manipulate and prevent people from getting their name on the list. How did they do that?

One, they changed the ability to refuse the first room that is offered by telling people we will remove you from the list if you do not take the first bed. That got rid of a lot of people on the list.

Second, they raised the severity level of dementia and frailty that is required to get on the list. At the same time as the number of people who are becoming frail is going up, we are now making it more difficult to get on the list in the first place.

Third, the Department of Health and Wellness has a rule that if you haven't already been receiving home care - if you were in hospital and perhaps eligible for that long-term care bed, but you never got home care - you actually have to go home, struggle on home care, and then if you fail, then they'll consider you to go on the long-term care wait-list. The PC Party of Nova Scotia would stop that practice. That is not right.

As a physiotherapist with 40 years of experience and 10 years in managing a home care physio and OT company, where I worked in those long-term care facilities, I have watched with distress the repeated cutting of funding to home care and long-term care, either through the direct cuts over some years or the failure of this government to invest enough.

I've got to tell you, I am so sick of the terminology, "We are continuing to invest." That doesn't necessarily mean that you are providing the care. Yes, you're continuing to invest. That's not doing what it's meant to do. This government did not invest in the infrastructure needed - the new builds as well as the increase in salaries that needed to go along with what is needed in long-term care.

If we can't look after our seniors now - and this government has had eight years and failed - we surely won't be able to look after them when the number of seniors doubles over the next 20 years from 16 per cent of Nova Scotians to 32 per cent of Nova Scotians.

While the government is excited about an increase in population, they have forgotten to calculate the impact that this will have on the need for care of a population where 32 per cent are seniors. Certainly, we have not seen much of an effort to increase the health transfer payments from the federal government in order to be able to look after what, in Nova Scotia, is one of the highest percentages of seniors in the country.

What are we trying to solve with this bill? Number one: infection control. As it was already mentioned, COVID-19 at Northwood was a tragedy. Two of my friends lost loved ones there. It did not have to happen to the degree that it did, and that is scientifically stated. The spread of COVID-19 through that facility, where residents were in double and triple rooms, and spread to staff and residents' family members, was a tragedy. Many infected will have to live with the long-term consequences of having had COVID-19.

We know from the long-term care research that the happiness of a resident in long-term care is dependent on three things. Number one is the care they get from the staff. We certainly know that our competent staff, who are angels, work as hard as they can. But when they are constantly understaffed and each person is seeing up to eight to 12 residents per day, that's a challenge.

The number two thing that makes someone happy in long-term care is the quality of the food that they get. It was me who, a few years ago, quoted Northwood when it was revealed that their residents were being fed on \$5 a day. That's not acceptable.

The number three thing that determines what your happiness level is in long-term care is your room and how much it looks like your home that you grew up in. When you're in a double or triple room, you are not able to live in a room that looks like where you grew up. I know full well from having worked in those nursing homes during the pandemic in the first six months what it's like.

Having a single room for any Nova Scotian in long-term care who wants it should be a right. It solves practical issues like privacy for toileting. Have you ever had someone change your diaper when there are two other people in the room or when there's family visiting?

It solves practical issues, like having a private phone conversation with family to tell them, perhaps, that you've been diagnosed with a terminal illness. It reduces the intrusions by those who might wander into your room because they have dementia and don't realize it's not their bedroom, or someone coming into your room and walking off with something they think is theirs.

I know this government is saying that a lot of people want to have the ability to stay in a room with someone else. I know that; I introduced legislation to have the spouse of someone in veterans' buildings kept in the same room with their family member, and this government turned me down, only to turn around a few months later and bring it forward.

This government is only willing to build about 10 per cent of the beds that we are talking about in twice the amount of time. I'm going to let Nova Scotians decide for themselves which plan they prefer, but don't take my word for it. I have been spending my entire career, especially the last four years, talking to others and I have already introduced what they have said about long-term care under this government for the past eight years.

Talk to the Nursing Homes of Nova Scotia Association, the expert panel's report on long-term care to this government, and Northwood calling on single rooms for their residents for years prior to the pandemic. The unions' comments during the long-term care health committee meeting tore apart this government's plan and previous performance for the past eight years.

Former CARP president Bill VanGorder, who is on the federal CARP board, said that there was no new money, no new plans for long-term care in this budget. Also, as I already mentioned last night, the Advocates for the Care of the Elderly gave this government a failing grade and gave my Party's plan - the Dignity for Our Seniors plan - a B plus.

The Progressive Conservative Party of Nova Scotia has put out a comprehensive, long-term care strategy. We are committed in writing, and we put it out long before an election call. I was actually hoping the government might take it and implement some of it or all of it, but they chose not to do so.

The PC Party of Nova Scotia has committed to building the long-term care beds that should have been built over the past ten years. The PC Party of Nova Scotia is committed to doing what the unions have called on - 4.1 hours of care per resident per day, up from the current level of 2.5 to 3.1 hours of care per resident per day.

We are committed to increasing the long-term care CCA grant program to every person. Why does that matter? Because during the NDP government's reign, when people were taking that CCA grant program, the number of trained staff almost doubled from around 550 to over 1,000 CCAs a year.

As soon as this government came into power in 2013, they cut the program and the number of CCAs trained dropped right back down to 550. In this past year, less than 300 CCAs filled that. If you thought we had a problem in home care and long-term care before the pandemic, it is now an epidemic of shortness of staff in every long-term care facility across the province.

Madam Speaker, I am sad that I didn't have a chance to listen to the government member speak because I am sure there would have been things said that I would have wanted to respond to. As someone who was raised by a lot of elderly family members, we owe this to our loved ones to get it right, once and for all, and to tell them that you raised us, you looked after us and now it is our turn to look after you.

The PC Party of Nova Scotia has put it all in writing, all online, and now we want to put it into legislation. I highly doubt that this government is going to allow it to move from this point, which is second reading, to bring it to Law Amendments to let the community, the public, weigh in on what they think about this plan. I would love for them to do that.

I would like the member who was our former Minister of Health and Wellness, who was responsible for bringing forward a long-term care strategy, to comment on why they won't bring it through to the Law Amendments committee and won't bring it forward to third reading so that we can actually have a vote on it. I would like every member from the government, the Progressive Conservative Party, and the New Democratic Party to actually have an opportunity to vote on this because every single PC member would vote yes in favour of this.

By not bringing it forward to Law Amendments committee, the government will be indicating that their entire caucus is voting no. Thank you, Madam Speaker.

THE SPEAKER: The honourable member for Kings West.

HON. LEO GLAVINE: Madam Speaker (Inaudible)

THE SPEAKER: Order, please. Would the member for Kings West turn off - I think he might have his video on from Legislative TV.

[5:15 p.m.]

LEO GLAVINE: [Inaudible]

THE SPEAKER: Let's try that again.

The honourable member for Kings West.

LEO GLAVINE: [Inaudible]

THE SPEAKER: Order, please. Unfortunately, the internet is still not working.

I'll call the Deputy House Leader of the Official Opposition to close debate on this bill.

BRAD JOHNS: I close debate on Bill No. 69. Thank you.

THE SPEAKER: We will now take our mandated 15-minute break. We will be back at 5:31 p.m.

[5:16 p.m. The House recessed.]

[5:31 p.m. The House reconvened.]

THE SPEAKER: Order, please.

The honourable Deputy House Leader for the Official Opposition.

BRAD JOHNS: Mr. Speaker, that concludes Opposition business for today. I now turn things back over to the Government House Leader.

THE SPEAKER: The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, at this point, 5:30 p.m., I'd like to ask the unanimous consent of the House that we move the hour of interruption up by approximately 60 minutes so we can continue with government business.

With the consent of the House, we could move immediately at this point to late debate.

THE SPEAKER: Is it agreed.

It is agreed.

We'll now move into late debate. The topic as submitted by the honourable member for Dartmouth South is:

“Be it resolved that universal, public, affordable childcare must be a core component of our COVID-19 recovery.”

The honourable member for Dartmouth South.

ADJOURNMENT

MOTION UNDER RULE 5(5)

THE SPEAKER: The honourable member for Dartmouth South. (Applause)

GOVT. (N.S.): UNIVERSAL, PUBLIC, AFFORDABLE CHILD CARE - CORE TO COVID-19 RECOVERY

CLAUDIA CHENDER: I am pleased to rise and speak again about the need for a universal, public, affordable child care system here in Nova Scotia.

When we discuss health care, as we often do in this Chamber at this time, of course, we often talk about pre-existing conditions. We know that the risk of contracting COVID-19 is higher for people with pre-existing conditions and that their risks of illness are higher. Let's loosen our focus and talk a little bit about the pre-existing conditions of our province.

Nova Scotia went into this pandemic with some of the highest rates of poverty and food insecurity in the country and with a staggering rate of child poverty. We know that, despite economic gains, a significant portion of our workforce earns very low wages.

We went into the pandemic with many people experiencing significant housing insecurity, with the health care system facing significant challenge, and with a marked lack of affordable child care.

It's now recognized as fact that COVID-19 has had an uneven impact on Nova Scotians and that that impact has been outsized for those living on the margins. COVID-19, in a word, has intensified these pre-existing conditions.

When we received the budget recently, we were given a two-page photocopy handout that listed the \$1 billion in appropriations that had been spent with no oversight from this Chamber, loosely under the heading of recovery funds to ameliorate the immediate impacts of COVID-19.

The budget that we received was basically framed as a recovery budget. Recovery here cannot simply mean getting back to normal. We have the opportunity and the responsibility to build back better.

We know that this recession was not like other economic downturns. It wasn't a gradual decline in employment. It was an immediate loss of many jobs. Those jobs weren't lost because of external economic forces, but because of government-ordered closures. We supported those closures. We continue to where they're necessary.

Those closures were concentrated within female-dominated, low-wage sectors. This is really important to understand. This is unlike any historical recession, and this is why the term "she-cession" has been coined by economists. This recession has impacted women specifically in a way that prior recessions have not. Partly this also had to do with closures in child care and schools. Again, that had to happen but, again, an uneven impact on women and particularly parents.

These impacts are both hidden and exacerbated by the fact that we don't adequately measure or quantify the impact on women of the added burden of unpaid care and emotional labour. We know that this has most certainly resulted in economic losses for women. A lot of those aren't going to show up in the GDP, and they're not going to show up in the labour force surveys. This pandemic has made very clear our collective over-reliance on informal child care arrangements, particularly those with grandparents and neighbours. These so-called organic arrangements are not available to everyone in the same way.

We're going to hear that the government is talking to their federal counterparts, and we're always glad to hear about this, but we need action now. We saw almost \$1 billion in

government money flow out the door because it was necessary. Hundreds of millions of those dollars went to roads and infrastructure projects in the recession that primarily impacted women and low-wage workers.

What are we doing to help our social infrastructure recover? While government kept child care centres whole - they like to talk about that, and that's great, but let's think about what that means. They kept daycares open. They kept them from failing so that's great. But it's also totally necessary. While we are glad that happened, we're stopping short of a rousing round of applause because so much more is needed.

Every time we talk about investment in social infrastructure in this House, the government is apt to respond and say, we want to invest but we also want to support the economy. Let's talk about the economic impact of universal child care. For every \$1 invested in the child care sector there is a \$2.23 increase in the GDP. This is 67 per cent higher than the GDP multiplier for construction, the one industry that was kept as an essential industry and did not close during the pandemic, I'll note.

On top of that, per dollar, the child care sector creates more jobs than any other industry: 46.8 direct and indirect jobs are created per million dollars increased spending in child care. This employment multiplier is 220 per cent better than spending in construction. I'm not picking on construction - construction's great. We can have late debate about construction another night. I'm just saying that this is where government dollars are flowing because it's necessary, it's required. We're making the argument that it's also required for us to have a universal, affordable, accessible health care system.

While we're glad that the government is speaking to their federal counterparts, we note that Alberta, Newfoundland and Labrador, Prince Edward Island, and British Columbia have all instituted their own provincial program - and Quebec, of course, which is the model - of low-cost, accessible daycare without having signed that agreement with the federal government. That ranges anywhere from \$10 a day to \$25 a day, but any of that is a vast improvement on the \$45-a-day average price that parents pay here in Nova Scotia for child care.

I'll point out that only 20 per cent of the operating funds for regulated child care in Nova Scotia come from government at all. The rest is made up by parent fees, and that's why this whole system is untenable and essentially needs to be turned on its head.

The government does have grants programs, but they are a labyrinth and difficult to navigate, and a lot of people fall through the cracks. From our perspective, government needs to do three things: address high parent fees, increase the number of child care spaces available, and improve working conditions and access to training for early childhood educators. All three of those things can be accomplished with a wholesale revamping of the early childhood education sector.

If we take one lesson from the pandemic, it's that we can't continue to allow this foundational piece of our economic and social system to be addressed in a patchwork manner that results in differential access to care and downloads choices on to individual families when they're better addressed at a systemic level. We hear stories about issues to do with this all the way from Sydney to Yarmouth and everywhere in between. We need a provincial view. This is a province that, for better or worse, has consolidated a lot of its operations in that way.

One of the arguments for getting rid of school boards, for instance, was: We'll be able to do things in a streamlined manner, we'll be able to apply everything across the province. That's what we're asking for. This government did it with pre-Primary. We voted for pre-Primary. We said at the time that the introduction of pre-Primary would destabilize the rest of the early childhood education sector, and that is what we've seen, so we are asking government to continue down the path that they started and to implement a universal, affordable, low-cost system of early childhood education for all Nova Scotia families and children.

THE SPEAKER: The honourable Minister of Education and Early Childhood Development.

HON. DEREK MOMBOURQUETTE: I'm honoured to rise in my place tonight on a very important discussion, one that has really been a big part of my first month as minister for the department. I really have a ton of respect for my colleague. We've had some great conversations about this since I've become minister, and I'm sure we're going to continue to have them.

To my Cape Breton counterpart from Cape Breton Centre, this is the first time we've have the opportunity to say hi in the House, so congratulations to you, and take it easy on us when we're at home - just a little bit.

Ten minutes is not a great deal of time to talk about this subject because it's so important to Nova Scotia, to the communities. We've made some significant investments in the sector since 2013, when the workers were the lowest paid in the country at that point, continuing to make those investments, the transition into pre-Primary, and where the conversation is going into the future.

I'll start by saying to all the early childhood educators in the province, I'm so honoured to be your minister. I've had the opportunity to talk to some of the stakeholders already. There are stakeholders from home that want to talk, there are stakeholders from other parts of the province. I'm going to do my very best to reach out to all of you, but really to say thank you to you all.

You're looking after our kids during a world pandemic. You're giving people the opportunity to stay in the workforce or re-enter the workforce. That is because of the skill

and the hard work you put into your jobs, but ultimately that's based on a foundation of love and compassion for our kids. I think I speak for everybody in the House when I pass along that thanks.

I've been listening to the conversations and the questions that have been coming through Question Period. There is \$133 million in the budget this year for early childhood, give or take - \$54 million of that is pre-Primary, so we are implementing the last piece of the four-year plan for pre-Primary. Every school now has it.

We are now approaching 900 new positions within the system to support pre-Primary, and 15,000 four-year-olds who are now accessing the program. We know that when we started down this journey, 25 per cent of those four-year-olds were accessing some form of early childhood education leading into schools, so it has been a huge success. The conversations I've had with stakeholders around the province have been very positive.

In communities where there has been limited access to daycare as a result of whether it was location issues or whether it was income support for families - regardless of your income, every four-year-old had access to it. As a father, as somebody who has someone in the system, it was very positive. Having that tied to our education system, having the support of the entire system, during the pandemic schools remained open. A huge thank you to our teachers and everybody involved with that. Those four-year-olds stayed in school. Fifteen thousand kids have accessed that, so it's been very positive. Fifty-four million dollars of our budget is that.

The additional amount of money, it goes into our early childhood sector, so that would include initiatives that we've taken to invest, ensuring that there's a wage floor. As I've said, starting in 2013, our ECEs were the lowest paid in Canada. We supported that wage floor for that. We have helped to train well over 1,000 workers in our system to receive upgrades for training and other things necessary for them to do their job, as we continue to expand services.

We have provided 5,000 - what is the word? I am lost for the word; I was lost for the word today. Anyway, we have supported 5,000 families with funding in this sector that needed support for the cost. As well, there are a number of other initiatives that we have been involved in, whether it involves training, whether it is involved partnering with our colleges to support the sector. We have put in a number - hundreds of seats, really, in communities that had limited access to child care. Those investments are there.

We are well over \$60 million in this budget. That is going to support this sector. Again, pre-Primary has been a huge success. The conversations I am having with stakeholders, of course that is important to us. It is very important to us to ensure that we continue to evolve as the sector evolves. That is why we saw the implementation of pre-Primary. That is why we continue to have the conversations with the stakeholders to ensure that we are doing whatever we can. That is why the wage floor came; that is why the

training opportunities came; that is why the spaces across the province came - and that is not going to stop.

[5:45 p.m.]

I really think the next conversation for us - and we have been very open about it and I have had the conversation with my federal colleague in the last few days - is what does a true universal system look like across the country? That is something that the federal government has talked about.

I want to reiterate to everybody in the House that my ultimate message to him was that Nova Scotia is ready to have that conversation. We want to be first out of the gate. It is important to us, it is important to our stakeholders. As the new minister of the department I can see that this is going to be one of the biggest challenges that I am going to tackle. We are going to continue to celebrate the investments that we are making, but we need to continue to evolve with the sector.

I think it is important to recognize as well - we only have 10 minutes to talk about this, but just to reference some of the comments that the member made around how this pandemic has absolutely affected women in the workforce. There is no question. That is why it was so important for our government to invest what we did to keep the sector whole - 98 per cent of the sector is now open, it is reopened. Our spaces are being utilized, and we are working with families.

I can't speak specifically - the member for Cape Breton Centre had an issue that she brought up - I do not have a form for that person, but we are willing to work with any family that is impacted. We did the same thing in Dartmouth when we saw the closure of that one centre. We kept the centre whole through the pandemic because we knew that we wanted people coming out of this. We did not want people losing their positions. We wanted to make sure those seats are safe.

That was a significant investment for us, but an important one. I do not celebrate that. That is one that was needed, as my colleague said, to ensure that when we came out of this that the sector was ready to go, and that people had their positions, and that people could go back to work.

In my final two minutes, Mr. Speaker, I will finish off by saying we have a tremendous sector here in Nova Scotia, one that supports thousands and thousands of kids. Pre-Primary has been a success; it has been a huge success - 15,000 four-year-olds, regardless of financial background or where they live, now have access to pre-Primary. We are fully engaged with the sector about the opportunities that I see as the Minister of Education and Early Childhood Development now, and the challenges that they bring forward.

This is always going to evolve. There is no question. I believe the next step for us is to talk to our federal colleagues, and, as I said, my message to the federal government is Nova Scotia is ready to have that conversation. We were ready to have it yesterday, and we are willing to do whatever we can to come in as a willing partner.

I am very honoured to have the opportunity to say a few words on this debate. I really appreciate the comments of my colleague from the NDP. She has brought this up throughout the session and I look forward to continuing the conversation with her as well.

THE SPEAKER: The honourable member for Dartmouth East.

TIM HALMAN: Mr. Speaker, I am pleased to provide some commentary in late debate tonight. This is an extremely important issue. I want to thank the MLA for Dartmouth South for bringing this forward - and I want to thank the Minister of Education and Early Childhood Development for his comments.

I am fully aware, Mr. Speaker, that the status quo in our early childhood education sector, specifically from birth to age three - there are some major challenges. There are challenges with staffing in the centres, ECEs have indicated to me that they are struggling on various levels. Single parents and many families are having great difficulty with respect to affordability.

In the four years that I have served as Education and Early Childhood Development Critic for the Official Opposition, time and time again, I have heard these concerns - not only from my constituents but from residents all over Nova Scotia. The proposal put forward here in late debate is an idea that is very worthy of discussion, because Nova Scotia needs solutions in the early childhood education sector.

Mr. Speaker, I know all of us acknowledge how important early learning is to an individual. That's not debatable. When my oldest daughter was born in 2008, her mother got a tiny T-shirt that said: What you teach me before the age of five is what really matters. Just think about that: What you teach me before the age of five is what really matters. The first five years of a child's life are fundamentally important. We know the early experiences provide the base for the brain's organizational development and functioning throughout life. They have a direct impact on how children develop learning skills as well as social and emotional abilities.

My children had phenomenal early childhood educators, and the success that they're finding in school right now in elementary and junior high school can be directly traced to the amazing early childhood educators they had. They established the foundation - the foundation of resiliency, the foundation of a positive attitude towards learning, and the importance of co-operating with others. These are phenomenal, phenomenal educators.

We know that at this stage in human development, the brain develops at an incredible rate. Children learn more quickly during their early years than at any other time during their life. Of course, Mr. Speaker, we know that brain development is very much influenced by interactions with people and our surroundings. I know we have all acknowledged how incredible ECEs are. They help our youth build that foundation for that positive attitude towards learning.

Making these surroundings and interactions as supportive and engaging as possible is key to giving our young people that solid foundation and to helping them develop their full potential. We all know that kids do well in environments where adults are caring and supportive. With our ECEs in Nova Scotia - I know all of us commend them for creating these amazing learning environments for our young students in the early childhood education sector.

It's incumbent upon all of us to provide those environments for our kids, and we need to address the obstacles. We need to address the obstacles that parents and families are experiencing from accessing these learning environments. We have to also provide children these learning environments that are responsive to the needs of families in our communities. Like our pre-Primary to Grade 12 system, the early childhood education sector should not exist in silos.

As parents and as legislators, we all want to give our kids the best start possible. That's why this discussion is so important tonight. Just today in Question Period, I heard the Premier indicate that they're looking for ways to support this sector. The minister just indicated that the next step is to have discussions with the federal government. These are positive things to hear.

In the last couple of days, though, I have met with some early childhood educators, and I have met with an early childhood education centre, and there's lots of questions. The status quo on early child care is not working for families.

We know affordability is a major issue. With the four kids I have, it's still an issue with after-school programs. I remember the financial crunch that I felt and my family felt with our children in daycare. My family has certainly been there and felt those financial challenges.

Many of the early childhood educators I have spoken to feel as though their concerns are being ignored. They feel as though they are not being listened to. I've heard from early childhood educators that the government's patchwork approach to the early learning and child care sector over the last 20 years has been unhelpful. They've told me there are inequalities between the private versus the not-for-profits. There are inequalities that exist between the urban and the rural and unionized and non-unionized ECE centres in terms of salaries, benefits, and working conditions.

In all of these issues, the government has been saying, since the implementation of pre-Primary, that they were going to be managing and fixing, yet I am still hearing, and I am sure my colleague from Dartmouth South - I know she's still hearing those same concerns. I've also heard from ECEs that the patchwork approach that existed before pre-Primary has been further exacerbated by the rushed implementation of pre-Primary and the government created more imbalance in an already extremely challenged system of early childhood education.

Just the other day I met with a centre, and they had many questions that the government hasn't been able to provide any answers. This tells me that the concerns and the frustrations that the early childhood education sector - many of these questions are not being addressed.

So, what did I hear in the last couple of days? Well, here are some of the questions I am hearing: Why is there no funding for new centres? Who is in charge of giving the child care sector funding? Who is the point of contact in the Department of Education and Early Childhood Development for new centres? Why is information so difficult to find online? Who administers the inclusion support grants? The most key question that came up is: What exactly is the government doing to deal with the two-tiered system of early childhood education that exists in this province, which we can say was created by the rushed implementation of pre-Primary?

These questions remind me a lot that the voices out there are not being listened to, and by not creating a period of transition to implement pre-Primary, what we are left with here in Nova Scotia is a two-tiered system of early childhood education. In the early child care sector, they want to know from the government what the plan is to stabilize early childhood education.

I've heard from ECEs that their sector, their profession, is inconsistent. There is one set of wages for ECEs in pre-Primary and another set of wages for those in the newborns to three-year-old sector.

In conclusion, Mr. Speaker, I want everyone in Nova Scotia to know that the Progressive Conservative caucus is fully aware of the issues in the early childhood education sector. We recognize that the status quo is not working for families and it's not working, at times, for our youth. Our ECEs in our centres - they want to work in the sector, and they want to deal with the inconsistencies that have been imposed on them.

In conclusion, like my colleagues, I want to thank our early childhood educators. They really are the unsung heroes of our education system. They are unbelievably talented professionals who deserve the support of our government. Unfortunately, from what I'm hearing, many of their concerns and questions have gone unanswered by this government for many years. That needs to change. The Progressive Conservative caucus is committed

to working with the early childhood education sector to ensure that we have a stable and affordable system. Early childhood education is truly the great equalizer.

In Nova Scotia our greatest asset is our youth - the next generation of Nova Scotians. We must never forget the old adage: What you teach me before the age of five is what really matters. In 15 years of teaching high school, I saw that play out. We owe it to the next generation to ensure we have a stable and affordable early childhood education system.

THE SPEAKER: Order please. The time allotted for late debate has expired.

GOVERNMENT BUSINESS

THE SPEAKER: The honourable Government House Leader.

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

GOVERNMENT MOTIONS

THE SPEAKER: The honourable Government House Leader.

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

THE SPEAKER: The House will now recess for a few minutes while it resolves itself into the Committee of the Whole House on Bills.

[6:00 p.m. The House resolved itself into the Committee of the Whole House on Bills with Deputy Speaker Susan Leblanc in the Chair.]

[6:50 p.m. CW on Supply rose and the House reconvened. Deputy Speaker Susan Leblanc resumed the Chair.]

THE CHAIR: Order, please. The Chair of the Committee of the Whole House on Bills reports:

THE CLERK: That the Committee of the Whole House on Bills has met and considered the following bills:

Bill No. 1 - Police Identity Management Act.

without amendments; and

Bill No. 23 - Adoption Records Act.

which was reported with certain amendments by the Law Amendments committee to the Committee of the Whole House on Bills, with certain further amendments. The Chair has been instructed to recommend these bills to the favourable consideration of the House.

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

The honourable Government House Leader.

HON. GEOFF MACLELLAN: Madam Speaker, this concludes the government business for today. I move that the House do now rise to meet again tomorrow, Thursday, April 1, 2021, between the hours of 9:30 a.m. and 10:00 p.m.

Following the Daily Routine and Question Period, the business will include the Committee of the Whole House on Bills to consider Bill Nos. 4 and 9. Following the Committee of the Whole House on Bills, we will move to Committee of the Whole House and Subcommittee on Supply.

THE CHAIR: The motion is to adjourn and meet again tomorrow, April 1st, between the hours of 9:30 a.m. and 10:00 p.m. Is it agreed?

The motion is carried.

The House stands adjourned until 9:30 a.m. tomorrow morning.

[6:51 p.m. The House adjourned.]