



House of Assembly
Nova Scotia

DEBATES AND PROCEEDINGS

Speaker: Honourable Kevin Murphy

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Third Session

WEDNESDAY, APRIL 7, 2021

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House of Assembly
Nova Scotia

HALIFAX, WEDNESDAY, APRIL 7, 2021

Sixty-third General Assembly

Third Session

12:00 P.M.

SPEAKER

Hon. Kevin Murphy

DEPUTY SPEAKERS

Keith Bain, Susan Leblanc

THE SPEAKER: Order, please. We'll now begin the daily routine.

PRESENTING AND READING PETITIONS

THE SPEAKER: The honourable member for Cape Breton Centre.

KENDRA COOMBES: Mr. Speaker, I beg leave to table a petition from the residents of Cape Breton, specifically from Karen MacLeod. The operative clause reads:

“We the undersigned, as residents of Cape Breton are requesting Patients fighting lymphoma, graft-versus-host disease, systemic fibrosis and other autoimmune diseases be able to receive the life-saving treatments that they need within Nova Scotia. We as request the Premier and Minister of Health reconsider providing a treatment called Photopheresis within Nova Scotia.”

I have affixed my signature. There are about 218 signatures.

THE SPEAKER: The petition is tabled.

The honourable member for Victoria-The Lakes.

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

“We, the undersigned, residents of Groves Point, Hillside Boularderie and Southside Boularderie, call upon the Province of Nova Scotia through partnership with Develop Nova Scotia and Local Service providers to immediately make any and all necessary improvements such as fiber optic upgrade of existing infrastructure and expand on phase 1 project which included Fiber op for Boularderie Island’s 674-exchange to the rest of Boularderie Island.”

The petition contains 331 signatures and I have affixed my signature as well, as per the Rules of the House.

THE SPEAKER: The petition is tabled.

PRESENTING REPORTS OF COMMITTEES

TABLING REPORTS, REGULATIONS AND OTHER PAPERS

STATEMENTS BY MINISTERS

GOVERNMENT NOTICES OF MOTION

THE SPEAKER: The honourable Minister of Health and Wellness.

RESOLUTION NO. 345

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

Whereas April 7th marks World Health Day, with this year’s campaign focusing on building a fairer, healthier world; and

Whereas health equity is the principle of and commitment to incorporating fairness in health, and implies that all people can reach their full health potential and not be disadvantaged from attaining it because of their race, ethnicity, religion, gender, sexual orientation, age, disability, and other reasons; and

Whereas in Nova Scotia, the Department of Health and Wellness works closely with its partners to provide health care services to all Nova Scotians and promote healthy and active communities;

Therefore be it resolved that all members of this House recognize April 7th as World Health Day and encourage all of us to consider how we can help advance the health of all 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 Seniors.

RESOLUTION NO. 346

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

Whereas the safety and protection of older adults is important to us all; and

Whereas Seniors' Safety coordinators work across the province to promote and enhance the safety, security, and well-being of older adults; and

Whereas Seniors' Safety coordinators stepped up to the plate and worked around the clock, especially in the early days of COVID-19, to provide food for seniors who couldn't access meal delivery and stepped in to provide direct help and support when community programs paused;

Therefore be it resolved that all members of this House thank Seniors' Safety coordinators working in their communities to ensure the continued safety and support of 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 Environment and Climate Change.

RESOLUTION NO. 347

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

Whereas the Round Table on Environment and Sustainable Prosperity plays an important role in advising the Premier and myself on protecting our environment and how it links to strengthening our economy and supporting our social goals; and

Whereas recently 12 new members were appointed to the Round Table, which is a volunteer position; and

Whereas these 12 members have great experience and diverse perspectives that will inform the important and complex decisions we tackle as we tackle the important issues facing Nova Scotia;

Therefore be it resolved that all members of this House recognize and thank these volunteers for their important contribution to protecting Nova Scotia's environment.

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 Agriculture.

RESOLUTION NO. 348

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

Whereas Phillip Keddy, farm manager for Charles Keddy Farms, was selected as the Top 4 Under 40 contestant, which was announced on March 10, 2021 at the Canadian Fruit and Vegetable Summit; and

Whereas he always wanted to be a farmer, so upon graduating from the Nova Scotia Agricultural College he started a research project on growing sweet potatoes on the family farm, which is now the largest commercial sweet potato grower east of Ontario; and

Whereas he continues to innovate and now is involved with Cornell University in a trial using UV light to control strawberry pests and diseases;

Therefore be it resolved that all members of this House recognize the efforts and accomplishments of Phillip Keddy for his efforts to innovate in agriculture and showcase Nova Scotia's agricultural industry in Canada.

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. 349

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

Whereas the Brazil Rock 33/34 Lobster Association, which represents more than 600 lobster harvesters in the lobster fishing area of 33 and 34, is the largest single species harvester association in Nova Scotia; and

Whereas the Brazil Rock 33/34 Lobster Association was recently approved for an Atlantic Fisheries Fund project to upgrade live wells and saltwater quality monitoring equipment on approximately 80 per cent of the association's membership, creating a better environment for the storage of live lobster; and

Whereas through the Atlantic Fisheries Fund project, the association is increasing production quality and the sector's productivity and competitiveness in the international export markets;

Therefore be it resolved that members of this House recognize Brazil Rock 33/34 Lobster Association in its commitment to lobster quality, which has been demonstrated through this project.

[12:15 p.m.]

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.

INTRODUCTION OF BILLS

Bill No. 92 - Entitled an Act to Establish a Registry for Continuing Care Assistants. (Hon. Zach Churchill)

Bill No. 93 - Entitled an Act Respecting Health-care for New and Expectant Mothers. (Elizabeth Smith-McCrossin)

Bill No. 94 - Entitled an Act to Amend Chapter 10 of the Acts of 1994-95. The Workers' Compensation Act. (Kendra Coombes)

Bill No. 95 - Entitled an Act to Amend Chapter 160 of the Revised Statutes of 1989. The Parenting and Support Act. (Hon. Randy Delorey)

Bill No. 96 - Entitled an Act to Amend Chapter 27 of the Acts of 2000. The Employment Support and Income Assistance Act, Respecting Employment Insurance Protection. (Kendra Coombes)

Bill No. 97 - Entitled an Act to Amend Chapter 25 of the Acts of 2004. The Electricity Act. (Hon. Chuck Porter)

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

NOTICES OF MOTION**STATEMENTS BY MEMBERS**

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

MACKINNON, NATHAN - RECIPIENT: LADY BYNG TROPHY - CONGRATS.

BARBARA ADAMS: Mr. Speaker, I rise today to bring recognition to Nathan MacKinnon being awarded the Lady Byng Trophy. This trophy is given to the player who exhibits the best sportsmanship, most gentlemanly conduct, and a high standard of play.

The trophy is awarded at the end of the regular season after members of the Professional Hockey Writers Association vote. MacKinnon received 64 first-place votes, next in place was Auston Matthews with 21 votes, then Ryan O'Reilly with 10 votes. Nathan continues to break barriers, achieve personal goals, and make history.

I ask all Members of the Legislative Assembly to join me in recognizing Nathan MacKinnon for his win of the Lady Byng Trophy and for his dedication to the sport of hockey.

THE SPEAKER: The honourable member for Cape Breton Centre.

WALZAK, BUCKY: COM. FUNDRAISING - THANKS

KENDRA COOMBES: Mr. Speaker, I rise today to recognize Michael Walzak, better known as Bucky, and his granddaughter Peyton for their fundraising efforts on behalf of the New Waterford Combined Christmas Giving Committee.

Mr. Speaker, Bucky is known for entertaining people through Facebook, whether it is a funny story, a joke, or a song in his happy garage. It was not surprising that when the time came to raise money for Combined Christmas Giving, Bucky and Peyton turned to his Facebook friends. While he entertained the viewing public, they donated.

Mr. Speaker, I want to thank Bucky and Peyton for raising over \$2,000 for Combined Christmas Giving.

THE SPEAKER: The honourable member for Clayton Park West.

ARAB, LUCAS: COM. SERV. - RECOG.

RAFAH DICOSTANZO: Mr. Speaker, I would like to recognize a young articulate, dedicated, and committed constituent, Lucas Arab.

Lucas is an active community volunteer and is interested in theatre. Lucas was actively involved in student government at Halifax West High School as the Grade 10 and 11 representative, and the co-president in his graduating year.

Lucas also participated in the Halifax West improv team that represented Nova Scotia on the national stage at the Canadian Improv Games in 2019. Lucas currently works as a Youth Performance instructor at Neptune Theatre and has begun his undergraduate degree at Dalhousie in technical theatre and architecture.

Mr. Speaker, I ask that the members of this House join me in applauding an individual who enriches our community with his skills and his passion for community involvement and volunteerism. Thank you, Lucas.

THE SPEAKER: The honourable member for Pictou West.

HERITAGE QUAY B&B: BUS. VENTURE - WELCOME/BEST WISHES

KARLA MACFARLANE: Mr. Speaker, I rise today to welcome Stephanie Mann and Chris Sereda to our beautiful town of Pictou. The couple recently moved from Ontario after purchasing a former bed and breakfast, just down the street from my office.

Originally from the East Coast, the couple felt compelled to return to their roots and chose Pictou as their new home. After completing renovations to all three floors of the circa 1855 home, they have decided to keep the home as a boutique bed and breakfast and renamed the Heritage Quay Bed & Breakfast.

Mr. Speaker, I am pleased to have Stephanie and Chris join our community and wish them luck and success with their new business venture, the Heritage Quay Bed & Breakfast.

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

The honourable member is on mute.

STRANG, ROBERT - PHYSICIAN: LG'S AWARD OF EXCELLENCE - CONGRATS.

BILL HORNE: Mr. Speaker, I rise today to recognize a Fall River resident, father, husband, neighbour, and Nova Scotia's Chief Medical Officer.

Dr. Robert Strang and his department have worked tirelessly to protect Nova Scotians during the COVID-19 pandemic, making it one of the safest places to live. He was awarded the 2020 Lieutenant Governor's Award of Excellence in Public

Administration for exhibiting the highest standard of excellence, dedication, and accomplishment.

Dr. Strang found time to attend our community virtual tree lighting and assured all the children of Fall River that Santa Claus would visit them despite the pandemic. We are appreciative to have Dr. Strang in our community, and even more so to have him as our province's top doctor.

Mr. Speaker, please join me in thanking Dr. Strang for all the work he has done for Nova Scotians and congratulate him on his award.

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

LUCAS, WENDELL - THE PAINT GUY: RETIREMENT - CONGRATS.

BRAD JOHNS: Mr. Speaker, I rise today to acknowledge a hard-working Sackville employee, Wendell Lucas.

Wendell is known in Sackville as “the paint guy” because he worked at Payzant's in Sackville for over 46 years and just retired in July 2020. Wendell started working at Payzant's in April 1974 at just 20 years old, and from there, worked his way up through to eventually running the paint department and becoming known to all the residents in Sackville, as well as his co-workers, as the paint guy.

Mr. Speaker, I can honestly say I've never met anybody who knows paint better than Wendell. I'd just like to take an opportunity to congratulate him on his long career at Payzant's and wish the paint guy the best in his retirement.

THE SPEAKER: The honourable member for Halifax Needham.

ABDEL KARIM, MUSA: SUPPORT TO REFUGEES COM. - RECOG.

LISA ROBERTS: Mr. Speaker, I want to recognize a remarkable constituent who has been quietly instrumental in Nova Scotia's record immigration numbers.

Abdel Karim Musa, known widely as Musa, is originally from Sudan. He and 16 cousins fled the Darfur region genocide and became refugees. Today, 15 years after Musa first arrived in Halifax, 14 of his cousins now call Nova Scotia home, and two are in Ontario.

From 2018 until the COVID-19 pandemic hit, about 100 Sudanese refugees arrived in Halifax, and about 70 of them were sponsored personally by Musa. Ninety per cent of new Sudanese arrivals since 2011, whether government assisted or privately sponsored refugees, have stayed in Halifax, and the community now numbers about 500.

Through Musa's involvement with the African Diaspora Association of the Maritimes (ADAM), he also supported the settlement of 35 refugees since 2018, and through his work with a private sponsorship program at ISANS, he has had some role in welcoming more than 2,000 arrivals, including privately sponsored Syrian refugees.

A limiting factor in his work, and in the immigration strategy of Nova Scotia, is that settlement agreement holders, including multiple faith-based organizations, are run entirely by volunteers. With some support from the provincial government, more privately sponsored refugees could arrive, with benefits for our economy and for their family members.

Please join me in expressing my appreciation for Abdel Karim Musa.

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

**POTLOTEK FIRST NATION - DOCUMENTARY:
*MERCHANTS OF THE WILD - RECOG.***

ALANA PAON: I rise today to recognize a documentary series called *Merchants of the Wild*, which features Unama'ki. This is the second season of the documentary series that follows the teachings, hardships, struggles, and self-discovery of six Indigenous adventurers as they paddle birchbark canoes throughout Unama'ki.

Working directly with Potlotek as well as with elders from the other nearby communities of Eskasoni and Waycobah, the six cast members spent 25 days travelling throughout Cape Breton, with much of the content being recorded in the Mi'kmaw language.

I would like to recognize Anita Basque, Jerome Basque, Terry Denny, George Marshall, Hunter Denny, Luke Denny, Kent Denny, and Belinda Basque of Potlotek First Nation on their collective contributions to this educational series, and I look forward to its upcoming release on the Aboriginal Peoples Television Network.

THE SPEAKER: We just got word of a bit of a technical issue in the background here, so the House is going to recess for a minute or two while we resolve that issue.

[12:26 p.m. The House recessed.]

[12:27 p.m. The House reconvened.]

THE SPEAKER: Order, please. I understand the issue has been resolved. We'll now move on to the honourable member for Yarmouth.

YASHA: HEALTHY ADVENTURES - RECOG.

HON. ZACH CHURCHILL: Mr. Speaker, one of the essential things in keeping healthy is an active lifestyle, and what better way to do that than going out and enjoying our beautiful sights in Nova Scotia?

Yarmouth and Acadian Shores Hiking Adventures is a group of outdoor-minded individuals interested in exploring our trails, woodlands, and shores with others to meet new people, find adventure, and have fun.

YASHA strives to offer guided hikes regularly and encourage members to share their favourite excursions with others. They have a Facebook page where they post hikes and pictures of the beautiful places they go.

Please join me in recognizing Yarmouth and Acadian Shores Hiking Adventures in promoting a healthy lifestyle for everyone in my community.

THE SPEAKER: The honourable member for Argyle-Barrington.

WE CARE RADIOTHON VOLUNS.: 5th ANN. EVENT - THANKS

COLTON LEBLANC: Mr. Speaker, I rise today to recognize the success of the 5th Annual We Care Radiothon for the Yarmouth Hospital Foundation, held on February 4th.

Raising money in a pandemic environment has its challenges. However, with much planning, the radiothon went ahead. Following the COVID-19 pandemic protocols, it was broadcast live from the Y95 studios. The Yarmouth Mall donated a spot for a donation station where people could drop off donations, or you could call the phone line and make your pledge.

The community support was tremendous, and a grand total of \$100,000 was raised to purchase critical equipment for the operating room for the Regional Health Centre serving Yarmouth, Digby, and Shelburne Counties.

I ask that all members of the Legislature join me in thanking all those involved in making this year's fundraiser a great success.

THE SPEAKER: The honourable member for Cape Breton Centre.

N. WATERFORD ROTARY CLUB: COM. SERV. - THANKS

KENDRA COOMBES: Mr. Speaker, I rise today to thank the New Waterford Rotary Club for continuing to give back to the community.

The Rotary Club's dedication and support for community organizations, for helping people attend post-secondary education, and for ensuring children and youth have a breakfast - that is what true leadership is about. The donations made to the Scholastic Awards Trust Fund, the BEC Interact Club, the New Waterford Special Events Program, the school breakfast programs, the Hawkes Dream Field, Waterford Heights, Combined Christmas Giving, and the New Waterford District Community Centre are greatly appreciated not just by the individuals, groups, and organizations but by the entire community.

THE SPEAKER: The honourable member for Bedford.

OUTHIT, TIM - HRM COUNCILLOR: ACCLAIMED - CONGRATS.

HON. KELLY REGAN: Mr. Speaker, I'd like to congratulate my neighbour, Bedford-Wentworth Councillor Tim Outhit, on his recent acclamation to Halifax Regional Council in October.

I'd also like to point out that this is not the first time that Tim has been acclaimed. He actually was last time too, in 2016. That's a collective sigh of envy here, I think, in the Legislature. I think this happens because people know that Tim is there for them. He is always available on social media to answer a question. He is a pleasure to work with on issues that matter to Bedford residents.

[12:30 p.m.]

Tim was first elected to council in 2008 in a by-election following the death of our councillor, former Halifax Regional Police officer Gary Martin. Tim was re-elected six months later in the municipal election that followed.

I would also like to congratulate Tim on being elected deputy mayor. I know he and Mayor Mike will work well together, and I know he'll be happy to share his experience with the new members of council. Congratulations, Tim.

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

**LAUTHER, BRETT - ATHL.:
THIRD SEASON WITH ROUGHRIDERS - CONGRATS.**

DAVE RITCEY: Mr. Speaker, I rise today to recognize and congratulate local Truro athlete Brett Lauther. Brett was born and raised in Truro and played his high school football at CEC and his university football at Saint Mary's. Now he has just signed on for his third season with the Canadian Football League's Saskatchewan Roughriders as their kicker.

Brett has been a long-time supporter of the Truro Amateur Athletic Club Revitalization Project. He organized his t-shirt campaign called “That’s My Kicker” to raise money and bring awareness to the importance of the TAAC project in our community.

I would like to congratulate and thank Brett for not only his success as an athlete in Canada but his dedication to giving back to his hometown and improving the TAAC grounds for not only the community but for future athletes.

THE SPEAKER: The honourable member for Dartmouth North.

MAYUK, RICK: BRIGHTWOOD COM. SERV. - THANKS

SUSAN LEBLANC: Mr. Speaker, I would like to bring attention today to a wonderful member of the Brightwood neighbourhood, Rick Mayuk.

Rick is a generous family man who loves his community and works hard to make it great. He is one of the key organizers of the annual Brightwood Summer street party, a fun afternoon of music, food, games, etc.

Each year he kickstarts the Lights of Brightwood Facebook challenge where community members post pictures of their homes in all their holiday-light glory. Most recently, Rick has been the driving force behind the Splash Pad Project. His very hard work on this project will soon come to fruition.

The splash pad, named Shirley’s Splash Pad for long-time Dartmouth resident Shirley Clarke, will be a fun, accessible outdoor water park that will combine flowing, misting, spraying, jetting, and splashing water to engage children and families in outdoor play. Rick was part of a team that raised \$150,000 from the community for the project. If all goes to plan, the splash pad will open this Summer.

I ask all members of the House to join me in thanking Rick Mayuk for his awesome contribution to Brightwood and the whole Dartmouth North community.

THE SPEAKER: The honourable member for Kings South.

**WHALLEY, MAKAYLA - RECIPIENT:
JOYCE FAM. FDN. BURSARY - CONGRATS.**

HON. KEITH IRVING: Mr. Speaker, one of the most important investments we can make today is in developing and acknowledging our next generation of leaders. Today I want to acknowledge Makayla Whalley, who is a recipient of the Joyce Family Foundation Bursary, for her compassionate leadership and years of volunteerism.

Makayla, a third-year Acadia University student in kinesiology, served on her school council, was part of the Nova Scotia Secondary Students' Association, travelled to Nicaragua to help build a school for children in need, and has future dreams of becoming a physical education teacher.

On behalf of the Nova Scotia House of Assembly, I want to congratulate Makayla Whalley on her dedication to volunteerism, thank her for being a positive role model and an inspiration for younger generations, and offer my best wishes for her future endeavours.

THE SPEAKER: The honourable member for Cumberland South.

**FISHER, CATHY:
THANKSGIVING TRADITION FOR ELEM. STUDENTS - THANKS**

TORY RUSHTON: Mr. Speaker, I rise today to acknowledge Cathy Fisher, the local home and school association, and the many dedicated volunteers in Springhill.

For over 25 years, Cathy Fisher and volunteers have been involved in a Thanksgiving tradition in our Springhill elementary schools. A full turkey dinner with all the trimmings is served at the Dr. Carson & Marion Murray Community Centre to every elementary school student in the community.

Cathy Fisher has it down to a science as the volunteers pack the kitchen and work to quickly in an assembly line, plating over 175 pounds of turkey and more than 200 pounds of potatoes and stuffing while high school students quickly and efficiently deliver the meals to the excited elementary students.

Mr. Speaker, I ask all members to join me in congratulating and thanking the volunteers who are involved in this wonderful Thanksgiving Day tradition.

THE SPEAKER: The honourable member for Dartmouth North.

HARRIS, RONNIE: YOUNG LEADER - RECOG.

SUSAN LEBLANC: Mr. Speaker, on Victoria Road there's a sign that reads, "Welcome to Dartmouth North, where families and friendships grow." It is also the place where truly amazing young people grow up and grow into leaders. One such young leader is Ronnie Harris. Until COVID-19 slowed down many in-person community events, the John Martin Junior High student volunteered throughout the community.

As a member of the Boys and Girls Club, Ronnie has participated in many events throughout the community and has even given a speech on behalf of youth at the Boys and Girls Club breakfast. He has also helped feed the people of Dartmouth North through preparing and serving families suppers at the North Grove on Monday nights, as well as

preparing lunches and volunteering for the turkey dinners at the Dartmouth North Community Centre. Ronnie is easy-going, generous, dedicated, loyal, and inquisitive, and he is a good friend to many.

Our community is truly blessed that Ronnie calls Dartmouth North his home. I ask all the members of this House to join me in recognizing this fantastic young leader.

THE SPEAKER: The honourable member for Lunenburg.

HON. SUZANNE LOHNES-CROFT: Mr. Speaker, I wish to recognize the Martin's River Fire Department for providing over 50 years of volunteer services to our community . . .

THE SPEAKER: Order please. We seem to be having some trouble with the video for the honourable member for Lunenburg, so we will move on.

The honourable member for Preston-Dartmouth.

ADJUSTING YOUR LIFE STYLE: IT TAKES A VILLAGE DRIVE - RECOG.

HON. KEITH COLWELL: Mr. Speaker, I would like to recognize Bridget Williams, a community advocate, author, and stage-4 cancer survivor.

Through her company, Adjusting Your Life Style, she recently organized an event entitled It Takes a Village Backpack Drive to support people devastated financially by COVID-19. She organized the event to collect school supplies and backpacks in Nova Scotia and Toronto for marginalized children, which also embodied her statement: "We are here for a purpose and that purpose for me, is to help others - the less fortunate."

This event helped 280 students at 40 schools across Nova Scotia and Toronto. She is currently busy organizing more events to "create a better world for ourselves and others." She feels while the event was successful, as it provided supplies to numerous students, it still was far more reaching and important to communities. It shows community outreach and a sense of caring.

Bridget Williams is a role model in that she not only survived cancer but carried on making a difference in the lives of children and making the world a better place for us all.

THE SPEAKER: The honourable member for Northside-Westmount.

CHALLENGERS BASEBALL DIV.: BALLPARK RENOVATION - RECOG.

MURRAY RYAN: Mr. Speaker, I rise today to recognize the Sydney Mines Little League Challengers Baseball program. Two years ago, the organizers set out to renovate the infield of the Nicole Meaney Ballpark, with the goal of making it more accessible.

Once completed, the field will have a new artificial turf infield and access ramps, which will greatly improve the experience for challenger participants who encounter mobility issues as a result of the grass and dirt infield.

Last year, the organizers were awarded \$155,000 from the Toronto Blue Jays, Jays Care Foundation towards the project. Together, with support from the provincial and municipal governments, this project will be completed in time for the coming season

Thanks to the hard work and vision of Kenny Bradley and Justin MacDonald, and all the volunteers, the field will be better able to welcome athletes for many years to come.

THE SPEAKER: The honourable member for Lunenburg.

MARTIN'S RIVER FIRE DEPT.: 50th ANNIV. - THANKS

HON. SUZANNE LOHNES-CROFT: I wish to recognize the Martin's River Fire Department for providing over 50 years of volunteer services to our communities.

Last August, the department celebrated its 50th anniversary and honoured two of its members. Calvin Hiltz, a volunteer firefighter and founding member of the department, was recognized for his 50 years of service. Betty Eisnor was honoured for her 50 years of service to the Martins River Fire Commission.

This is the effort of hard-working volunteers who make the community a better and safer place to live. Thank you for your time, dedication, and commitment.

Mr. Speaker, I ask that you and all members of this House join me in congratulating the Martin's River Fire Department on marking its 50th anniversary.

THE SPEAKER: The honourable member for Cumberland North.

CASEY, DAN: DEATH OF - TRIBUTE

ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, it is with great sadness that I share the passing of businessman Dan Casey. Dan Casey was the consummate gentleman. He owned Casey Realty and managed many properties in our Town of Amherst.

He filled many roles - he was a father, a husband, a grandfather, a brother, a businessman, a friend, and a mentor. He deeply loved his family and his children, Erin, Mark, and Matt.

Dan Casey mentored many businessmen and -women in our downtown, including myself. He loved helping others to see their own potential in business. He was there to listen, share ideas, and discuss possible new business opportunities. He loved our town and especially our downtown.

Our town and community are mourning his loss and we extend our deepest sympathies to his family at this sad time. His legacy will live on in our town, and I plan on ensuring that happens.

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

MURPHY, MAX - HONOUR

HON. DEREK MOMBOURQUETTE: Mr. Speaker, I want to recognize a good friend of mine, Max Murphy from the greater Sydney area. Max and I have become very close friends over the last year and he is a really special person in our community. Max loves playing the guitar - he does that on his Facebook page - and other music for the community. He just got a new puppy named Angus, so he is very excited about that. Max is a really great golf player.

I get the opportunity to talk to Max a lot. One of my favourite memories was having a conversation with him as part of Zoomtimers.

Mr. Speaker, I want to recognize Max for the very special person that he is, the good friend of mine that he is, and let him know how proud I am of him.

THE SPEAKER: The honourable member for Queens-Shelburne.

GREENFIELD VOLUNS.: COM. TREE LIGHTING - THANKS

KIM MASLAND: Mr. Speaker, it was to be expected that the 2020 holiday season would look different from the norm. However, this did not stop the efforts of Greenfield residents to make the season festive and to spread the Christmas spirit in their community.

Thanks to Chief Moyal Conrad and the amazing members of the Greenfield and District Volunteer Fire Department, the 2020 community tree lighting took place outdoors, in compliance with COVID-19 public health protocols and safe for all. The trees were beautifully decorated by firefighters, community businesses, residents, and families in memory of loved ones. Even Santa Claus himself made an appearance.

Mr. Speaker, please join me in applauding the efforts and the strong community spirit of Greenfield residents and volunteers and in thanking them for their efforts to make the holiday season a bit brighter for many in Queens.

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

MACDONALD, MARTIN - NOMINEE: ACADEMY AWARD - CONGRATS.

HON. LLOYD HINES: Mr. Speaker, earlier this year, Guysborough-Eastern Shore-Tracadie native Martin Macdonald was a member of the Oscar-nominated visual effects team for *Star Wars: The Rise of Skywalker*.

Martin, who is originally from Indian Harbour Lake, has attributed his successful and extensive career in visual effects artistry to his family who inspired him, taught him, and gave him free rein to be creative and pursue his passions. Martin comes from a long line of builders, including his model-ship-building grandfather, whose spectacular work is on display at the boat shop in our very own Sherbrooke Village.

The *Star Wars* Oscar nomination isn't the only milestone that Martin has achieved in his career. He has travelled the world and worked among many high-profile companies and clients, such as Mark Zuckerberg of Facebook, Google, LinkedIn, and members of the NHL, to name a few. Along the way, Mr. Speaker, he has blessed people with his Guysborough County charm.

It goes to show how people from this area have always strived to make amazing contributions to society, locally and around the world. Congratulations on your success, Martin, and may the Force be with you.

THE SPEAKER: The honourable member for Sackville-Cobequid.

HRM COUNCIL: HONOURING ANDREW PICOT - THANKS

STEVE CRAIG: Mr. Speaker. I rise today to thank Mayor Mike Savage and HRM council for memorializing a true community booster. Andrew Picot was tragically killed in a motorcycle accident on July 16, 2019, at the age of 19. Andrew's short life left an incredible impact on all who had the pleasure of knowing him.

To honour Andrew's memory, in conjunction with the Freedom Kitchen and Closet, his family and friends provided a free meal on October 5, 2020, to those in need in our community. To the family's surprise, during the event Councillor Paul Russell made a presentation on behalf of Mike Savage and council, proclaiming the first Monday in October as Andrew Picot Day.

Mr. Speaker, I would like to ask that all members of the House of Assembly join me in thanking Mayor Mike Savage and HRM councillors for honouring Andrew Picot's legacy of giving back to this community.

[12:45 p.m.]

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

TIM HORTONS COLE HBR.: DEDICATION DURING PANDEMIC - RECOG.

HON. TONY INCE: Mr. Speaker, I rise today to acknowledge the efforts and constant striving for great customer service at Tim Hortons, Cole Harbour. The store owner, Jay Clarkson-O'Neil, and the store manager, Cheryl Doherty, have managed to weather the pandemic and keep their store staffed and customers safe, while continuing to maintain a high standard of customer service.

They work very hard to make and maintain their location COVID-19-safe and COVID-free, sanitized, and all the things that keep their customers safe. No matter what time of day you pop in or drive by the drive-through, you can see the staff, fast and friendly, working really hard to help all the customers. I would like to extend my gratitude and appreciation to the entire team for all their hard work. It does not go unnoticed.

THE SPEAKER: The honourable member for Pictou Centre.

CAMERON, LORNA - POSTMASTER: COM. SERV. - RECOG.

HON. PAT DUNN: Mr. Speaker, our rural post office is a place for doing business while having contact and social interaction with neighbours and friends. Residents have an opportunity to discuss daily life in visiting the post office for retrieving mail or obtaining postal services. A competent postmaster is worth their wait in gold.

Residents living in the community of Merigomish are blessed because they have as their postmaster a very caring, polite, and helpful person, Lorna Cameron. Lorna is liked by everyone. She is mannerly and always nice, and each person who comes to the post office feels welcome whether they are there daily or an occasional drop-in. Lorna's unique personality and sense of humour make her a perfect fit for her job. Great communication skills and an always upbeat mood makes a chat with Lorna a positive part of your day.

With all the changes in our lives and the impersonal way much of daily business is conducted, this small rural post office, where people are still connected and treat each other in this way, makes you feel envious of their daily visits with their postmaster, Lorna Cameron.

THE SPEAKER: The honourable member for Halifax Atlantic.

MILLS, DAVID: DEATH OF - TRIBUTE

HON. BRENDAN MAGUIRE: Mr. Speaker, on March 26th Halifax lost a kind soul and one of its biggest smiles. David Mills passed away at the age of 44. Millsy may have been one of the most well-known Haligonians. Growing up in Fairview, he was a big soccer and football fan. Millsy was an iron worker who loved his friends and family. I had the privilege of calling Millsy a friend for over 30 years, and he always put a smile on my face and made me laugh. David is survived by his parents Ray and Jan, his sister Joanna, and his brother Bob. Rest in peace, Millsy; you will be missed.

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

**BURKE, KENDRA - ARTIST:
PAINTING ST. PETER'S FIRE HYDRANTS - THANKS**

ALANA PAON: Mr. Speaker, visitors to St. Peter's have been recently welcomed once again by intricately painted fire hydrants. This practice began in 1994 and featured a range of characters over the years, delighting and attracting visitors to our constituency. Over the years, many of the hydrant designs had been repainted; however, this Summer Kendra Burke was hired for the purpose of reviving the custom in the village. To date she has repainted 16 of the 50 local hydrants. Each of Kendra's artistic compositions is unique. They feature designs such as a tropical sunset and a lighthouse, as well as a health care worker, a kilted Celt and, naturally, a St. Peter's pirate.

Kendra's hydrant designs are admired and treasured by the local community and bring joy to visitors who experience her creations. I ask the members of this House to join me in thanking Kendra for her contributions to the beautification of the Village of St. Peter's.

THE SPEAKER: The honourable member for Dartmouth East.

POP UP CINEMA: SUMMER FUN - THANKS

TIM HALMAN: Mr. Speaker, I'd like to recognize Aaron Peck and his business, Pop Up Cinema. In the Spring of 2020, Aaron reached out to my office to discuss the possibility of his business coming to Dartmouth East. With his business partners and Dimensions Entertainment, Aaron brought Pop Up drive-in cinemas to Dartmouth and Cole Harbour last Summer. At the time, families were searching for COVID-19-safe activities. Aaron and Pop Up Cinema filled that demand with their drive-in movies. I know for my family and hundreds of families in our area, it helped provide a sense of summertime normalcy and summertime fun.

On behalf of the residents of Dartmouth East, I'd like to thank Aaron Peck and Pop Up Cinema for creating such a fun experience for the community this Summer. I think I

speak for all of us when I say we can't wait for that big screen to go up and have treats laid out for the 2021 season.

THE SPEAKER: The honourable member for Kings West.

PIERCE, JOHN: COM. SERV. - THANKS

HON. LEO GLAVINE: Mr. Speaker, I rise today to recognize John Pierce, who has spent a lifetime volunteering and contributing to making the village of Kingston an outstanding community to live. John's work as a member and chair of the village commission has been highlighted by a major retrofit of the Valley Credit Union Centre Arena, the construction of a new village office, and the latest centrepiece of the village, a new library. His commitment to the Kingston Steer Barbecue extends over decades, as well as Kingswood Camp and advancing sport in the community of Kingston.

Mr. Speaker, I ask all members to recognize John Pierce, an outstanding citizen and contributor to the development of the Village of Kingston.

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

**MINOR HOCKEY, CUMB. AND COLCHESTER:
PANDEMIC SEASON - THANKS**

LARRY HARRISON: Mr. Speaker, I would like to acknowledge the work of the minor hockey associations during the past few months. It would have been easy for the associations to write this year off.

I can personally give my thanks for how the Cumberland and Colchester minor hockey associations put together the hockey season. The season ended the last weekend of March. Not many fans could attend the games, but each child was allowed two or three family members.

I was fortunate enough to watch the gold medal games at the end of the season. In Bantam, Antigonish played the Truro Bearcats. In Atom, Antigonish played Brookfield. In Bantam, the Bearcats won 9-0. In Atom, Brookfield lost 6-1. My grandson Gavin plays for the Bearcats and my granddaughter Page plays for Brookfield. So, Grandad thanks you. The season gave us many good moments of enjoyment.

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

DAIRY QUEEN, FALL RIVER: FIRST ANNIV. - CONGRATS.

BILL HORNE: Mr. Speaker, it has been one year since the new Fall River Dairy Queen opened, just as the COVID-19 pandemic was growing.

The year has brought many highs and lows for manager and franchise owner Peggy Rust, who was able to adapt and reimagine ways to keep the restaurant open while following all the Public Health rules. It's only one year and this community's spirit and support has made them a valuable member of our community. They ran fundraisers for the IWK and our local Christmas Express, and honoured community members with its We Make Happy campaign.

Mr. Speaker, please join me in congratulating Peggy Rust and the Fall River Dairy Queen staff in navigating this challenging year and thank them for their community support. I wish them all the best for a successful future.

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

**MATT'S BOTTLE EXCHANGE:
ENVIRO-DEPOT OF THE YR. - CONGRATS.**

BARBARA ADAMS: Mr. Speaker, I rise today to congratulate Matt's Bottle Exchange for being the recent recipient of Divert Nova Scotia's 2020 Small Enviro-Depot of the Year.

Matthew Beazley has been the owner and operator since 2005. The business is managed by Megan, Matthew's wife. Matt's Bottle Exchange accepts refundable beverage containers, leftover household paint, and end-of-life electronics. Matt's also takes in unwanted textiles and clothing for the Breast Cancer Foundation Atlantic. Matt's Bottle Exchange is always willing to host fundraisers for many local not-for-profits through their bottle exchange.

I ask all Members of the Legislative Assembly to join me in congratulating Matthew, his wife Megan, and the staff at Matt's Bottle Exchange for their outstanding service to our community.

THE SPEAKER: The honourable member for Halifax Armdale.

LOCAL BUS./ORGS.: GENEROSITY TO CARE HOMES - THANKS

HON. LENA METLEGE DIAB: Mr. Speaker, our health care heroes have made all the difference as we've navigated COVID-19. Many businesses and organizations have stepped up during this time to do what they could to offer support and appreciation to our long-term care staff.

In Armdale, I was grateful I was able to connect representatives from the Maritime Sikh Society and KhalsaAid Canada's Halifax Chapter with the team at Arborstone Enhanced Care. They graciously offered to cook and deliver delicious Indian food to the staff at lunch time.

Likewise, Charbel Khattar and the team at Pzza.Co.-Hfx were able to arrange on two occasions delivery of tasty pizza with staff at both Melville Gardens and Melville Lodge. I was so proud to help facilitate these deliveries and join them at the facilities to thank the staff personally. I ask all members to join me in thanking Mr. Khattar and Mr. Dhunna, their volunteers, and staff for their generosity and care.

THE SPEAKER: The honourable member for Pictou West.

GREGORY, RAYMOND - LABMAN: RETIREMENT - CONGRATS.

KARLA MACFARLANE: Mr. Speaker, the Pictou Justice Centre will not quite be the same after the retirement of its well-known caretaker, Raymond Gregory, more affectionately known as “Labman.” After years of dedicated service to the centre, Mr. Gregory retired last Spring.

A long-time resident of Pictou, Mr. Gregory has always been an active member in his community. He has served as a town councillor and is an avid local historian, a war memorabilia collector, and a member of the Pictou Historical Photography Society. He is particularly passionate about paying tribute to our veterans and proudly displays a soldier’s silhouette on his property each Remembrance Day.

Mr. Speaker, I congratulate Raymond Gregory on his retirement and thank him for his dedication to his community and for his extraordinary, jovial personality. I wish him all the best for many years to come.

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

HUMBOLDT BRONCOS TRAGEDY: THIRD ANNIV. - REMEMBER

HON. BEN JESSOME: Yesterday marked a sad anniversary in our history. The tragedy of the Humboldt Broncos shocked and saddened Canadians and the hockey family coast to coast and throughout the world, reminding us of the preciousness of life.

So many Nova Scotians were instantly reminded of their kids travelling across long distances for the love of our national sport. This incident broke the hearts of those well beyond Saskatchewan and the Canadian borders.

Mr. Speaker, today I rise in honour of the lives lost and their loved ones, and hope to never ever see this tragedy happen again. We’ll never forget those who lost their lives on this day, and we’ll continue to honour their memories and talent.

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

TODD, JARRETT - ATHL.: HOCKEY CAREER - BEST WISHES

BRAD JOHNS: Mr. Speaker, I rise today to acknowledge Jarrett Todd, a 16-year-old hockey player from Beaver Bank.

Jarrett plays centre with the Halifax McDonald's in the Nova Scotia Major Midget Hockey League and was recently picked during the Quebec Major Junior Hockey League draft. Jarrett was selected by the Charlottetown Islanders in the seventh round, being 124th overall. During the 2018-19 hockey season, Jarret also played for Team Nova Scotia U15.

Mr. Speaker, I would like to take an opportunity today to congratulate Jarrett on his success in hockey and wish him all the best of luck in his future hockey career.

THE SPEAKER: The honourable member for Argyle-Barrington.

GSAR: INVALUABLE CONTRIBUTIONS - THANKS

COLTON LEBLANC: Mr. Speaker, I rise today to recognize the invaluable work of Nova Scotia's ground search and rescue organizations and volunteers.

Ground search and rescue teams are dedicated, trained emergency service providers who volunteer countless hours of their time and energy training in readiness for ground search and rescue incidents.

The vital service of Nova Scotia's ground search and rescue organizations, 23 of them, was highlighted again to me when our local ground search and rescue teams were called upon to assist in three different ground search and rescue incidents in the last number of months in my constituency and surrounding communities: the sinking of the *Chief William Saulis*, the disappearance of Zack Lefave, and the drowning of Kenneth and Noreen Surette. These dedicated volunteers are quick to respond to assist in all incidents, providing their ground search and rescue expertise and resources.

Today, I ask all members of the Legislature to join me in thanking our dedicated Ground Search and Rescue volunteers for their invaluable work, commitment, and contributions to Nova Scotia.

THE SPEAKER: The honourable member for Cumberland North.

RESTAURANT WORKERS: CUMB. N. COVID-19 HEROES

ELIZABETH SMITH-MCCROSSIN: I would like to recognize Cumberland North's restaurant workers as some of Cumberland North's COVID-19 pandemic heroes.

Many of the small businesses are restaurants and had to adapt to the COVID-19 guidelines to continue their businesses during the pandemic. The restaurant management, cooks, and dining room staff have worked tirelessly to ensure that people could enjoy their favourite meals and food as safely as possible. As restrictions were lifted and restaurants could have dine-in guests again, they continued to work hard to ensure that their guests' safety was still priority while being able to dine out again.

Today, I ask all members of the House to join me in thanking our restaurant workers as some of Cumberland North's COVID-19 pandemic heroes.

THE SPEAKER: The time allotted for members' statements has expired. The House will now recess for its mandated 15-minute COVID-19 break, and proceedings will resume at 1:15 p.m.

[1:00 p.m. The House recessed.]

[1:15 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.: VACCINATION SCHEDULE - CONCERNS

TIM HOUSTON: Mr. Speaker, we have been cautioning the Liberals about the dangers of governing just by soundbites. Yesterday the Premier referred to a *Globe and Mail* editorial that asked about putting Nova Scotia in charge of the country.

It's true, the editorial in question does say that, but it says quite a bit more, Mr. Speaker. The title of the editorial is "Canada is primarily vaccinating people by age. That's a big mistake." That's the title of the article, and of course Nova Scotia is more entrenched in the by-age approach than any other province.

The article goes on to state, "The lesson is that targeted vaccinations work. Which is why now, in the third wave of the pandemic, the provinces should start aiming their needles at the arms of the people at highest risk of becoming infected and spreading the disease."

My question for the Premier is: If he is willing to take credit for one snippet of the article, will he accept that the theme of the entire article is to question his very approach to the vaccination rollout?

HON. IAIN RANKIN (The Premier): As we continue to roll out the vaccine program, we continue to get increased supply, and we're ready for that supply. Because of the good work of setting up the infrastructure, we're opening up more and more clinics across the province. We're opening up the first clinic for African Nova Scotians this week in Upper Hammonds Plains.

I'm looking forward to those who are over the age of 55 getting their first vaccine. We're well on track for all Nova Scotians to get their vaccine by the end of June, which is the target of other provinces.

TIM HOUSTON: Mr. Speaker, I hope that that target is met, because to date there have been a lot of issues with the rollout. There's no question about that.

Yesterday the Premier said that I'm the only one who is saying that we're last in vaccinations per capita. In fact, CTV says we're last. Don Mills tweeted last week that we're last. Dr. Samir Sinha at Sinai said Nova Scotia is not administering vaccines as rapidly as other provinces. I guess that's a kind way to say "last."

But most importantly - as the Premier knows, as a science guy - the math says we're last. It's not a matter of opinion. It's cold hard data. Nova Scotia is last in the country. Now, I know we keep hearing week after week that we're going to catch up, but we're last today.

Will the Premier just acknowledge the starting point of where we are at today? It is what the doctors say, it's what the media says, it's what the pundit says, it's what the math says: today we are last in per capita vaccines.

THE PREMIER: Mr. Speaker, it's a very narrow view of how we're managing this pandemic. We're employing the same strategy with the vaccine rollout as we have throughout the pandemic. We managed to keep our cases low.

We just came from an event - the member opposite and I - where we were able to have 100 people in one room. It's a very different look than what we see in other provinces. Ontario is almost in a complete shutdown, Mr. Speaker. Other provinces are shutting down.

We're going to continue to keep our commitments to give those second doses to Nova Scotians. We gave more second doses than New Brunswick, Newfoundland and Labrador, Ontario, B.C., and so on down the line. It's a commitment to those people and we need to make sure we keep that commitment to get that second dose. We're going to

continue to ramp up as we continue to increase volume for our vaccines and follow that strategy that Dr. Strang has proposed.

TIM HOUSTON: Mr. Speaker, Nova Scotians have done the work. We have kept the case numbers down. There's no question about that. Now they are looking to the government to do its part and roll out the vaccines, as is happening in other jurisdictions.

Every other jurisdiction in this country is rolling them out quicker than Nova Scotia. We're last, and a growing chorus of people are of the opinion that the hard work of Nova Scotians is being squandered by the Premier in his refusal to adapt and to do what is necessary to pick up the pace. Not only are we slow, but the very article that the Premier quoted from yesterday - he left out the bit that actually was the theme of the article, that we're going in the wrong direction. So on this side, we're very focused on getting vaccines to those who are immunocompromised.

I just want to ask the Premier: If the information that the Premier has available to him says anything except that Nova Scotia is last on a per capita basis, if he has that information, I'd love to see it.

THE PREMIER: Mr. Speaker, I'm going to continue to stay optimistic and ensure that I'm listening to Public Health and what they propose with the rollout plan. Because of following that plan, because of our epidemiology, we're able to actually advance the plan and look at those who are over the age of 70, who are now scheduling their vaccine.

We're on target. We're ready for a more robust supply because we did the work early on, Mr. Speaker. We've set up the infrastructure and the online booking system that other provinces are struggling with. We have seen emails coming in of people trying to find a place to get their vaccine, calling 50 pharmacy clinics in other provinces. In this province they have one booking system, that of postal codes. We continue to strengthen that infrastructure, and we continue to deliver on the commitments that we made.

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

PREM. - PAID SICK LEAVE: NECESSARY - ACKNOWLEDGE

GARY BURRILL: Mr. Speaker, this question is for the Premier. With this week's reopening to 100 per cent capacity in retail and fitness centres and so on, we know that many more people are going to be going to work. We also know that after only long-term care, the most prominent place for the transmission of the COVID virus is people's workplaces.

Because we have no paid sick leave in Nova Scotia, there is a risk that should an outbreak occur, the frontline, lower-paid workers in these workplaces would not be able to afford to stay home and get tested and stop the spread.

Will the Premier acknowledge that many people are in the untenable position of not being able to follow the Public Health guidelines because they are not in a position to miss a day's pay?

THE PREMIER: What I have said very clearly is that if Nova Scotians are sick, then they should stay home. They have that right, and during this COVID-19 plan we have seen the federal government come out with many different programs. We do our best to fill the gaps. They come out with programs to support labour, including a sick benefit that Nova Scotians are eligible for.

GARY BURRILL: A right is only as good as the situation's capacity for it to be made effective. (Applause)

We have reports emerging from other parts of the country, and here in Nova Scotia too, that frontline workers, even some of those in nursing homes, have come to the conclusion that they can't afford to take the time from work to get vaccinated. Their work is not covering them for the time to go and make the appointment, and without their being any statutory sick leave, they are not covered for the day that they might need to rest after some of the associated side effects of getting the vaccine.

I want to ask the Premier: Has he considered how Nova Scotia's lack of paid sick days has the possibility and potential to put our vaccine program at risk?

THE PREMIER: We need to continue to look at ways that we support Nova Scotians. In this budget we have a number of programs. I did look at what other provinces offer for sick benefits. There is no other province that offers what the member is proposing in this province. We need to continue to support Nova Scotians, and if they are sick, they need to stay home.

GARY BURRILL: There is, however, a province which has gone backwards on paid sick days. That is Ontario, and that is not a situation that we want to find ourselves in. We want to be going ahead.

A doctor there in ICU shared this on Twitter over the weekend: it took a total of five MDs, four ICU RCNs, four RTs, one perfusionist, and three paramedics three hours to save the life of this one 40-year-old COVID-19 patient. By contrast, he said, it would have cost \$114 - that is eight hours at minimum wage there - to have allowed her husband to take a day off work from the plant where he worked, where there was a known outbreak. But without paid sick days he was not in a position to do that. He got COVID-19, his wife got COVID-19, and her doctor said this: we have lost our way.

I want to ask the Premier: With the provincial Labour Standards Code squarely within the responsibility and the purview of the Province, why does he continue to insist

that paid sick days are the responsibility of something other than his own government and himself?

THE PREMIER: We are going to continue to look at what other provinces do, what the federal government provides for support for Nova Scotians. We are in a pandemic, but we're doing much better than other provinces, especially the one that the member references in terms of what is happening with the epidemiology.

We continue to keep our cases low. The risk is low in this province. We continue to keep our schools open. We have our businesses opening more and more, and we are going to continue to watch that very closely and lead the country in how we manage this pandemic.

THE SPEAKER: The honourable Leader of the Official Opposition.

PREM. - STANFIELD AIRPORT: COVID-19 RAPID TESTING - COMMIT

TIM HOUSTON: The new variants of concern have put many other provinces into the third wave. In fact, the CDC, I think today, has now issued an advisory to avoid all travel to Canada. Now seems like a prudent time to make sure we know when the virus is entering this province.

I'd like to ask the Premier: Will the Premier commit to introducing rapid testing at Stanfield airport?

THE PREMIER: Mr. Speaker, this was addressed at the media briefing yesterday with Dr. Strang. As the member knows, I pay very close attention to the science and the evidence - looking at what is taking place in other jurisdictions with travellers coming in, getting not one but two tests and then getting the virus, showing that they had COVID-19 after that on day 12. That's a cause of concern, so we need to make sure that we continue with our self-isolation, a policy in this province. It's one of the policies that we came out with very early that allowed us to keep our cases low.

We have testing across the province. We still test, per capita, more than most provinces. We're going to continue to do that, and all travellers will be able to get their test where and when they need it.

TIM HOUSTON: Mr. Speaker, I think the correct description is more than some provinces.

Yesterday Dr. Strang did say that almost all of the cases we are seeing are travel related or connected to a travel-related case. The province has a rapid testing program that has proven that the test can be conducted quickly. We could be doing these tests in the time it takes somebody to wait for their baggage at the baggage claim, and the results could be

on their phone by the time they arrived home or at the hotel. It won't stop an outbreak, but it would certainly start to identify and get the clock started on containing it.

My question for the Premier - not for Dr. Strang but for the Premier - is: What's stopping the Premier from taking advantage of this testing at the airport?

THE PREMIER: It's important to continue to allow discussions to take place with important stakeholders, like the airport, which continue. They propose plans. There's dialogue back and forth with Public Health. That will continue. I understand they are looking at potentially some testing with their employees first.

We don't want to get a false sense of security to travellers coming in. Why Dr. Strang pointed that out about most of our cases coming from travelling is due to the success of the program. We're able to find who has COVID-19 quickly and where it originated from - either travellers or in other cases, usually a close contact with another case. That's going to continue. That's how our cases continue to stay low, and we're going to continue to catch those because we're testing so much.

THE SPEAKER: The honourable member for Kings North.

H&W - MENTAL HEALTH SERVS.: UNDERFUNDED - ADDRESS

JOHN LOHR: Mr. Speaker, my question is for the Minister of Health and Wellness. Wait-lists for psychologists in this province are often close to one year, and the longer someone is waiting for services, the deeper they fall into the illness. Without proper support, people are left waiting months, often without the help they need. Every day that this government sees these needs unmet for mental health disorders, the more resources, support, and funding are required to help in the long run.

This is worse for everyone. The individuals are left to suffer alone for longer. The community uses more resources to remedy an issue that was left to grow, and this contributes to a further backlog in our health care system.

Mr. Speaker, my question through you to the minister is: Given our wait times across the province, does the minister think that last year's funding was adequate to address last year's needs?

HON. ZACH CHURCHILL: Of course, wait times for those with mental illness or distress are so important. We need to get to those folks as soon as we can. That's why we actually have reduced the wait times in Nova Scotia very dramatically for those dealing with an acute situation. There was previously over a year or approximately a year wait time to see a mental health clinician for urgent cases. Those have dropped to within a month. We have seen some dramatic improvements in the wait times for those urgent cases.

For those dealing with the most acute emerging issues, we now have our wait times down to a medium of about five days. We have seen some significant improvements in this area, which as the member states, is so important, getting to people in a timely fashion to support them.

JOHN LOHR: Mr. Speaker, last year's budget wasn't enough. If the minister asked individuals relying on the public health system for mental health support, he would know there are many who are waiting. Mental health issues across Nova Scotia have undoubtedly risen sharply over the past year. I don't think the minister would disagree with me on that.

[1:30 p.m.]

Our budget, on the other hand, has decreased proportionately - a 0.04 per cent decrease over last year. As the minister knows, the United Nations recommends 10 per cent of a health care budget be spent for mental health and addictions. We are far from that.

The gaps in support available and the need for access has risen at a much greater rate than the budget. My question for the minister: Does the minister believe that our mental health care needs have decreased over the last year, and if not, why has its priority decreased?

ZACH CHURCHILL: That's not true, Mr. Speaker. The investment in mental health services has gone up, not just in the Department of Health and Wellness but also in the Department of Education and Early Childhood Development and the Department of Community Services. There has even been increased supports provided through the Department of Justice.

There are multiple departments that are engaged in this issue. We've invested every single year in more mental health supports for our students in our schools. In this year's budget, we are extending really key services to Nova Scotians in this regard from our expansion of our virtual care for those dealing with mental health to bringing in single sessions for those dealing with non-urgent mental health challenges. We're also bringing in additional supports for those dealing with addictions and withdrawal management as well as sexual trauma therapy.

This is a priority for the government. There's always going to be more work to do here. That's why we've increased our investments every single year and increased the resources that are available to people, including providing funding to local communities, as well.

THE SPEAKER: The honourable member for Pictou West.

H&W: EMH RECORDS - ISSUES

KARLA MACFARLANE: When talking about electronic medical health records, we have heard more about the trouble they bring than anything else.

Two weeks ago, Dr. Robert Miller wrote in the *Chronicle Herald* about how he went to work in an ER and was unable to treat patients due to being removed from the provider list. He had to fill out applications to be in the system instead of treating people in an emergency department that he was standing in. This makes no sense.

I'd like the minister to clarify: I thought that electronic records were supposed to make ERs more efficient?

HON. ZACH CHURCHILL: We have to look into that specific case. That does sound to be an issue. That's why moving towards a One Person One Record system is going to be to the advantage of all Nova Scotians. We do need to modernize our record keeping to ensure that we've got the best data available for each patient with whatever medical professional that they're dealing with. That does need to happen, and we do need modernization in this area.

KARLA MACFARLANE: One Person One Record is considered a ghost. This has been going on for years that we were going to develop that. This government is making the work of physicians harder with red tape. The poor rollout of these systems has been linked to the increase of physician burnout.

On top of this, the stresses of COVID-19 are too much, and our physicians deserve better. Before COVID-19, a national survey found over 86 per cent of doctors met the criteria for burnout - 58 per cent reported depression and over 14 per cent had contemplated suicide during their staff career in emergency medicine.

Does the minister believe that these are acceptable circumstances for our emergency physicians?

ZACH CHURCHILL: We value our emergency department physicians. That's why we've increased their remuneration substantially. That's why we're investing in increasing access points to our primary health care system to remove some of the pressure in our emergency departments.

It's also why we're working with Doctors Nova Scotia every single year to improve the system. It's for them. It's for their patients and to ensure people get the service and the help that they need when they most need it.

THE SPEAKER: The honourable member for Cape Breton Centre.

PREM. - CHILD POVERTY: INCREASING RATES - ACTION

KENDRA COOMBES: Mr. Speaker, my question is for the Premier. According to the most recent data available, there are more than 40,000 children living in poverty in Nova Scotia. The child poverty rates are even higher in Cape Breton where one in three children are living in families below the poverty line. Even after the increase to ESIA family rates, a single parent with one child will still be \$10,000 below the poverty line. I will table that, Mr. Speaker.

Nova Scotia has had the highest child poverty rate in Atlantic Canada for years. Will the Premier explain why we don't see the urgent action to eliminate poverty in this budget?

THE PREMIER: Mr. Speaker, it gives me an opportunity to report to the House that we have actually climbed the rankings quite significantly in this area, but our work is not finished. We are now the fourth lowest in child poverty rates in the country, the lowest in Atlantic Canada.

There is more work to do for sure, and that is why in this budget we have made, by far, the highest increase in income assistance. It is a priority area for us - \$100 per month for adults, not just households but for adults. That is going to go a long way for families, but we need to continue to look at rebuilding our economy through this pandemic.

We are leading the country in our recovery that is related to ensuring that we have vibrant communities, opportunities for jobs, and we are going to continue to support those most vulnerable in our communities.

KENDRA COOMBES: Mr. Speaker, the report released today by the Canadian Centre for Policy Alternatives calculates that poverty costs Nova Scotia \$2 billion each year in increased spending and lost opportunities - and I will table that.

Between 1989 and 2018, child poverty rates decreased in every province and territory except Nova Scotia. I would like to ask the Premier: Will the Premier explain why child poverty in Nova Scotia is getting worse instead of better?

HON. KELLY REGAN: Mr. Speaker, I am pleased to let the honourable member know that in fact when Statistics Canada released their numbers from 2019 - I am not sure that the CCPA report actually reflects the most recent numbers - they, in fact, indicated that Nova Scotia had moved up in a number of significant areas.

I would like to note that we have the lowest poverty rate among single-parent families in the country, the fourth lowest child poverty rate in the country as of 2019, and that was before we increased the Nova Scotia Child Credit, which piggybacks on top of the Canada Child Benefit.

We have made a number of other moves to combat poverty - for example, the free pre-Primary program. Not only is it a program that allows parents not to have to pay for daycare, but if their children are better prepared when they go to school they will have better results throughout their lives as a result of that program. And that is just a bit of what we have done.

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

H&W: SENIORS' PHARMACARE PROG. - ONLINE PAYMENTS

BARBARA ADAMS: Mr. Speaker, after more than a year of asking Nova Scotians to stay at home, I think we all appreciate the value of being able to pay for goods and services online or over the phone whenever possible; however, this can frequently pose challenges to folks who may not be as technologically savvy as others. Ofttimes this includes the most vulnerable to COVID-19 - our seniors.

It is also that time of year when approximately 80,000 seniors pay to renew their Seniors' Pharmacare Program. As you can imagine, the sheer number of people trying to do so at the same time means long hold times.

I would like to ask the Minister of Health and Wellness: If we can gamble online, why is there not a government of Nova Scotia website capable of processing payments for the Seniors' Pharmacare Program?

HON. ZACH CHURCHILL: Thank you very much for the question. We are looking to improve our services each and every year. Our focus has been on expanding the coverage of our Seniors' Pharmacare Program, as well as our Pharmacare Program, to ensure that more Nova Scotians are accessing the medicines that they need.

BARBARA ADAMS: In order to pay for your Seniors' Pharmacare renewal online, you have to Google something along the lines of Seniors' Pharmacare Nova Scotia Payment in order to find a third-party website run by a San Francisco-based company.

On top of the 2.85 per cent processing fee, there is nothing to indicate that this is endorsed by the Province, nor is it linked from the government's website. With all the efforts to educate seniors on avoiding phone and internet fraud, this seems like poor planning and even worse execution.

I am also concerned for the privacy of our seniors who do manage to use this payment method as there is nothing that explains where their data may be stored by this foreign third-party company. It has never been easier to make online payments and orders, and it is that much more important that our seniors remain vigilant from fraudulent schemes.

I would like to ask the Minister of Health and Wellness: Why does the government's own website not list this payment option, and is there no Canadian company that the government could have partnered with?

ZACH CHURCHILL: I think the member raises some very valid points here. We do want our customer service front of the department to be accessible, user-friendly for the users and, of course, we want people to have confidence in it.

We do need to do some more work to modernize some of our online applications, without question, so we will take the member's comments under advisement and certainly work with our partners in Communications Nova Scotia to see if there's improvements we can make for these online applications that we are asking people to use.

THE SPEAKER: The honourable member for Sackville-Cobequid.

EECD: PRE-PRIMARY - CATCHMENT AREAS

STEVE CRAIG; Thank you, Mr. Speaker. These questions are for the Minister of Education and Early Childhood Development. A constituent reached out to my office; she wants her daughter to attend Cavalier Elementary School pre-Primary this Fall, the same school where her older brother currently attends a French immersion program.

She was told her daughter can't, as there is no out-of-area pre-Primary available in the province and her English catchment puts her in a different school. This means that the daughter and her sibling must attend separate elementary schools in the middle of this pandemic.

The constituent wants to minimize transitions for her young daughter from one school or daycare to the next, while keeping her children together. This constituent is worried that having her children attend two different schools increases their potential risk of contracting COVID-19.

My question to the minister is: Why are we forcing families to send their children to two separate schools, in the middle of a pandemic, when it is possible for them to attend the same school?

HON. DEREK MOMBOURQUETTE: Thank you, Mr. Speaker. I'd like to thank the member for the question. Generally, any time we have parents that have concerns about schooling or jurisdictional issues with their children there is a process they can go through where they can reach out to the school directly and then to the regional centre.

If the member wants to have a conversation afterwards about that particular case, I'm happy to have it and steer the family in the right direction.

STEVE CRAIG: I thank the minister for that response. The constituent has done that and that's why I'm bringing it here to the House. This constituent also noted the importance in childhood development of minimizing transitions from one sitting to the next. Keeping the siblings together would promote a healthier, more consistent development and lower the exposure risk to COVID-19. It is critical during this time that we take every possible health measure to protect our communities and minimize the risk of outbreaks.

My question to the minister is: Will the minister commit to reviewing the current procedures for pre-Primary and school selection for our children to allow out-of-area pre-Primary in instances where the sibling is attending the school in question? Thank you, Mr. Speaker.

DEREK MOMBOURQUETTE: I'd like to thank the member again for his question. I do want to start by thanking all our early childhood educators and teachers and support staff within the system that have supported our students throughout the pandemic. We're one of very few jurisdictions that have been able to keep our schools open during the pandemic.

Specific to the question at hand, of course I'm happy to have a conversation with the member after these proceedings. It would be something that I would have to look into. What I do know is that when these decisions are made they are based on a number of factors within the family of schools and where students reside.

Of course, we'll make sure that we take his concern and the concerns of his constituent under advisement and I'll follow up with the member.

THE SPEAKER: The honourable member for Cape Breton Centre.

PREM. - DCS: BUDGET INCREASE - FRONTLINE SUPP.

KENDRA COOMBES: Mr. Speaker, my question is for the Premier. The Department of Community Services recently conducted a mandatory review of the Children and Family Services Act. The submission made by the Nova Scotia College of Social Workers says that the 2017 changes to the Act place social workers in an impossible situation, with increased demands and caseloads and without the additional resources to match. I will table that document.

Mr. Speaker, will the Premier explain why the budget fails to provide any meaningful increases to frontline supports for vulnerable children and families?

HON. KELLY REGAN: I want to thank the honourable member for her question. I would like to let her know that, in fact, we are expanding our prevention and early intervention programming for families in this province. We believe that if we are able to

help families earlier, who are experiencing crisis, who have difficulties, we will have better outcomes.

We've piloted this project in several locations. We've had excellent results and I'm pleased to say we're expanding it.

KENDRA COOMBES: Mr. Speaker, between 2013 and 2017 there was a striking rise in short-term illness hours for child welfare social workers in Nova Scotia. This is evidence of the significant stress the system is facing.

A survey by the Canadian Association of Social Workers found that 53 per cent of social workers leaving child protection work made the decision due to a lack of mental health resources to support their own wellness.

Mr. Speaker, what specific steps is the government taking to address the toll of this work on frontline child welfare workers?

[1:45 p.m.]

KELLY REGAN: There is no doubt that child welfare workers have some of the most difficult jobs across the civil service in this country. It's also, Mr. Speaker, oddly enough, an entry point for social workers into the system which, I understand, was a decision made a number of years ago - it has to do with the union contract - but, literally, that is where we have openings.

We actually often have our most inexperienced, our newest, social workers coming into this system there. What we are doing, Mr. Speaker, is working with the social workers association to look at these issues, to see how we can better support social workers, and to see what it is we can do to help them have success because they're so key, and I am so proud of the work that our child social workers do here in our province.

THE SPEAKER: The honourable member for Northside-Westmount.

H&W: NORTHSIDE GEN. HOSP. EMERG. ROOM - CLOSURE

MURRAY RYAN: Mr. Speaker, two weeks ago I asked the Minister of Health and Wellness about recent cuts made to the private care clinic at Northside General Hospital, cuts that reduced the number of doctors by one-third.

Last week, I asked the minister about the status of the emergency room services at Northside General and its having been closed since March 2020. While the emergency room at Northside General has been closed this past year, it has been used as a COVID-19 testing site. My constituents are concerned about the current status of the emergency room

and whether it has been maintained properly so that it can reopen for its intended purpose as soon as possible.

My question to the Minister of Health and Wellness is: What is his department's policy in relation to the maintenance of facilities that have been essentially mothballed during the pandemic?

HON. ZACH CHURCHILL: That does fall under the authority of the Nova Scotia Health Authority. We're happy to work with the member to get him an update from the Health Authority on that issue.

MURRAY RYAN: Mr. Speaker, my constituents understand the value of having a COVID-19 testing facility in our community, but they're concerned about the increased pressure placed on existing services by continued closures.

In December 2019, I sat down with the Cape Breton Health Care Redevelopment team. I was provided with details of the project. During the presentation, I asked specifically about the plans for services as it relates to Northside General. I was informed that no services would be shifted or moved prior to the completion of all projects in North Sydney, New Waterford, and the regional hospital - a case of A can't handle B until C is ready sort of thing.

My question to the minister is: Given the plan of maintaining the status quo for services until all facilities are completed, will the minister commit to the timely reopening of Northside General's emergency room?

ZACH CHURCHILL: Again, that does fall under the operational authority of the Nova Scotia Health Authority, not the Department of Health and Wellness.

As a government, we have invested heavily into reshaping what the hospital program in Cape Breton looks like. We have made the single greatest infrastructure investment in Cape Breton and here in Halifax to reshape cancer care and have brand new, state-of-the-art facilities that are going to serve the communities of Cape Breton for generations to come.

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

H&W: CAPE BRETON HEALTH CARE - LOCAL DECISION-MAKING

BRIAN COMER: Mr. Speaker, centralization is the theme of this government. We have seen it across multiple departments and most prominently in health care. One of the most frequent comments I hear in my constituency office is lack of local decision-making from those being impacted the most.

Cape Breton has record-setting ER closures, significant wait times for mental health services, and has suffered having the highest death rates in hospitals across Canada. The worries grow that these voices are being ignored.

My question for the Premier is: How can he give me any confidence that he's willing to listen to those on the ground before it's too late with the government's track record on this health care file?

HON. ZACH CHURCHILL: Listen, governance modernization is something that we have had to do. We have had fractured systems in our health care and our education systems. Integrating those systems to work better together in the interest of the patient has been a very important change that we've made.

We have also recently, under previous Ministers of Health and Wellness, ensured that local management and local leadership have a stronger voice in the delivery of health care in their regions, and the feedback I have gotten from the folks in my area in relation to that has been positive.

BRIAN COMER: In respect to cardiologists, Dr. Paul MacDonald in Cape Breton has said that they have been asking for additional staff and equipment for years, and the Nova Scotia Health Authority decision-makers in Halifax have done, I quote, "a lot of talk, but little action." This is being tabled in the House.

Meanwhile, requests for extra staffing and equipment are routinely denied by Health Authority officials outside of Cape Breton, whether it be for budgetary or other reasons. Health care is not just buildings. It's people. This is the head of internal medicine for Nova Scotia's Eastern Zone.

My question to the Minister of Health and Wellness is: Why has the NSHA in Halifax continued to ignore the clear needs in Cape Breton, and when will local decision-making finally be reinstated?

ZACH CHURCHILL: I can't speak to the operational decisions of the Health Authority, but they do have pressures all over this province - financial, resource, and otherwise - that they work to address and accommodate. What I can say is that the people of Cape Breton will benefit from some of the most significant health care investments in infrastructure and people that we've seen in this province.

The way health care is delivered in Cape Breton is in the process of being reshaped to better meet the needs of people in every single community, not just for today or tomorrow but for future generations as well.

THE SPEAKER: The honourable member for Dartmouth South.

DOJ: DISTURBING BURNSIDE JAIL VIDEO - INVESTIGATION

CLAUDIA CHENDER: Mr. Speaker, my question is for the Premier. Last week, a disturbing video was shared on social media that clearly identifies a woman imprisoned at the Burnside jail, and according to an editorial in today's paper, which I will table, has a caption that, quote, "humiliates, belittles, and dehumanizes" her.

In addition to being a privacy breach, the video is sexist and offensive, and it further erodes trust in the Nova Scotia justice system. The government has said that an internal investigation is under way, but it's clear that this is also a systemic issue.

My question for the Premier is: Will he commit to making any findings and recommendations from the investigation public to ensure that it never happens again?

HON. RANDY DELOREY: Obviously, the circumstances that are being investigated are being taken very seriously. That's why an investigation of the video and photo that was released publicly is being undertaken. I believe the investigation needs to follow all - both legal as well as workplace, both in adherence with collective agreements and labour standards for the workplace. When we receive the final results, the next steps will be guided by the results of the investigation itself.

CLAUDIA CHENDER: I have no doubt that personal information can be redacted in a public report.

The fact that this video appears to have been taken by a correctional officer is evidence of the dehumanizing attitudes that persist in our justice institutions despite some good work that's been done over the recent period.

Elizabeth Fry Societies of Nova Scotia and Coverdale Courtwork Society have again written to the Minister of Justice after no response to their first letter to ask that the findings be shared with them, at the least, and also to be involved in the solutions. One solution could and should be community-based bail housing for those on remand. This doesn't exist in the provincial system.

I asked the Premier last week about funding cuts to programs offered by Elizabeth Fry Societies and Coverdale, the leading organizations working towards this end.

Will the Premier and the Minister of Justice now agree to provide increased provincial funding to ensure that services offered by these vital organizations that can prevent these things from happening are not cut?

RANDY DELOREY: First, for clarification, as the member noted, funding cuts that have been referenced are not provincial. I want to be absolutely clear for our colleagues

and the general public. The cuts and reduction to funding come from organizations outside the provincial government. That needs to be clearly established.

In addition, there have been increases in funding for these organizations as recently as the Fall, I believe upwards of \$300,000. Even in just the last couple of weeks, my colleague the Minister of Community Services, through her department, has also provided increased funding to these organizations. I want to make that point clear, that this government, through multiple departments, continues to support the work they do on behalf of Nova Scotians.

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

H&W: HEALTH CARE CRISIS - ACTION

ALANA PAON: Mr. Speaker, our latest health care statistics are frightening. As of March, we have 60,154 people who do not have a family physician. The government touts their recruitment initiatives, yet the latest statistics show that 1,950 people found a family doctor, but 5,304 were added to the list. That's one step forward, five steps back. Our health system is on life support. We have a growing amount of wait times for surgeries and specialists and daily Code Criticals, yet the government continues to ignore recommendations of our health care professionals to solve the crisis.

Can the minister acknowledge that the current health model requires changes that should be led by the very professionals responsible for its delivery?

HON. ZACH CHURCHILL: We do have challenges in our health care system, without question. Particularly, we do see a change in practice with newer physicians. When an older physician does retire, they're usually taking between 3,000 and 5,000 patients, and we do need to recruit multiple doctors to take that patient load. That does create an additional challenge for us in terms of recruitment. That is why we're supporting our doctors with increased compensation. We now have the highest compensation in Atlantic Canada, to recognize how important their work is here in Nova Scotia. We now have the highest pay for emergency department doctors as well as specialists like anesthesiologists.

What we can do is create the conditions for success here, and we have been working very hard to do that. We have been working with Doctors Nova Scotia on a number of pilots and initiatives to improve our system, improve the situation for doctors and of course for patients.

ALANA PAON: Mr. Speaker, I would just like to remind the minister that although we do have the highest-paid physicians here in Atlantic Canada, our rates have actually gone up for a family physician by 7.7 per cent since last year.

Between April 1, 2019, and March 2020, the St. Anne Community & Nursing Care Centre emergency department was closed 1,615 hours due to doctor or nursing shortages. The Strait Richmond Hospital emergency department was closed for 2,164 hours for the same reason. This is more than double the previous year, when St. Anne was closed for 758 hours and the Strait closed for 906. As a health region, our emergency departments were closed a total of 22,116.5 hours. It's the highest in the province, double any other region.

How can the Minister of Health justify this as an acceptable standard of emergency health care?

ZACH CHURCHILL: Mr. Speaker, we have been working diligently to remove some of the pressure on our emergency departments by expanding the scope of practice for other health care professionals, like nurse practitioners as well as pharmacists, to alleviate that non-urgent pressure that people experience in their emergency departments.

We do need physicians who are willing to work in these emergency departments to keep them operational. That is why we have invested so heavily in the remuneration for emergency department physicians, to recognize how critical their work is and how valued their work is here in Nova Scotia.

We have seen high patient attachment in Cape Breton. An area where Cape Breton is a leader in the province, along with HRM, is in the percentage of patient attachment to a primary care provider. We have seen some improvements there. This is a work that is always in progress, and we're going to keep plugging away to do what we need to do to make sure Nova Scotians get the health care they need.

THE SPEAKER: The honourable member for Kings North.

H&W: ESS. HEALTH CARE WKR. BENEFIT - ELIGIBILITY

JOHN LOHR: Mr. Speaker, my question is for the Minister of Health and Wellness. On May 7th last year, this government announced the Essential Health Care Workers Program. This program applied to full-time, part-time, and casual workers as well as cleaning staff.

Frontline workers should be considered our heroes by working during the pandemic. They took many risks during the pandemic to look after those who required care during very uncertain times. They took risks for their own personal health and safety and their families. They deserve fairness and equality in the application of this program.

My question to the minister is: Can the Minister of Health and Wellness provide an update on the number of workers who received the Essential Health Care Workers Program benefit?

[2:00 p.m.]

HON. ZACH CHURCHILL: Thank you very much for the question. We did work with the federal government to expand the criteria for that program and, as a result of that, over 33,000 of our frontline health care workers who deal directly with patients did receive that benefit - over 33,000.

JOHN LOHR: Thank you to the minister for that answer. Yesterday I presented a petition on behalf of VON Canada client service associates who did not receive this benefit. There can be no doubt that VON workers are frontline workers, during the COVID-19 response and always. VON caregivers help keep people fed, cared for, and safe in their homes. These efforts are essential and, in many cases, help reduce further strain on their fellow medical professionals. Yesterday was National Caregiver Day, as the minister knows.

My question to the Minister of Health and Wellness is: If the Essential Health Care Workers Program is for essential workers, why were VON health care workers not eligible?

ZACH CHURCHILL: I've heard from people in the system who were frustrated by not getting this benefit, which all of us can appreciate. What we did was we worked with the federal government to expand the scope of this benefit and that did result in over 33,000 of our frontline health care providers, dealing with patients, that did receive it.

We did what we could do on this file, following federal guidelines and working with them to extend the criteria.

THE SPEAKER: The honourable member for Argyle-Barrington.

H&W: TRI-COUNTY WOMEN'S CENTRE - INCREASE FUNDING

COLTON LEBLANC: Mr. Speaker, I rise in order to speak on issues regarding the Tri-County Women's Centre. My colleague from Queens-Shelburne and I have communicated these concerns to previous Ministers of Health and Wellness, as well as the Minister responsible for the Nova Scotia Advisory Council on the Status of Women.

As the ministers know, they are the organization that, among many other things, coordinate the Sexual Assault Nurse Examiner program in Western Nova Scotia. The Tri-County Women's Centre has had to allocate its time and efforts into chasing after funding from government.

When I wrote to the Minister of Health and Wellness on December 8th, I informed his department that for the trauma-specific therapy provided there, there were 24 active clients and eight individuals on the wait-list. As of December last year, the next client to begin counselling will have to wait another eight months.

My question to the Minister of Health and Wellness is: Does he think it's appropriate to have eight clients on a wait-list for at least eight months for sexual assault counselling services?

ZACH CHURCHILL: I thank the member very much for the question. I've worked very closely with the Tri-County Women's Centre since my first election, which is 10 years ago. They do incredible work for our community. We've worked with them to help secure funding for this initiative.

We are expanding our sexual assault and sexual violence trauma support, and the Tri-County Women's Centre will benefit from this new programming and the investments that will accompany it.

COLTON LEBLANC: In fact, the Tri-County Women's Centre does amazing work, not only for the counties but in the entire Western Zone, through the programs they offer. I'm very happy to hear that funding is finally going to be increased, after writing a number of letters.

In 2018 and 2019 the trauma-specific counselling services were disrupted for two months due to funding. During this previous fiscal year, the organization received confirmation of bridge funding only at the eleventh hour. It's not appropriate to have women wait for counselling services while the Tri-County Women's Centre chases the government for funding every year.

My question to the Minister of Health and Wellness is: Will he work with other departments to provide stable and long-term funding for the Tri-County Women's Centre?

ZACH CHURCHILL: I'd like to thank the member very much for the question. In fact, it was because of the intervention of the former Minister of Health and Wellness that we were able to get that funding available. I appreciate the work the former minister did. We thanked him at the time and I'll thank him again, on the record, for that support.

We are expanding our sexual violence trauma support funding, and our network and the Tri-County Women's Centre will benefit from this. We do have close to \$1 million . . .

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

The House will now recess for a few minutes for its mandated COVID-19 break and proceedings will resume at 2:20 p.m.

[2:05 p.m. The House recessed.]

[2:21 p.m. The House reconvened.]

THE SPEAKER: Order, please.

OPPOSITION MEMBERS' BUSINESS

THE SPEAKER: The honourable Official Opposition House Leader.

BRAD JOHNS: Mr. Speaker, I'd now like to call the order of business, Private Members' Public Bills for Second Reading.

PRIVATE MEMBERS' PUBLIC BILLS FOR SECOND READING

THE SPEAKER: The honourable Deputy Official Opposition House Leader.

BRAD JOHNS: Would you please call Bill No. 86.

Bill No. 86 - Efficient Operating Rooms Act.

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

BARBARA ADAMS: Mr. Speaker, I am very proud today to rise to speak to Bill No. 86, the Efficient Operating Rooms Act. For those who aren't aware of what the Act entails, I want to read the information to people. It says:

“WHEREAS wait times for surgeries are causing Nova Scotians extended pain and suffering;

THEREFORE be it enacted by the Governor and Assembly as follows:

1 This Act may be cited as the Efficient Operating Rooms Act.

[. . .]

4 (1) Subject to Section 5, within 18 months of the coming into force of this Section, the Nova Scotia Health Authority and the IWK Health Centre shall meet the wait times for surgeries established by the Wait Time Alliance operated by the Canadian Medical Association.

(2) Subject to Section 5, where the Nova Scotia Health Authority or the IWK Health Centre believes that it will be impossible to meet the wait time standard established under subsection (1), that body

shall inform the Minister and the Minister shall take steps necessary to allow the body to meet that wait time.

5 The money required for the purpose of this Act must be paid out of money appropriated for that purpose by the Legislature.”

Why do we need this legislation? We have a choice to make. Either the minister - when they have their opportunity to speak - says that the operating rooms in the province of Nova Scotia are operating efficiently, or they're going to say that we are continuing to invest - which is one of their favourite things - or they'll say we're continuing to make the greatest investment, after underinvesting for eight years, or they will maintain that the operating rooms are operating efficiently in Nova Scotia. That's one of the three options that we have.

Rather than just take my word for anything as a health professional working in the industry for 40 years as a physiotherapist, I'm going to quote materials that I will table after each one.

The first is an article on May 22, 2018, by the *Toronto Star*. I'm going to table them all at once at the end. I'll take a quote from this article. It says, “The Commonwealth Fund 2017 Report ranked Canada last among 11 countries in timeliness of care.” So for the Canadian country itself, we are last out of 11 countries that were rated. That is not a good omen for us. Regardless of how we rank across the rest of the country, Canada itself is not in a great place.

Then an article coming from the *Canadian HR Reporter*, Focus Areas - Compensation and Benefits, “Wait times cost economy more than \$2 billion in 2019: study.” I'll quote, “there's an economic cost in terms of lost productivity and wages” when someone's waiting for their operations, says the Fraser Institute Centre for Health Policy Studies in Vancouver. “Looking at the value of time lost while waiting for treatment and our estimate in 2019 ... it cost our economy about \$2 billion or about \$2,000 per patient” when they have to wait. “But the \$2.1-billion figure doesn't show the true extent of the problem, because it doesn't take into account non-workweek-hours. If those hours were included, the figures would be counted as a \$6.4-billion cost, or about \$5,972 per person” in lost productivity.

That's across the nation. How are we doing in Nova Scotia? This isn't the PC Party saying this. This is the Fraser Institute, a non-partisan organization. On December 24, 2019, it said Nova Scotia's health care wait times and among the longest in Canada.

According to one of their studies, “patients in Nova Scotia in 2019 waited 33.3 weeks, from referral by a family doctor to treatment (broken down, this median wait time includes 16.2 weeks of waiting from referral to specialist and 17.1 weeks from specialist to treatment).” That's on a good day for really urgent surgeries.

“Moreover, the Maritime provinces have the three highest wait times in the country, with Prince Edward Island (49.3 weeks) followed by New Brunswick (39.7 weeks) and Nova Scotia (33.3 weeks). There’s also a great deal of variation among medical specialties. Nova Scotians can routinely expect to wait more than one year for orthopedic surgery compared to the 39.1-week national average.

And things have gotten worse over time. In 1993, the first year the Fraser Institute calculated a national estimate of wait times, Nova Scotia’s median wait time was 11.5 weeks. At that time, the province was much closer to the national average of 9.3 weeks.”

Mr. Speaker, we do not have a good OR wait time in this country. Before anybody gets too excited by saying there might be improvements, or that we’ll blame the pandemic for all of the delays, let’s just look at what the wait times were according to the NSHA’s own documents.

Knee joint replacements - two years ago, before the pandemic, it was 887 days from the time you were referred before you got your surgery. It’s now 964 days. Almost three years. Hip joint replacement was 715 days and it’s now 787 days. Back surgery was 507 days two years ago and it’s now 467.

Brain surgery - which is not something you really want to be waiting for - was 431 days two years ago. It’s now 428 days. Orthoscopy for ankles, which requires an operating room, is now 1,114 days. Cataract surgery was 428 days two years ago. A year ago, it was 754 days. It’s now 539.

Mr. Speaker, when you are waiting for surgery, that is not when the suffering starts. What we are ultimately talking about here is the suffering of Nova Scotians who are suffering with a chronic condition - the pain, the functional limitations, the impact on their ability to work, to do their job, to look after their families, and to participate in leisure activities. The suffering started years, if not decades, before.

That’s bad enough when these are chronic conditions that have come on over time. There are those where an injury is due to an accident. Those people are waiting similar lengths of time. I’ll give you a few examples as a physiotherapist.

The Premier earlier today at an event told everyone that he slept really well. He was asked what kept him up at night, and he said, I sleep really well.

I do not sleep really well, because for 40 years I have been watching wait times for procedures in this province go up.

This province and this government had eight years and they did not account for the increase in the number of seniors who were going to be needing surgery. They did not

account for the impact of underpaying physicians for a very long period of time - trying to come in at the last hour and pay them more when you've had almost a decade of being the lowest paid in the province.

I want to talk about a couple of circumstances where the suffering is not just the waiting. There is someone who works in a facility looking after the elderly where they have to do one- or two-person transfers. This person was in a car accident - no fault of their own. They now have a shoulder tear and they are being told, after waiting a couple of months to get in to see a specialist, and they get in faster because it is through a car accident claim, that it will be over six months before they can get their shoulder repaired.

[2:30 p.m.]

This person is now possibly going to end up having to leave her occupation or continue to do so while her shoulder becomes completely non-functional. That is not acceptable. Hearing the words "continuing to invest, greatest investment in the decade" is no consolation to that person who can no longer safely lift residents without extreme pain.

I had another circumstance, where someone had such severe arthritis in their hip that they had to leave their work, hoping to get on the list for hip surgery. It was bone on bone, every step was excruciating. I assessed this person while they were still at work; I did a functional capacity evaluation on them. I had to recommend that they were no longer able to do their work and had to be accommodated - only their job could not be accommodated in the workplace.

Mr. Speaker, do you know that 65 to 66 per cent of the calls to the Human Rights Commission of Nova Scotia are failure to accommodate someone's disability in the workplace? I know, I wrote 30-page disability reports for these people, asking for accommodation. And before anybody says that there was a financial gain for me, I never wanted to be accused of writing a disability report that favoured the employer over the employee or vice versa, so I donated every single functional capacity evaluation report that I ever did over the last 15 years - and I could have charged \$1,000.

I know that when someone is not getting the care that they need, they are not getting the tests they need and they are not getting the OR time they need to get a repair. They are losing not just their quality of life but their income and their ability to look after their children.

This person in particular never got back to work. As they used to say, I am on a waiting list to get on a waiting list to get on a waiting list for surgery. They even contemplated going out of country, but the cost was \$60,000 for the type of surgery they needed.

Mr. Speaker, there was another circumstance where a 98-year old fell, fractured their hip and needed to wait five days in hospital before there was OR time available. What the Progressive Conservative Party is talking about in this province is opening up the OR times to surgeons in this province who want to have the operating room time.

We know from these surgeons that they cannot get the OR time that they require, that they ask for. I will quote and it says: We do not have an efficient OR system that balances the needs of the public versus the private surgeons who are paid for through the Department of Health and Wellness. There is an awful lot of money wasted for six to eight hours of workday when we can open up the OR times in the evenings and on the weekends. The waiting list times for surgeons has continued to increase because some surgeons are only given one day when they could operate two or three days.

The Progressive Conservative Party of Nova Scotia has put out a Hope for Health plan where we would open up those OR times for the surgeons who have already indicated to us that they would take full advantage of that. The entire plan is there, the entire costs of that plan are there, calculating in all of the increased need for beds.

Let us just talk about beds for a second. One of the reasons that all of these experts talk about there being a backlog of surgeries is the fact that we have had between 2, 3, 700 long-term care waiters clogging up acute care beds. This government wanted to reduce that number, so they moved seniors, frail seniors, into hotels in Nova Scotia. I am still beyond understanding how this government can talk about a continued investment and we are working with stakeholders, when you have long-term care residents sitting in hotel rooms when they should be in appropriately funded, appropriately staffed, long-term care facilities.

Mr. Speaker, one of the issues we need to do is to open up the OR times for the surgeons who want to operate. There are surgeons in this province who have to leave and go to other provinces to get OR time. I worked with them. There are surgeons, orthopedic surgeons who, when someone asks why is there such a long wait time, say call your MLA.

They've called the MLA. I've called the MLA when I was a physiotherapist to say, this is outrageous. Those wait times, I don't care if they've improved 10 days or 50 days. You wait over two to three years for a critical surgery that's going to reduce your frailty and allow you to go back to work.

That's what we need in this province. We need a plan that does that. The current budget does not allow for that. The fact is that we have 60,000 Nova Scotians who do not have access to a family doctor. They're not even getting referred to the list. So if somebody wants to talk about the wait-list going down, I get phone calls from constituents sending me their test results saying, this is what my lumbar MRI shows, I can't get to a specialist because no one will refer me.

When the government says, this OR wait time may have gone down, or this consult may have gone down - there are 60,000 or more who can't even get a referral to the specialist. So, the public is not happy, the surgeons are not happy, the allied health professionals - who have to sit back and watch and measure someone's frailty level and functional ability go from being able to independently walk into your workplace and then, because you are waiting three to five years for a hip surgery, gradually deteriorate to the point where you can't get out of the house unless you have a ramp that your wife now has to push you up and into because you can no longer stand and bear weight on that arthritic hip.

When you see that day after day, week after week, year after year, you will want to do everything possible to increase the rate of ORs in this province. We will work with the private surgeons, the public surgeons, the academics - all surgeons - to make sure that anyone in this province, or who wants to move to this province and get OR time, we will make sure that happens. I know, as a former member of the CARP Nova Scotia board, that it was the number two issue raised by Nova Scotians in this province. The PC Party of Nova Scotia, in their Hope for Health plan, outlines exactly how we would do that.

THE SPEAKER: The honourable member for Dartmouth North.

SUSAN LEBLANC: Mr. Speaker, I am glad to rise today to speak to Bill No. 86, the Efficient Operating Rooms Act, and to add my few thoughts about this problem and this piece of legislation.

Our health care system has experienced a remarkable impact from the COVID-19 pandemic. Nova Scotians saw a 51 per cent drop in total surgeries from March to June last year. Most were cancelled or postponed day surgeries, which included critical work on hips and knees. Those fell by 58 per cent compared to 2019. There was a 23-minute drop in wait times at our emergency departments, which might sound really awesome, but it was mostly because people delayed or avoided altogether going to the emergency rooms.

Physicians generally saw fewer patients, as doctors' offices and specialists' offices were quieter. We were understandably steeling our system against what we were seeing unfolding around the world, to do with the COVID-19 pandemic. So the decision was made to cancel most non-urgent procedures, which made a lot of sense at the time. Of course, thanks to the dedication of Nova Scotians and to our fortunate geographic situation, our hospitals were spared some of the situations that have been faced by ICUs across the country and across the world. But, our health system and people waiting for surgeries and procedures did not emerge unscathed.

I will add that it's been exceptionally and unnecessarily difficult to get information from the Nova Scotia Health Authority and the department on what the overall cohesive strategy is to get through the immense surgery backlogs created by COVID-19. What is

the overall plan? What are the goals and how are we getting there? We have yet to hear a clear answer on those questions from the minister.

Meanwhile, both normal delays as well as exacerbated delays from COVID-19 have enormous impacts on the health care system and on our society as a whole, as problems become more acute while people wait and as people miss work and miss regular life things because they are in pain or in poor health. But let me be clear and let me echo what my colleague from Cole Harbour-Eastern Passage has said: many of the wait times were already really bad before COVID-19.

In my office we've had several examples of people who have contacted us for help, living in pain and being told that their waits will be months or years for their surgeries - desperate, sad, and despondent because of the long waiting. Pain is exhausting for people and, like I said, we've had many, many people contact our office and that was well before COVID-19. Wait times for procedures were too long before the COVID-19 pandemic, and they are still too long now.

We see our health system working to repair the backlog that has accumulated since the COVID-19 pandemic, but our system has always been over-taxed. It was stretched before the pandemic, and it is proving exceptionally challenging to get back on track. We learned yesterday, for instance, that the department is providing billing codes to private clinics to perform cataract surgeries, for which people are waiting exceptionally long times.

Last year we learned that alternate level of care patients are being moved out of hospitals to temporary locations [in order] to clear hospital beds. These are some of the signals that our system is bursting at the seams. A few of the situations we are talking about - here are some examples of the waits: 1,491 days for a consultation at the QEII on glaucoma surgery; 717 days for hip replacement surgery at the Valley Regional; 486 days for a hysterectomy at the Valley Regional; 691 days for a knee replacement at the QEII.

I could go on and on, and these are after wait times in the multiple hundreds of days for consults, as well. This is also not to mention the folks who are required to travel out of province to access procedures, such as transgender people who need gender reassignment surgery and have to travel to Montreal.

When examining this issue, we are reminded again about the entirely integrated nature of our health care system. We are reminded that surgery delays are exacerbated by a lack of hospital beds, and a lack of hospital beds is exacerbated by long wait-lists in long-term care as well as shortages in supportive housing and over-crowded emergency rooms, which are, in turn, worsened by family physician shortages. All of this is compounded by a shortage of specialists, anesthetists, and nurses. Everything is connected and everything is under pressure.

I understand the urge - as my colleagues in the Progressive Conservative caucus have done and presented here in Bill No. 86 - to simply order the situation to get better by ordering operating rooms to work more efficiently. Not unlike the urge of the Minister of Health and Wellness, who has simply ordered off-load times to get shorter. We are in desperate times, so make it better.

I understand that the proposal presented in Bill No. 86 would be to ask operating rooms to run around the clock, seven days a week, 24 hours a day for surgeons who want to use that time to operate, but without the health human resources to do this, it seems unclear how it would be accomplished or, if it is clear, how the government is going to get to it.

That is why we need systemic solutions, which is why our caucus has introduced various pieces of legislation that would build collaborative emergency centres, keep community hospitals open in CBRM, allow physician assistants to work in the province, require regular publishing on emergency room standards, and lots more.

We often hear from our colleagues across the floor: how are you going to pay for that? Oh, the NDP just likes to throw money at things. Well no, actually. The solutions we are putting forward would actually make our systems more efficient, more cost-effective, and would end up costing less money and costing less suffering.

We have committed to building a room for every resident in long-term care and clearing the wait-list for long-term care that causes the extreme shortage of beds in our hospitals. The thousands of people across this province waiting and waiting and waiting again for surgeries and procedures deserve more, Mr. Speaker. They need these solutions to be put in place, and while they are waiting to be called in for their surgeries, they are also waiting for a government that is willing to begin by admitting that our health care system is in crisis.

We over here in the NDP caucus, we are waiting, too. With that, I will close my comments and thank the member for Cole Harbour-Eastern Passage for presenting this bill.

THE SPEAKER: The honourable member for Antigonish.

HON. RANDY DELOREY: I appreciate the opportunity to speak for a few minutes on Bill No. 86.

Let's start at the beginning with a premise that I think my colleagues on all sides, within all Parties, will or should likely agree with me on, and that is that all members of this Legislature, both as representatives of our communities and as citizens of the province, share a common goal, a common belief, that we want to strive towards achieving improvements within our health care system that meet the needs of our citizens.

[2:45 p.m.]

I believe it's probably true to make that statement, recognizing that we want this both as representatives on behalf of our constituents, that they get the care that they need when they need it, but also as citizens, because we have family members, loved ones, and so forth and want to make sure that they receive the care that they need when they need it as well.

If we can collectively, here in the Legislature, accept that very fundamental premise, that we share a common objective, then this debate and discussion around this piece of legislation or other pieces of legislation that have come before us in the area of health care, what we're actually debating then is how we believe we can or should go about achieving those objectives.

I think in this case, narrowing our discussion down to this bill, it is titled around operating room efficiencies but fundamentally delves into the objective the bill I believe is trying to achieve, which is to reduce wait times within the surgical sphere. That's why the bill is titled around operating room efficiencies.

Let's look at what the health care system is, has been, and will be focused on doing to see if this piece of legislation is actually the necessary approach. For example, one of those areas that has been referenced, I believe, by both of my colleagues who have spoken thus far, is in the area of orthopaedics. Yes, we know this has been an area of concern within the province, recognition that we need to do more, and we need to do better. That's why in 2017 or 2018 in the Fall, we launched a new program to target it. We have spoken about this over the last number of years during Estimates, during question period, in the Legislature, about how government reached out to frontline health care professionals, those who actually work in orthopaedics to say, we want to tackle this list, what is it going to take.

They came back to government with recommendations that included things like standardizing the intake process, putting investments and supports with, as my colleague from the PC caucus referenced, the role, the interplay with not just the surgeons but other health care and allied health care professionals, who can play a part in delivering the services but also improving the outcomes for those who are receiving the surgical interventions.

We added more supports around the back end on the physiotherapy side, but also introduced programs and supports for prehabilitation, providing interventions and supports during the waiting period leading up to surgical intervention. The outcome has shown to see better results, fewer needs for future intervention, so the surgeons themselves perform better, there is less need for future interventions, they last longer, fewer complications, and so forth. These are all very positive things. This is the path that our health care system was working on.

I think those of you who may have done some work or dabbled in the area of statistical analysis may have heard an expression which I believe may have actually been coined by a politician as opposed to an academic, that there are three types of lies: lies, damn lies, and statistics.

There have been several comments in the discussion thus far about the wait times and using publicly available information on the Nova Scotia Wait Times website. For your reference, it is waittimes.novascotia.ca, where you can look at every procedure within the province to see what the wait times are. You can break them down by region, by hospital, even by surgeon.

The reason I use that quote or make reference to that notion is really to focus in on the statistics reference, because what we've heard my colleagues reference were things like the change in that wait time as reported from the Health Authority through the wait times website that shows, in some cases, as some increases. I believe hips and knees, from 2018, I think, the data that were cited earlier was 478 days to the most recent October to December 2020 to 612 days.

It's important to understand what that data, those 478 days and the 612 days, actually mean. The data that are presented are the wait times for the 90th percentile of Nova Scotians. What that means is that 90 per cent of the people who are waiting for this surgical intervention are receiving their surgery within those number of days or less. That is not how long the average Nova Scotian is waiting. That is the upper end of how long the average Nova Scotian is going to wait to receive the surgery.

What that means is you could have one citizen who waits that number of days and if that one citizen is the 90th per cent, if there were 100 people getting surgery and 89 of them had that surgery done in 100 days, but the 90th person takes 600 days, it is going to report 600 days. That's why I made reference to that quote earlier. We were bringing data to the floor. It's important to be clear on what that data are, and they are not the average wait time. It is not how long the average citizen has to wait. It's the upper end of how long an individual waits.

You can look and see that we have made improvements. There were improvements being made over time. Yes, COVID-19 intervened, and I think it's inappropriate to be flippant over the recognition and the acknowledgement that our health care system a year ago essentially shut down to prepare for the COVID-19 pandemic, because we saw the damage that was done in Italy, in New York, in Montreal, and we were preparing for it. We did exactly within our health system what needed to be done. We knew there would be implications and impacts to our health care system when we reduced, roughly speaking, the operations by almost 50 per cent. So yes, it had an impact and it boosted those wait times because we had backlog.

The member from the NDP caucus was indicating a desire to understand what we are going to do to get back on track. The minister has talked about this in question period in response to questions about this. He made reference that somewhere over 90 per cent - 95 per cent, I believe - of the surgeries have been completed or rescheduled. I believe that the latest data that I've seen were that about 80 per cent of those, or about 80 per cent of those that had been rescheduled, are completed now. Others have been rescheduled or addressed in other means. One of those ways that some of these surgeries are addressed - I mentioned earlier the orthopedic program changes that were made - was that prehabilitation patient program.

I heard as Health and Wellness Minister - in different parts of the province, and even as an MLA in my own community - examples of citizens who undertake the prehabilitation program. They make dietary changes and add in some exercise. In some instances, when it comes time to engage surgery, they no longer require the surgery. Some of those other interventions and lifestyle changes actually had alleviated the pain and the need for surgical intervention.

When we talk about efficiency, we can't just talk about the operating room. We can't talk about health solely in surgical terms. My colleague from the NDP caucus - many of the remarks were, broadly speaking, about our health care system and throughout our health care system, how we can take steps to improve it because it's true. Our health, both mental and physical, is multi-faceted. It's a complex system - both the harms that we engage the health system for, supports to help diagnose and treat, but also the solutions can be multi-faceted and interconnected.

I think as we look at what the health authorities, both the NSHA and the IWK Health Centre, have been doing to respond to the COVID-19 pandemic - let's go back and look at a year ago. They were looking at engagement with our public health officials. Dr. Strang and his team and the entire health system came together to assess the evidence and the data that we had, recognizing this was a brand new disease making its way around the country. We knew some things with a certain degree of certainty. We knew other things that we filled in the blanks on as best we could with the information and educated hypotheses about what and how the disease would respond or react.

As time went on, we learned more and we adapted our response. In Nova Scotia, Nova Scotians themselves responded, and we kept our numbers low. That allowed us to start to reopen after the first wave in June and July of last year and to start getting those surgeries back on track. It's also important to note that throughout that time, the urgent and emergency services were still being provided throughout the health system. Those that were cancelled and delayed were those that were deemed non-emergency or elective.

It did lead to a bottleneck. It added to the wait but if we were to look, for example, at the duration for surgery in the 50th percentile, you actually see that in October to December 2018, it was 155 days to get your surgery. In the same period, October to

December of 2020, it was down to 135 days. That wait time over the entire period of time, 2018-2020, it peaked in July to September of 2020 at just over 200 days. Look at the improvement that took place even just in that last period of time between October and December 2020. From 201 days, that 50th percentile was reduced from 201 days to 135 days.

[3:00 p.m.]

The steps and the effort of the experts both on the front line and throughout the health care system, through our partners in the health authorities, IWK and the Nova Scotia Health Authority, as well as our Department of Health officials who were working with them to identify where investments need to be made - by investments, I mean financial investments to help inform the budget that is being brought forward to invest and meet the needs both for the health and safety of those who are working on a front line - the health care professionals - and for the citizens.

I come back to where I started. I think we in this House all collectively support the desire and the objective of improving our health care system, including surgeries, and that is exactly what our government is doing.

THE SPEAKER: The honourable member for Cumberland North.

ELIZABETH SMITH-MCCROSSIN: I'm pleased today to speak to the bill that our party has put forward, the Efficient Operating Rooms Act.

Mr. Speaker, I do believe that Nova Scotians deserve better. I believe Nova Scotians deserve to have hope for help. The time has come for a vision, a vision for health care that includes goals and a plan to actually achieve those goals. The time has come to put our patients first. The time has come to put our patients at the centre of our health care planning and at the centre of our health care decisions.

The time has come to put leadership in charge, leadership that really cares. The time has come for leadership that will respond to the problems, leadership that will listen, leadership that has empathy and caring, and then takes action and has accountability that is followed by evaluation - which is so important in health care - with an intention to achieve a world-class health care system.

The time has come to stop becoming defensive and defending the problems. When problems are identified, real leaders take time to acknowledge them and take a responsibility to put fixes in place. Sometimes I wonder if the government believes the people of Nova Scotia are like the people in the children's book *The Emperor's New Clothes*. The fact is, the Liberals seem to be afraid to acknowledge the obvious truth, yet the people of Nova Scotia are not fooled. People know if they don't have a family doctor. People know if they can't get their loved one into a psychiatrist for two years. People know

if they're on a waiting list for three years, waiting for surgery while they're in excruciating pain.

Just this morning - I'll read you just a couple of the pieces of data, and these are the government's data, so if, as the previous speaker said, they're not reliable, I can't help that. This is what the government has on their very own website. It says, "Hip replacement on average takes 219 days to get a consult, 568 days to get surgery. Cataract surgery is an average of 358 days for a consult, and 377 days for an actual surgery."

Our Progressive Conservative Party is focused on providing solutions for the people of Nova Scotia. Our Progressive Conservative Party has put forth a hope for help. It provides a clear vision to put us on a path to having a world-class health care system. Part of our plan that we tabled yesterday was a bill called the Efficient Operating Rooms Act, and by consulting with our health care workers on the front lines, we put together a plan to address the clear problem of surgical wait times.

Our surgeons want to operate. Every surgeon I speak with wants more operating time. They went to university - most of them four years of undergrad, four years of medical school, four years of residency or more. They want to put it into practice. They've prepared for 12-plus years, and instead of being restricted to one day or half a day a week in the operating room, most want to be there more. Most operating rooms are open for only eight hours or fewer a day.

There are many obstacles to making improvements in operating room efficiencies, and some of them include - but are changeable - a clear lack of vision, a clear lack of leadership, a lack of urgency, a lack of goal-setting, a lack of real consultation where you're listening. Also, bureaucrats leading decision making instead of health care workers leading the decision making.

Other obstacles are a lack of health care models that are based on creating efficiencies, a culture that doesn't embrace innovation. We have to embrace innovation, but there's also a lack of advocacy to the federal government on getting adequate health care funding based on our demographics, not based on population only. That's a real concern.

Another obstacle here in Nova Scotia is our board of directors for the Nova Scotia Health Authority. There continues to be not enough health care workers, not enough nurses, not enough physicians on this board.

When we study other models of care around the world that are excellent, that provide excellence of care, like the Mayo Clinic, for example, the board and the executive are mainly made up of health care professionals who have the knowledge and expertise that can provide a vision for health care in the region.

We also have to look at the obstacles of the demographics that we're faced with. We have a Silver Tsunami, as it's called. More than 20 per cent of our population is over 65 and half of those are over 70. Nova Scotia also has the worst demographics. It's a fact - age, poverty and health status.

We also have a huge obstacle of a lack of family physicians, which is well documented in our province. We know that a shortage of primary care providers leads to a lack of early detection of cancers and diseases such as diabetes, rheumatoid arthritis, and a vast number of other diseases. It also leads to a lack of management of chronic diseases, which will lead to surgical needs that otherwise could have been prevented.

A few examples would be a lack of good diabetes management, which can lead to an increase in the need for amputation; and a lack of early screening for skin cancers can lead to invasive melanoma, requiring more extensive surgery and, unfortunately, early mortality rates. There are just too many examples to share but those are just a few.

It is well documented that a patient with a family physician will cost a system only one-third as much as someone without a family physician.

Our plan is to present solutions, solutions to address the problems. One solution is the Efficient Operating Rooms Act. This piece of legislation will ensure that operating rooms in the province are operated in an efficient manner. There is strong international evidence to suggest that surgical wait times can be reduced by using existing surgical capacity more efficiently. It's well known that existing public sector infrastructure is underutilized and there is considerably more room to use our resources more efficiently.

I did table a document, sent through to the Clerk. It is a document called *Reducing Surgical Wait Times: The Case for Public Innovation and Provincial Leadership*. It discusses that we don't need to go to a private sector - we can use our existing public infrastructure more efficiently.

The fact is surgeons are underemployed and there is a lack of operational funding. Surgical suites sit unused throughout the day and night and many surgeons have told me directly they would be willing to work days, nights and weekends to reduce current wait-lists. In Summer months, 23 per cent of operating room daytime capacity is closed.

The cost of building an operating suite is massive. There is absolutely no business model that would justify spending millions of dollars on infrastructure to use it only eight hours a day and sit vacant for another 16 hours a day. Talk to any successful businessperson and they will share in that thought.

A plan to create efficient operating rooms must include the team - the operating room doctors, nurses, anesthetists and other allied health care members, such as cleaners, physiotherapists, lab technicians, and diagnostics specialists.

Surgical outcomes must be the highest priority. Everything we do must be based around making sure that the highest quality of surgical outcomes is a priority. We must address scheduling challenges, such as cancellations, no-shows, and emergencies. The result of this Efficient Operating Rooms Act will be the end of unnecessary suffering. That is why it is so important for people in this province who are waiting for surgery for cancer, for orthopaedic surgeries, for brain surgery, for ENT (ear, nose and throat), for ophthalmology. We will strive for efficiencies across all specialties.

The Efficient Operating Room Act, in conjunction with the rest of our Hope for Health plan, will improve access to health care. The fact is we have brilliant clinicians here in Nova Scotia and they want to meet and actually even strive to exceed the Wait Time Alliance benchmarks that are established by the Canadian Medical Association. We will create efficiencies because we know it's attainable. Our brilliant clinicians deserve to have equally strong visionary political leaders who put in place a strong leadership team.

Hope for Health provides much-needed hope to the people of Nova Scotia for the people, for the families, for our physicians, for our nurses, for our entire health care team, who know and were trained that we can do better. Nova Scotians expect better. It's time we get serious about doctor recruitment and open up our operating rooms to ensure these excruciatingly long wait times are a thing of the past. Thank you.

THE SPEAKER: The honourable Official Opposition Deputy House Leader.

BRAD JOHNS: Mr. Speaker, would you please call Bill No. 60.

Bill No. 60 - Mental Health Crisis Hotline Act.

THE SPEAKER: The honourable member for Kings North.

JOHN LOHR: It is a privilege to speak for a few moments to Bill No. 60, the Mental Health Crisis Hotline Act.

As I was listening to the debate on the previous bill, I couldn't help but think of an event that happened in my life. A couple of years ago, I was standing on the edge of a rugby field watching my youngest son play rugby, standing next to an orthopedic surgeon who was watching his oldest son on the same team.

We were talking about life and got talking about, how many hours do you work. He said to me that he works six hours a day, but he wished he could work more, because he'd like to earn more money. He was a mid-40s guy. I was thinking, man, in my mid-40s, I was working 12 hours a day all the time. I said, how come you don't work more? He said, can't get any operating room time, period.

I realize that's a comment on the previous bill, but I do want to speak to Bill No. 60. Bill No. 60 is, I guess in some sense, a stand-alone bill, but in another sense, I think all members of the Legislature realize this is something that we've put forward as part of our universal mental health care plan and our Hope for Health care plan. It kind of fits into that. It also stands alone itself.

The bill has two operative clauses that I will read:

“7 (1) Subject to Section 11, the Minister shall ensure that the mental health emergency telephone number is staffed with appropriate professionals at all times such that the wait time does not exceed one minute.

(2) Subject to Section 11, the Minister shall operate an internet site with a live chat feature with similar functionality and staffing as the mental health emergency telephone number.”

We're proposing, as I think the members in the House know, that there be a three-digit number for a mental health emergency. Likely, although the bill doesn't specify, that would be 988, as it has been in other jurisdictions.

I know from comments I've already heard in the Legislature that there is an opinion, maybe from both Parties opposite to ours, that this is not necessary, that 911 will suffice.

I just want to read something about 911 from the Nova Scotia Government website: “911 is for emergencies only. Call 911 if your health, safety or property is threatened and you need help right away.” There are other places where that message is reiterated. In fact, there's a place where it says, if you had a bicycle stolen - which I have experienced - don't call 911.

In other words, that's not a significant enough emergency. There are actually other numbers to call - call your local police detachment on the 10-digit number if you've had a bicycle stolen. Having anything stolen is always a shocking experience, but the point I wish to make on that is that the 911 number is intended to be reserved for - you're calling this number, someone's coming to your door.

That's how we as a province want to see that number utilized, how the government has sent that message out. Why have a stand-alone three-digit number for mental health? We have a 10-digit number for mental health right now. I'm sure all of you have it memorized, but actually I don't. I would have to look it up and tell you, and that's probably part of the problem. If we had a 988 number, it wouldn't take very long for people to know that's the number. It will stick in your brain.

[3:15 p.m.]

It's something about modern life. Strangely enough, I used to have an immense number of phone numbers memorized in my head. I'm embarrassed to say I don't even know my sons' cell phone numbers anymore. They're in my phone, and I just dial them. If somebody asks, what is your son's cell phone number, I have to look it up. We have come to the point where we, as a society, are maybe not memorizing things as well as we used to.

What I also should say is that some people fear calling 911. They're nervous about calling it. I know that's a bit of an issue too. If you're having chest pains, do you call 911 or not? Is this a heart attack or not? We encourage people to make those calls on issues like that, but people are nervous about 911 because they understand that immediate reactions will happen.

There are many times when people could benefit from calling a mental health crisis line when it is not a flat-out emergency. It is a moment when they maybe just need to talk to somebody. They have a mental health issue, but it's not - it could be depression, and maybe they need to talk to somebody about how they're feeling about things. There's a lot of benefits to having a number that is available that would be easily remembered. It's really a very simple thing to do.

Staffing it is another matter. Do we have a 24-hour, 7-day-a-week staffed mental health crisis line? I read we do, and I read we don't. I believe we do. Maybe that can be clarified.

We have seen a dramatic increase in calls to that crisis line. I know that earlier in COVID-19, we had a report that there was a 35 per cent increase in calls to the mental health crisis line. I'm sure if we had an easier number to remember that was more accessible, we could see more of a rise in the number of calls to that crisis line. Having a stand-alone line would give us a benefit versus calling 911 and getting referred. It would help us collect data, where the call's coming from. It would be an enormous benefit, I believe, to the community.

I certainly respect the member for Antigonish's comments and the previous Minister of Health and Wellness's. It was interesting hearing his comments on the previous bill, and maybe he'll be commenting on this one too. I do agree with him that we all have the best intentions of the province at heart, even when we criticize government for things that have not been done or maybe things that have been done.

I want to say, though, that when the 2013 election took place, there was a promise of a doctor for every Nova Scotian. If that promise had been kept, I believe there would have been a significant difference right now in many of these issues. We have 60,000

people without a family doctor. We have maybe the same number also who aren't on the registry - maybe 100,000. One in ten Nova Scotians may be without a family doctor.

The other nine in ten who do have a family doctor have a family doctor who's under a lot of pressure. They're putting through a lot of patients, and we know that. Some of those family doctors are workhorses. They have a hard time - if it's your family doctor they can hardly say no to "Hey, can you pick up my son?" or "This is my brother-in-law. He just moved into the area." It's very difficult for them to say no. They are incredibly caring people who work very, very hard, and many of them have massive patient loads.

They're mostly who we're relying on to provide mental health care, really. This has to change, and this is why our Party is putting forward this universal mental health care platform, of which the 24/7 mental health telephone tele-service and the 988 mental health crisis line are parts.

I do believe that this 988 mental health crisis line bill stands alone by itself very nicely, but I believe it is much better in the entire package. I believe this is something that government could do even as it is, but I think the other parts of the plan need to be done too. The lack of a doctor, as I was saying - the lack of resolve or commitment or maybe the lack of study into what was really involved in that 2013 platform promise of a doctor for every Nova Scotian, maybe - and I've said this many times - I really don't believe there was a plan for that.

We are making some platform promises now, in a sense, in our Hope for Health care plan and in our universal health care plan. I would encourage everyone, and the people out there in the province who are listening right now, to take a look at those. I think these plans are doable. At least there is sort of a concrete definition of how we are going to achieve this, a costing out of what it will cost - not cheap. I would suggest that that did not happen in 2013.

The ramifications of the shortage of family doctors are felt right through the whole mental health crisis that we are facing right now, in the fact that many people who do not have a family doctor - the family doctors who are incredibly stressed and maybe in the past would have had time to say to someone, oh, your teenage son or daughter is having issues, so send them in and I'll take a half hour and talk to them - the family doctor just doesn't have time to do that now. They are just under too much pressure to see the next patient and the next patient and the next patient.

What we've seen is a cascading effect here across the province, and we know that cascading effect has gone to ambulance services too. It has gone to long-term care, hospital beds - all those things are cascading problems.

How do we deal with the mental health crisis that we are in? Our Party is proposing a broad, sweeping revision of the plan. It is not simply opening an Office of Mental Health

and Addictions and putting some FTE - 15 or 50. I've heard both numbers, and I welcome hearing the Minister of Health and Wellness correct me on which one it is. I'm not sure where I've seen both numbers.

It is not simply putting in an office, creating a separate bureaucracy of sorts, another office, another secretary, all of that. I know it is well-intentioned, but I question if it is enough.

Our Party is proposing a broad, sweeping plan to have a separate department of mental health and addictions, and the reason to have a separate department for mental health and addictions is, for one thing, to give mental health and addictions the priority they deserve and to de-stigmatize.

I've heard from members opposite our Party saying the opposite - that it will increase stigmatization. I would thoroughly disagree with that statement. I think a separate department puts a minister accountable and creates less stigma. It says, hey, this is a problem. If you have a problem, we want to deal with it and we're going to focus on it.

Secondly, to open up billing codes. As the members all know, mental health and addictions has seen the rise of private services across the province. God bless them. We need them - all of them. Some of them are out-and-out charities, some of them are not-for-profits, and thank God they are there. That's what I can say.

Most of them will tell you, we'd love to be servicing people who don't have the ability to pay, who don't have a workplace insurance program that would allow them to access us. Many of them do help people who can't pay anyway. They would love to be able to do it on a more consistent basis, and having a billing code through MSI available to those many different types - not just psychologists, mental health counsellors. Our plan isn't just for psychologists. It is for certified mental health counsellors and other allied professionals. That would allow the problem - the scale or the magnitude of the problem - to be addressed.

Unfortunately, I believe due to the crisis in health care, the lack of family doctors, the cascading effects of all those things have cascaded into the realm of mental health issues. COVID-19 has not helped, that is for sure. Had the original promise of 2013 been kept, of a doctor for every Nova Scotian - had it been kept, I believe we would have been in a much different situation right now, but it has been far from that.

The cascading effects of that have been felt throughout the system. People who would have had a family doctor now show up in ERs for a prescription. People who would have seen their family doctor for a mental health issue now show up in the ER. The ER is overwhelmed. All of these things are part and parcel of the problem.

One part of the solution, I believe, is a 988 number - a telehealth number - to call. It is not the big part of the solution. It is a - and the Speaker is giving me the hand signal. I have six seconds left.

Thank you, Mr. Speaker. I did see it this time, and I look forward to hearing other comments.

THE SPEAKER: Thank you very much.

The honourable member for Halifax Needham.

Order, please. Just before we go to the honourable member for Halifax Needham, we will now take our mandated 15-minute COVID-19 break.

The proceedings will resume around 3:45 p.m.

[3:26 p.m. The House recessed.]

[3:45 p.m. The House reconvened.]

THE SPEAKER: Order, please. The honourable member for Halifax Needham.

LISA ROBERTS: Mr. Speaker, it's my pleasure to rise today to speak to Bill 60, the Mental Health Crisis Hotline Act, as part of the PC party's Opposition Day.

Our mental health care system is inadequate for the challenges that people are facing in this province. Too many people can't get the help they need or they can't get it in a timely fashion.

I welcome proposals and commitment to help to make things better. But we have to start by talking about the situation and the real challenges that we are in. One of the characteristics of our current situation is that we really do have a two-tier mental health care system in Nova Scotia. If you have private health care coverage, including drug coverage and coverage for appointments for counselling and psychological services, you're set. If not, then there are real barriers to getting past challenges, there are real barriers to living the life that one wants to live. There are barriers to contributing, as one is capable of contributing, to the family, to society, to workplaces.

The last speaker, the member for Kings North, who brought this forward, has already talked about the specifics of this proposal but I'll just review a few of the key points in case folks joined us after our COVID-19 break. The plan from the Progressive Conservatives commits to a 24/7 emergency phone line staffed, presumably, by mental health professionals. To the best of my knowledge, this service already exists in Nova

Scotia. I'm going to say the number because I think if anybody is listening, it's a good number to write down: 1-888-429-8167.

[3:45 p.m.]

A few remarks about the existing service. The phone line is answered 24/7 anywhere in the province, but in-person teams are available to respond only if a mental health crisis actually needs someone to attend to it physically. In-person teams are available only in the Halifax Regional Municipality and only between the hours of 1:00 p.m. and 1:00 a.m. That service is called Mobile Crisis. I think it might have a longer title but everybody in Halifax calls it Mobile Crisis.

Mobile Crisis teams, when they are available, consist of a mental health clinician and a plainclothes Halifax Regional Police officer, who arrive at calls in an unmarked vehicle. I've had occasion to call Mobile Crisis and I have been incredibly grateful for the service. It is inadequate for Nova Scotia in that it doesn't cover all of Nova Scotia and it doesn't cover Halifax outside of its operating hours. Sometimes people are waiting on the phone. We know that - even though in the case of Mobile Crisis the police officer who attends with the mental health professional is trained and not in uniform - we know that still many people have had poor experiences of police intervening in moments of mental health crisis. Some are even afraid to call for help if they think that it could result in police involvement.

So, this is why the NDP caucus has proposed emergency mental health response mobile team, or actually teams, across the province with the goal that, where an in-person response is required, there be teams who are prepared to meet people in crisis without the involvement of police.

We know that this is considered best practice, and we know that police services themselves across the province and in other jurisdictions have identified that they do not largely consider themselves equipped to do the work. There is something very - maybe it is not specific, but there is something quite distinct about responding to a mental health crisis, and the skill of de-escalation instead of escalation is one that mental health professionals are particularly good at and which is not consistent with the general orientation of policing work.

Nova Scotia RCMP respond to about five requests for wellness checks per day, and that figure does not include municipal police services. We know that the need is there. We know that we do not currently have the resources that are ideally suited to respond to that need.

My colleagues in the PC caucus made the point that their crisis line would be available through a simpler number rather than a 10-digit crisis line, but it is my understanding that 911 can and will routinely transfer calls, even if it is not the kind of call

that ought to go to 911. They will routinely, and do routinely, transfer calls to the mobile mental health crisis line; in fact they did so for hundreds of calls last year when it was felt that the person's needs were better served by that service.

I point out too that I am not sure, actually, if 211 is available across the province, but that is another resource that people do reach out to. I don't know that a proliferation of more numbers is really going to accomplish the goals of better mental health services.

We need more than tweaks. I would argue that we need to recognize that social determinants of health perspective is also very useful for thinking about mental health. Certainly in my dialogue with constituents, I know that precarious housing and fears of homelessness are real stressors that do result in deteriorating mental health, so that is the kind of challenge that needs to go, the sort of commitment to investment that needs to go alongside emergency response to mental health.

We in the NDP caucus have committed to a mental health bill of rights that states that anyone in Nova Scotia who is struggling to maintain mental wellness has a right to be treated with dignity and respect, have prompt and appropriate access to publicly funded diagnostic resources and treatment, have timely access to client- and family-centred support services, have access to treatment and support that is appropriate for the person in the person's circumstances, and have access to an advocate of the person's choice, or to a public advocate if necessary.

We have also been advocating for access to same-day/next-day mental health counselling across the province. This budget seems to include some funding for something closer to that, and that is encouraging to see. We know the mental health system, which is part of the health system and which we understand is best not to be siloed, but it suffers from some of the same challenges as the health system, which is that it works best for acute incidents.

I just had a good friend who is similar in age to me, has kids similar in age to mine and who finally, after not feeling well, ended up at the hospital and ended up being admitted for nine days and is going to get some pretty significant surgery. We were talking about it when we reconnected over Easter weekend. He said, and it is true, our health care system, I know we complain about it but when you really need it and something serious is going on, we are lucky.

To some extent that is true when it comes to challenges in mental health, too. If what you are talking about is a sudden incident or a sudden onset of psychosis or a mental health disorder that is significantly disruptive to life, there are services. But the challenges are, what about folks who are struggling with depression and anxiety who are not at that level that would allow them to be - or where it would make sense for them to be admitted as in-patients. For those folks, they might be right now in Nova Scotia sitting on a wait-list

for so long that it just is not meaningful, the help that is offered, the response that is offered is not meaningful for the situation they are facing.

Then again, it loops back to housing. From talking with folks who work with patients who are admitted for in-patient, one of the biggest challenges is then releasing them because so many folks end up actually not having housing to go to after successful in-patient treatment.

In addition to a province-wide mobile mental health emergency response service that would help people in crisis and divert resources from police who are not equipped or trained to respond, we also need a network of counselling services that are staffed by professionals offering counselling with no diagnosis or referral required. We have to remove the barriers to people getting help, and then that would complement the existing mental health system.

Certainly, our caucus is in agreement that we need greater mental health services reaching a greater number of people. It is just not clear to me that this bill or this proposal does that.

So, with those words, I thank you very much.

THE SPEAKER: The honourable Minister of Municipal Affairs.

HON. BRENDAN MAGUIRE: I'm having some lighting issues, so I hope everybody can see me.

I am proud to be here today to speak on this very important topic. I will start by saying that facts matter and getting your facts from a Conservative paper or a newspaper that is defined as a tabloid, as the previous topic, some of the media sources were quoted - you can always find somebody to side with you if you want to. The truth is that the investments are there; the expansions are there. I will take these next 15 minutes to explain to everybody where that money is going and how things have improved.

The one thing I did notice from the first speaker is this repetitiveness - and I am sure the next speaker will do the same thing about 20 times - in saying hope for health care. Hope for Health, they keep saying. I did a quick Google search on popular health care slogans and it came up, and it has been used over and over and over - Hope for Health.

It reminds me of 2016 when, during a presidential election, we kept hearing a slogan over and over and over again - Make America Great Again, Make America Great Again.

It is almost like the slogans are being used to convince the public that there is something there; that there is substance; that they need to look past and forget about a \$331

million investment that we have seen from this government; and that there is now a huge emphasis, and there always has been a huge emphasis, on mental health; and that it is not about creating more walls and more desks and more chairs.

[4:00 p.m.]

I do not know if the members opposite know the cost alone to create a new department. I am boggled - I see them smiling and laughing and texting on Zoom here and making faces when I speak, which I hope they would not because, respectfully, we do not do that to you. I see that they prefer to spend the money that way and where we prefer to spend the money . . .

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

BRENDAN MAGUIRE: I'm sorry, Mr. Speaker. I was not speaking directly to any members. It just was just in general - what I am seeing on this Zoom call here.

We are seeing an expansion of SchoolsPlus. When we talk about investments in mental health care what we keep hearing over and over is that they are looking at it in silos. We have seen and we have heard the Health and Wellness Minister explain in question period over and over and over again that the investment in health care is not just investment in mental health care; it is not just that \$331 million line you see in the budget.

It is investments in education; it is investment in justice; and it is investment in community services. Again, a blind eye is turned to this because there is a narrative that they are trying to create. Not once have I heard the members talk about the expansion of the SchoolsPlus program, that it is now in every school, and the help that it gives our students, or the fact that there was a study done a few years ago by Dr. Stan Kutcher and Starr Dobson that recommended that - and that has been fulfilled.

We are seeing more investments in our schools so that we are with our children when we deal with our children and we educate our children on mental health in places that they are comfortable with - in school where we have them together and where, a lot of times, they are facing these issues. We are there in those schools with them.

We heard about how there is no three-digit number. The member for Halifax Needham rightfully said that 211 and 911 will transfer you, and they will help you deal with those issues, and 429-8167 is the number for the mental health line. If you are not in Halifax, it is 1-888-429-8167. I am very surprised that all members of the Legislature do not know that number. It is a very simple number, 429-8167.

Again, we go back to, let's not have more frontline people. Let's create more systems. Let's create another number. Let's create another building. Let's create another office.

Where does the money come from? Do we take it out of the \$331 million, which is an all-time high investment in mental health, which is going into the front lines? Do we take it out of that? Where do we take it from? Do we raise taxes? Do we take it from other parts of health care to build the buildings and build the walls and buy the desks?

This is where I continuously scratch my head, and I think, that's not a plan. That's not Hope for Health or whatever they're calling it now. It's just not where the money should be spent. The Conservative Party have said over and over that, when it comes to tax dollars, they're frugal, and they know where to spend it. They're going to make the right investments. We have seen them say this over and over. Yet this is where they're saying they're going to invest the money.

I would also like to say as part of this is that as leaders, as MLAs, we need to set an example on how we treat each other and how we treat people around us. The member for Halifax Needham, the last time she stood up and spoke - and she hasn't mentioned it, but I went online - she was attacked over and over and over by people who work for the Conservative Party of Nova Scotia. Paid employees were attacking her online on Twitter.

We need to lead by example here. We need to treat each other respectfully because people are watching. I have a lot of respect for the people across the aisle. I know their heart is in the right place, and maybe they think that leading is easy. [Inaudible] We're going to create a building. We're going to do Hope for Health. We're going to do all these things.

In a way, it's a bit of a disservice to the people who are working on the front line. We hear them comment over and over and over about how the services aren't there, or they're inadequate. There is a 24/7 service. Those members should know that. We have been here for a long time. If you don't know that there's a 24/7 service for mental health, you should know that. You absolutely should know that.

Where we will continue to invest is in the clinicians. It's in the frontline care, the frontline access. Since we got elected, I'm proud of the emphasis that was put on mental health and the investments that were put into mental health. I will say, all those budgets - and I will guarantee, as I live in Herring Cove, that the Conservative Party and potentially the NDP are going to vote against this budget, which has an all-time-high investment in mental health, which has an all-time-high investment in health care, which will see the largest increase in income assistance in this province's history, which will make a real difference in peoples' lives, which will see the continued expansion of mental health clinicians in our schools and on our front line.

Is anyone on that side willing to say that these are good investments? Because I haven't heard it. I definitely haven't heard it. I know this is a partisan game. I know that everybody's trying to be the leader, and everybody's trying to win. The truth is that they know. They know that these are great investments, and they know that these investments are going into the front line.

That's why we get the catchy phrases repeated over and over and over and over. That's why we see the billboards with these catchy phrases on it, hoping that they're the next "Stay the Blazes Home," hoping that that will put them in the minds of all Nova Scotians.

I just don't think it works, and maybe - I'm sure some people on that side are probably getting upset or angry by some of my comments, but I sat here quietly and observed. I've observed the fact that nobody wants to give credit. I've seen on this side, under the former Premier, several bills passed, important bills passed that the Opposition had put forward. We did a little research, and it was more than any other government that we could find that was a majority government.

Again it became: What an uncooperative government. They don't do anything for us. It's not about doing it for us. It's about doing it for Nova Scotians. It's about ensuring that, as we come out of this COVID-19 pandemic, we have the resources in place, that we have a budget before us right now that has record investments, even during a time when money is tight, when we know that COVID-19 has devastated parts of our economy, has hit us hard. We've seen the great economic prudence that we've seen in the past get us to this point.

You want to talk about mental health - look across Canada and you see all these urban cores, all these major cities. I've sat here in the Legislature and listened to members across from us praise some of these leaders, and they're in another lockdown. I've heard members across from us say, we need a plan, let's open this economy back up, let's go, let's open everything up again.

I've heard that, but we see what happens. If we want to talk about mental health, part of this has to be how we're dealing with the COVID-19 pandemic. We sit here every day and hear how Nova Scotia, if you do a quick search, has been internationally recognized for their handling of the pandemic.

If you listen to the members opposite, they would have you think that we're just devastated, that everything is going wrong, that we're there with Ontario and B.C. and Quebec and some of the horrific stuff that they're going through right now with a third lockdown. If I were new to Nova Scotia and I turned on question period, I would think that this whole thing has been a disaster, which is simply not true.

Part of our mental health is also getting the truth out there, supporting people - we've seen that - and listening to science and listening to facts because, in the end, facts matter. We can all have our own opinions, but the facts are the facts. The handling of the COVID-19 response has been tremendous to this point. It's internationally recognized.

We have a budget that is going to do record investment in mental health when it comes to school, hospital, community services, and I think every member here should be proud. I think all of us, no matter what Party we're in, have had our voices heard in this one, and in the end, this is what politics is all about.

[4:15 p.m.]

THE SPEAKER: The honourable Deputy Official Opposition House Leader.

BRAD JOHNS: I want to rise quickly on a point of order. During the little spiel there that the member for Halifax Atlantic just gave, numerous times he referred to the Nova Scotia Progressive Conservative Party as the Conservative Party. I'm pretty sure that that member has been here long enough to know that there is a distinction between the two Parties. I just rise on that. We're not the Conservative Party. That's a federal Party. We are the Nova Scotia Progressive Conservatives, so I just stand on that point.

THE SPEAKER: While I do appreciate the point, that's not a point of order. That's a disagreement of facts.

The honourable member for Sydney River-Mira-Louisbourg.

BRIAN COMER: Mr. Speaker, thank you for the opportunity to speak to Bill No. 60 - An Act to Establish a Crisis Hotline for Mental Health Emergencies.

Sometimes I look at the critical part of a broader plan to finally provide the appropriate level of service for addictions and mental health care that Nova Scotians deserve. I find it very hard to take, listening here, getting lectured about respect and what have you, having worked in the field of addictions and mental health. I literally left my job (because the situation was so bad in Cape Breton) to try to improve addictions and mental health for Nova Scotians.

I would just like to make a comment with regard to slogans. I think our Party offered a Hope for Health and Dignity for Seniors and our Universal Mental Health Care Plan because we actually have a plan and they don't have one - it's simple. They botched this health care file since 2013. We never promised a doctor for every Nova Scotian. That's climbed to over 60,000 people. The only thing this government does know how to do is build buildings, because they don't understand how health care works.

I'm not going to dwell on the facts of the rest of the comments made by the member, so I'll just continue on with my remarks.

Lack of access to mental health and addictions services across the province for years, coupled with COVID-19, has compounded the desperate need for a three-digit crisis hotline for mental health emergencies in this province.

I'd like to share the following quote from earlier this year (that will be tabled in the House) from Dr. Allison Crawford, Chief Medical Officer for the Canadian Suicide Prevention Service and a psychiatrist with the Centre for Addiction and Mental Health - a leading physician and psychiatrist in this country, a very well-respected professional in this field: "In a crisis, looking for a 10-digit number is a barrier - a barrier that doesn't need to exist." That will be tabled.

The Canadian Suicide Prevention Service has seen a 200 per cent increase in call volumes since COVID-19 hit. This document is being tabled in the House. Nova Scotia's crisis line has seen an increased call volume of 35 per cent since the pandemic hit. At present, the Nova Scotia Health Authority in Nova Scotia has no data for how many calls actually received any follow-up care when a caller hangs up the phone. A wasted opportunity.

To my knowledge, there is no mechanism in place for data collection of any of the calls. This is a critical gap in identifying the needs in meeting demand for addiction and mental health services across the province. Are most of the calls focused on anxiety, depression, substance use disorders? All this information could be vital in understanding the broader picture of the mental health of Nova Scotians.

All mental health calls do not require 911. They do not require EHS or police services unless there is a crisis event. Based on my professional experience working in the field for a number of years, this often includes harming to self or harming to others. Sometimes, yes, it does require assistance from appropriately trained police services and community-based resources. Evidence-based interventions are critical in all of health care and addictions, and mental health is no different.

One study is compelling to show the importance and the accessibility of mental health emergency crisis lines, and this study is being tabled in the House. Columbia University professor and psychiatric epidemiologist Madelyn Gould, Ph.D. in the United States found that nearly 80 per cent of callers interviewed six to twelve weeks after calling a mental health crisis line for the follow-up calls kept them from carrying out suicide and provided them with hope, made them feel cared about, helped them connect with further mental health resources - and that is also being tabled in the House.

The United States is already beginning to institute this process across their country. Federal members of Parliament in Canada have already unanimously agreed and passed

this motion in the House of Commons. It's coming, so we might as well be the first to do this and set a precedent to reduce the stigma in Canada and in Nova Scotia.

Many professionals I have spoken to across the province, many people I have worked with in Cape Breton, do predict that the call volume with the three-digit crisis line will exponentially increase, compared to the 10-digit line, which is thought by many in the field to be completely inaccurate of the actual needs prediction of the health services needed across the province. This will give us the opportunity to capture data that allows for an opportunity to truly gauge the prevalence of acute mental health issues across the province. Just as 911 mobilizes law enforcement and emergency medical services, 988 will mobilize mental health professionals appropriately trained to treat acute mental health and addictions issues.

Imagine a province with an emergency mental health crisis line with direct communication with appropriate community-based resources. What a world that would be and how that would change the province for the better. Access is critical - the right care at the right time and the right place.

The PC Party champions a three-digit mental health crisis line. While the province currently has an intake line, it is a 10-digit number. Mental health concerns don't happen when they are most convenient. Sometimes when a person needs help, they need help in that instant. In a similar circumstance, remembering or searching for a 10-digit number is not an option. We should look to other jurisdictions that have taken a lead in setting up 988. This line would be similar to calling 911 for physical health emergencies or safety. The line would be equipped 24/7 with mental health professionals with appropriate training to help those in crisis and talking to them until they reach a point of being able to move to the virtual line to meet with a mental health professional or to await appropriate community-based resources. This is a critical point of contact when an individual is at a critical low point and seconds truly matter.

This department would have the ability to review the calls to 911 and local police stations related to mental health crises and the number of mental health crises related to ER visits.

I've had the pleasure of caring for hundreds of Nova Scotians, if not thousands, living with acute addiction and mental health issues and seeking help. I've also had the pleasure to be part of phenomenal multidisciplinary teams of mental health professionals consisting of psychiatrists, psychologists, social workers, occupational therapists, licensed practical nurses, and respiratory therapists. It's quite a challenging and yet fulfilling experience being able to help these individuals with their journey to recovery.

Too many Nova Scotians are currently falling through the cracks. The professionals in the field desperately want a three-digit mental health crisis line. I haven't met one yet, in my seven years working in the field, who has disagreed with this statement.

Mr. Speaker, do you know how many Nova Scotians impacted by those struggling with addictions and mental health have said a three-digit crisis line would not help them? Zero. We need to listen to professionals in the field. We need to listen to Nova Scotians seeking help. We need to listen to individuals with lived experience.

As a province, we have an opportunity to be a leader and set a precedent to lead the way in instituting a three-digit crisis line in part of our journey to reducing mental health stigma across the country. We can show the rest of the country our true value for mental health services in Nova Scotia.

I know this current government has boasted about its investment in mental health care throughout the budget and in different sessions of question period. Any kind of research that you would examine, whether it's the WHO or various academic literature, indicates that anything between 10 and 13 per cent is deemed acceptable to really give the citizens a high quality of life. Nova Scotia again this year is right around 6.3 or 6.4 per cent - actually a decrease in the overall budgetary allowance. Again, any kind of position papers by the Mental Health Commission of Canada would indicate that this just is not sufficient, to be quite frank.

Just a few comments to address that I think are important that I haven't heard to this point this session. That's in regard to a stepped care approach. I'm sure the Minister of Health and Wellness has heard about this. Not every Nova Scotian needs a psychologist or a psychiatrist. We need the most effective treatment that's the least resource-exhaustive, because our resources are valuable and they're very limited in this province. Access is critical. In Cape Breton about eight years ago, we had 16 psychiatrists. Right now, we have four. That's typically been the norm for the last four or five years. I know that's a situation felt right across the province in many areas. We really have to break down barriers to access.

I do think there's an educational component that is very valuable, not just for us as members but for Nova Scotians, and that's the concept of parity. That is the fact that mental health and addictions have every right to be treated the same as physical health and funded accordingly. Any kind of effective treatment plan or policy - interventions across the world, for that matter - would indicate that this is the best avenue to go.

Just a few comments in regard to the member from Halifax Needham and various community-based outreach teams. I know I did have the pleasure of working with one here in Cape Breton, so they do exist in certain areas of the province. I just don't think there's enough of them, and I don't think they can identify the necessity of service that is truly needed.

I think this community-based type of service is extremely valuable, and the one that I had the opportunity to work with consisted of a police officer with additional training in concurrent disorders and mental health issues, as well as a registered nurse with five years

of mental health experience. I know the makeup of these teams could vary across the province based on the needs of the specific areas.

I know a comment often heard, too, is that 911 can often be utilized, but I think, as we discussed a number of times in this sitting already - based on the number of Code Criticals across the province - that service is already overwhelmed, and that is failing right now basically as well. We don't need any unnecessary utilization of 911 that would be better served through a separate, specifically trained mental health professional at a different three-digit number.

I think at some point one of the members called this plan a tweak. It's over a \$100-million investment, this mental health care plan. I think it's significant. I think it's an opportunity to transform how mental health care is delivered across the country, to be honest. I don't think it will happen overnight. I don't think it will be easy. I would openly admit that.

I have spoken to professionals across the province, and I'm more than happy to take any kind of constructive feedback. But based on my conversations thus far, the vast majority are highly supportive. We're always happy to listen and change the plans accordingly, based on what we hear from professionals across the province.

I think I would also like to add that I think there's a huge opportunity for all of us to educate Nova Scotians on mental health and addictions and how often the prevalence appears across the province. It's okay to talk to somebody. It's okay to call a friend. Call the three-digit number. A stigma is a very difficult thing to combat but, with any kind of research you get a chance to look at, it shows that it really negatively impacts the timely manner when they seek in-patient treatment. By the time they get to see a professional, they're so sick that it's going to be quite a difficult road for the individual.

I think, just in closing, I'm very proud of our plan for universal mental health care based on months and months of work put into it with many professionals across the province. I just hope Nova Scotians hear the message that someone finally does have a tangible plan laid out with specific interventions, specific policies, and that we're here to help and look forward to getting this instituted soon.

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

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

GOVERNMENT BUSINESS

THE SPEAKER: The honourable Government House Leader.

[4:30 p.m.]

HON. GEOFF MACLELLAN: Thank you, Mr. Speaker, and I'd like to thank the House Leader Opposite.

Mr. Speaker, would you please call the order of business, Government Motions.

GOVERNMENT MOTIONS

THE SPEAKER: The honourable Government House Leader.

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

THE SPEAKER: The honourable member for Kings North.

JOHN LOHR: It is a privilege to speak for a few moments into Supply here in the Legislature. Having done this now for seven or eight years, I reflect on the fact that it has really been a year since this Legislature sat - 364 days - and the opportunity, I think, as I speak into Supply about the fact, a couple of things come to my mind.

First of all, I actually think the session is working fairly well. I am pleased with the way we are doing this on Zoom. It seems to be reasonably effective, but it is definitely not the same. My preference would be that we would all be in the Legislature together. There is no substitute for speaking in the Legislature, but doing it on Zoom is reasonably effective.

Having said that, I think about the unfortunate fact that a whole year has passed. I do want to say a few words about Kings North before getting into talking about the budget. There are many things that could be said about Kings North. It's been a year unlike any other year, of course, in the history of our province.

A number of years ago, if I may digress, I did read a book just by chance on the 1918-19 pandemic. That was worse, actually, than the COVID-19 pandemic. One of the things that made it worse was the fact that the people who were most likely to die from the 1918-19 Spanish flu were young pregnant women. That was because something about how that flu affected people was that the stronger and healthier your immune system was, the more strongly your body reacted to the flu. Your body's own defences were what poisoned you and killed you. Someone who was elderly and had a more weakened immune system had a much less strong reaction to the flu.

So rather than what we've seen, unfortunate as it is with the COVID-19 pandemic, the demographics of the Spanish flu were much worse. We can be grateful for that. The numbers were much larger too.

We've gone through a pandemic, which I think a year ago none of us believed would still be going on. It's going on right now and will continue for some time to come. With the vaccine rollout, when that is complete, hopefully for the world and for Nova Scotia that will bring back some level of normalcy.

There were many groups during the past year in Kings North that started to work together to address some of the impacts of COVID-19. If you remember a year ago when COVID-19 started to hit, the first thing there was a massive shortage of was personal protective equipment. There was a run on face masks and there was a need identified for Valley Regional Hospital and for other hospitals in the province at that time a year ago - about a year ago right now - for surgical masks or face masks, which we all wear now, and for scrubs. Actually, right here in this home it sort of became ground zero for addressing that.

My wife was at that time the chair of the Valley Regional Hospital Foundation - she isn't now - and that hospital foundation rose to the challenge when the need was identified. A wife of a local doctor - another name that you may recognize in this Legislature, Lisa Mitchell - identified the need and, along with my wife, Heather, really started that project rolling. It ended up being 500-plus sewers in our community who volunteered their time to sew masks and scrubs. I am very proud of that effort of all of them.

There was the organizational side of it, which I saw, and the enormous - in fact, I found out what bias tape is. I don't know if anybody else knows, but if you are a sewer you know what bias tape is. It doesn't have anything to do with biases of any sort. It is just cutting the fabric on an angle and creating tape. Every single face mask that was made needed 65 inches of bias tape, which is a lot, in the design that they chose, so I learned a lot about that.

That effort made hundreds of scrubs for our hospitals, so that the scrubs could just quickly be washed, and it made thousands of masks. I don't know if anybody has a handle on the number, actually, but it was at least 15,000 masks. Partnering in the scrubs effort was Michelin Tire, actually - the Michelin plant in Waterville. They got some of their people and equipment involved in helping to make the scrubs.

There was a tremendous effort put in by the community through that whole endeavour which, as I said, I witnessed up close. I'm very proud of all the people involved in the Valley Regional Hospital Foundation for taking it on. It was very interesting.

That was one thing that happened during COVID-19. Kudos to the Valley Regional Hospital Foundation, kudos to Michelin for stepping up and addressing this. I understand that the scrubs actually went further afield than just Valley Regional. They went to many of the hospitals in western Nova Scotia.

I remember for one reason or another - I can't quite remember why - it was a month or maybe two months into COVID-19, we went into the Valley Regional Hospital for something, and at the door you were handed a mask as you went in, and it was one of these masks that the Valley Regional Hospital Foundation had organized the sewing of. When you left the hospital you just set it aside and it was washed and reused.

When masks and scrubs were in very short supply there was a major effort here in the Valley to address the need, and I'm very proud of the groups that did it.

Another major effort that happened in the Annapolis Valley during COVID-19 was - we have - I think it's a fairly well-known Christian charity called Open Arms Resource Centre. The head of that is the Reverend John Andrew and his second in command, Bruce Caldwell, well-known in our community. Open Arms immediately thought, there's going to be difficulty in getting groceries out to people. In early COVID-19, it looked like this was going to be a problem - how do you get groceries out to people? Open Arms also serves homeless adults in Kentville, of which there are a number, and just people who need help or contact.

I have to say that Reverend John Andrew was an early identifier of this being a major problem, back in early March 2020, when many of us were not sure where this was headed. He recognized the need to reduce the contact between the clientele whom he served and between themselves and the staff of Open Arms, and to start to develop other ways of reaching them and helping them without including physical contact.

They developed a website called Neighbours Helping Neighbours. Anyone who wanted to could sign - if you had something to offer you could sign up and put in that you could offer that and if you needed something you could sign in that you needed that. That neighbour to neighbour effort really went on for seven or eight months and reached a number of people, helped a number of people in the community.

In some ways it was one of those things. If COVID-19 had been worse than it was, it would have been critical. As it was, it was very helpful but, really, in some ways COVID-19 wasn't as bad as it could have been, if you know what I mean. Nevertheless, it was a tremendous effort on the part of Open Arms. A number of people were volunteer drivers, and it engaged quite a few people in the community.

Likewise, our food banks. We have two food banks in Kings North: Fundy Interchurch Food Bank, which is located at St. Joseph's in Kentville, and the Canning food bank. Both of them continue to function and deliver food. I'm just very proud of what they did, how they reacted to COVID-19 and kept going. Volunteer drivers, too, involved at least in the Kentville one. Actually, I know the Canning one did so also - with both of them.

I just want to say that I know, from talking to our teachers, that the whole COVID-19 experience has been just extremely difficult for our schools. There were times when

they were obliged to prepare two lesson plans at the same time. They were preparing for the online version of their lesson plan and the in-person version of their lesson plan, not knowing which one they were doing, and not sure that school would be either online or in-person. The issues in the schools - of just dealing with social distancing and masks and keeping the schools clean and the water issue, which was going on at the same time.

I'm just very proud of the schools that we have in Kings North and all that they did - very proud of them for the way that they dealt with COVID-19. You could say, in reality, our teachers put aside their own fears, put aside the fears they had for their families if they contracted COVID-19 through the school system - they put them aside and just kept working. Really, it is service to the community above themselves. Really, it was.

To circle back to Valley Regional Hospital, I would say that about our hospital staff, too, who also personally faced the risks, personally accepted the risks for their own families of COVID-19 and kept working. I want to take a moment here to say thank you to all our teachers, and thank you to our medical staff, and the third group - and our food banks and Open Arms and the Valley Regional Hospital Foundation I mentioned.

Finally, I want to mention, too, our firefighters, who also stepped up. Servicing Kings North we have Port Williams Fire Department with Phillip Porter, Halls Harbour Fire Department with Chief Dave Watson, Canning and District Volunteer Fire Department with Jeff Skaling, Chief Scott Hamilton at Kentville Volunteer Fire Department, and Wayne Johnston with the Waterville Volunteer Fire Department, which services parts of Kings North and Kings South. All those fire departments and the medical first responders.

We have really got exceptional fire departments in Kings North, I would say. In fact, I've heard it said that - and I believe it - that you could put our patch of ground in Kings North against any spot in the world, and if there was a fire, the turnout and the quality of equipment and training would not be exceeded anywhere else in the world.

Even the insurance companies recognize that. It's well known that on the Valley floor in Kings North and Kings County, you get the insurance rate that you would get if you had a fire hydrant right outside your home. Most places don't have a fire hydrant. That's because the ability to pump the water and the equipment to do so is so outstanding, the fire departments are so outstanding - and they're very close together, within three or four kilometres in some places. There are three fire departments in one location, actually, if you can imagine that. Within a radius of 15 kilometres, I'm sure there's seven or eight fire departments or more.

The nice thing about them is they're staffed. They're very, very well trained. There are medical first responders. Our firefighters, also, kept serving the community during COVID-19 and did an exceptional job in doing that.

I did want to say more. I'm watching the time. I see the Speaker giving me the signal. I thought 15 minutes would allow me more time to say more.

[4:45 p.m.]

I did want to say some things about the budget and issues in Kings North, but I'm just going to - with those few words - there were more groups I wanted to recognize, but I just want to say how much I appreciate our firefighters and what they do and the impact they have in our community.

THE SPEAKER: The honourable member for Pictou West.

KARLA MACFARLANE: Mr. Speaker, it is with distinct honour that I rise today as an MLA for Pictou West to respond to the budget, which was presented Thursday, March 25, 2021.

I would like to thank you, Mr. Speaker, and the wonderful staff in your office and at the Legislature for organizing and preparing the 63rd Session of the General Assembly. Although the format is much different, our challenges as MLAs to navigating a hybrid model have been reduced because of the efficient work of staff at the Legislature, so thank you.

Secondly, I want to thank the staff of the PC caucus. I won't begin to name names, but extend my sincere gratitude for their dedication to our team and for their professionalism in preparing for this session. I hope they all know their commitment to their job does not go unnoticed. To our Leader, the member for Pictou East, who never ever stops working, his work ethic is like no other.

Thirdly, a big shout-out to our frontline workers who have given their heart and soul this past year, sacrificed so much during this pandemic and continue to put forth every effort to keep us safe.

Mr. Speaker, 2020 was a difficult and challenging year, one that brought much tragedy, heartache, and at times, perhaps even a sense of hopelessness. The murder of 22 innocent, beautiful Nova Scotians; the horror of a sweet little missing boy named Dylan; and a military helicopter crash off Greece where six perished; the fishing vessel that sank off the southwest coast, claiming six; the lives taken by COVID-19; and the many more tragedies that occurred with little or no media attention have all brought our thoughts and hearts together, making Nova Scotia strong. We continue to help one another through adversity.

Our COVID-19 numbers remain fairly low because Nova Scotians did what they were told to do. They continue to do what they are told to do while the government, now

the Rankin government, continues to have the slowest - I repeat, the slowest - vaccine rollout across Canada.

In the next 12 months, we will see how this current budget plays out both with capital and operational investments. With a \$130 million increase from last year to \$1.175 billion, the capital budget is merely a continuation of past projects . . .

THE SPEAKER: Order, please. I would just like to remind the honourable member for Pictou West not to refer to the Premier with his proper name.

The honourable member for Pictou West.

KARLA MACFARLANE: Sorry, Mr. Speaker. I understood that that was fine to do.

Very few additional projects moved into the current year. However, we often receive more than one press release on projects, as if a second release will create an image of more investments from this Liberal government. Nova Scotians are watching, and they know the truth.

There is so much lacking in this budget. Before I begin to acknowledge these gaps, I will give credit where credit is due. It was nice to see a \$100-a-month increase in Employment Support and Income Assistance. It's long overdue, but extremely important to help aid on the path to reduced poverty. This government had eight years, though, to help improve poverty but decided to show any amount of impact only months before they call an election - how convenient.

The 2020 Report Card on Child and Family Poverty in Nova Scotia showed that Nova Scotia has the third-highest provincial child poverty rate in Canada and the highest rate in Atlantic Canada. This is unacceptable, and it is my hope that the list of recommendations that was laid out in the report is being acted on now.

Where in the budget are the plans to stimulate a vulnerable economy? We often hear the Liberals stating employment rates have increased, but I wonder if they are looking beyond the HRM area. I can assure you, everywhere outside of HRM is suffering. Job creation has never existed in a Liberal government agenda, and the budget proves this even under new leadership. The economy is not a priority for this Premier.

We need a government that will embrace a green economy while ensuring that traditional industries transition with a plan to create cleaner jobs within their own sector. Other provinces and countries are doing it, and I believe Nova Scotia has the potential to lead in the green economy if proper investments are made, such as financial training support and a clear agenda on how we get there.

Talk is cheap, and I have not seen action from this government on a healthier economy - only words. It is time to have a road map that clearly outlines the steps to improving our economy while ensuring we protect Mother Nature. You cannot have a healthy, meaningful economy without a healthy environment. This budget truly reminds me of the last budget - a bit superficial. There really is no amount of substance or anything in this budget that creates the “aha” moment for any Nova Scotian.

This government continues to mess up health care. I am beyond grateful though for the frontline workers of this province and the professionalism all our allied health care professionals provide. The downfall of our system is access. Once you are granted the opportunity to see an allied health care worker, you are in good hands. But the amount of time to access care could be fatal - and I do not say that lightly. I have a brother who lives in Maine who works in health care, his wife works in health care, and his son works in health care. We often discuss the differences in health care, comparing there and here.

I recall him telling me one time while my mum was waiting for an MRI, and I quote verbatim what he said: Karla, I may pay \$350 a month for health care insurance, but if I need an MRI, I will have it tomorrow. If I moved back home to Nova Scotia, I could die waiting for one.

This is how many of our Nova Scotians living outside the country feel. I know far too many individuals who feel if they had quicker access to a doctor, or even had a doctor, their health would be better off. And then there are those who believe that family members who have passed on would still be with us if they had sooner access to being diagnosed.

We need to do better. If you do not have your health, you have nothing.

Pictou West is a beautiful constituency and I am so lucky to represent the good people who live there. I love being an MLA and I sincerely and truly try my very best to help people. It is always an honour to be in the Legislature representing my constituents, but I can't deny the greatest fulfilment of this job is being in my constituency office and helping individuals one-on-one, making connections to people who simply may need help filling out a grant for a new roof or applying for a job and needing assistance with writing a resumé, or perhaps it is an organization needing to have assistance in obtaining government funds for a project. I even enjoy and get a chuckle out of the more random calls, such as recently a lady called from public housing and she did not know what to do with the rat under her sink.

So, there is great joy and fun in being an MLA, but let's face it, not many come through our doors without a problem. Many times I have failed in helping people because the system in place does not allow me to help. But I always promise my constituents that I will exhaust all levels of help out there. Often when the Liberal government fails to help them, our community rises up and helps. However, there are times when I feel helpless and that certainly plays on my mind. It is mostly when I cannot help someone find a doctor and

this budget gives me zero hope in our Liberal government finding a doctor for the nearly 12,000 people in Pictou County - that is right, Mr. Speaker, close to 12,000 people.

Enough is enough. Doctors are frustrated, especially with the unnecessary red tape that is aligned with attaining a job here, and then once here the continuation of unnecessary paperwork. Currently in Pictou West, and I believe I can speak for my colleagues for Pictou Centre and Pictou East, we are at the end of our rope with trying to increase better, accessible health care in Pictou County. It is like we have tied a knot at the end of the rope and we are hanging on for dear life in hopes this Liberal government would have addressed the health care crisis.

But, no, they have not addressed it in this budget; in fact, there is barely a mention of health care. Imagine, an annual budget of over \$11 billion and 45 per cent is budgeted for health care, and barely a mention. This is beyond comprehension for Nova Scotians. With over 60,000 people on a wait-list to be attached to a doctor - and we know that number is no doubt double - how can this government omit the urgency of the situation by not including something in this budget to address the dire situation?

As my colleague for Northside-Westmount acknowledged in his address to the budget last week, how do we expect to be able to welcome and entice more people to our province if we cannot guarantee the most basic need: a family doctor? This is not the age of mail and telegraph, he said. In our modern world of social media, our best-kept secret of beaches, welcoming people's views, and quality of life might be supplanted by the fact that you can't get a family doctor.

This is one of the reasons my brother and his family won't move home. Seriously, Mr. Speaker, it's the reason why many do not come home to Nova Scotia. Imagine if we could advertise: Come to Nova Scotia because you will be guaranteed a doctor. Our population would double. Why? Because having a doctor is your basic need. It's what we all require at some point. It adds that much-needed comfort and reassurance to our daily lives.

Yes, not everyone will need a doctor all the time. Perhaps, if you were like my mom, she never saw a doctor for 42 years. That's right, 42 years without seeing a doctor, but when she finally needed one, she didn't have one. We had to go to emergency to find out she had cancer. We had to find out, not from a family doctor, that she had so many months to live. We had to hear it from someone she had never met before.

That is not fair. Although, once she was diagnosed, the care she received was incredible, but I often wonder, if she'd had a doctor to address the early signs and not pass them off and just say, I don't have a doctor, I wonder if she would still be here with me today.

I could continue talking for hours, perhaps days, on this and the lack of attention in this budget towards health care. My focus in this reply is health care. It's a haunting reminder that this Liberal government's promise in 2013, a doctor for every Nova Scotian, was never intended to happen. They were just words of an election promise, perhaps a slogan. I know Nova Scotians will be reminded when they go to the polls of this injustice. There is so much more I could speak on, but my time is limited.

I do want to offer Nova Scotians a quick, brief history lesson in all that a PC government has done in the past. Under a Stanfield government the province of Nova Scotia saw highways and roads modernized. The first form of Medicare was brought in. The first female member, Gladys Porter, was elected. The Human Rights Act and Commission were established under G.I. Smith. The first Acadian cabinet minister, Gerald Doucet, spearheaded the movement towards regional equalization payments, transferring funds from richer provinces. Under John Buchanan, 10 new hospitals were built. Imagine, we can't even get a doctor. They built 10 hospitals.

Seatbelts became mandatory. They saved thousands of lives by changing that law. The first female appointed cabinet minister, Maxine Cochran, passed the Nova Scotia Pay Equity Act to regulate the public sector, and passed the Blind Persons' Rights Act. Donald Cameron supported anti-discrimination measures and amended the Human Rights Act to extend protections to gays and lesbians. John Hamm increased the scope of the Human Rights Act, adding protections for Aboriginals; opened the Office of African Nova Scotian Affairs; and legalized same-sex marriage. Rodney MacDonald appointed the first female director and CEO of the Nova Scotia Human Rights Commission, and the first female provincial ombudsman, Mayann Francis, and protected the environment by passing the Environmental Goals and Sustainable Prosperity Act, which was passed by all governments, because it was a good bill, unlike the Biodiversity Act.

I am just touching base on some of the most major accomplishments of a PC government. PC stands for Progressive Conservative, not Conservative. Two totally different Parties. I know members across the floor like to refer to us as the Conservative Party because they're hoping that our viewers will look at it as us being the Conservative Party, but that needs to be corrected, Mr. Speaker.

This budget leaves far too many Nova Scotians behind, and that is why Nova Scotians will not elect a Liberal government in the next election.

THE SPEAKER: The motion is carried.

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

[5:00 p.m. The House resolved into a CW on Supply with Deputy Speaker Susan Leblanc in the Chair.]

[10:16 p.m. CW on Supply rose and the House reconvened. The Speaker, Hon. Kevin Murphy, resumed the Chair.]

THE SPEAKER: Order, please. The Chair of the Committee of the Whole on Supply will now report:

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

THE SPEAKER: The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, would you please call the order of business, Public Bills for Second Reading.

PUBLIC BILLS FOR SECOND READING

THE SPEAKER: The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, would you please call Bill No. 85.

Bill No. 85 - Securities Act.

THE SPEAKER: The honourable Minister of Finance and Treasury Board.

HON. LABI KOUSOULIS: Mr. Speaker, I move that Bill No. 85, amendments to the Securities Act, be now read a second time.

Today, I am speaking in support of changes to the Securities Act. The government is acting on Nova Scotia's commitment to harmonize securities regulations across the country. This legislation will help improve the enforcement of security laws in Canada. At the same time, Nova Scotia investors will gain more protections consistent with other Canadian jurisdictions and best practices.

This bill ensures the commission will gain stronger compliance and enforcement abilities. Statutory offences will apply for obstructing or interfering with hearings, investigations, examinations or inspections and for aiding, abetting or counselling a person or company to breach provincial securities laws. Whistle-blowers will have greater protection to report information on serious securities or derivatives related to misconduct.

This bill will ensure that Nova Scotia remains consistent with other Canadian provinces in improving standards, efficiencies and protections.

THE SPEAKER: The honourable member for Northside-Westmount.

MURRAY RYAN: Mr. Speaker, I'd like to take a few moments to speak to Bill No. 85. Oversight and protection is at the very core of the Nova Scotia Securities Commission's mandate. Investors must have confidence in the integrity of our system and what they are investing in. Bill No. 85 works to increase this confidence through additional oversight and compliance regulations, which serve to protect everyone. With provisions protecting whistle-blowers and the new statutory offences for obstruction, this bill is in line with similar steps being taken in other jurisdictions across the country.

THE SPEAKER: The honourable member for Dartmouth South.

CLAUDIA CHENDER: I would just like to take a moment and join my colleague in saying that we are pleased to see amendments come in to strengthen whistle-blower protection. As it stands, the Act looks good to us and we look forward to hearing from any stakeholders who may appear at the Law Amendments Committee meeting.

THE SPEAKER: If I recognize the minister it will be to close the debate.

The honourable Minister of Finance and Treasury Board.

HON. LABI KOUSOULIS: Thank you for all the comments from our colleagues. Mr. Speaker, I rise to close debate on Bill No. 85.

THE SPEAKER: The motion is for second reading of Bill No. 85. All those in favour? Contrary minded? Thank you.

The motion is carried.

Ordered that this bill be referred to the Committee on Law Amendments.

The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, would you please call Bill No. 87.

Bill No. 87 - Pension Benefits Act.

THE SPEAKER: The honourable Minister of Finance and Treasury Board.

HON. LABI KOUSOULIS: Mr. Speaker, I move that Bill No. 87, amendments to the Pension Benefits Act, be now read a second time.

Today, I'm speaking in support of changes to the Pension Benefits Act. When a pension plan member leaves their employer, they can arrange to have their pension fund entitlement transferred into a locked-in retirement account or a life income fund. Currently, anyone who wishes to unlock those pension funds because of financial hardship must apply

to the Superintendent of Pensions. Then they must wait to receive an approval letter, and then they must bring that approval letter to their financial institution.

Government is making changes to simplify this process so that Nova Scotians who need their funds can access them more quickly. Going forward, Nova Scotians who are experiencing financial hardship will be able to work directly with their financial institutions. Mr. Speaker, this means Nova Scotians in need will have a straightforward process that saves them time and processing applications. Less documentation will be required, and this will also eliminate the \$116.65 government fee to process applications.

This is consistent with government's strong and ongoing commitment to reducing red tape, and these amendments are consistent with our government's strong and ongoing commitment for our pensioners and other citizens.

THE SPEAKER: The honourable member for Northside-Westmount.

MURRAY RYAN: Mr. Speaker, Nova Scotia is the only province in Canada that currently requires the Superintendent of Pensions to be involved in approving an application by an individual for release of pension funds due to financial hardship.

Bill No. 87 does not change the criteria that need to be satisfied for determining financial hardship. It merely streamlines the process by which an individual applies to access funds in a locked account such as a life income fund. The removal of the superintendent from this process is, very much like Bill No. 85, another instance of the government playing regulatory catch-up with the rest of the country.

The removal of the need to seek approval of the Superintendent of Pensions for one's financial hardship, enabling the person to deal solely with their financial institution, could serve to speed up the process and reduce a layer of stress and bureaucracy that the individual must deal with.

This is not re-inventing the wheel, Mr. Speaker, but is certainly a recognition that there are always more efficient ways of doing things.

THE SPEAKER: The honourable member for Dartmouth South.

CLAUDIA CHENDER: Mr. Speaker, we are pleased to see this amendment come in. We hope that it will have the intended effect. I wish that it had come in sooner.

I know in my office, and I suspect in many of my colleagues' offices - at the height of the pandemic, particularly in the Summer, I had many questions from people about accessing their pension funds. Frankly, it was such a complex process that very few people actually made it through to the end of that process even when they were in financial hardship because of all of the red tape involved.

We're glad to see it. I hope that financial institutions will streamline that approach and will be amenable to making those arrangements with people and that government isn't just downloading that responsibility, but actually opening up an easier way to make that happen.

I certainly hope to hear submissions to that effect at the Law Amendments Committee so that this can be a regulatory efficiency streamlining red-tape removal process that actually benefits people who need to access the money that they have earned.

THE SPEAKER: If I recognize the minister it will be to close the debate.

The honourable Minister of Finance and Treasury Board.

HON. LABI KOUSOULIS: Mr. Speaker, thank you again to my colleagues for your remarks. I now rise to close debate on Bill No. 87.

THE SPEAKER: The motion is for second reading of Bill No. 87. All those in favour? Contrary minded? Thank you.

The motion is carried.

Ordered that this bill be referred to the Committee on Law Amendments.

The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, would you please call the order of business, Private and Local Bills for Second Reading.

PRIVATE AND LOCAL BILLS FOR SECOND READING

THE SPEAKER: The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, would you please call Bill No. 74.

Bill No. 74 - The Yarmouth Golf and Country Club.

THE SPEAKER: The honourable Minister of Health and Wellness.

HON. ZACH CHURCHILL: Mr. Speaker, I'm happy to move second reading on Bill No. 74. This will essentially change the Yarmouth Golf and Country Club from being a profit organization where the profits are distributed to shareholders - not that there are many profits to speak of - to a not-for-profit organization. Essentially that's the nature of this bill.

THE SPEAKER: If I recognize the minister it will be to close the debate.

The honourable Minister of Health and Wellness.

HON. ZACH CHURCHILL: I move that we conclude second reading of Bill No. 74.

THE SPEAKER: The motion is for second reading of Bill No. 74. All those in favour? Contrary minded? Thank you.

The motion is carried.

Ordered that this bill be referred to the Committee on Private and Local Bills.

The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, would you please call Bill No. 77.

Bill No. 77 - Digby Marketing and Promotions Levy Act.

THE SPEAKER: The honourable member for Clare-Digby.

HON. GORDON WILSON: Mr. Speaker, I move that Bill No. 77, the Digby Marketing and Promotions Levy Act, be read a second time.

For the past number of years, the Digby Area Tourism Association, a volunteer organization, has worked very hard to coordinate tourism marketing efforts and promote the Digby area as a tourism destination. This has been done thanks to the countless hours of devoted volunteers and members of DATA by carefully managing funds that have been provided by municipal units or specific project funding from the province.

A marketing and promotion levy is needed to secure a more appropriate and reliable revenue source that would support an integrated and expanded marketing effort for the promotion of the Digby area as a destination. A marketing and promotion levy will help the Town of Digby and the Municipality of the District of Digby to fund tourism marketing in order to develop and expand their local economy and local tourism industry.

I note that these levies have been used in several other areas of the province. It is a common thing. I'm very pleased to see the co-operation between the two municipal units and the industry. Consultation did happen extensively on this. There was good participation at two different events and consensus was found there to move forward.

With that, I will end my comments.

THE SPEAKER: If I recognize the member it will be to close the debate.

The honourable member for Clare-Digby.

HON. GORDON WILSON: Mr. Speaker, I rise to close debate on second reading of Bill No. 77.

THE SPEAKER: The motion is for second reading of Bill No. 77. All those in favour? Contrary minded? Thank you.

The motion is carried.

[10:30 p.m.]

Ordered that this bill be referred to the Committee on Private and Local Bills.

The honourable Government House Leader.

HON. GEOFF MACLELLAN: Mr. Speaker, that concludes the government's business for today. (Applause) Just doing the Queen's business. Thanks, guys.

I move that the House do now rise to meet again tomorrow, Thursday, April 8, 2021, between the hours of 11:00 a.m. and 11:59 p.m.

Following the daily routine and question period, business will include the Committee of the Whole and Subcommittee on Supply, followed by second reading of Bill Nos. 92, 95, and 97, and with time permitting, third reading of Bill Nos. 1, 4, 9, 23, 28, 47, and 50.

THE SPEAKER: The motion is for the House to rise to meet again tomorrow, Thursday, April 8th, between the hours of 11:00 a.m. and 11:59 p.m.

All those in favour? Contrary minded? Thank you.

The motion is carried.

We stand adjourned until tomorrow at 11:00 a.m.

[The House rose at 10:31 p.m.]

NOTICES OF MOTION UNDER RULE 32(3)

RESOLUTION NO. 350

By: John Lohr (Kings North)

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

Whereas Jeff Carter has founded the Friends of the Scots Bay Salt Marsh; and

Whereas Jeff has singlehandedly picked up over 300 bags of garbage; and

Whereas Jeff's dedication and commitment has inspired many others to join the Friends of the Scots Bay Salt Marsh, resulting in many thousands of bags of garbage being picked up in Scots Bay;

Therefore be it resolved that all members of this House of Assembly join me in congratulating Jeff Carter on his outstanding commitment to cleaning up the Scots Bay Salt Marsh and inspiring others to do the same.