



House of Assembly  
Nova Scotia

**DEBATES AND PROCEEDINGS**

**Speaker: Honourable Keith Bain**

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**First Session**

**WEDNESDAY, APRIL 5, 2023**

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House of Assembly  
*Nova Scotia*

**HALIFAX, WEDNESDAY, APRIL 5, 2023**

**Sixty-fourth General Assembly**

**First Session**

**1:00 P.M.**

**SPEAKER**

Hon. Keith Bain

**DEPUTY SPEAKERS**

Lisa Lachance, Kent Smith, Danielle Barkhouse, Nolan Young

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

**PRESENTING AND READING PETITIONS**

THE SPEAKER: The honourable member for Cumberland North.

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

“We, the undersigned, are deeply concerned about a housing crisis affecting the people of Cumberland County and feel the time has come for your government to take immediate action to address the problem. We recognize it is an issue that is not unique to our area. Homelessness is a persistent and growing issue in Nova Scotia. Some of the current challenges include more people experiencing homelessness, growing homelessness in rural parts of the province, and people experiencing increasing complex barriers to secure safe and stable housing.

Therefore, we, the undersigned, the parishioners of All Saints Roman Catholic Parish of Cumberland County, in the constituencies of both Cumberland North and Cumberland South, call upon the Nova Scotia House of Assembly, the Government of Nova Scotia, the Premier, the Minister of Municipal Affairs and Housing, and the Department of Community Services to be prepared to provide community-based organizations with the funding required to rent and/or purchase buildings, to hire staff to assist the unhoused, and proactively allocate more money towards construction of public housing and supported affordable housing to address the current wait-list.”

Mr. Speaker, there are 158 signatures and I have affixed my signature as per the Rules of the House.

THE SPEAKER: The petition is tabled.

The honourable member for Northside-Westmount.

FRED TILLEY: Mr. Speaker, I beg leave to table a petition entitled Install a Flashing Light on Park Road Crosswalk:

“We, the undersigned, are concerned citizens who urge our leaders to act now to have a flashing light installed at the crosswalk of Park Road by Dr. T.L. Sullivan School. Park Road is a very busy road, with a school and many seniors. The sidewalk crosses from one side of the road to the other and is joined by a crosswalk. Vehicles travel very fast on this road, and it is unsafe for pedestrians and the citizens want to prevent a tragedy.”

There are 246 signatures, Mr. Speaker, to which I have affixed my own signature.

THE SPEAKER: The petition is taken under advisement.

## **PRESENTING REPORTS OF COMMITTEES**

## **TABLING REPORTS, REGULATIONS AND OTHER PAPERS**

## **STATEMENTS BY MINISTERS**

## **GOVERNMENT NOTICES OF MOTION**

THE SPEAKER: The honourable Minister responsible for the Office of Mental Health and Addictions.

HON. BRIAN COMER: Mr. Speaker, I beg leave to make an introduction.

THE SPEAKER: Please do.

BRIAN COMER: Mr. Speaker, today in the Speaker's Gallery we have several guests from Autism Nova Scotia, as well as some autistic Nova Scotians. I am very privileged to have them in the House today. I would ask that they please rise as I introduce them so they may receive the warm welcome of the House: Cynthia Carroll, executive director; Allison Garber, board member; Jeff Garber; Vera Garber; Hugh Garber; Justin Rose; Alishea Rose; Nicholas Rose; Jean Kays; Dustin Rekunyk; Ethan Rekunyk; and Francine Vezina. (Applause)

Mr. Speaker, all these guests play such an important role in the autism community. In fact, it is Autism Nova Scotia's goal to create a future where autism is understood, accepted, and celebrated, and that all autistic individuals and their families are living rich, full lives.

We recognize and appreciate the work that Autism Nova Scotia is doing, and that the autism community does to work toward this future through leadership, advocacy, and education.

I would ask members of this House to join me in giving all our guests a warm welcome. (Standing ovation)

THE SPEAKER: Indeed, we welcome all visitors to the gallery today and every day. We hope you enjoy your stay.

THE SPEAKER: The honourable minister responsible for the Office of Addictions and Mental Health.

### **RESOLUTION NO. 605**

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

Whereas one in 32 Nova Scotians, approximately 31,000 people, have autism; and

Whereas each person contributes to the diversity and inclusivity of our province, bringing great perspectives and appreciation for the abilities of autistic people; and

Whereas World Autism Acceptance Month is a time to come together and raise awareness about autism - a condition that many Canadians live with - and to recognize and celebrate autistic people, family members, caregivers, educators, and other professionals whose advocacy and education help create a place where everyone belongs;

Therefore be it resolved that all members of the House stand united in our acceptance and inclusion of all autistic people, and acknowledge the dedication,



commitment, and support provided by so many across the province - including all the staff and volunteers with Autism Nova Scotia.

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 Labour, Skills and Immigration.

HON. JILL BALSER: Mr. Speaker, before I read my notice of motion, I beg leave to make an introduction.

THE SPEAKER: Please do.

JILL BALSER: Visiting us today in the West Gallery to recognize Adult Learners Week, we have learners Louise Davidson, Harley Francis, and Ann Turner, and Literacy Nova Scotia staff Jayne Hunter, Marie David, Ethan de Winter, and Heather Lauther.

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

THE SPEAKER: Once again, we welcome all visitors to the gallery today. We hope you enjoy the afternoon and some of the excitement that will be taking place.

The honourable Minister of Labour, Skills and Immigration.

JILL BALSER: Mr. Speaker, I'll continue on my introduction, because I want to highlight the learners who are in the gallery today.

Louise is currently finishing her Grade 12 in the ALP program at the NSCC Pictou campus. Her passion for learning has brought her closer to achieving her education and life goals. Louise has recently been accepted into the Bachelor of Science program at St. Francis Xavier University. She wants to be an inspiration for her children, showing them that hard work and determination can make their dreams come true.

Harley is in the adult learning program, where he's a student at NSCC in Truro. He also volunteers as a firefighter. With a family to support, he returned to school to better his

life and be a positive role model for his three children. Despite the challenges of balancing school, life and family, Harley has gained a better understanding of himself. He plans to complete his education in automotive service and repair. Harley is working hard to achieve his dreams of owning a home and a garage.

[1:15 p.m.]

Anne attends classes at the Lunenburg County Adult Learning Opportunities in Bridgewater. She has worked hard all her life, but lacked a Grade 12 diploma to pursue her desired career. Through hard work and dedication, Anne has improved her time management and accountability skills. She has won a literacy bursary, and is now focused on achieving her GED to take on more responsibilities in her career.

THE SPEAKER: The honourable Minister of Labour, Skills and Immigration.

### **RESOLUTION NO. 606**

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

Whereas Nova Scotians will celebrate the achievements and dedication of adult learners during Adult Learners Week from April 2 to 8, 2023 at events across the province; and

Whereas lifelong learners equip Nova Scotians with the skills and confidence they need to fully reach their potential and the demands of a rapidly changing workplace; and

Whereas the Government of Nova Scotia is committed to helping Nova Scotians advance their education and strengthen their skills by providing adult high school diploma programs, GED testing services, and adult literacy programs, which have resulted in more than 3,084 learners continuing their personal development through the many academic opportunities available in our province, and 358 graduates obtaining their Nova Scotia high school graduation diploma for adults;

Therefore be it resolved that all members of this Legislature recognize the week of April 2 to 8, 2023 as International Adult Learners Week in the province of Nova Scotia, and encourage all Nova Scotians to recognize the importance of literacy, and the role it plays in establishing the foundation for the social and economic well-being of our province.

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

THE SPEAKER: There has been a request for waiver.

Is it agreed?

It is agreed.

All those in favour? Contrary minded? Thank you.

The motion is carried.

The honourable Minister of Fisheries and Aquaculture.

### **RESOLUTION NO. 607**

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

Whereas Nova Scotia's seafood industry plays a key role in our rural and coastal communities, and serves as a gateway for new immigrants to find meaningful work in our province; and

Whereas in the face of the COVID-19 pandemic and navigating federal immigration program challenges, D.B. Kenney Fisheries in Westport, Nova Scotia went above and beyond to help Hamid Kacedali, Lamia Benhamou and their three children in their journey from Algeria - going as far as to charter a flight for the final leg of their trip; and

Whereas the family is happily settled in Brier Island, both Hamid and Lamia - employed with D.B. Kenney Fisheries - and the three children are attending classes at Islands Consolidated School in Freeport;

Therefore be it resolved that all members of this House join me in thanking D.B. Kenney Fisheries for their efforts, and welcome Hamid, Lamia and their family to the province of Nova Scotia, and their new home in Brier Island.

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.

Before we move on to Introduction of Bills, I neglected to announce the topic for tonight's late debate at the moment of interruption. It was submitted by the member for Sydney-Membertou.

Whereas food inflation for March was 9.7 per cent; and

Whereas Nova Scotians are being forced to change how they shop for groceries due to the rapidly rising cost of food; and

Whereas one in six Nova Scotians faces food insecurity;

Therefore be it resolved that the government immediately take action to help Nova Scotians deal with food affordability.

That's the topic of late debate that will occur at the moment of interruption.

I also want to at this time notify the member for Northside-Westmount that his petition as it's worded is out of order because there is no mention of the government, the Premier, or the minister. Maybe you could just change the wording on the lead-in.

Anyway, if there are no more Government Notices of Motion, we'll move on.

### **INTRODUCTION OF BILLS**

**Bill No. 299 - An Act to Amend Chapter 22 of the Acts of 2021, the Interim Residential Rental Increase Cap Act, and Chapter 401 of the Revised Statutes of 1989, the Residential Tenancies Act. (Braedon Clark)**

**Bill No. 300 - An Act to Amend Chapter 4 of the Acts of 1994-95, the Gaming Control Act. (Elizabeth Smith-McCrossin)**

THE SPEAKER: The honourable member for Kings South.

HON. KEITH IRVING: Mr. Speaker, I beg leave to make an introduction before the introduction of my bill.

THE SPEAKER: Please do.

KEITH IRVING: I ask all members of the House to direct themselves to the West Gallery, where we are joined today by some hard-working farmers and leaders in the chicken industry. Members of the Chicken Farmers of Nova Scotia board of directors are here. I'd like you to stand as I call your name: board chair Amy VanderHeide; board member John Swetnam; board member Thom Oulton, and his wife Krista Oulton, has joined him as well. Please welcome them to the House. (Applause)

THE SPEAKER: Once again, welcome to all visitors to the gallery in the Legislature today.

**Bill No. 301 - An Act to Provide for Testing for Avian Influenza. (Hon. Keith Irving)**

**Bill No. 302 - An Act to Amend Chapter 16 of the Acts of 1998, the Juries Act. (Elizabeth Smith-McCrossin)**

**Bill No. 303 - An Act to Amend Chapter 113 of the Revised Statutes, 1989, the Crop and Livestock Insurance Act. (Hon. Keith Irving)**

**Bill No. 304 - An Act to Support First-time Homebuyers, Homeowners and New Housing Development. (Braedon Clark)**

**Bill No. 305 - An Act to Prioritize Marketing of Local Alcoholic Beverages. (Hon. Keith Irving)**

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

The honourable member for Sydney-Membertou on an introduction.

HON. DEREK MOMBOURQUETTE: Thank you, Mr. Speaker. I'd like to draw the members' attention to the gallery to someone who is here from Sydney. He's familiar to many people around government, Adam Langer. Adam Langer served as my special adviser for over four years in a few different departments and I want to stand in my place. He is also joined today with Eric Nowlan and Emily Trousseau. So I would ask you to stand and please received the welcome of the House. (Applause)

THE SPEAKER: Once again, welcome to all.

## **NOTICES OF MOTION**

## **STATEMENTS BY MEMBERS**

THE SPEAKER: The honourable member for Pictou East.

### **RUDY'S CATERING: 40<sup>TH</sup> ANNIV. - CONGRATS.**

HON. TIM HOUSTON (The Premier): I rise today to honour our good friend Rudy as Rudy's Catering celebrates its 40<sup>th</sup> anniversary. Rudy's is an institution in Halifax, and I am sure each person in this Legislature has eaten at Rudy's and has their own favourite meal. Mine is his fried chicken. I love it, Mr. Speaker.

Why is Rudy's so popular? Is it because the food is so good? It is. Is it because the prices are reasonable? They are, especially today - 99-cent hamburgers - but it's more than that. We all go to Rudy's because of Rudy and Maria and Rene. We go there because of the people whom they are. They are generally warm and thoughtful, and they get to know you as a person. They genuinely want to hear about your day and how you are doing and it's not just because we are MLAs - they are like that with every single one of their customers.

[1:30 p.m.]

Rudy and his family have done so much for the city that earlier this year I was honoured to award Rudy with the Queen Elizabeth II's Platinum Jubilee Medal. I want to thank Rudy and Maria and Rene and the entire family and the gang at Rudy's for being such good friends to each and every one of us in this Legislature, and I ask all members to join me as we congratulate them on 40 years of . . . (Applause)

THE SPEAKER: The thing is, as the Premier has mentioned, that Rudy always asks: How's your family doing? I don't think there is a person who goes into Rudy's who he doesn't say - he always says to me: How are your granddaughters? So, that means a lot to all of us, and Rudy means a lot to us all as well.

The honourable member for Yarmouth.

HON. ZACH CHURCHILL: Mr. Speaker, I beg leave to make an introduction before my statement.

THE SPEAKER: Please do.

ZACH CHURCHILL: Mr. Speaker, I would like to introduce members of the Maritime Sikh Society, who are joining us here today in the West Gallery. We have Kulvinder Singh Dhillon, Gurinder Dhillon, Jaswinder Singh, Shalini Jha Kaur, Bawajad Singh Led, Jagmohan Singh Kahlon, and Sonia Kahlon. I would ask the House to join me in thanking these wonderful people for the work that they do. (Standing ovation)

THE SPEAKER: Once again, we would like to welcome you all to the Legislature today and hope you enjoy your afternoon.

The honourable member for Yarmouth.

#### **SIKH HER. MO.: CONTRIBS. OF COM. - RECOG.**

HON. ZACH CHURCHILL: Mr. Speaker, I rise today to recognize that April is Sikh Heritage Month, and that this year represents a decade of its recognition. This month is meant to be enjoyed by anyone and everyone who chooses and acknowledges the central

values of the Sikh faith. I'm happy to have board members of the Maritime Sikh Society with us here today in the gallery.

The Maritime Sikh Society started in 1966 with only 25 families in Nova Scotia. Since then, they have grown across the Maritimes and ensure Sikhs new to the region feel at home. The work they do improves the religious, cultural, and social lives of Sikhs in the Maritimes and in this province. In Nova Scotia, the Sikh community has made impactful contributions to the social, cultural, economic, political, and medical sectors, as well as many more. I am thrilled to see the community growing, thanks to the dedication of organizations like the Maritime Sikh Society, which is represented here today.

I invite this House to join me in welcoming and thanking the board members and to encourage our colleagues and constituents to recognize Sikh Heritage Month. May this community continue to grow and flourish in our province. Thank you to all the members of this community for their great contributions to our growing province.

THE SPEAKER: The honourable member for Halifax Chebucto.

#### **NISA HOMES: TRANS. HOUSE OPENING - CONGRATS.**

GARY BURRILL: Mr. Speaker, I'm happy to extend the congratulations of the House of Assembly to Nisa Homes and Ummah Masjid of Halifax on the opening of Eastern Canada's first transition house serving refugee, immigrant, non-status, or Muslim women and their children fleeing domestic violence. The parent charity for Nisa Homes, the National Zakat Foundation, operates 10 such homes across Canada.

The Halifax location has space for 10, with a separate space for women with children. While the facility is in Halifax, it will be providing remote support to clients across the Maritimes. People can stay at the transition house for up to three months, but in the context of the housing crisis, this can be extended. It's a major step forward in Nova Scotia that this support is now provided in a context that is both faith- and culture-responsive.

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

#### **WORLD AUTISM ACCEPTANCE MO.: DISPELLING MYTHS - RECOG.**

HON. BRIAN WONG: April is World Autism Acceptance Month. I'd like to take a moment to celebrate the incredible residents of our province on the autism spectrum. These individuals have so much to offer, bringing unique perspectives, talents, and strengths to our communities.

You may notice, Mr. Speaker, that our caucus members are wearing Brainy Buttons, as are a few around the room. Entrepreneur, creator, and designer Naphtali Tucker

is an autistic teen at Lockview High School with a mission to spread autism and neurodivergent acceptance in education. Every purchase supports her work in schools and beyond with books, donations, resource materials, board displays, button giveaways, and more.

People with autism have a remarkable ability to focus on the details and see things in a way that others may not. Many have a gift for problem-solving and bring fresh, innovative ideas to many situations. They are often passionate about their interests, and their dedication and commitment to their pursuits are truly inspiring. They remind us of the beauty of diversity and the importance of acceptance and inclusion.

Unfortunately, there are many myths about autism that still exist. It is the responsibility of each of us to ensure that not only this month but all year long we work to dispel the myths and celebrate the talents of each person on the autism spectrum.

I ask all members of this House to join me in honouring the amazing individuals with autism in our province. Let us recognize their unique gifts and the contributions they make to our communities. Together, we will continue to make Nova Scotia a province where everyone is valued, respected, and appreciated for who they are.

THE SPEAKER: The honourable member for Bedford Basin.

**EDWARDS, LAURIE: RETIREMENT - CONGRATS.**

HON. KELLY REGAN: Mr. Speaker, I would like to congratulate a constituent today on her recent retirement. Laurie Edwards spent most of her 33-year career creating ways for Nova Scotians to make good career decisions. Most recently, Laurie served as the director of Student and Career Services in Student Affairs at NSCC.

There really is no way for me to do justice to her career in just one minute, but I would note that she started and/or helmed countless career organizations, including Nova Scotia's Career Development Association, the Canada Career Consortium, Skills Canada - Nova Scotia, NS work information net, and Techsploration.

I think it comes as no surprise that throughout her work life Laurie received many awards, including the national Stu Conger Award for Leadership in Career Development in Canada, the Nova Scotia Career Development Association Lifetime Achievement Award, and the Ontario College Counsellors award for outstanding achievement in career development.

Laurie volunteered frequently outside of work and served as president of Shelter Nova Scotia, the Halifax YWCA, and the Bedford Basin Liberal Association. I know she's enjoying retirement, because I've seen some of her photos on Instagram. Well done,



Laurie. Thank you for your dedicated service to the young people of Nova Scotia. Now go have some fun.

THE SPEAKER: The honourable member for Dartmouth North on an introduction.

SUSAN LEBLANC: I would like to introduce some special guests we have today in the gallery opposite. We have three esteemed medical students, and we know how valuable medical students are to our communities.

We have Lauren Mills, who's a second-year medical student at Dalhousie University; Scott Aucoin, who's a first-year medical student at Dal; and Kaylin Dean, who's also a first-year medical student at Dal. As future doctors, they are here today to advocate for support and in support of free birth control for all Nova Scotians. And as you know, we will be debating a bill about this very thing later on in the afternoon.

We're very happy to welcome them into the House, thank them for all of their work, thank them for being medical students, and hopefully to convince them to stay in Nova Scotia when they graduate. (Applause)

THE SPEAKER: And since we're on the topic of introductions, I'd like to recognize in the Speaker's Gallery, Mr. Jay Perry, an MLA from Prince Edward Island. They just got through an election. (Applause)

The honourable member for Halifax Needham.

### **HOUSING CRISIS: NEED FOR ACTION - RECOG.**

SUZY HANSEN: I want to recognize the people who are outside today activating, advocating, and standing up to be heard about the housing crisis in this province. Rents are rising, the cost of living is rising, yet we haven't raised our Employment Support and Income Assistance rates, or plan to build or invest in affordable and public housing. And housing and the housing crisis is getting extremely worse. The struggle is real.

Housing should be a priority on this government's agenda, yet throughout this sitting we've heard nothing about the solution. We've heard about making it harder for people to qualify for supplements because the need was too great. This government was afraid of yet another wait-list. All the while folks are sleeping rough, people are trying to figure out how to get by when they have to choose between rent, medication, and food.

Mr. Speaker, I'd like all members today to recognize that we are in a housing crisis and people, real people, are in need and need this government to act now.

THE SPEAKER: The honourable member for Cumberland South.

**HURLEY, GARDNER “BUD”: DEATH OF - TRIBUTE**

HON. TORY RUSHTION: I rise today to remember an icon of Cumberland South, Gardner “Bud” Hurley, who passed away one month ago today. Bud spent 10 years serving in Canada and France as an electronic technician with the Royal Canadian Air Force. When he moved home from Ontario in 1969, Bud went to work at the Maccan Generating Station.

During this time, he also served in our community as county councillor, the warden and then the PC MLA for Cumberland West. He actually replaced my grandfather in 1984. Bud was also a strong advocate for his community. He was a champion of the Maccan Tidal Wetlands Park and was instrumental in many projects, such as the community centre, the ball fields, connecting the sewer system, and installing streetlights.

Bud also served as the president of the Royal Canadian Legion Branch 134 and was the driving force behind getting the cenotaph erected in 1989.

Mr. Speaker, Cumberland Country lost a true gentleman and advocate and dedicated volunteer on March 5, 2023. I ask all members of this Legislature to join me in a moment of silence to remember MLA Bud Hurley.

[A moment of silence was observed.]

THE SPEAKER: Please be seated.

The honourable member for Kings South.

**CHICKEN FARMING: IMPACT ON PROV. - RECOG.**

HON. KEITH IRVING: Today I rise to acknowledge the significant impact that chicken farming has on our province. With over 20 million chickens produced in Nova Scotia each year, the industry is only growing stronger. The dedication and innovation of our local farmers is truly inspiring. We must recognize the immense effort required to manage farms of all sizes and the crucial role that organizations like the Chicken Farmers of Nova Scotia play in supporting the industry’s success.

I am pleased to welcome members of the Chicken Farmers of Nova Scotia to the House and thank them for their contribution to the poultry sector’s growth and development in our province. It’s imperative that we continue to support and empower farmers and their supporting organizations to ensure that this critical industry continues to thrive in Nova Scotia.

I invite all members of this House to join me in thanking the Chicken Farmers of Nova Scotia for their hard work in growing our province’s rural economy and providing us all with healthy food.

THE SPEAKER: Before I recognize the member for Cape Breton Centre-Whitney Pier, I apologize to the MLA from Tignish-Palmer Road. I introduced him as Jay Perry; it's actually Hal Perry. He is the MLA and he has just been re-elected for the Liberal Party on Monday, so congratulations. (Applause)

The honourable member for Cape Breton Centre-Whitney Pier.

### **LINGAN HER. SOC.: HOSTING EVENTS - RECOG.**

KENDRA COOMBES: I rise today to recognize the Lingan Heritage Society and Lingan Hall Community Centre. It is well over 100 years old and at one time was a schoolhouse for the community.

The society provides a safe, welcoming place for young and old community members to gather and socialize. The society relies on donations to keep its doors open, which was very trying during COVID-19. They put on an annual Christmas party for the children, an antique car show, craft and bake sales, Lingan Day, community darts, and many more activities.

The society consists of: Shirley MacIntyre as president, VP Debrah MacDonald, secretary Cathy Tighe, and treasurer Mary Vickers, and a board of directors. I look forward to future discussions with the Minister of Communities, Culture, Tourism and Heritage and thank you to the society and for all the work they do.

THE SPEAKER: The honourable member for Cumberland North.

### **NATURE CONSERV. OF CAN.: WETLANDS PRESERV. - THANKS**

ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, we all know here that climate change is having a dramatic impact in our world and here in our province. However, one area that often does not necessarily receive enough attention is the wetlands, like those found on the Isthmus of Chignecto.

The Nature Conservancy . . .

THE SPEAKER: Order, please. There's a lot of chatter going on. Please recognize the members who are speaking.

The honourable member for Cumberland North.

ELIZABETH SMITH-MCCROSSIN: Shall I start again, Mr. Speaker?

THE SPEAKER: Sure.

ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, we all know that climate change is having a dramatic impact on our province and our world. However, one area that does not necessarily receive enough attention is the wetlands, like those found on the Isthmus of Chignecto.

[1:45 p.m.]

The Nature Conservancy of Canada is drawing attention to the need to conserve marshes, bogs, and swamps, especially as climate change continues to erode these valuable sections of land. In the words of the Nature Conservancy, from capturing carbon to preventing floods, wetlands are one of our best natural defences against the impacts of climate change. They state quite simply that preserving wetland is a climate no-brainer. We need to take that advice seriously.

I want to thank the Nature Conservancy of Canada for their efforts to protect and preserve our wetlands and remind our colleagues once again of the importance of critical pieces of land like the Chignecto Isthmus.

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

HON. LARRY HARRISON: Mr. Speaker, before I read my member's statement to recognize Passover, I beg leave to make an introduction.

THE SPEAKER: Please do.

LARRY HARRISON: Visiting us today in your gallery, the Speaker's Gallery, are members of the Atlantic Jewish Council. I would ask them to rise and accept the warm welcome of the House. (Applause)

THE SPEAKER: Once again, we welcome all visitors to the House today and every day.

The honourable member for Colchester-Musquodoboit Valley.

### **PASSOVER: JEWISH HOLIDAY - BEST WISHES**

HON. LARRY HARRISON: I rise today to celebrate the beginning of Passover at sunset this evening. Passover is a Jewish holiday which commemorates the emerging of the Israelites from slavery in Egypt. It is a celebration of a series of miracles, including the parting of the Red Sea, which allowed Moses to lead the Israelites to safety.

Passover, also known as Pesach, is a holiday of major significance in the Jewish community. Until nightfall on April 13<sup>th</sup>, many observers will gather together to participate in traditions including hosting a Passover Seder, attending a special service at the

synagogue, and retelling the Passover story. This eight-day Festival of Freedom is one of the most sacred and celebrated in the Jewish calendar.

It's also a time for Nova Scotians to redouble our efforts to stand against discrimination and to declare that there is no place for anti-Semitism in our province.

Mr. Speaker, I ask all members of the Nova Scotia Legislature to join me in wishing a Happy Passover to Nova Scotia's Jewish community. Chag same'ach.

THE SPEAKER: The honourable member for Annapolis.

**BUCHHOLZ, DR. KEN: QPJ MEDAL RECIP. - CONGRATS.**

CARMAN KERR: Mr. Speaker, the Queen Elizabeth II's Platinum Jubilee Medal recognizes exceptional Nova Scotians who make their communities great places to work, live, and play. One of these constituents whom I've had the pleasure of presenting the medal to is Dr. Ken Buchholz.

Ken is a devoted family and emergency physician. He's active in the field of prehospital health care delivery. He's engaged as a community volunteer, including serving in key roles with the Fundy YMCA and the Atalanta Hospice Society. He is certainly a very deserving recipient of this award.

I invite all members of the House of Assembly to join me in congratulating Dr. Ken Buchholz on receiving the Nova Scotia Platinum Jubilee Medal.

THE SPEAKER: The honourable member for Dartmouth North.

**STUDIO 26 DANCE CO.: SHOW TONIGHT - BEST WISHES**

SUSAN LEBLANC: Mr. Speaker, I rise today to celebrate everyone at Studio 26 Dance Company, who will be performing tonight and tomorrow night a showcase called Mosaic.

Hot off the heels of their incredible showing at the Phoenix Dance Competition, where many of their offerings took home platinum ribbons and best overall trophies, the dancers are ready to tear up the boards at Alderney Landing with contemporary, jazz, and hip hop numbers that are truly exciting and expertly performed.

Starting in the basement of a church in Cherry Brook with 10 students, Studio 26 has grown to train about 200 dancers, and most of them will be on stage tonight. Throughout their growth, founders Alyssa and Matthew Thomas have made sure that students from the African Nova Scotian community have access to dance and that the training remains accessible and diverse. They also instill in the students the importance of

being connected through friendship and lifting each other up. In the words of some of the students, Studio 26 is about family and friendship and love.

One of the highlights tonight will be the number “Get to Work,” with choreography by George Jones Jr. It’s fast, fun, challenging, and beautiful, and I challenge any audience member to stay still while they watch it. It’s impossible.

I ask the House to join me in wishing all the dancers at Studio 26 a wonderful show.

THE SPEAKER: The honourable member for Glace Bay-Dominion.

**MATHESON, JERSEY: CHARITY FUNDRAISING - RECOG.**

JOHN WHITE: Mr. Speaker, it is my pleasure to rise in my place today to recognize Jersey Matheson. Jersey is a little 8-year-old girl who’s making a big difference in the Town of Glace Bay. How is she doing that, you ask? With lemonade, hot chocolate, and a huge heart, of course.

Jersey’s mum made a habit of taking Jersey to various community events, and after taking part in a Christmas Crew delivery day, she said to her mum that she wanted to help people like that. Within days, her mum and Jersey were making hot chocolate cups and bringing them to seniors in the community.

Well, now she delivers hundreds of hot chocolate cups to citizens all over Glace Bay. With a hunger for a bigger impact, Jersey requested a lemonade stand for her 7<sup>th</sup> birthday. Now she and her sister Taylor have raised thousands of dollars for different charities in town.

Jersey is a very young girl, yet she’s a mentor for so many people. She is inspiring so many people in Glace Bay and around.

THE SPEAKER: The honourable member for Timberlea-Prospect.

**RANTA, MADISON: CALL TO BAR - RECOG.**

HON. IAIN RANKIN: Mr. Speaker, today I rise to recognize Madison Ranta, who will be called to the bar one month from today on May 5<sup>th</sup> in Prince Edward Island.

I first met Madison when she volunteered on my leadership campaign while studying at Dalhousie University. Madison completed her undergrad studies at Carleton University in Spring 2019, receiving a Bachelor of Journalism degree with high distinction and a minor in political science.

In September 2019, Madison continued her studies at Dalhousie University at the Schulich School of Law. After three years of studying, including working through the impacts of COVID-19 on in-person classes, Madison graduated with the degree of Juris Doctor with a certificate in Aboriginal and Indigenous Law, and began work with Key Murray Law in Charlottetown, P.E.I. as an articulated clerk.

After completing a year as an articulated clerk and successfully completing all the requirements for the bar admission course, she is eligible to be admitted as a member of the Law Society of Prince Edward Island after taking the oath of office in a formal court ceremony.

I'd like the members of the House of Assembly to join me in congratulating Madison on her many achievements as she launches her career and celebrates this important time of her life.

THE SPEAKER: The honourable member for Dartmouth South.

CLAUDIA CHENDER: Mr. Speaker, I beg leave to make an introduction. I will draw the members to your gallery where my father-in-law Peter MacLellan has just re-entered. Peter is well known to this House having once called it his workplace and has made many visits since. I, of course, know him as my father-in-law and a wonderful grandfather to my children. I'd like Peter to rise and receive the warm welcome of the House. (Applause)

THE SPEAKER: The honourable member for Dartmouth South.

**GARBER, HUGH CALVIN: QPJ RECIP. - CONGRATS.**

CLAUDIA CHENDER: Mr. Speaker, I rise to recognize an extraordinary Nova Scotian and my nephew, Hugh Calvin Garber. From the first time I met Hugh 13 years ago, I knew that he was very special. He was special because of how much our whole family loved him. He was always a charmer, and it hasn't changed. We saw it outside just now.

His passion has moved from superheroes to video games to macaroni and cheese to politics and beyond. No matter what Hugh's focus, there are no half-measures. When Hugh loves something, he loves it, and he knows everything about it. When he's interested in something, he learns it completely. He asks all the important questions and a few extra. His enthusiasm is infectious.

He's also an advocate. He takes after his mom. He's proud of being autistic and has been an articulate, passionate, and persuasive advocate in helping others to understand him since a very young age. Hugh has done so much to help his peers, his family, and the public. Now we get to celebrate him on the occasion of his very deserving receipt of the Queen Elizabeth II Platinum Jubilee Medal just now.

Please join me in congratulating my nephew, Hugh. (Applause)

THE SPEAKER: The honourable member for Hants West.

MELISSA SHEEHY-RICHARD: Mr. Speaker, I beg leave to make an introduction. Up behind me in the West Gallery we have two medallists from the 2023 Canada Winter Games hockey team. We have Ava Shearer and her mom Natalie, and Sarah Leopold and her dad Dan, who just happens to be employed with the Department of Public Works. (Applause)

THE SPEAKER: The honourable member for Hants West.

**SHEARER, AVA/LEOPOLD, SARAH: CAN. GAMES PERF. - CONGRATS.**

MELISSA SHEEHY-RICHARD: Mr. Speaker, I rise today to congratulate Ava Shearer and Sarah Leopold on their outstanding performance at the 2023 Canada Winter Games in P.E.I. Together with their teammates and coaching staff, these girls made hockey history by bringing home the first-ever medal for Team Nova Scotia in girls' hockey history.

I have enjoyed watching them grow and evolve as hockey players and had the honour of getting to know them better as their team manager during their U18 hockey season with the West Hants Warriors - memories that I will always cherish.

Ava and Sarah are lifelong friends who began playing together in Timbits hockey and never looked back. They have played for the West Hants Minor Hockey Association, the Valley Wild Female Hockey Association, and currently are both playing for King's-Edgehill School in Windsor.

They are respectful, kind, and true role models to so many other female players in our community and beyond. I ask that all members of the Legislature join me in a round of applause for Ava and Sarah for a job well done. Wear those medals proudly, ladies.

THE SPEAKER: Congratulations. A job well done.

The honourable member for Sydney-Membertou.

**BALDWIN, DANNY: 70<sup>TH</sup> BIRTHDAY - BEST WISHES**

HON. DEREK MOMBOURQUETTE: Mr. Speaker, I was on Facebook this morning. You may know this gentleman from home: Danny Baldwin from Main-à-Dieu is celebrating 70 years today. I rise in my place.



I've known Danny most of my life. I grew up with his daughter Danielle. I wanted to stand in my place today. Danny's well-known in the hockey community. He's well-known in not only the community of Main-à-Dieu but really all over the CBRM. He has had a long career working with Parks Canada and other organizations. He helped keep me out of trouble and a few of our buddies back in the day. So, Danny, Happy Birthday. I know you're spending it with your beautiful wife and daughters. From your buddy, I just want to wish you a happy 70<sup>th</sup>.

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

**CHEN, YI CHIAO (STEVEN): DEATH OF - TRIBUTE**

LISA LACHANCE: Mr. Speaker, I rise today to acknowledge the passing of Yi Chiao (Steven) Chen on March 29, 2023. The story of Mr. Chen highlights how food and care create community. Mr. Chen immigrated from Taiwan in the late 1970s, and with his partner, Pi Yeng, provided generations with amazing memories.

A trip to their market stall was an important part of weekends for many Halifax families - for the food, sure, but also to connect with a warm, generous, humorous soul, who supported so many new immigrants and others over the years. When they retired in 2021, there was a lineup out the market door, not just for last-chance dumplings but more to express the value of the connection and community that had been created. I ask all members to join me in extending our sympathies to his family and friends.

THE SPEAKER: The honourable member for Pictou West.

**ORAZIETTI, J./WEBER, M.: AMET FARM PURCHASE - CONGRATS.**

HON. KARLA MACFARLANE: Mr. Speaker, it is my pleasure to rise today to congratulate Juliet Orazietti and Martin Weber on their recent purchase of Amet Farm, located in River John. Juliet was raised mainly in Niagara-on-the-Lake. She left Canada to further her secondary education in Sweden and at the University of Vienna, Austria, where she met Martin, who was also attending the university. They were keen to apply their learned skills to farming, and decided upon Canada as a destination.

Upon arriving in 2015, they initially settled in Ontario. Eventually, they realized they were looking for something more permanent, and found the perfect spot in River John, Nova Scotia. They made the move shortly after Hurricane Fiona hit the area.

I am happy that Juliet and Martin recognized how wonderful the small and vibrant community of River John is and have decided to make it their home. I also wish to congratulate them on purchasing Amet Farm, which is home to 450 sheep, the largest sheep herd east of the Prairies.

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

**U16 RINGETTE TEAM: CH'SHIPS PARTIC. - BEST WISHES**

HON. BEN JESSOME: Mr. Speaker, I'd like to take this opportunity to recognize Millie Madden and the Nova Scotia U16 ringette team. They are heading to Regina, Saskatchewan next week to represent the province, and compete at the 2023 Canadian Ringette Championships. The girls have worked very hard this year, evidently. I wish them very well. Do us proud - represent Nova Scotia like I know you will. Good luck from everybody here at the House.

THE SPEAKER: The honourable member for Dartmouth North.

**DART. WHALERS: SUCCESSFUL SEASON - CONGRATS.**

SUSAN LEBLANC: Mr. Speaker, as the minor hockey season draws to a close, I rise to acknowledge the incredible organizers, coaches, managers, and parent volunteers that make the Dartmouth Whalers Minor Hockey Association a huge success. This year, my third as a hockey mom, I found myself in rinks in Musquodoboit Harbour, Lantz, Cole Harbour, Halifax, and of course, the RBC Centre in Dartmouth North - sometimes several times a day. I am constantly amazed by the hard-working, kind, and supportive coaches on both my kids' teams. The players are so lucky to be surrounded by such positive role models and cheerleaders, on and off the ice.

Special shout-outs this year go to the Whalers U11-C Orcas team: coaches Rodney Barteau, Matt Fry, Alex Wrighte, and Jamie Mills, and manager Gillian Hatcher; and Whalers U9 Intermediate Gold team coaches Brian Covert, Matt Snow, Ken Trudeau, Reid Smith, Julien McCulley, Shaun MacDonald, manager Jamie Arnott; and fundraising rep Tim Vassallo.

If I was allowed to use a prop in here, I would be ringing my very loud cowbell for these amazing volunteers, to thank them for their contributions to kids' sport - that is, kids' fun, health, friendship, and competition.

THE SPEAKER: The honourable member for Sackville-Cobequid.

**FORREST, MARILYN: RETIREMENT - BEST WISHES**

HON. STEVE CRAIG: Mr. Speaker, I rise today to thank Marilyn Forrest. After 20-plus years of dedication and commitment as executive director for Building Futures Employment Society - formally known as Anchor Industries Society - Marilyn has decided to retire. Building Futures Employment Society focuses on individuals with intellectual disabilities, providing them with the best support and services to enable them to contribute to their communities. Work training is provided while concentrating on personal goals,

interpersonal skills, attitudes, and habits that are required to be successful in any work setting.

[2:00 p.m.]

THE SPEAKER: Order, please. The time allotted for Statements by Members has expired.

The time is now 2:00 p.m. Oral Questions Put by Members to Ministers will go until 2:50 p.m.

## **ORDERS OF THE DAY**

### **ORAL QUESTIONS PUT BY MEMBERS TO MINISTERS**

THE SPEAKER: The honourable Leader of the Official Opposition.

#### **PREM: ECONOMIC GROWTH - FOCUS**

HON. ZACH CHURCHILL: Mr. Speaker, we have real economic challenges on the horizon. Optimism in the small business sector is at an all-time low for a non-recessionary period here in this province. In Nova Scotia, that level has been in free-fall. We know that this is in large part because the Premier is not focused on our economy. I'll table that. This is evidenced in the fact that the words "small business" don't even appear in the Minister of Finance and Treasury Board's budget once. I'll table that.

If optimism is down, investment in our economy will be, too. I ask the Premier: Why is this government not focused on the economic growth that is needed to actually pay for the health care fixes that this government says they're going to achieve?

THE PREMIER: Fixing health care, paying for the fixing of health care - those are certainly priorities of this government. Things are actually going well in this province. Our population is growing at an incredible rate. We have the challenges of growth. We'll talk about those a bit later today. Our population grew by 37,000 people last year. They're all consumers of products at small businesses. They're helping us broaden our tax base. Things are going well in this province, and we're excited about what the future holds for Nova Scotia.

ZACH CHURCHILL: Mr. Speaker, the population has been growing since 2015, and we're actually starting to see a slowing in population growth in Nova Scotia. The projected economic growth in Nova Scotia in the coming years is lower than at any point in the last 10 years. I'll table that. We believe it's because this is a one-issue Premier who does not see the connection between the economy, affordability, and the ability to actually generate more tax revenue and to pay for health care.

We also know that small businesses are a vital sector in our economy - and the government couldn't even be bothered to mention them once in their budget. Why is the Premier so content to have no strategy when it comes to protecting and growing our economy, particularly with our small business sector?

THE PREMIER: Listen, we're excited about the future of this province. Just last week or the week before, we invited a huge investment in Michelin - a major employer in this province - growing what's happening at Michelin there. We know that there are issues on the labour front. That's why we have the most innovative attraction and retention program in the country with the MOST program. Jurisdictions are watching this all over.

This is a good thing. The member opposite might think it's all doom and gloom. You know who doesn't think it's doom and gloom? Former Premier Stephen McNeil when he said Atlantic Canada is alive and well, and quite frankly, a global player. I agree with Premier McNeil, and I disagree with the Leader of the Opposition.

ZACH CHURCHILL: I know Stephen McNeil. He's a friend of mine, and I'll tell you, the current Premier is no Stephen McNeil. (Interruptions)

THE SPEAKER: Order, please. The honourable Leader of the Official Opposition has the floor.

ZACH CHURCHILL: Small businesses are telling us that their optimism in the future and in their own businesses is shrinking. The CFIB has measured that 41 per cent of businesses in Nova Scotia are also struggling with tax and regulatory costs. The government has had opportunities to reduce tax burdens on business, but they haven't done it. Again, they haven't even mentioned small business once in this budget.

Will the Premier please start paying attention to the red flags that we're seeing in our economy? Will the Premier start paying attention to the concerns of small businesses, and actually look at the current tax regime to make the necessary changes?

THE PREMIER: I spend a lot of time listening to small business owners across this province. I'm not sure what they're telling the member, but I know what they're telling me: Would somebody please shake the Liberals and ask them what they're thinking on this carbon tax? This is a bad thing for Nova Scotians, and I invite the members to speak up for that. The Parliamentary Budget Office just this week tabled a report and said Atlantic provinces will be worse off with the federal carbon tax. We know they'll be worse off. They know Nova Scotia will be worse off. We're speaking up. Where's their voice?

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

**PREM.: HOUSING CRISIS - ACT**

CLAUDIA CHENDER: Mr. Speaker, rents have risen by more than 9 per cent in Halifax this year - the fastest pace on record. Meanwhile, we have a rent cap, which the government just extended. How could this happen? According to virtually everyone working on this issue, even staff at Residential Tenancies, the unfettered and legal use of fixed-term leases is a huge source of housing insecurity and skyrocketing rents. Thousands of Nova Scotians are at risk of losing their homes if the government doesn't act.

I would like to ask the Premier: Why does he continue to ignore renters in this province?

THE PREMIER: I assure the member and all Nova Scotians that nobody is ignoring renters in this province. I am proud of the work that the minister is doing on the rent cap situation. Obviously, that's been extended for two more years to offer some protection to renters. Everybody is concerned about affordability in general. We are concerned about making sure people have adequate housing. Nobody is ignoring the issue.

We are working hard on the rental situation. We are working hard to build supply. We know the solution to a housing crisis is more housing supply, and we are focused on that. We are also trying to protect renters as best as we can.

CLAUDIA CHENDER: It isn't working, Mr. Speaker. As rents are rising at an accelerated pace across the province, this government is undermining its own efforts to provide relief to the people who are most at risk of losing their housing. Yesterday, the Minister of Municipal Affairs and Housing said about his slashing of the rent supplement program, ". . . we see the demand for rent supps increasing, and we were realizing in the late Fall of last year that we were going to run out of money, frankly."

This government had \$1.4 billion in unexpected revenue. They have not run out of money. They have chosen not to spend it on something vital to peoples' health: housing. Will the Premier acknowledge that for people to be healthy, they need to be housed?

THE PREMIER: The situation around rent supplements - I know there has been a lot of discussion about that. There are more rent supplements being offered in this province than ever before. We added a thousand - we added more money to that budget for sure and we'll continue to add money to that budget.

There was a policy change to prioritize, to make sure we were always looking for those most in need. We should always do that as a government. Those most in need should be first in the line. That's what was happening with the rent supplement program. I absolutely assure you there is more money going into rent supplements than there was at any point in the history of this province.

CLAUDIA CHENDER: There's not enough money; there's more than enough money. It's about how you spend the money and how you prioritize it - and this government is doing it wrong. The housing crisis continues to worsen and more and more Nova Scotians from all walks of life are calling out to this government for a home they can afford.

This government has failed to protect people from massive rent hikes and arbitrary evictions. It has not presented a path to ending homelessness, has gutted its rent supplement program, and refuses to build more desperately needed public and non-market housing. Why does the Premier continue to leave people across this province without a home they can afford?

THE PREMIER: I completely disagree with the member. I know the member has a hard time seeing anything positive in this province. I see a lot positive in this province. I know there is a lot of work to be done, but for the member to say that there are no investments in Nova Scotians, I completely disagree. The member is . . . (Interruption)

THE SPEAKER: Order, please. The honourable Premier has the floor.

THE PREMIER: There are investments in housing. There are investments in rent supplements. There are investments through and across the spectrum. We do what we can to help Nova Scotians. We always want to do more. We always want to do more, but to say we are doing nothing is an absolute falsehood, and should not be allowed to stand.

THE SPEAKER: The honourable member for Kings South.

### **AGRIC.: AVIAN FLU PREVENTION - ACT**

HON. KEITH IRVING: Mr. Speaker, the agricultural sector faces a significant challenge last year with respect to avian flu, and it's an ongoing challenge. The timely testing is imperative in controlling the spread and mitigating production delay, but we do not have a lab here in Nova Scotia. Our producers were forced to send their samples to Manitoba for test results. They waited weeks for results, and this caused widespread delays in production. This leads to chickens growing too big, becoming difficult to sell, and hurting revenues.

Other Atlantic provinces are taking action. This government is taking no action. Why can we not have a lab here in Nova Scotia?

HON. GREG MORROW: An outbreak of avian influenza can be very serious and challenging, as the member mentioned. Just for background, the Canadian Food Inspection Agency is the lead agency when it comes to disease response.

Our Nova Scotia Animal Health Laboratory does meet our daily needs for Level 1 and Level 2 testing, but that's outside of AI. It doesn't meet the necessary biosecurity requirements to conduct AI testing. An assessment would be needed to determine if the current laboratory space can be upgraded, gaps suspected to exist in ventilation and wastewater treatment. However, the New Brunswick provincial veterinary laboratory has foreign animal disease facility certification. This allows them to perform preliminary testing on AI suspect specimens. From there, it goes for confirmatory testing at the national centre in Winnipeg, but that preliminary testing can be done in New Brunswick and gives our producers a head start.

KEITH IRVING: Mr. Speaker, we need more than a minister reading from a binder. Nova Scotian farmers deserve a lab in Nova Scotia. This shouldn't be hard (Interruption) . . .

THE SPEAKER: Order, please. One more day left in this week, folks. The honourable member for Kings South has the floor.

KEITH IRVING: This shouldn't be hard. We have a lab in Truro that can be modified. The only obstacle is this government's lack of willingness - again, ignoring rural issues. This is a \$100 billion industry. Mr. Speaker, will the minister commit to investing in an avian flu lab in Nova Scotia?

GREG MORROW: Mr. Speaker, one of my first goals as minister was to increase Atlantic co-operation in Nova Scotia. We're a small player in agriculture. We pack a mighty punch, make no mistake. But we don't need to reinvent the wheel. We can work with our partners in the Atlantic provinces - in New Brunswick, in P.E.I. We can do things here. We don't need to reinvent the wheel. We have testing available in a lab literally right next door that we can use to give our producers a head start. It's not a yes. It's not a no. It's something we can continue to look at with our producers and with CFIA and determine how to move forward.

THE SPEAKER: The honourable member for Northside-Westmount.

### **AGRIC.: FOOD PROCESSING CAPACITY - INCREASE**

FRED TILLEY: Mr. Speaker, with food inflation at 12 per cent last year, Nova Scotians need affordable food. In order to make food more affordable, this government needs to support the agricultural sector in our province. A lack of processing capacity is leading to less affordable food production. However, this government doesn't seem to make that a priority. What is this government doing to increase the processing capacity of food grown right here at home?

HON. GREG MORROW: Helping farmers offset the cost of production is so important. We're all feeling the impacts of rising cost, not just for food but also for fuel,

housing, and other necessary costs. For some, it is tough to afford food right now - we know that - let alone healthy local food. We have created new programs to help offset production costs for farmers, but they don't influence the retail price of food. What we can do with our colleagues across government - in Community Services; Health and Wellness; and Communities, Culture, Tourism and Heritage - is to support their response initiatives to find new ways to support Nova Scotians who need it most.

[2:15 p.m.]

In terms of processing, we just announced in the last couple of months \$4 million for advancement of value-added food processing, including \$2 million for large-scale food advancer and abattoir efficiency programs and \$2 million . . .

FRED TILLEY: Look, that's great. We're hearing about all of these announcements today. (Interruption) Yes, we're hearing about them today, but farmers don't know about them. Farmers can't find them, Mr. Speaker. Farmers are telling us there isn't a plan to increase processing capacity, and they don't know where to find out about government programs. I'll ask the Minister of Agriculture: How is he going to ensure that farmers know about these wonderful programs that we're just hearing about?

GREG MORROW: I will go back to a news release from December, where we announced an investment of an additional \$7.9 million to help local farmers grow more food and get it into more of our province's local kitchens. We've added \$2 million on top of that, for a total \$9.9 million. And I'll point to a quote on the news release: "Our industry plays a big role in the health of our communities. This announcement means farmers can support more Nova Scotians in putting fresh, healthy, local food on the table. This is an investment in our food security and our rural economies." From Allan Melvin, the President of the Nova Scotia Federation of Agriculture, and I'll table that.

THE SPEAKER: The honourable member for Bedford Basin.

### **DED: EXPORT SLUMP - EXPLAIN**

HON. KELLY REGAN: A strong economy means strong exports. Exports are a core indicator of economic growth, or in the case of this government, economic stagnation. In 2022, Nova Scotia's exports dropped almost 2 per cent from their 2021 levels. That's the worst record of any province in this entire country. Can this government explain the export slump to Nova Scotians?

HON. SUSAN CORKUM-GREEK: We acknowledge the many challenges that businesses are facing right now coming out of the pandemic and through the pandemic. Extraordinary supply chain issues that have much to do with that particular result.



But the narrative as given by the honourable Leader of the Opposition claiming optimism is at an all-time low flies in the face of record investments by our businesses, in our businesses, through programs like the Innovation Rebate Program, through the enhanced Capital Investment Tax Credit and their own monies. These are not the actions of pessimists.

KELLY REGAN: That's interesting talk about coming out of the pandemic, considering they said the pandemic was over, number one. And this is a comparison to 2021, not to pre-pandemic levels. Mr. Speaker, it seems that with this government it's no exports and no imports, it's just excuses.

For our primary industries, exports are absolutely crucial. Fishing and farming make up the majority of our international exports. And our exports are down in almost every Asian market. These are markets that pay well for our product.

Where is this government's plan to get our products to international markets?

SUSAN CORKUM-GREEK: The government continued to have very robust programs to help our businesses to be investing - examining and seeking new markets, and reaching new markets, and that work continues. But price is a factor. And primarily in our seafood sector with world developments, including the hangover of the pandemic and the economy of China, that do cause fluctuations, we continue to have a robust sector. Again, through the IRP program, increasing the capacity so that we can seek those additional export markets.

THE SPEAKER: The honourable member for Halifax Needham.

### **MAH: AFFORDABLE HOUSING - CREATE**

SUZY HANSEN: My question is for the Minister of Municipal Affairs and Housing. Our caucus and constituency offices hear stories daily from Nova Scotians who are struggling to find and afford housing.

One Dartmouth resident told us that the only apartment that they could find left them with just \$200 a month after they paid their rent. Another person from the Halifax area told us that they were having to forego paying their bills or buying groceries in order to afford their rent.

My question is: Does the minister think that it is acceptable that these and many other Nova Scotians can't find an affordable place to live?

HON. JOHN LOHR: I'd like to say that we recognize the struggles of many Nova Scotians and we do not find it acceptable. We are working hard. We've made record increases in the budget for Municipal Affairs and Housing this year and in the last 18

months spent almost \$200 million more on housing than would have been spent. In fact, in this year alone, we've increased the budget for rent supplements by \$21 million. So we recognize the needs of Nova Scotians and we're working hard to address them.

SUZY HANSEN: I'm glad the minister recognizes the struggle, but the struggle is real. In the budget last week, this government again made a decision to not fund any new public housing units and we hear consistently from people who are impacted by this government's inaction. A senior in Halifax told us that she has been waiting for two and a half years for an apartment. She is frustrated that the government is sitting by and allowing this public housing shortage to continue. Last month a Cape Bretoner told us how they have been homeless and on the waiting list for housing for a year and a half.

My question to the minister is very simple: Why is this government refusing to build new, affordable housing?

JOHN LOHR: Mr. Speaker, to the member, as the member knows, we are in the top four in the country in the amount of public housing per capita that we have and we've had a very strong mandate from the Auditor General on two different Auditor General reports to do a better job of managing public housing. We are working hard on that, as the member knows.

We are working very hard on the whole public housing file, and we've invested through numerous different investments throughout the province in affordable housing, which we've made with partners in community groups and not-for-profits and for-profit companies, too.

THE SPEAKER: The honourable member for Sydney-Membertou.

**DED: N.S. LOYAL PGM. BENEFIT - EXPLAIN**

HON. DEREK MOMBOURQUETTE: Mr. Speaker, we've seen millions designated for Nova Scotia Loyal, but it has been a year and a half since this government was elected and we've not heard from a single small business in the province that said they had benefited from the program. Can the Minister of Economic Development explain how funding for Nova Scotia Loyal will offset the intense pressures currently being felt by small businesses across the province?

HON. SUSAN CORKUM-GREEK: Mr. Speaker, might I suggest that if you stick your fingers in your ears, you cannot hear things? We have had great and very supportive feedback from the business community as we continue to develop the Nova Scotia Loyal program. The incentive program has not yet been launched but we are getting closer all the time. It was essential that we got the feedback from Nova Scotians as consumers, as producers, and as vendors. We look forward to rolling out that program in the very near future.

DEREK MOMBOURQUETTE: Mr. Speaker, funding is one thing, communication is another. We still don't know what Nova Scotia Loyal is going to accomplish, besides some truck sales at local dealerships. Can the Minister of Economic Development provide this House with even one concrete example of how Nova Scotia Loyal has benefited small businesses in this province today?

SUSAN CORKUM-GREEK: Again, although it seems repetitive, I'll point out that there are a few facets to Nova Scotia Loyal - there is our commitment as government, as a significant procurer of goods, but there is also the incentive program. The incentive program is still in that formative but soon-to-be-launched stage. Even already, Mr. Speaker, there have been investments and small businesses have benefited from rollout programs in long-term care facilities, in our corrections facilities, and in our schools.

THE SPEAKER: The honourable member for Cole Harbour-Dartmouth.

### **DHW: HEALTH CARE STRAIN - REDUCE**

LORELEI NICOLL: In their budget response, Feed Nova Scotia states that those who are severely food-insecure incur twice as much in annual health care costs than those who are food-secure. I'll table that. It would be a pragmatic, common-sense approach to target food insecurity if the government was fully committed to fixing health care.

Mr. Speaker, has the government considered that very fact - that it is actually making life more difficult for itself with regard to health care and that it is directly responsible for increasing strain on our already overwhelmed health care system?

HON. MICHELLE THOMPSON: Certainly our Public Health branch works across the determinants of health and we are working across departments, particularly with Agriculture, particularly with Education, particularly with DCS in order to support Nova Scotians in a variety of different settings and in a variety of different ways.

We'll continue to do that work through our Public Health colleagues. We'll continue to support our colleagues in other departments to address food insecurities, as well as other issues throughout Nova Scotia.

LORELEI NICOLL: *The Coast* wrote that "46,000 Nova Scotians accessed food supports last year. Without interventions, that number looks likely to climb even higher." I'll table that.

The only group in the province that hasn't recognized the issue at hand is the government. Local organizations, media, and the parties of this House in Opposition all recognize that food insecurity is worsening rapidly.

Mr. Speaker, I'll ask the government: How many more thousands of Nova Scotians have to go hungry before this government makes food security a priority?

HON. KARLA MACFARLANE: We are fully aware that it's challenging times in Nova Scotia. We know that we're all hypersensitive to ensuring that everyone has warm meals and that we support all of our food banks across the province.

There are five ministers here who actually work collaboratively together to ensure that there is funding in all of our departments: CCTH, Health and Wellness, my department, Seniors and Long-term Care, Education and Early Childhood Development, and Agriculture.

We all work together and there's funding from all of us going into different programs and working together. We'll continue to do that and address the issue the best we can.

THE SPEAKER: The honourable member for Annapolis.

#### **AGRIC.: FOOD WASTE - PREVENT**

CARMAN KERR: Mr. Speaker, it's not only food producers who are telling us that government has fallen short on combatting the cost-of-living crisis. Second Harvest says that 11 million tonnes of good food is thrown out from grocery stores each year in Canada. I'll table that. This is perfectly good food, and this could be donated to food banks and other groups if the government would help support in the transportation costs. Will this government help ensure that good food isn't being thrown out during this cost of living crisis?

HON. GREG MORROW: Nobody wants to see food wasted in this province. We know the challenges that are faced by people right across the province. We're always willing to work and take ideas and suggestions and work with producers and our colleagues across government - as mentioned, Community Services, Health and Wellness - to make the best use of that food so it does not go to waste.

CARMAN KERR: People of all income brackets are talking about the high cost of food, yet this government won't provide simple solutions to help address this crisis. Fifty-eight per cent of all food produced is wasted annually. This food could be redirected to support people during the cost of living crisis. I've tabled that.

Will the government work with food banks, suppliers, and other groups to redirect good food to the most in need?

GREG MORROW: As mentioned earlier, it's tough to afford food right now. Again, we don't want to see any food wasted in this province. It's just not necessary. Yes,

we'll work with food banks. We'll work with the different departments to make sure that happens.

[2:30 p.m.]

THE SPEAKER: The honourable member for Halifax Chebucto.

### **RTA: SENIORS EVICTIONS - PREVENT**

GARY BURRILL: My question is for the minister responsible for the Residential Tenancies Act.

A woman in Halifax Chebucto has shared with me an email that she sent to the minister earlier this week about her renoviction. She writes, "I am 76 years old, on a fixed income, and one month ago today I received an eviction notice from my landlord of 12 years. Facing possible homelessness at my age is daunting."

Mr. Speaker, of the 800-plus homeless people in this city, a very significant number are seniors whose situations reflect the circumstances that this woman is describing. In Quebec, by contrast, seniors who have been in their rented accommodation for 10 years or more and whose incomes would qualify them for public housing cannot be evicted at all.

Is the minister not scandalized by the numbers of seniors who are being evicted into homelessness in our province?

HON. COLTON LEBLANC: I appreciate the member bringing this concern to the floor of the Legislature. Certainly, we'll look forward to having the opportunity to read that correspondence and respond to the member's constituent.

Mr. Speaker, we don't support policies that encourage homelessness. I believe the member opposite was talking about the renoviction process. That's something that we had passed through this Legislature. I spoke at length regarding that process. It's a process that has worked. Since we passed it - I believe it was last January - there have been 29 approved cases out of 179 applications. We'll continue to look at ways to modernize and strengthen the Residential Tenancies program, including feedback from the member.

GARY BURRILL: In a building in Halifax Chebucto last month, all 64 tenants received notice that they're being renovicted. One of them is a 69-year-old man with mobility issues whose income would have qualified him for the rent supplement until the recent changes, but his rent is not quite 50 per cent of his pensions, so that isn't going to be an option for him. He has given me permission to quote him. He writes: "I am now desperate and need help. I will be forced out of my apartment on August 31, 2023. I have nowhere to go. I can't afford the rents . . . Where will I go?"

Mr. Speaker, I think this man deserves an answer from the minister. Where is he supposed to go?

COLTON LEBLANC: This gives me an opportunity to remind members, remind Nova Scotians, of information available online and through the fact sheets that we have developed to update Nova Scotians regarding the renoviction process, Mr. Speaker. If a tenant receives a notice of eviction for the purpose of renoviction, that does not mean that they have to accept that. They can file an application to the tenancy program for an adjudicated decision by the director.

THE SPEAKER: The honourable member for Bedford South.

### **FTB: GROCERY REBATE - PROVIDE**

BRAEDON CLARK: Mr. Speaker, the federal budget tabled last week recognizes the need to support lower-income Canadians during the cost of living crisis, most notably through the issuance of a grocery rebate. I would like to ask the Minister of Finance and Treasury Board why his government has not followed the federal government's lead on this issue and provided some kind of relief so that Nova Scotians can actually afford the food they need to live.

HON. ALLAN MACMASTER: Mr. Speaker, if we compare what our provincial government did here this year with what the federal government has done with the GST rebate, for children we have done more, and for seniors we have done twice as much.

BRAEDON CLARK: What I have noticed here over the last year and a half is that this government has an obvious blind spot when it comes to the cost of living crisis. The minister cited children and seniors, but what he neglected to mention here was that people who are on income assistance - who once again have received zero from this government this year - 70 per cent of those people are single people without children. Here's what's going up, Mr. Speaker: Food prices are up, 10 per cent at least. Gas prices are higher; we're up over \$1.60 once again here in Halifax. Rents are going up, and there are fewer rent supplements available for people who are spending 45 per cent of their income on housing, for example - no longer eligible.

When will the minister admit that this government has focused on one issue to the exclusion of all others and to the detriment of this province?

ALLAN MACMASTER: Mr. Speaker, I can tell you another support that we've offered, the Heating Assistance Rebate, and expanded it. I can tell you one thing we're not going to do. We're not going to put a carbon tax on Nova Scotians. When I think about this, I think about food and fuel. They always travel together . . . (Interruption)

THE SPEAKER: Order, please. The honourable Minister of Finance and Treasury Board has the floor.

ALLAN MACMASTER: We think about carbon tax and how it's going to be going on fertilizer, how it's going to be going on the trucking cost to move agricultural base inputs, how it's going to be going on fuel to truck grown products to grocery stores, how people who are driving to the grocery store are going to be paying carbon tax, over and over again.

THE SPEAKER: The honourable member for Clayton Park West.

### **AGRIC.: LABOUR SHORTAGE - ADDRESS**

RAFAH DICOSTANZO: Mr. Speaker, one of the challenges faced by many businesses across the province, especially in the agriculture sector, is significant labour shortage. The government has been missing in action when it comes to addressing the labour shortage. The labour challenges are only getting worse. The Canadian Agricultural Human Resource Council stated that the labour shortage will lead to a loss of 4.2 per cent of the agriculture sector's total sales, and I will table that.

Why isn't this labour shortage a priority for this government?

HON. GREG MORROW: Yes, access to labour is one of the biggest challenges I know I hear about when I visit farms, that's facing this sector from Day 1. We're working closely with the Federation of Agriculture to help address labour shortages and offer scholarships, internships, and bursaries. Our Agriculture in the Classroom program helps encourage young people to consider careers in the sector, and it's always a topic that I bring up with the federal minister when we have a chance to meet because the Temporary Foreign Worker Program is through the federal government. That's one issue that we continue to raise and continue to work with.

RAFAH DICOSTANZO: Mr. Speaker, what foreign workers need is housing, and this has not been looked after at all. It is hard enough to get temporary foreign workers here to Nova Scotia to begin with, but this government's lack of action to address housing is making it much harder to recruit labour. I would like to ask the minister: Where is the plan to address the housing crisis for farmers?

HON. JOHN LOHR: Mr. Speaker, I would like to just mention that this government has invested \$20 million through the Nova Scotia Housing Trust to invest in modular housing to go around the province. That will make a difference. We hope to see that modular housing start to come in place by mid-Summer. We know that the modular producers of homes around the province are very interested in this block of money.

I have just recently responded to the RFP put out by the Nova Scotia Housing Trust. This is just one example of how we are addressing the housing crisis which we see across the province, not only in the sector of agriculture but also in health care and in every other sector as well. We realize there is a crisis across the province. The economy of Nova Scotia is booming, and the crisis is for workers . . .

THE SPEAKER: The honourable member for Cumberland North.

### **AGRIC.: CHIGNECTO ISTHMUS - PROTECT**

ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, this question is for the Minister of Agriculture. We heard a lot here in the Chamber today about food security and food insecurity and the importance of coming up with a plan to ensure that Nova Scotians don't go without. We know that, unfortunately, we import more than 90 per cent of our food here in Nova Scotia.

My question to the minister is: Does the minister's department have a plan in place if we have a devastating storm that takes out the dykes in the Chignecto Isthmus? We have talked about this as a priority. We saw no money in this budget for repairing those dikes and increasing the height. What are Nova Scotians going to do if that supply chain is broken when the Trans-Canada Highway and CN Rail are taken out?

HON. GREG MORROW: Look, it's an issue that is always top of mind. We have seen it in recent years, going back to Hurricane Fiona in September and Hurricane Dorian in past years. It is something we work on with our partners in Public Works, with the federal government. It's always top of mind. When we talk about dikeland infrastructure, we know it protects valuable farmland, public spaces, cultural resources, and marshes from the impact of climate change. Yes, it's always top of mind. We continue to work on it and we continue to monitor it with our colleagues.

ELIZABETH SMITH-MCCROSSIN: My suggestion to the minister and his department would be that we actually create a plan in case. We see the devastating storms increasing here in this province. We have been warned by numerous experts that the Chignecto Isthmus dikes must be repaired and that the height needs to be increased. Every time there is a hurricane or major storm in our area, people are literally holding their breath. It's only fair to Nova Scotians that we have a plan, considering that over 90 per cent of our food is imported. The Nova Scotia Federation of Agriculture has said we would literally run out of food in four to five days if the supply chains are broken. Will the minister commit today to preparing a plan for Nova Scotians?

HON. KIM MASLAND: This is something that I have talked about in this Legislature and outside this Chamber several times now. I have been very clear that we in this province and in New Brunswick understand the importance of the Chignecto Isthmus. I have been very clear in my messaging that we continue to work together weekly - partners



in New Brunswick, partners here in Nova Scotia, federal partners - that we are working together.

I wish, Mr. Speaker, it was as easy as putting band-aid on it and fixing it. Guess what? It's not. It's complicated, it's going to take time, and it's going to take money. We're committed to it, and we will make sure it is done.

THE SPEAKER: The honourable member for Halifax Chebucto.

### **SLTC: SINGLE ROOMS - PROVIDE**

GARY BURRILL: My question is for the Minister of Seniors and Long-term Care. If there is one thing that has been learned over the last three years in long-term care, it's the absolute importance of every resident, who wants one, having their own room and washroom - from the point of view of preventing the spread of deadly infections like COVID.

The central question in long-term care infrastructure investment is the one I want to ask the minister: Will every resident of long-term care in Nova Scotia who wishes to have one have their own room and their own washroom by the conclusion of this government's mandate in June 2025?

HON. BARBARA ADAMS: COVID has certainly made it very clear that every single person in long-term care needed their own private room. It was one of the key issues in my mandate letter. We're currently under way to build 34 nursing homes in the province of Nova Scotia. That is a net gain of 1,200 beds. What I can reassure the member is that we are building them as fast as they can. I wish they had started them 12, 8, and 4 years ago.

GARY BURRILL: Mr. Speaker, I have not asked about the number of facilities being built, nor at the speed they are being built. Rather, I am referring to this measure of the adequacy of the program of new nursing home construction, which is whether or not you have reached the goal of one resident, one room, one washroom. Without accomplishing that goal, we will not move beyond the double, triple, quadruple accommodation of nursing home residents, which is so dangerous and diminishing for their safety and their care.

If the minister will not make a commitment to the fulfillment of one resident, one room in this mandate, will she then tell us how many residents of long-term care - according to her plans - will continue to be living in shared accommodations beyond July 2025?

BARBARA ADAMS: I am certainly looking forward to Budget Estimates, where I will be able to give the members all those numbers exactly that they are looking for. What I can tell you is that when we're building, and going from 8,000 nursing home beds to

9,200, that's an additional 1,200 people who will have a single room. I can tell you that this government is committed to one bed, one room, one bathroom for every Nova Scotian in this province who needs one.

THE SPEAKER: The honourable member for Halifax Atlantic.

### **FTB: SMALL BUSINESSES - SUPPORT**

HON. BRENDAN MAGUIRE: Mr. Speaker, the Minister of Finance and Treasury Board told reporters a few weeks back about fixing health care that, no question, it takes money to do that. I will table that. There is no question that supporting small businesses in the agriculture/seafood sector also takes money. Why does the Minister of Finance and Treasury Board refuse to apply the same thought process to the economy as he does to health care?

HON. ALLAN MACMASTER: I am a bit perplexed. What I would say is that in my quote about health care, it was not just about money. It's about people and the importance of people. But the member has raised agriculture. As the Minister of Agriculture clearly stated today during Question Period, there have been significant investments in agriculture to the tune of millions of dollars. So we are certainly investing the dollars. I will say - and it's anecdotal - that around home, I am hearing from the agricultural community that they feel valued for the first time in many years.

BRENDAN MAGUIRE: I appreciate what you are hearing at home, but yesterday we had the agriculture industry in, and today we have the chicken farmers in. I would encourage the minister to walk outside those doors and have a conversation with them. If this government had any foresight, it would realize that the path to fixing health care would only be more obtainable to them if they paid attention to small businesses in the province. The math is simple - a healthy economy will equate to healthier communities, and reduce pressure on the health care system. Why has the Minister of Finance and Treasury Board failed to recognize the vital economic component of that equation?

ALLAN MACMASTER: One of the big challenges for businesses in the province is finding people. It's the same challenge that we have in trying to fix health care: We need people. One thing we've been doing through Finance and Treasury Board is the More Opportunity for Skilled Trades program, because we need more young people in the province. We need more of them engaged in the areas where we need them. We started with skilled trades, Mr. Speaker. If we can bring more young people to the province, that's going to help the farmers who are up in the gallery today, and it's going to help our businesses. If our businesses have the people that they need, they're going to be able to grow. That's going to bring tax revenue for the province, and that's going to help us fix health care.

THE SPEAKER: The honourable member for Kings South.

**FTB: BUDGET DEFICIT - EXPLAIN**

HON. KEITH IRVING: Mr. Speaker, this government had an unprecedented windfall of cash of \$1.6 billion. It was completely achievable to balance the budget - completely achievable. I'd like to ask the minister: Why did this government purposely and consciously run a deficit?

[2:45 p.m.]

HON. ALLAN MACMASTER: We're focused on fixing health care. We've made no bones about that. We're spending money to do it, but we believe that we're not just spending money. We're investing in people. We're investing in Nova Scotians for when they go to get their health care, but we're also investing in the people who are working in the health care system. I know they have felt overwhelmed for years.

I'll tell you something else. We won't know the final numbers for the year that's just ended. We'll likely know them later this Summer. Last year, we actually finished in a surplus position. I'm hopeful that maybe we will finish closer to balance - maybe even in surplus.

KEITH IRVING: I looked at the budgets of all the provinces and territories across Canada. About half of them balanced their budgets. The other half of them brought in a fiscal plan that showed that they were moving to balance and they had set targets. This is the only province that is not concerned about getting back to balance.

While the minister wants to pay for more health care, the question is: Is he having our children pay for his health care by running deficits? This government is growing debt by \$5 billion. Is this responsible fiscal management? Is the minister concerned that . . . (Interruption)

ALLAN MACMASTER: As I've just said, we actually finished in a surplus to close last year. We'll see where we are later this Summer when we close the province's books for the year.

I will say this: We did spend money this year. We spent it on health care. We spent it on housing. We spent it on Hurricane Fiona, which was something that we couldn't see coming. We gave money to organizations that suffered through the pandemic and weren't able to fundraise. They are important organizations in all of our communities. (Interruptions) I'm hearing so many things over here. I feel like I'm hearing voices in my head. (Laughter)

The point being is that, yes, we spent money, but it was on many of the same things that the Opposition is telling us to spend it on.

THE SPEAKER: The honourable member for Halifax Atlantic.

**DCS: INCOME ASSISTANCE FREEZE - EXPLAIN**

HON. BRENDAN MAGUIRE: Mr. Speaker, I'm glad the Minister of Finance and Treasury Board said that this is a government that's investing in people, and that this is a budget that's investing in people. My question is to the Minister of Community Services. Income assistance rates, again for the second year in a row, are frozen. This isn't just a freeze of income assistance rates; because of inflation we're seeing a reduction in the buying power of those who need it the most. Does she agree with the minister's statement that she - the Minister of Community Services and the department - is investing in the people that she is in charge of?

THE SPEAKER: Once again, I'd ask that instead of the word "she," you refer to her as the minister of the department.

The honourable Minister of Community Services.

HON. KARLA MACFARLANE: We're working as hard as we can. Are we getting it perfect? No, I don't think any government does, but I think everyone tries as hard as they can. In our department, we have made significant investments in all of our departments whether it be DSP, family services, or ESIA. We're trying to give a little bit to everyone. I believe that we all went into this budget knowing that it was going to be a health care budget, but we certainly have increased child tax support for the second year in a row . . .

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

The honourable House Leader for the New Democratic Party.

SUSAN LEBLANC: Mr. Speaker, before I call business for the day, I'd like to rise on a point of order. Earlier in Question Period, when replying to the Leader of the New Democratic Party, the Premier said that the member was telling falsehoods. Telling falsehoods is similar to not telling the truth, which is similar to being a liar. I think that that "telling falsehoods" should be ruled unparliamentary. I ask you to review this . . .

THE SPEAKER: Order, please. I would ask that the member withdraw the word "liar," that she already used.

The honourable member for Dartmouth North.

SUSAN LEBLANC: My point is that what the Premier has done is compare the member for Dartmouth South to being a liar. He is saying she is making falsehoods, which

is tantamount to being a liar, which is unparliamentary. I'm asking you to please, respectfully, review the tape and make a ruling on that.

THE SPEAKER: The honourable Premier.

THE PREMIER: I'll withdraw the use of the word "falsehood." That was certainly not what I intended. I apologize and I withdraw that word.

THE SPEAKER: That point of order is resolved.

### **OPPOSITION MEMBERS' BUSINESS**

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

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

### **PRIVATE MEMBERS' PUBLIC BILLS FOR SECOND READING**

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

SUSAN LEBLANC: Mr. Speaker, would you please call Bill No. 184.

#### **Bill No. 184 - Collaborative Care Act.**

THE SPEAKER: The honourable member for Dartmouth North.

SUSAN LEBLANC: Here I am again, Mr. Speaker. I move second reading on Bill No. 184, the Collaborative Care Act.

I am very happy to rise and speak to this bill today. I am afraid that this government is making a grave mistake. In its valiant efforts to fix health care, it is concentrating heavily on acute and surgical needs of people, which of course are very important. This government is pushing faster access to surgeries in hospitals and speeding more people through, once they've reached the point where they need urgent or emergency intervention.

This government is focused on faster and more access at a point that is too far down the line in our health care system. These parts of the system absolutely need concentrated attention. But if we don't also look carefully at what is happening in the weeks, months, and years before someone gets to the point of needing care in a hospital, then we are just going to speed through care that's too late.

This government is leaving out a critical part of the equation. We are talking about seniors who need diabetes or heart conditions monitored. We are talking about cancer

patients who need regular check-ins with a provider or a team of providers who can follow people's health. We're talking about parents with a sick kid - a kid with a complicated allergy or who needs their ADHD medication adjusted. We're talking about somebody struggling with depression who needs to talk to someone about medication, someone who needs an IUD inserted, or a regular vitamin B shot. These are the people who need us to be talking about family health teams.

Walk-in clinics don't have space to see people, and by the way, we have the worst access to walk-in clinics in the country. Doctors are leaving this province all the time, leaving thousands of people with nowhere to turn, because it's difficult here. We also know we have tons of doctors who want to retire. They should be able to retire without worrying about their patients not being attached to somebody, or not attached to a clinic to visit. People who do have doctors can wait weeks to get in to see them, which is too long for someone who needs hypertension medication adjusted or someone with a complication post-surgery.

The Premier often talks about virtual care as a go-to in this situation. He constantly says that just because people aren't attached to primary care, it doesn't mean they don't have access to primary care. I don't dispute that. That is true. However, we do need attachment to primary care. Virtual care does have a place in Nova Scotia, but it is not a permanent, long-term solution to the primary care needs of Nova Scotians.

Other provinces have recognized that the only way forward is to massively invest in family health teams. Ontario has been doing this for years. There are currently over 3.4 million Ontarians enrolled in family health teams in over 200 communities across Ontario. A major review of Ontario's model shows that more than three-quarters of patients surveyed at a family health team were able to nab same-day appointments, and patients with hypertension and diabetes reported better control of their blood pressure and blood sugar.

British Columbia made community health centres a key component of their 2018 primary health care strategy, and since then, they've opened a number of new community health centres. B.C.'s new doctor payment model is also intended to help family doctors move toward more team-based care, as it's designed to be a departure from the fee-for-service model under which doctors are paid based primarily on the number of patients they see in a day.

P.E.I. is opening patient medical homes across the province. From P.E.I.'s website, I'll quote:

“Medical homes offer a team-based approach to primary care. Patient medical homes will include teams of physicians, nurse practitioners, dietitians, social workers, nurses, and other health care professionals who will work together with patients to address health care needs.

Similar to building a house to meet the needs of the people living in it, a medical home is designed with the appropriate team of providers to meet the needs of the patients belonging to that medical home . . . Patient Medical Homes will start taking on new patients from the Patient Registry as they develop over time. Eventually, most primary health care professionals will be working in teams, and every Islander will be attached to a medical home and neighbourhood.”

The Alberta NDP is likely to form a government soon, and it’s campaigning on a plan to provide access through family health teams. They say:

“Our commitment to integrated team-based care delivered in family health clinics will mean that within ten years, up to one million more Albertans will have access to a doctor within a day or two as part of the family health clinics.”

We can do this here also, in this province, but we’ve got nowhere near the kind of focus that’s needed. There is no plan or vision from this government to make this happen. As far as we are aware, right now there are zero paramedics or other health care professionals, such as midwives, occupational therapists, pharmacists, or psychologists working in family health teams in this province.

There is some collaborative care happening in the province, but it’s piecemeal and there needs to be more, and we know where it’s happening, it’s happening well and people are happy with that. The Dalhousie Family Medicine Clinics are a great example of this, but why aren’t we doing this in every community across the province? What are we waiting for? Why are we piloting? There are mountains of evidence that this is the way forward.

During Budget Estimates, we discovered that there is some funding for primary care in the budget, but it’s a drop in the bucket of a massive health budget, and not nearly enough. As important as a lack of funding is, the lack of vision or strategy to build family health teams across the province is just as important. There is some mysterious number of collaborative care clinics that the minister has spoken about, but she can’t tell us where they will be located, when they will open, or how many patients they will care for. We also don’t know how they are being developed, which is part of the intent of this bill that we’re debating right now: to create a strategy together with health care providers and communities to provide collaborative care across the province.

We also understand that there’s a small amount of new funding for community health centres, and this is very positive, but, of course, it’s not enough. There are amazing community-run clinics, such as the one in Chester and the North End Community Health Centre. The Nova Scotia Association of Community Health Centres’ long-standing asks: stable operational funding - the NSHA rents space at our health centre, and the government provides grants for certain programming, but it does not provide operational funding; to be

treated as a key partner in primary care provision; and to be invited to the table for conversations about primary care in Nova Scotia.

[3:00 p.m.]

The evidence of this model is overwhelming. According to research on the model, community health centres offer significantly more comprehensive services than other primary care models like fee-for-service practice and clinical-care-only teams.

Clients of community health centres report higher satisfaction scores across multiple domains - including accessibility, prevention and health promotion, client and family centredness, and chronic disease management - compared to clients of other models of care.

Community health centres provide superior chronic disease management. Clinicians in community health centres find it easier to promote high-quality care through longer consultations and interprofessional collaboration. Community health centres foster environments in which community members and staff feel empowered to participate in decision-making. Decision-making leads to improved programs and services, and the range of programs and services that meet the needs of community.

Community health centres provide a triple bottom line solution: improved individual health, improved community and population health, and more cost-effective health care and social service systems. We can do this in Nova Scotia, but not if we do things the same old way.

Our bill, the one we are debating right now, would require the government to do this. It would require the Minister of Health and Wellness to appoint a task force on collaborative care made up of health care providers and experts.

The task force will consult the colleges, professional groups, unions, and member organizations of those such as physicians, nurses, midwives - ding, ding, ding - occupational therapists, paramedics, pharmacists, physician assistants, physiotherapists, psychologists, counsellors, respiratory therapists, social workers, speech language pathologists, dentists, dental hygienists, community health centres, community health organizations, health education programs, patient advocacy groups, First Nations, African Nova Scotian communities, Acadian communities, and others. The task force will consider current fee-for-service models, staffing roles and ratios, scopes of practice, models from other jurisdictions, health equity and areas of greatest need, and others.

The task force will provide recommendations to the Minister of Health and Wellness after four months - note, Madam Speaker, four months. This doesn't require years of consultation. We already know what works. All of the folks that I have just listed



are the experts in health care. It won't take too long if we can just sit around a table and get it worked out - four months.

The task force will provide recommendations to the Minister of Health and Wellness on a collaborative care clinic model, clinic sites in every health zone, and an implementation plan that includes community consultation and input. That's not a tour to communities where a number of high-level executives of the Nova Scotia Health Authority and the department let a couple of people ask questions and then talk about their vision for things. It's not the same thing.

Our party has a history of innovative collaborative models like collaborative emergency centres - which by the way, were not built by the Liberals, and then were closed by the PCs. Meanwhile, private solutions are creeping in to fill the gaps left by this government and, dare I say, that ex-government: the Bluenose Health clinic, where people have to pay to access primary care, or people opting to pay through Maple. Doctors are leaving, and the registry continues to bloom.

The only way we are going to get out of this health care mess is together. All over the country, governments are investing heavily in family health teams. It's time that this government does too. It might not be faster, but it's going to be better.

THE SPEAKER: The honourable member for Halifax Atlantic.

HON. BRENDAN MAGUIRE: There was a lot of revised history there. I will say this: the NDP was the one that first brought in the collaborative care centre. I think they opened two under their watch. The Liberal party was the one that turbo-charged it and opened over 30 in this province. This continuing myth by the NDP that they're the party of collaborative care is absolutely ridiculous.

They had five years of majority government, and they may have opened up two. Then they act like the eight years under Stephen McNeil did not happen, when 30 or 40 collaborative care centres were opened. It's . . . (Interruption) I didn't interrupt you, the member for Dartmouth North. I would appreciate it if you didn't interrupt me.

THE SPEAKER: Order. I'd ask you not to interrupt the honourable member for Halifax Atlantic.

BRENDAN MAGUIRE: We hear this over and over from the NDP. I'm going to get on about the current health care budget, but the truth of the matter is you can't claim a success when you open two. You brought the idea in, you dragged your feet on it, and then the former government in eight years opened up 20 times the number that you did.

When we stand up on this side, we do give credit where credit is due for the Progressive Conservative government and for the former NDP government, but for some reason they refuse to even acknowledge it.

I would say that when you stand up to talk about collaborative care, you should give some credit to the two former health care ministers for the number of collaborative care centres that were opened under their watch.

As for this government, they now have two years and not a single collaborative care centre has been opened. They have talked about listening to the health care professionals. Well, every health care professional I have spoken to for the most part has said they wanted collaborative care. They wanted collaborative care centres and collaborative care units and not a single one has been opened. So how can you say that you are listening to health care workers, and you are going to spend whatever it takes, but at the same time the number one thing that they've asked for is collaborative care and not a single one has been opened?

I spoke to a doctor from Jordan new to this province when I had an issue with my leg, and we talked about that. I went in, I went into the emergency room, I got my X-ray, great service. He said, if you need surgery, we're going to have to re-book it and all this stuff. He said I want to tell you about something, how it works in Jordan. I said, what's that? He said that if your leg is broken - I had a broken fibula - with your broken fibula you would be in within an hour, getting surgery, instead of having to be sent home and potentially wait weeks or months for the surgery - not months, probably weeks.

We talk about wanting to keep young professionals here in this province and we talk about keeping young professional health care workers. My former doctor would work 70, 80 hours a week. That's not a healthy lifestyle. We shouldn't be expecting that from anyone, quite frankly.

I think that this generation coming up and the next generation that is graduating in health care professions are saying, we're just not going to do that. They have a sense of loyalty to the people of Nova Scotia but also, at the same time, I think they realize that working that kind of schedule and taking on that load of work is actually unhealthy for them and it will lead to burnout. Quite frankly, they deserve vacations, they deserve to be able to have breaks, they deserve to spend time - if they have a family or if they want to spend time with their friends and not have to worry.

A gentleman whom I went to junior high and high school with contacted me. I hadn't heard from him in a long time. I am not going to say his name. He is a family doctor and he talked about the amount of difficulty it is to get what you need. He said, I am overwhelmed with paperwork, I am overwhelmed with individuals who are waiting for surgeries and procedures. The vast majority of what I deal with is people who should have had that surgery and haven't had it, so I have to continuously manage their pain or manage their symptoms. He said, I could use a nurse practitioner. The response was, if you want a

nurse practitioner, you have to do more, you have to take on more patients. Instead, what he has decided to do is continue on the route he is on until he can't do it anymore, until he can't take it anymore.

We know that collaborative care centres work. We know it's a model that is being used all over the world now. Again, I give credit to the NDP for bringing that model here to Nova Scotia, for the former Liberal government for continuing and expanding it. I just don't know why it was stopped. In two years - \$40 billion in two health care budgets from this government. This government has spent more money in two years than any government before them.

If you talk to the Minister of Finance and Treasury Board, if you talk to the Premier in Question Period, what they're saying is that these are health care budgets. So when we ask them about other issues that Nova Scotians are facing, like the economy, like housing, like affordability, they say, we can't chew gum and walk at the same time. We're solely concentrating on this one issue. That's what we were elected on. I would argue that they were elected on several promises.

But they've said, we're solely concentrating on this one issue. We don't have time for poverty, we don't have time for the social determinants of bad health - we don't have time for that. We are going to improve access to health care. And yet not a single collaborative care centre has been opened. In Estimates the minister said, we're going to open 14 this year, and the question was, why haven't you opened any thus far? In two years?

Forty billion dollars - we're going to open 14 this year. So, if you're not listening to the health care professionals, who are you listening to? If you're not listening to the young people whom we are trying to encourage to stay in this province, with a lot of things working against them, whether this government wants to admit it or not, when we have a housing crisis equivalent to Toronto, that's a problem for a young person. The frustration I hear from young people graduating from universities, who say, I don't know if I'll ever be able to afford a home - we've seen the housing market skyrocket.

The community of Herring Cove, where I live, you could get a nice house for \$250,000. The community has an elementary and a junior high school, it's got the ocean, you're by the water, there are all kinds of different things. If you wanted to raise a family, or if you didn't want to raise a family, it was a beautiful place for you to move. That same house for \$250,000 is now on the market for \$900,000. And you know what, Madam Speaker? Nothing has been done to that house. It's not like they added on five different floors. It's the exact same house.

We have all these factors working against our health care professionals, our young health care professionals, people whom we're trying to get to this country. People whom

we're trying to get to this province. They're saying, I'd love to go work in a collaborative care centre. Are there going to be any new collaborative care centres? Nope.

[3:15 p.m.]

Quite frankly, it would be nice to just have an explanation why. Why for the last - my math is terrible - 13 years, five under the NDP, eight under the Liberals, collaborative care centres were opened? Pop. And then - stop. Again, I will say, credit to the NDP, they started it.

The former Health Minister, Madam Speaker, Maureen MacDonald, whom I have an immense amount of respect for - anyone in this Chamber, if you sat and talked to Maureen for any amount of time, you're going to learn something. Maureen, and the former premier, Darrell Dexter, had the foresight to see this happening, the foresight to see that people are going to want collaborative care. The foresight to see that the way that we're doing health care, working 80 to 90 hours a week - and yes, people are working those hours - is not going to continue.

How unhealthy is it? In my previous job, we used to work 12-hour shifts, and then sometimes, depending on emergencies, we'd have to work 18 to 24 hours straight. We're working with heavy machinery, we're working with tools, dangerous things, and the Water Commission where I worked, said, wait a second, it's not safe to be working 18-24 hours. It's not even really safe to be working 12 hours. But 18 to 24 hours straight? They're like, it's not safe. So the rules changed for us. But it is still the same for health care professionals. It's still work until you drop. Work until you can't work any more.

We see that with nurses, too. There are a lot of nurses who live in my community. I have a lot of friends who are nurses, and I would bet you - I mean, I don't have the exact numbers, but close to 50 per cent of them now have either gone part-time - so they've taken a reduction in their pay for their own mental health - or they have gone on to be policy nurses so that they don't have to deal with the front lines anymore. When I talk to them, I say, how could we get you back in? How could we get you back in the front lines of the health care system? And they say, collaborative care.

It would be great to have those resources. Isn't that ideally what the health care system is supposed to be? The dream of a health care system is that when I go in and - myself, for example, I deal with mental health issues. I deal with anxiety. I deal with depression. I deal with panic attacks, and there is nowhere to turn. There is nowhere to turn. If I go see my family doctor - which I don't have one - and I'm in the middle of a mental health crisis, I get 45 - no, sorry, about 15 minutes maybe, if I'm lucky after the hour consultation. It takes 45 minutes to sign up. There is no mental health access.

We are sending people home with addictions. We are sending people home who are in pain. We are sending people home who - if we dealt with the issue right then and there, if

we had a collaborative team that could deal with that issue right then and there, it would lead to a better quality of life, not just for the person who is dealing with those issues, but for our health care professionals. You know, if you talk to any health care professional, it weighs on their minds.

I have a ton of friends who are doctors - I wouldn't say a ton, but a few - and when I speak to them, they say, it weighs on my mind. That individual came into my office and I know I can't get them in to see a specialist for a year or two. They have to go home with that. I can't get them in to see the surgeon and I know they are going to be in pain. I can't get them in to see a mental health specialist.

It weighs on their minds, and we are beating them down by not listening to them. It's okay to be flashy and say, oh, we're gonna hold these meetings and let's get the cameras in and we are listening and go like hell, or whatever the slogan was that week. But I also think it's offensive to tell our health care workers to go like hell, because they are going through hell.

They carried us through COVID while the rest of us had the pleasure - everyone in this room had the privilege to stay home and work from home. Think about that for a second. Every single person in this room who was an elected official at the time had the privilege to stay home in their house safe with their family, eat, watch TV, do whatever you do for fun. Our health care workers were getting up every single day and they were going to work, and now we have a Premier who says, "Go like hell."

Madam Speaker, if you really want to fix health care, if you really want to move this province forward, listen to our health care professionals. Start actually investing in things they want, like collaborative care, not hotels. We will be that much closer to having the health care professionals we need stay here in this province and having the best health care in all of Canada.

THE SPEAKER: The honourable member for Colchester North.

TOM TAGGART: Thank you, Madam Speaker, for this opportunity to speak on this bill. I need to start by saying that I gave this some thought and had some points here I organized that I kind of wanted to comment on. But I have all these wide-ranging comments from the Opposition and I want to try to respond to some of them. So if I kind of get off track a little bit, that's my explanation for it.

I am very pleased to have the opportunity to speak about our government's plans to improve primary health care, including collaborative care.

Primary health care is the foundation of good health. We know that there are far too many Nova Scotians who don't have a family practice. We also know that the Premier has said that the days of having one doctor who follows you from birth throughout your life

have changed, and collaborative care is absolutely essential to the future of primary health care today.

We're responding to a bill about collaborative health care. My dad always had a saying: a day late and a dollar short. That seems like what we're up against here. Currently in Nova Scotia, there are already 96 collaborative care practices. The question was asked, somebody asked the question: Are there going to be any more collaborative care centres? Yes, there are. Over the next 18 months, there are going to be 11 new collaborative care centres and 21 strengthened. Like I say, that's over the next 18 months.

This year alone, we will be expanding primary health care with more practices across the province. We know it's needed, and we know that it's the way of the future: family doctors working with nurse practitioners, family practice nurses, social workers, dietitians, and whatever a community needs to stay healthy. I just want to speak to that a little bit. I'll get that at the end.

We know that this is how health care graduates - and I spoke about this a little bit, I think, last week on an Opposition bill that spoke to health care - but we know that new graduates prefer to work in groups. It's how patients get better care for the right professional at the right time, and we are committed to making that happen. We also need to make sure that once we recruit family doctors to these practices, they feel supported and want to stay in our communities. That is why we have supported the Dalhousie Family Medicine Clinic, where new grads can do their residency in a community, establish a patient roster with the mentorship of an existing family doctor, and learn first-hand what it's like to run their own practice.

Once they finish this residency, they move to their own clinic in that community and they take their patients with them. I've got to say, that's been very successful in Colchester North. There are some doctors in the urban core in the Truro region that have continually taken on residents from Dalhousie, and they've really been a God's blessing to the communities that they serve.

We have set up a rapid onboarding team for all family practices to help them do the administrative work involved in taking on new patients. The team fills in paperwork, does the initial meetings with patients, and takes care of their immediate needs. Because Nova Scotians' needs won't wait while we work to establish these practices, we are also expanding other options so our people can access care quickly and close to home. This includes the mobile preliminary health care unit that travels across the province and offers appointments on weekends. There are clinics for newborns and pop-up respiratory clinics. We are working to expand VirtualCareNS hours so more people can get appointments, and there is also a collaborative primary care pharmacy pilot with 12 pharmacies already up and running across the province, offering testing and treatment for a variety of conditions. There will be more to come.

We are also working hard to recruit and train more doctors, nurses, and other health care professionals, and we are working to make it easier for people we recruit from elsewhere to get licensed and start caring for patients.

As we speak to these 11 new and 20-some increases to collaborative care centres, we have to understand that you can't just stand this stuff up overnight. You have to staff them, you have to put equipment in, and you have to - I have a collaborative care centre in Colchester North that's actually split between two communities - one community that's not quite ready to open because of some challenges in getting the renovations done in the building, but that collaborative care centre will have two doctors and three nurse practitioners who work together as a team.

I digress here, so I have to get back to my notes, but that's an absolute perfect case of how these collaborative care - practices is what we call ours - that somehow we thought we needed a new bill to create. That's an example of how they are working for us.

Because the needs of Nova Scotians won't wait while we work to establish these practices, we are also expanding other options to people who can access care quickly and close to home. This includes the mobile primary care clinic that travels across the province. I think I'm going to repeat myself here, but I'll continue. There are clinics for newborns and pop-up respiratory clinics and we are working to expand virtual care hours across - we are also working harder to recruit and train more doctors, nurses and other health care professionals and they are working to make it easier for those people we recruit from elsewhere to be licensed and start caring for people. I think that's pretty critical here. There has been a lot of criticism in this House over the past week about this concept that we have that we will bring people from other highly recognized training facilities or training universities across Canada and the United States and Harvard and places like that; I think they are probably qualified.

We've set up a system to streamline those and I believe - I know there has been a lot of rhetoric around - but I believe that's something that the College of Physicians and Surgeons of Nova Scotia supports. Again, that's a way we stand up new collaborative care centres. I think without question, and I know very little about health care in the urban cores, but I can tell you right now that they are a godsend for rural communities in Nova Scotia.

We have worked with professional colleges. They are streamlining the time it takes for medical professionals to get licensed in our province and we have introduced new legislation that allows us to support them in that work if it is needed. We have created a new medical campus at Cape Breton University which will focus on rural family medicine and train 30 new doctors a year.

We have created a residency stream for new medical grads with ties to Nova Scotia who want to practice rural family medicine. Again, that's where I fully believe that the collaborative care centres are so critical.

We have created 200 new nursing jobs and moved from 15 nurse practitioner seats at Dalhousie University to 40. We have offered even more nurses jobs who graduate in our province. For decades, successive governments have known that our health care system was at risk. They knew our doctors were approaching retirement age and that we had a shortage of mid-career nurses. They knew the Nova Scotian population was aging, and these should have been addressed years ago. Madam Speaker, it's too bad they didn't, but we are here now and we are doing something about it.

[3:30 p.m.]

I'd like to refer - if you don't mind, just give me a second to refer back to my notes here, because there are some things - these are my notes from earlier when the others were speaking. The member for Dartmouth North in her opening statement asked where these new collaborative care centres were. I want to again expound on what - I guess I am in a sense single-minded on these because I'm so - I guess you would say I just see them as a future of certainly rural medicine - undoubtedly it's just successful in the urban cores.

Again, I want to go back to the collaborative care practice that is sort of operating and about to be expanded in Colchester North. I want to talk a little bit about the support that the community has given and provided to help these grow. In our community, in my community, we have what is called the West Colchester Medical Society, run by a group of volunteers who have raised money and managed money for the last 25 years to provide equipment for our doctors' offices. They have taken over and actually ran a doctor's office to ensure that we had doctors in our community. I think, again, that community participation is very important.

That has become part of this collaborative care practice, but the community is still investing in equipment and what those extras may be that the nurse practitioners or doctors or whomever would like to have, to provide better services to the residents in these centres.

I know it takes time and as I said earlier, you can't stand these things up overnight. It's going to take some time to staff them up and equip them. Oftentimes there are some supply chain issues with that. We as a government are moving forward in the right direction with these collaborative care centres. It is, in my view, the future of primary health care. That's my view on this.

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

LISA LACHANCE: I am pleased to rise today to address a couple of issues. I think one is around the vision and the type of access that folks have to health care right now, today, in Nova Scotia, as well as to talk a bit more about what we mean when we talk about collaborative care.



To start off, I am a big proponent of integrated care. It's actually what I'm doing my current Ph.D. studies on - our integrated youth services - so I've spent a long time - longer than I should have, maybe - studying integrated care models around the world.

I think that while I can hear the words of a commitment to collaborative care, I don't actually think that what we're committing to is an evidence-based collaborative care model like we're seeing rolling out across Canada in other jurisdictions. That's really what I want to come back to.

I also wanted to talk about this idea that the old model is gone, and we don't have the same primary health care doctor or physician from the moment we are born until we die, and to reflect a little bit. I'm concerned that when we're talking about collaborative care, that ongoing relationship piece of connection to a health care home is actually being lost.

I'll talk a bit about my own experience. Since I was 18 in 1992, I have been going to Dalhousie Family Medicine. For the most part, I've actually seen the same doctor the whole time. How does that happen? It happens because I started seeing my doctor when she was a resident and then obviously have returned. When I live in Halifax, that's the clinic I go to.

In many ways, Dalhousie Family Medicine is an outstanding medical clinic to be associated with. It's a learners' clinic. In fact, I might go in and not see the person who is my doctor, but I often see residents and often build a relationship over a year or two with specific residents who are there or maybe some students or a whole class of students. I had a whole large group witness when I was shot in my knee once, which was all very exciting for all of us. I recognize how important this was, and also the practice has family practice nurses to provide other services.

I guess what I want to say is I'm profoundly disturbed when I hear the Premier talking about how the old days are gone. One of the principles that we need to set out in collaborative care is about that ongoing relationship with a health team. I know that when I walk in, there might be a new resident. Probably this Summer there'll be some new residents who I walk in to have an appointment with, or I'll go in with one of my kids, but I won't have to start from the beginning, because they're able to review my records. They're able to talk to the lead doctor and are able to provide that continuous care.

I will say that it's been absolutely essential. That's also the care my children have received. And of course, I have had very complex medical issues that I've had to work on with my kids - complex physical health issues, complex mental health issues, and complex developmental issues.

I cannot imagine the terror of folks who are sitting there on the Need a Family Practice Registry wait-list, who are in that situation and have a young person for whom

they have to be advocating. Because, I mean, there's just a whole bunch in there. I can tell you on a very personal level, you don't want to have to go in and tell your story every time. Also, patients are inherently quite unreliable about the stories they might remember to tell you, or what they have to say. Kids are unreliable patients at the best of times. So having that continuous care is so important.

That is one of the key principles that I really need to see articulated by this government about what we're building. We are, in fact, building family health homes. We are building places that are inherent parts of our community, that provide the type of care that we need. But I can also tell you how I think things could have been improved, and still can be improved, at Dalhousie Family Medicine to actually have it be a collaborative care clinic where, in fact, a lot of the services that are needed, that are required, are part of that team.

What would have been great in the days when I would leave an appointment at Dalhousie Family Medicine with a referral for physio, and for speech therapy, and for psychological services, for osteopathy, for a number of different services for my son - you know what would have been really great? To have had those services in the clinic.

Again, when you're going from professional to professional, then you have to tell a whole new story, right? You're going in as a person, or with a young person or an older person that you're accompanying, and again you have to go through, why are you here for physio? What's the plan? What needs does this person have? How do they respond best to treatment?

I love the Dalhousie Family Medicine clinic. I feel like I've been connected to that clinic my whole life, basically, and I feel like my family is connected to that clinic. But I can also see where we need more.

I have concerns, too. I totally agree with expanding to the full scope of medical professionals' practice, 100 per cent. But I will tell you that I'm hearing very concerning stories from folks who are family doctors who are having to basically clean up the mess left by pharmacist services and also by Maple virtual care, where things are being misdiagnosed.

A pharmacist was treating a UTI. You know what? It wasn't a UTI. It was an STI. Thank goodness that person went back in for care when they figured out that their full-spectrum antibiotic didn't kick the problem.

Someone ended up texting with their Maple doctor whom they got assigned to about a fairly significant issue which was misdiagnosed not once but twice on Maple as an infection. So not once but twice they took unnecessary antibiotics, which is really a big deal.

We want to care about long-term health issues? That is a big deal. We really need to limit the misuse of antibiotics. My partner would be disappointed in me if I didn't bring that the floor of the House.

Because you can't text and do a physical exam - well, for obvious reasons, that's not going to work. So this person was misdiagnosed twice, actually, with a very serious nerve issue, after two rounds of antibiotics. I keep hearing these stories. Every week I hear these stories from friends of mine who are family doctors, just to be clear.

I cannot accept from the other side of the House to stand up and say, well, it's okay, because pharmacists can do this, and Maple can do that. I just hear too many problems that are really significant problems.

I do hope those patients are following up and providing feedback into the system. I think they're dangerous issues and thank goodness they've been ones that have been able to be caught. What aren't we catching?

Just to talk a bit about what integrated services could look like - like I said, Dalhousie Family Medicine could be better for my family. It could be better for the community if a lot of services were much more integrated into that place. When I am looking at integrated health service models around the world, that's actually what they're talking about, right?

If I think about specifically integrated youth services, which I think we are going to be the last jurisdiction with an actual model of integrated youth services in this country, but in Ontario and B.C. and Quebec and Manitoba - you get the idea, everywhere else - governments have made significant commitments to opening integrated youth services around the provinces. They launched very community-based processes where communities identify for their young people what needs to be present in an integrated model. In one community there might be more emphasis on substance use; in another community there might be more emphasis on suicide prevention; and in another community the issue might be around employment and education, if those aren't opportunities that the young people in that community are finding.

From there, you build cohesively from a set of principles, a series of clinics. It can be done fast. So the government of B.C. first articulated their commitment to building integrated youth services, I think in 2015, and there are dozens of them now across B.C. They built them in waves. They launched processes with communities and said this is the model we want to roll out, what does your community need? They are financing them. They are bringing together a range of health professionals under one roof. A young person can literally walk in or get on the phone and have access to primary health care, mental health care at all sorts of different levels, physio, often supports for employment and education.

I really would encourage folks, before the next session if you are in New Brunswick, they have a full commitment to integrated services, the next time you are literally in any other province and you have the opportunity, try to find one of their integrated youth services initiatives and go and walk in that door and just get a sense of what the feeling is and ask the staff how people are able to come in and get the services they need right there in one place. That's the model we are talking about with collaborative care. We want Nova Scotians to have an ongoing relationship with the physician home that's embedded in a range of services that they can access that are community-relevant and that people are allowed to practise to the full scope of their practice.

I think right now what is being called collaborative care on the other side of the House just isn't collaborative care. We're not seeing it rolled out. The budget doesn't provide for it. Maybe next time I give a speech, I'll bring some tabling documents from other jurisdictions when they actually said we're going to do collaborative care and here's what it's going to cost and here's the money and here are the timelines. Until we see that kind of action from that side of the House, we can't believe that collaborative care is being implemented in this province.

With that, I think there's a bit of time remaining. I'll cede the rest of my time to the Independent member.

THE SPEAKER: The honourable member for Cumberland North.

ELIZABETH SMITH-MCCROSSIN: Madam Speaker, I want to stand in full, 100 per cent support of this bill that the NDP brought forward for us today. I completely support the collaborative care approach. When I read through this bill it's exactly what we need - form a task force, let's put the experts at the table, make sure they are health care professionals who are actually making the decisions, and let's get busy.

Nova Scotians need us to make significant improvements in health care here in Nova Scotia, and this is absolutely one of the tools in the tool chest, one of the ways that we can do that.

Back in January when I put forth the 16-point action plan addressing emergency health services in Cumberland County, one of the action items was supporting each family physician in Cumberland County to hire a family practice nurse. This will allow each family doctor to see more patients and ensure that every person has a family doctor, and this will alleviate stress on our emergency departments. I'll table that document.

It's well-documented that when a family physician has a family practice nurse working with them, they are able to take on a much higher patient load and see more patients. I believe, Madam Speaker, that patients receive a higher quality of care, as well, with this.

[3:45 p.m.]

Now, that's only one part of the collaborative care model, adding a family practice nurse. This bill speaks to all of the health care professionals and interdisciplinary teams, and I really appreciated hearing from the last member who spoke and would love to hear her speak on this topic much more in the future.

We have a long history of collaborative care experts here in the province of Nova Scotia. Back in 1995-97, my husband and I worked in health care in the United States, and although it's a private health care model, I was really impressed by their primary health care clinics and their collaborative approaches to health care. When we came back, we opened a primary health care clinic, a collaborative clinic, in the town of Amherst - it was the first group practice - and we based it on this model of primary health care. Of course, it was publicly paid. It was privately managed, but patients received services that were publicly funded.

I remember when I first started planning for this clinic, I met with Dr. David Rippey, God rest his soul. He was from Springhill, but he worked down here in the city. He was the expert here in the province of Nova Scotia on primary health care and on collaborative models. When I met with him - it was 1999 - he said, Elizabeth, you are 15 years too early. You need to come back and see me in about 15 years. I said, well, I don't want to wait, so we came up with a business model and in 2002, we opened the first collaborative practice in Amherst.

Although we were not able to get any provincial government funding at that time, we made it work through a private business model. I'm happy to say that today, right now today, that very clinic is running as a provincially funded collaborative practice model with a paid family practice nurse through Nova Scotia Health. Some of the physicians in the clinic are paid through Nova Scotia Health.

There's a nurse practitioner paid through Nova Scotia Health - Cheryl Smith, she's an incredible nurse practitioner. She actually is not only a clinician nurse practitioner, she actually went on and did her Ph.D. in polypharmacy and still teaches to this day through Athabasca University.

One of the highlights I want to say about this clinic was that we trained some of the first nurse practitioners in the province in Cumberland County. We had Heidi Fairbanks, Cheryl Smith, as well as Darla MacPherson.

Primary health care can absolutely improve access to patient care. I fully, fully support it. When you look at even family practice nurses alone, some of the care they can do that alleviates time for family physicians are things like well-baby care - giving immunizations, doing developmental assessments, and education for new parents with their infants; early detection screening for things like cervical cancer - very, very important

- as well as things like chronic disease management for COPD, for diabetic care, hypertension. It's very important. When these diseases are properly managed in chronic disease, we have much better patient outcomes.

Then, of course, just physical exams - annual exams, wellness exams. When proper family history is taken, proper medical history is taken, then clinicians such as a physician and a nurse can make sure that there's proper screening. For example, if you have a family history of colon cancer, then there are different guidelines of when you should have screening for that, such as colonoscopy. Same as heart disease, diabetes. If you have a family history, the approach to care and screening is different than if you don't.

Patsy Smith - I want to make mention of Patsy Smith. She's a pioneer in family practice nursing here in Nova Scotia. She helped to develop one of the first family practice nurses programs through Dalhousie and through the QEII. I'm not sure if that's still running today. Patsy has retired, but she was a Canadian leader and sat on the Canadian Nurses Association and presented this to them. That information, I believe, is still on the Canadian Nurses Association website. I want to say a shout-out to Patsy Smith. Absolutely a leader in nursing and in family practice nursing.

I believe that the government - this is a perfect opportunity to collaborate with an Opposition party, with the members of the NDP, on this bill. It absolutely has the potential to make improvements to patient care, to improve patient care access, and that's exactly what we need here in the province of Nova Scotia.

THE SPEAKER: The honourable member for Richmond.

TREVOR BOUDREAU: Madam Speaker, with the short time I have available, I just wanted to kind of give a brief synopsis of the journey that I've had as a health care provider. Whether it's talking about collaborative care, multi-disciplinary care, or interdisciplinary care, this is the realm that I've lived in since 1999 as a kinesiology student and as a health care provider.

As a kinesiologist, we advocated hard to be part of the health care team. If you take a kinesiology degree, you often go into physiotherapy or chiropractic or occupational therapists, and these allied health practitioners have always been advocates for collaborative practices, for integrated practices.

Some of my experiences as a student - when I was at chiropractic college in Toronto, I had the opportunity of being a chiropractic intern at Anishnawbe Health, which is a Native health centre in downtown Toronto, where I got to work with nurse practitioners, physicians, and Native healers, and got to really integrate the health care of our patients. It was an opportunity for me as an intern to really shape that and it moulded what I wanted to do as a practitioner.

My journey led me to Petawawa. In Petawawa, I was part of a multi-disciplinary clinic there. It was my first exposure to family health teams, and family health teams - I'm not going to be able to finish this. We'll talk about it another time, then. (Laughter)

THE SPEAKER: Order. The time for consideration of Bill No. 184 has elapsed.

The honourable New Democratic Party House Leader.

SUSAN LEBLANC: I would like to thank my honourable colleagues for an intelligent, thoughtful, boisterous debate. Let's hope that the next one can be as good.

Madam Speaker, would you please call Bill No. 80.

**Bill No. 80 - Free Birth Control Act.**

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

CLAUDIA CHENDER: Madam Speaker, I would like to move second reading of Bill No. 80.

I would like to start by reading not my words but the words of someone I respect very much, Dr. Martha Paynter. She is known to this House. She is a professor at the University of New Brunswick and a nurse, and she is also the chair of Wellness Within, which is an organization for health and justice.

She says, "One of the most significant barriers to reproductive health equity in Nova Scotia and Canada is the cost of contraception. Providing free contraception results in significant cost savings and improvements in population health. Governments save between \$7 and \$10 for every dollar invested in contraception." I will table this in a moment.

Madam Speaker, we tabled this bill last year, and it is so important that in fixing health care, we address issues around health equity. In the last debate we heard the member for Richmond talk about working in an integrated health centre that was particularly for urban Indigenous folks in Toronto and how important that was.

We know that our health system is anything but equitable. There are some people who have better access than others, and there are some issues that are taken more seriously than others. In general, and we have heard this in this Chamber already, issues that affect women, trans, and nonbinary folks are lumped in with some others at the bottom of the list.

When we were researching this bill around providing free access to contraception, there wasn't actually that much data. Why? Because we don't really study women's health

outcomes that much. It's the people who make the funding decisions, the people who make the educational decisions in universities.

This is not a core area of focus, but nonetheless, we know from the correlation of age, income, and use of contraceptives - as well as anecdotally from people like Dr. Paynter - how vital access to this is, and how closely linked it is to affordability challenges. I think we would all agree that two of the main issues facing us in this legislative session are health care and affordability. We believe that this is a bill that touches both of them.

Dr. Paynter goes on to say, "As a nurse providing abortion care, I see how patients return again and again because while abortion services are rightly publicly funded, contraception is not, and abortion becomes the only recourse." The cost to Nova Scotia taxpayers of an abortion procedure is roughly \$2,000. Compare this to \$400 for an intrauterine device that provides effective birth control for five years, or \$30 for a monthly pack of birth control pills. Contraception is a wise investment.

While I think the disparity of the cost of providing a surgical abortion and the cost of contraception speaks for itself, it should be noted that that reduced cost of contraception is still out of reach for many women in this province.

Before we introduced this bill, we introduced another bill that created a zone of safety for reproductive health providers, which was passed with the support of all parties in this House. In the debate on that bill, we raised this exact issue, which Dr. Paynter brought to us.

At that time, the government of the day - now our colleagues in the Official Opposition - in fact, the former premier, Stephen McNeil, committed to looking at this issue, and looking at providing IUDs and publicly funded access to birth control. That didn't happen, but what did happen was that the minister responsible for the Advisory Council on the Status of Women Act and Minister of Community Services at the time committed directly to the Choice Clinic to fund those through the government.

We didn't get it covered with MSI, as is proposed in this bill, but we sort of got it funded through the back door. That funding stopped when this government took over. I think it's worth noting that we have actually taken a step backwards on contraceptive care at the same time that other provinces are taking a giant leap forward.

British Columbia, as many will know, has just announced in their Spring budget that they will be providing publicly funded access to birth control for all British Columbians. We really think that it's time that we follow this model. I think it's really worth saying that it's not just us.

In fact, there are so many organizations that are also advocating for this kind of coverage. We have some in the gallery with us today. I think they were introduced earlier.



This is the Dalhousie Medical and Government Affairs Advocacy Committee from Dalhousie Medical School. We thank them for joining us. I have to confess that sometimes in politics things work out in interesting ways.

[4:00 p.m.]

Completely independently of us calling this bill, they had started a letter-writing and advocacy campaign around our bill. We only just discovered this yesterday. I'll table a sample of this letter which Minister Thompson will receive many copies of in the days and weeks to come.

Essentially, they make the same arguments that we're making here. I just want to read the closing paragraph of their letter where they say, "I believe these changes are a step in the right direction that would increase access to contraceptives, improve health outcomes for our province, reduce stressors on the health care system, and foster an environment of care in Nova Scotia that will attract a generation of physicians."

So, Madam Speaker, we've talked about how this impacts health care. We've talked about how this impacts affordability. We're now hitting on another big piece of what this government has stated is at the core of their mandate, and that's physician recruitment.

In the last debate, we talked about collaborative care, and I think all members of this House acknowledged that this is how physicians want to work. They want to work in collaboration. They want to work together. They also want to work in a system where, as much as possible, people's health needs are met in a sensible, compassionate and efficient way, upstream. So whatever path they choose to pursue, they have in front of them the people who need to be there, and that population health is actually at the forefront of their mind.

This is a huge step forward - this would be a huge step forward in that. It's not just our friends in our gallery today, but there are some other organizations advocating for access to free contraception. You will have heard of these: the Canadian Paediatric Society; Oxfam Canada; Action for Sexual Health and Rights, formerly known as Planned Parenthood; the Canadian Association of Midwives; the National Aboriginal Council of Midwives; the Canadian Medical Association; and the Society of Obstetrics and Gynaecologists of Canada.

That's a pretty exhaustive list, I think, of the people we choose generally to listen to around health, and what we should be doing to act on health. I'll go back to the fact that British Columbia has just done this. Their program is estimated to cost approximately \$60 million. That's the projection they've made. So if we take it on a strict proportional basis of what a program here would cost, that would be about \$12 million.

I'll remind folks that this government had \$1.4 billion - that's a lot of millions - in unexpected revenue this year. So \$12 million almost counts as a rounding error with that much unexpected revenue. When we have pushed other things in this Chamber, we have gotten the response: our focus is on health care, our focus is on health care, our focus is on health care.

Our focus is also on health care. We believe that this is a small and relatively inexpensive way to improve health equity, to improve health outcomes, and to improve our ability to attract and retain physicians - particularly young physicians - and I think our ability to change in some ways the culture of medicine. That's what we actually should be talking about more in this Chamber when we talk about what ails our health care.

Part of it is that we don't have enough doctors. Part of it is our pay issues. But a lot of it is culture. We have a new generation of physicians coming in, and they need to be able to conduct business in the way that is consonant with their personal values. I think that from the advocacy we see from the Dalhousie medical students, this is exactly the kind of thing that they're looking for.

The cost of contraceptives, as I said, is a serious barrier for many people. It's an issue that impacts women, trans and non-binary people, low-income people, and younger people. These are the people who would benefit most from a free contraceptive program.

I believe my colleague, the member for Halifax Chebucto, the other day in this Chamber provided a robust definition of a what a targeted program is and isn't. This is a targeted program. This is a program that is targeted towards all the people whose health care needs tend to be ignored - or many, in any case. So it checks another box for this government.

I think I'll just take a moment and note that the status quo is that there is a patchwork of private and public insurance programs, as many will know. Some of them cover some contraception. Some of them cover none. Some of them cover all. But there are huge gaps.

There aren't that many statistics that we could find provincially, but nationally, 20 per cent of Canadians have inadequate or no drug coverage. That's why this is part of our push for a pharmacare program more broadly, and a way that this government could lead in efforts towards a national pharmacare program. One in three workers have no coverage. It's not just folks who are unemployed, it's that people by and large tend to be without coverage here.

We see the ways that government investment can make such a massive difference in these areas. Again, I'll shout out our federal party who have pushed for, and have now brought in, a dental care program for all Canadians. This year, we will have everyone under 18 and over 65 who make less than \$70,000 a year in this province access to dental care.

That's massive. This a step in that same direction - to make sure that people just have access to the basic health care they need, and that money should not be an issue.

Access to contraception is a reproductive and gender justice issue. It should be treated as a social public health cost. It should not be a cost that is carried by people who are able to get pregnant. I don't need to give a sex ed lesson in this Chamber. My kids are getting it now - they are disgusted. They would be horrified if I was talking about it. We all have some sense of the various ways in which babies are made. We all know that the people who carry the babies are the ones who disproportionately shoulder the burden, the cost, and the responsibility at conception right through to death, of the little people whom they make. So this is an equity issue.

This proposal is part of our party's work on advocating for reproductive and menstrual justice. I mentioned our bubble zone legislation. This is connected to our push for greater access to midwifery, free menstrual products, access to reproductive health services, and others.

Of course, we also need a national pharmacare program. We need a provincial pharmacare program. But right now, in this House, this government - with this somewhat unprecedented surplus - could do something that would make a difference in the lives of so many women, trans, non-binary people, and all Nova Scotians, in fact. So we urge them to do it. This is health care. You said you'd fix it. Pass this bill.

THE SPEAKER: The honourable member for Clayton Park West.

RAFAH DICOSTANZO: I am very happy to speak to Bill No. 80, the Free Birth Control Act, that our colleagues from the NDP and my colleague the member for Dartmouth South spoke so eloquently about.

When we did the research on this, what is really surprising is that in Canada, up to 40 per cent of pregnancies are unintended. That is high. I'm wondering how many of those unintended are because they are not able to afford to get the pills or the IUDs or the others.

We know that the cost of birth control pills is approximately \$25 to \$30 a month, and that will add up to \$10,000 for a female's life. It is prohibitive for many young girls. That's what I worry about - the young girls who are unable to afford this or know their parents are unable to afford this and will not ask for it.

The consequences of having - what we talked about - an abortion is 10 times more. I believe she said \$2,000, but I believe it's even more. I actually worked as an interpreter at the abortions in Halifax. It breaks my heart, the stories that I ran into - of women who either culturally or for religious reasons they are not able to take it. I know if they were able to for free, that would have been an access point for them - that they can get it through their family doctor without their partner knowing. I know that a few women had to do abortions

without their partners knowing about this. When my colleague talked about equity, equity is not only about the cost of this, but cultural equity is truly something that we need to think about. How many women - newcomers and immigrants - who would love to have this, to be able to stop after - and some of them have six, or seven, or eight children and they still can't decide for themselves to stop because the culture says you cannot have this. I know they go behind the door to beg their doctors for contraceptives, but they cannot afford it themselves.

Equity is not only for our population, but also for the newcomers as well. This is a very important thing, and I was grateful that the refugee clinic was able to make a deal and was able to provide contraceptives and IUDs. I witnessed many of them, that these women have finally felt that they can have a life, because some of them literally had 7 to 10 kids and they were still expected to have more kids because that's the way they were raised and that's the way the husband is - the more kids you have, you are the stronger male, dominant person - even though they didn't want to have any more.

It is also very important to talk about the research that finds the savings for direct medical costs of unintended pregnancies is approximately \$320 million, and I think that is a lot more than the cost of actually providing those contraceptive pills or the devices of IUDs and others.

I also know that certain insurance companies, as my colleague said, will only cover the hormonal, but not the non-hormonal, and that should be a choice of what medically fits your body, and some of them can't. The hormonal is very difficult on some of our girls compared to the non-hormonal, which is, I believe, \$100 more than the hormonal. It's even more restrictive for young girls to be able to afford to get an IUD. The IUD has been a miracle for so many girls who suffer from endometriosis, or girls who suffer from terrible bleeding and menstrual cycles. These really help in many ways, as well, not just as a contraceptive, but also to help them go to school and do their jobs.

How many days a year do they miss because of these days where they can't go - because of menstrual cycle, very strong menstrual cycles, or what it does to their body? Sometimes the pill, also, is very difficult for some people, so they choose to go for an IUD, which lasts much longer and it's more reliable than having to remember to take the pill on a daily basis as well. There are many advantages that we should be covering this for women.

I am very proud of B.C. for bringing the new legislation, and they started the trend. I'm hoping, because we have a female Minister of Health and Wellness - and I'm speaking louder again so she can hear me, but she's too busy right now talking to her colleague.

THE SPEAKER: Order. Order. You don't have the floor right now. I would ask the member to refrain from referencing the behaviour or presence or absence of any member in the House.

The honourable member for Clayton Park West.

[4:15 p.m.]

RAFAH DICOSTANZO: Thank you, and I totally apologize for this. I meant it as a positive, that we have a female Minister of Health and Wellness, who can talk to her colleagues about the importance of this. She's also a nurse, who knows the equivalent of having these contraceptives and what it means to our females. As my colleague said, women's issues are not on the forefront, and it's up to us as females to speak up and to bring more of this. I'm saying it as a positive, and I'm grateful that we have a female Minister of Health and Wellness who can hear our plea for other females in this province, and to help our kids and our daughters to do better in their life, and to have a choice for their bodies and when they can get pregnant, and not to have to worry about these issues of not being able to afford contraceptives.

The other item that I think I wanted to speak about was that I'm happy that prescription contraceptives are included in part of the Pharmacare Program, but only certain hormonal contraceptives and emergency contraceptive plans are included - not everything is included. So it would be wonderful if we can offer all the products, and for full B.C., I believe for three years, the amount of money that they dedicated was \$119 million. So it's not a huge amount of money, and as my colleague just mentioned, this government had a lot of money on hand this year and it would have been a wonderful thing to do something for females in Nova Scotia.

With that, I will take my seat, and thank our colleague from the NDP for bringing in this bill.

THE SPEAKER: The honourable Minister of Seniors and Long-term Care.

HON. BARBARA ADAMS: Mr. Speaker, I'm pleased to rise to speak on this bill, the Free Birth Control Act, to say a few words. As a mother of two sons, and two stepsons, I didn't have to deal with the issue personally for my own children. But I do know that I spoke to them about their own personal responsibility towards the women whom they choose to be with, and so I'm going to remind them that is still something that is important in our society, that the women do not bear the full burden. I also want to say that this is one of those bills where you feel good in the Legislature that everyone feels the same in terms of wanting equity.

I just want to reference a couple of comments that were made before I move into some of my own comments. The member for Dartmouth South mentioned about not having enough women's health outcomes, and I'm the outcomes measures queen in my profession - everything I do I want numbers for. I agree, we don't have the numbers for women's health outcomes from birth right through to death. I know in my own department

I am constantly asking what it is like at 40, 50, 60, right through to 110 for women and for men, knowing that women are usually the ones who are single quicker and live longer.

But we know that there is a disparity in the system for women. So we do need that data, and although it sounded like just a blip on the radar when we gave \$25 million to Saint Mary's University for health informatics data, we want to collect gender-based data. We must collect gender-based data across all departments, and so that's a step in the right direction.

The second thing I wanted to mention is the federal dental program. We celebrate that as well. That is a step in the right direction. And we are taking steps in the right direction, but there's always going to be more to do, and so that is why these debates are so important. Our government is committed to making changes to improve the health care in our province while addressing long-standing barriers to good health, to equity. Be it physical, mental, or sexual health, or just the overall well-being of Nova Scotians. We appreciate that there is significant public interest in full coverage of prescription contraception in Nova Scotia. We need to work to reduce barriers, something that is always being considered.

Right at the moment, there are several options for Nova Scotians in need of birth control. The province provides coverage for prescription contraceptive products throughout the Nova Scotia Family Pharmacare Program, and the Department of Community Services Pharmacare Benefits Program. Both programs help to increase access to contraceptive products by making them more affordable. I admit that's not free. It's a step in the right direction.

The types of contraceptive products covered under these programs are broad, and include oral contraceptives, hormonal IUDs, emergency contraception, intravaginal contraception, and injections. In 2021, the Department of Health and Wellness expanded coverage for prescription and emergency contraceptives. It's a step in the right direction.

Since 2020, under the previous government, Nova Scotians have had access at no charge to pharmacy contraception management services through their local pharmacy and we have expanded those access to services in some areas. This service helps to make people make more informed decisions on which contraceptive is right for them and allows the pharmacist to prescribe it. This is just one example of the important role the pharmacists play in supporting good health and access to care.

The Province has many competing priorities to health care funding and there are programs currently in place to assist Nova Scotians with the cost of birth control and other medications. There is a metropolitan dispensary at the IWK where they will give free contraception for those victims of sexual assault. It is a step in the right direction. The member for Dartmouth South mentioned another province - I forget which province - that was giving free contraception and the equivalency was \$12 million if it was done in Nova

Scotia, and that is a significant portion, but I respect that there is a dollar amount attached to that.

A couple of things that haven't been mentioned, and again, this is for a different vulnerable sector, is that there was \$5 million more put into the Seniors' Pharmacare Program this year and more money for new cancer drugs. That doesn't address what is being purported today, but it is a step in the right direction in providing better pharmacare for Nova Scotians. The other, which has been advocated for by probably all parties and certainly by the Seniors Advisory Council, the Canadian Association of Retired Persons, and all seniors' groups, is that for the first time ever there will be \$4.7 million to provide the high-dose flu vaccine for all seniors aged 65 and over for free.

It's a step in the right direction for some vulnerable Nova Scotians, but what I will say is that there is still an awful lot of inequity. As the member for Clayton Park West mentioned, we have an awful lot of new immigrants coming to our province and that is a wonderful thing, but a lot of them are young and a lot of them face a lot of challenges with housing, with all of their health care needs, and so I appreciate that our population is changing, certainly from when I was a young person, to where we are now.

All of these comments I really appreciated hearing today, and I just want to say that our government is always looking for more ways to support people and I know that those who are here today are doing a good job in advocating for the issues that they feel are very important to them and very important to this party. I believe, if I counted correctly, there are 18 women in the Legislature now - do I have that number correct? I quickly counted and I am hoping I am right, but I do believe that we are talking about things here now that we weren't talking about six, eight, and twelve years ago, and I am sure that we are going to continue to have this conversation and others moving forward.

I appreciate the bill being brought forward and I appreciate the comments and those that are still to come.

THE SPEAKER: The honourable member for Halifax Needham.

SUZY HANSEN: Mr. Speaker, I am extremely glad to rise and speak to this bill which we first put forward two years ago. I am glad to hear that we are making changes and there are some strides being made, but this is an opportunity for us to do something that will be impactful for generations to come. I think we need to remember that when we talk about bills such as this that will impact people's health care, and those people who can't afford it, or are marginalized, or those who are coming from away to be here that don't have the same access, and this is really important for those families.

As my colleague had mentioned from Clayton Park West and her experiences with those families and those folks that culturally this is not a typical experience for those families, we want to make sure that we are trying our best to show those families and show

those people that are coming from away that they have access and that they can continue to live their lives in the best way possible.

I'd like to table some letters of support, and I have some, but I will give them at the end because I am going to refer to them, written by various medical professionals to the former Minister of Health and Wellness when we first tabled the bill. A pediatrician from the Newcomer Health Clinic highlighted that removing barriers to contraception is crucial to supporting the health and reproductive rights of refugees and immigrants in Nova Scotia. Many people in this community do not have access to ongoing prescription coverage and we know that the upfront cost of contraception is a barrier to many.

Doctors from departments of obstetrics and gynecology in hospitals across the province also added their names to those calling for government to ensure free access to contraception.

We also have primary care providers who have written and said that as those

“who focus our care on the comprehensive healthcare needs of refugees in Nova Scotia, we see the particular burden that barriers to contraceptive access have when coupled with other barriers to health experienced by this group including not speaking English as their primary language and being unfamiliar with the health system. Removing barriers to contraception is crucial to supporting the health and reproductive rights of refugees and immigrants in Nova Scotia.

Cost is a significant barrier to people accessing prescription contraception, and these costs fall disproportionately on women and persons of all genders at risk of unintended pregnancy. Many patients at our clinic choose IUDs for contraception. IUDs are the most cost-effective option for birth control. However, the cost of this contraceptive option is significant. The retail cost per unit for a hormonal IUD is approximately \$417 and approximately \$100 for a copper IUD. This represents a significant up front cost burden for patients and is out of reach of many. Given that the unemployment rate for newly arrived immigrants to Nova Scotia is higher than for other Nova Scotians, minimizing cost of contraception is essential to ensure access for vulnerable groups including refugees and new immigrants.

Some refugees have prescription coverage through the Interim Federal Health Program for a limited period after their arrival in Canada. After this period, they must secure other sources of coverage or pay out-of-pocket for prescription contraception.



Additionally, not all refugees and no immigrants are covered under this program. Some of these Nova Scotians rely on private plans or the Department of Community Services Pharmacare Benefits Program. Others may be eligible for the NS Family Pharmacare Program,”

but as we heard previously, they still have a cost to cover even if there is coverage:

“however, this program is not well known, requires pre-registration, and only covers a portion” - as I said - “of prescription drug costs.”

“The challenges of navigating these programs” for these newcomer families “are significant for this population and can prevent access.”

We hear that all too many times, how it is not accessible for many folks in this province.

This bill would provide contraception to Nova Scotians who do not have other means of coverage. Contraceptive access has been identified as a priority health area for refugees in Canada. In light of this, they are urging all of us here to pass this bill and consider the marked benefits of the universal prescription contraception program. In saying that, that’s from just one doctor, from a newcomers’ centre there.

I also want to read another one from the family physicians. They as well

“see the struggle and ill effects that result from lack of access to contraception on a daily basis. Cost is a significant barrier to people accessing prescription contraception, and these costs fall disproportionately on women or persons of all genders at risk of unintended pregnancy.

Lack of access to contraception has far-reaching effects, both for individual women and for the health care system in general. Access to contraception has been deemed a basic human right by the United Nations Population Fund.

Fifty per cent of pregnancies in Canada are unplanned. Unintended pregnancies are associated with later presentation for prenatal care . . . Unplanned birth can have a significant impact on a woman’s life course, particularly young women, leading to lower educational attainment, lower income, and higher reliance on social support systems.

A large number of unplanned pregnancies will be terminated. Both medical and surgical abortion are covered by MSI in Nova Scotia and therefore preventing abortion would lead to cost savings.”

[4:30 p.m.]

Investing a small amount of money - and I know we're saying it's not small, but it is - \$12 million, to prevent these things would be so much more beneficial than having to go through the surgical effects of what happens when there is an unintended birth.

“The direct cost related to unplanned pregnancy in Canada is \$320 million. When considering the cost of abortion, prenatal care and delivery of unplanned pregnancies, not to mention the social costs associated with unintended births it is not surprising that research shows that public investment in contraception leads to overall cost saving.”

That's a good thing for our province.

I want to say for a person to exert their full reproductive rights, they must have knowledge of and access to all methods of family planning. As these doctors have pointed out, and this is their words: There are gaps in the current program, and it is hoped that these gaps are filled with this particular bill. Because it does cover a lot of the pieces that we're talking about here today. It is a cost savings for the province. This is kind of something to help the province move forward when it comes to health care. That's just another piece that I wanted to mention.

Doctors from departments of obstetrics and gynaecology in hospitals across the province, which I spoke about, also added their names to those calling for government to ensure free access to contraception. As they stated,

“As obstetrician gynecologists, we see the struggle and ill effects that result from lack of access to contraception on a daily basis. Cost is a significant barrier to people accessing prescription contraception, and these costs fall disproportionately on women and persons of all genders at risk of unintended pregnancy.”

I say this because there are a few women here in the House and I know that each and every one of us - I mean, if you didn't experience this, you're really in a good field of life, I guess. We all have menstrual cycles, and those cycles at times are not bearable. I say this not because some of us have them and we don't notice it, which is probably untrue, but because it's our day-to-day.

These are things that happen to women monthly. Sometimes more than once a month. I want to also point out that contraceptives are used not just for birth control but also for menstrual cycles and pain relief. I will give you a time when - as a woman I think of these things, because I have young girls in my household. Believe you me, it's a hard time. I only have one right now that's going, but there will be harder times. I say this because I feel the effects of that.

When I grew up, my mother, the first thing she did was - even if it wasn't about sexual activity but because of the pain that we experience - let's go to the doctor and talk about contraceptive options, because this will also slow down the pain and the menstrual bleeding. I'm not a doctor, but I tell you, it does work wonders in the sense that these are actual facts, and this is the thing that happens when you actually take a contraceptive not just for pregnancy but as well for menstrual cycles.

Women's issues are absolutely real, and we experience this for a long period of our lives - I want to say 50 years, but it might be longer, depending. Knowing this, you need to understand that this is an investment for our province to be able to let young women, young girls, and all gendered folks who have these experiences in their lives know that we actually understand, that we care, and that we are here for them. We want equitable practices in health care, and we are here to make that investment because we know that it's worth it.

My colleague mentioned \$12 million, and I'm glad that my colleague across the aisle has said that as well, because \$12 million is a reasonable ask, especially when we spend millions of dollars on things that we don't know anything about half the time.

I want to say this, and my colleague did mention this, and I don't mean to say this in a slight, but when you mentioned the investments in Seniors' Pharmacare, those are huge pieces for our seniors, but I don't know very many seniors who are having children, and I don't know - it can happen. I know of one, not many. In saying that, that's a huge investment in seniors' long-term care. We need to make investments as well in women and in their reproductive systems and in reproductive care. I also wanted to point that out.

This is a step in the right direction, like my colleague said. It's a step in the right direction. Here is a step that we can just say, open the door and give us free birth control. This is a really good piece when you think about what this province could be doing and the applause that they would receive wholeheartedly because this is a good move.

My colleague pointed out IUDs are expensive, and they are. They absolutely are. It's not like: Oh my gosh, they're \$300, or oh my gosh, they're \$400. They literally are \$400, and sometimes they're not covered. You have to buy it first. You go to the pharmacy, and then you go to the doctor, and then that appointment is covered, but the IUD is not, and it can be up to \$400 or more, depending on what contraceptive you use.

I also tabled a letter from the Nova Scotia family doctors and nurse practitioners, who echoed the sentiments from other professionals. They highlighted the wide-reaching social impact that would come from increasing access to birth control, reducing the load from the health and social support systems, improving women's and family welfare, as well as potential long-term cost savings for government. I'm using the key word "savings" here because we talk about how we want to save, and we want to make sure that we're within budget. This is going to be a long-term saving that you can look at year after year.

Two successive governments have had two years of opportunity now to pass this bill, and the time is right now. The evidence is here. The support is here. The urgent need is here. I know that each and every one of you has received emails and many letters from folks who are saying that this is important for people. This is important for women and their reproductive care and all gender folks who may need to utilize these services. This is low-hanging fruit.

I want to reiterate that this government talks about health care and their investments that help so many. Here's another piece that you can add on as a part of your targeted programming because this is Health Care Needs 101. The government can invest and make a massive impact on a large number of Nova Scotians in this province, and this is an opportunity that can't be missed.

I think our government needs to understand that yes, there are 18-plus women in the House here, but a lot of us have young girls. A lot of us have aunties, grandparents, and so on. This would have been something that they would say, good job, good job, Nova Scotia government.

THE SPEAKER: The honourable member for Cumberland North.

ELIZABETH SMITH-MCCROSSIN: Mr. Speaker, I stand in full support of the NDP's bill, the Free Birth Control Act.

It's an interesting topic, and it has a long history when you look at when birth control first became available and women's history, the feminist movement. It's really fascinating to read the history behind it. When birth control first became available, it was really considered liberating and revolutionary - those were some of the words that were used. There was a belief that was being realized in the right of women to control their own fertility.

I believe that now we're at a new phase in this topic, as we're seeing more women in medicine, more women as physicians who are having more input into this topic, and we're seeing more women in politics. This is absolutely a political decision. Why should birth control be the sole responsibility of women? We all know it takes two. We all know that it's not only the woman who is responsible for pregnancy. If we have an unwanted

pregnancy, and if we're looking to prevent this, everyone should be taking responsibility for this.

We're seeing this now in British Columbia, where they have made a commitment of over \$119 million over the next three years for the beginning of this contraception program. If British Columbia can do it, we can do it right here in Nova Scotia. It's a way of looking at supporting the next generation - not just of our daughters, but of our men, too. One of my colleagues already gave the stats. Over 40 per cent of all pregnancies are unplanned. That's absolutely preventable.

We know in health care that prevention always costs less. Prevention is always the way to go. It's sad, and when I was hearing the member speak about abortions, it's always a very sensitive topic for everyone. For the years that I worked as a family practice nurse, there's no question that I personally worked with several women who couldn't afford birth control. They sometimes faced numerous abortions, and it was their only way of birth control. Obviously, there are all kinds of factors around that - not just financial impacts, but emotional, mental, physical, all kinds of health aspects around that topic.

If we look at the financial, and if we look at the numbers that my colleague shared - around \$2,000 for the cost of an abortion versus prevention. If you want to do a cost-benefit analysis and look at the economics of it, there's no question that a bill like this makes perfect sense in saving the Province money, as well as reducing the number of unwanted pregnancies, and the burdens that come with that.

I don't know the exact year - I'm going to estimate that it was in the 1980s - it might have been the 1990s - Amherst had the highest teen pregnancy rate in the entire country. It was not something that everyone was proud of. It was definitely identified as a concern and a problem.

People took action. The government of the day took action, and we were one of the first high schools in the province that had a student nurse. They opened the teen health centre. The teen health centre had a registered nurse staffed there, and the registered nurse was able to do contraceptive counselling. We had a board of directors that managed that teen health centre back in the day. We had physicians who helped with supporting the registered nurse who ran that teen health centre.

Teen pregnancy rates dropped dramatically for the Town of Amherst because of prevention. The registered nurse had access to free contraception through birth control for the students. That made a huge difference. Just think of how that impacted the lives of many of those young women - and young men as well.

Certainly, from a pharmaceutical industry standpoint, Mr. Speaker, we've seen significant changes in the way pharmaceutical companies give drug sampling. Back in the 1990s and early 2000s, it was very common for family physicians - and other physicians as

well, specialists - to have pharmaceutical samples in their offices that drug companies would provide. Physicians were able to give those samples out.

[4:45 p.m.]

Let's say someone was a newly diagnosed hypertensive. They would be able to start them on a new trial of drugs, rather than writing them a prescription for possibly a drug that didn't work. They were able to give, say, two-week samples of Vasotec. The person would go home, they'd monitor their blood pressure, and then come back in a couple of weeks with the numbers. If that drug was working, then the physician would write a prescription and make sure it was the right drug. If it wasn't working, then they would change it and give them a sample for a different drug, until they found the right medication that was going to control their blood pressure.

Pharmaceutical companies that produced contraceptives did the same as well. So it was very common to have six or seven types of birth control pills in the family doctors' offices and the family physicians and nurses were able to dispense those to patients based on their identified need.

That's no longer the case, due to the way the pharmaceutical industry - the way of their marketing dollars, and the way that they manage the pharmaceutical industry. It's all changed. Physicians very rarely would have access to birth control samples that they would be able to give to their patients. The way they used to manage it is if a woman came in and wanted to get started on the birth control pill, there were so many varieties, and each birth control pill had a different ratio of progesterone and estrogen. Some women did really well on, say, Triphasil, and then another woman might do well on a different type of birth control.

It was a really good practice to be able to say, here's three months' supply, give it three months, and come back and let me know what your cycle is and how it's working. If it wasn't working well, then the physician and nurse would switch to a different birth control sample. It didn't cost the patient anything. My point is that is no longer the case. Very rarely do the pharmaceutical companies leave drug samples in physicians' offices that they can give out for free.

I believe that there's probably an opportunity for the Province of Nova Scotia to work with pharmaceutical companies to get this program started. I'm sure they'd absolutely be a willing partner at the table to work out a business plan with the Government of Nova Scotia in implementing a similar program to what British Columbia has done. I would encourage our Minister of Health and Wellness to reach out to the minister of health in British Columbia, and get the details of their program to see how we could implement something like that right here in Nova Scotia.

We all know that sexual health is a very important aspect of health - whether you're looking at physical, mental, emotional, spiritual, or social. Sexual health is very important, and there's no doubt that a bill like this would really help to prevent unwanted pregnancies, but also help overall sexual health here in the province of Nova Scotia. I hope that the government will consider it.

I believe that the people of Nova Scotia get better government when we work together. We get better government when people collaborate, when we take the good ideas from all members of this House, including this bill that was tabled by our friends in the NDP. Thank you very much for this work. I hope the government does implement it.

THE SPEAKER: The honourable member for Hants West with three minutes and 56 seconds left.

MELISSA SHEEHY-RICHARD: I'm pleased to rise today to make a few comments on Bill No. 80, the Free Birth Control Act, that was tabled by the NDP across the aisle.

As a government, I think we keep reiterating over and over that we're constantly looking at ways that we can make life more affordable for Nova Scotians. It's a very important conversation. I feel very confident that the minister and her department would always be looking at ways that perhaps we can support women and others who are looking for birth control measures.

I think it's true to know that it will help understand - being a female, being a mom of three - we all in this House, 18 of us females, appreciate and can relate to the costs associated with these. We're committed to making changes to improve health care in our province while addressing long-standing barriers that we do face and finding paths forward. It can be in physical ways, in mental ways, sexual health ways, and just the overall well-being of all Nova Scotians.

I constantly state to my kids, being a mom of boys, I sometimes lay that onto my husband to pick up that slack and make sure that they too understand birth control - where they can get access to it, the importance of planning future pregnancies - because, as we said today, 40 per cent of pregnancies sometimes are not necessarily planned. Our third was actually a pleasant result of being on birth control, and to my dismay at first - but he was a great blessing. He's baby number three, and I'm excited to say that I was happy in that situation.

In 2021, the Department of Health and Wellness expanded coverage for prescriptions and emergency contraceptives. Since 2020, Nova Scotians have had access to pharmacy contraceptive management services through their local pharmacies where they can go in and speak in confidence to their pharmacist. That's why these pilot projects in

pharmacies are so important - because they can get the education on how they can access it, if they're working, having financial barriers there.

I know our partners with the Department of Community Services are always looking for ways to help, too. The service will help people make informed decisions on what contraceptive is right for them, from the time that the pharmacy can prescribe it. It's just one example of the important role that pharmacies play in this.

Mr. Speaker, the province has many competing priorities. Last week we heard about the importance of looking at continuous glucose monitoring. There are programs currently in place that assist with birth control and other medications.

The Department of Health and Wellness continuously looks at ways that they can help provide prescription benefits to Nova Scotians - whether it's looking at ways we can find a path to help with diabetes, ways that we can look at finding ways to help with offsetting costs of birth control. These conversations are continuously ongoing, and I think our commitment shows that . . .

THE SPEAKER: Order, please. The time for debate on Bill No. 80 has expired.

The honourable Deputy House Leader for the NDP.

KENDRA COOMBES: Mr. Speaker, I want to thank my colleagues. I do hope my colleagues across the way will consider passing this bill someday.

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

#### **MOTIONS OTHER THAN GOVERNMENT MOTIONS**

THE SPEAKER: The honourable Deputy House Leader for the NDP.

KENDRA COOMBES: Mr. Speaker, would you call Resolution No. 600.

**Res. No. 600., Affordable Housing Prog.: Need in N.S. - Recog. - notice given April 3, 2023. (Suzy Hansen)**

THE SPEAKER: The honourable member for Halifax Needham.

SUZY HANSEN: I move to begin debate on Resolution No. 600.

Our resolution is on affordable housing. We spoke about how this government is failing to build affordable housing. We talked about how this province is in the midst of an unprecedented housing crisis, and there is a shortage of thousands of affordable housing



units. We also talked about how this government refuses to enact a concentrated program of building affordable housing. So I speak to you today about affordable housing.

I'm glad to rise to speak to this resolution. Our province is in the midst of an unprecedented housing crisis. There is a shortage of thousands of affordable housing units here in this province. The government is failing to build these affordable housing units when there is an option to do so.

This government refuses to enact a concentrated program of building affordable housing. We talked about this in Estimates, and we talked about this in Question Period. We have talked about it a number of times. Yet the answer is still no, or there are other options. Without this, the housing crisis will endure until this government invests in, builds, or properly incentivizes organizations or developers to build the amount of truly affordable non-market housing that is required to meet the needs of our province.

I'm very disappointed that after nearly two years in charge, we are still debating with this government over the state of affordable housing in Nova Scotia. When I began just under two years ago, there was a housing - was it a rally? They were moving people out of sheds that they were utilizing for housing the day after I was elected. You would think that that would have sparked a priority on the top of the agenda, the list that I know is extensive, and it is quite long, but that should have been a priority for this province, to be able to truly tackle and do it with the quickness and the speed of the health care crisis.

Affordable housing is defined by the Canada Mortgage and Housing Corporation as 30 per cent of a household's income. Yet when housing investments are announced, there is no mention of the rent-g geared-to-income approach. Every time there's an announcement - and we're grateful that there is more supply - unfortunately, that supply is not attainable and affordable for a lot of folks in Nova Scotia because of the rents that are not geared to income or at the CMHC allotted percentage that they say.

Instead, we see developers are given public funds and often access to faster approvals to build some of the units as affordable, which they've defined as 80 per cent of market rate. I've talked about this many times, and I have a hard time saying affordable if it doesn't mean 30 per cent, because it's not affordable, especially when we see skyrocketing rates of rent, skyrocketing rates of houses being sold, real estate. It's starting to get a little bit better, but no one can afford it still.

With the skyrocketing prices of these homes, 80 per cent of market rates can still be unattainable, and we see that every day. We hear it from folks in our offices. We hear so many times that people just cannot afford to rent the places in their area, so they have to move outside of their area. I just got an email saying still it's a 50 per cent to 100 per cent markup of a rent rate in a rural area. That's unbelievable.

Too many people are struggling to find and keep a secure, affordable place to live in Nova Scotia. We say this time and time again: Families who rent across the province are facing climbing rents and an extreme shortage of housing. The number of people unhoused and forced to sleep outside has exploded, and as the housing crisis and mortgage rates rise, home ownership, as I said, is further and further out of reach for a growing number of Nova Scotians.

Housing is more than just a roof over our heads. Housing is health care. Housing is community. Housing is economic security. Housing is a home. All Nova Scotians deserve a home that they can afford.

We know that the housing landscape in Nova Scotia continues to worsen, and no matter how many rent supplements you put forward or how many investments in market housing that people cannot afford, clearly the numbers are showing that it's not getting better. According to the CMHC 2022 rental market report, Halifax's vacancy sits at an unchanged and very low 1 per cent. Average rent increased at the fastest pace on record. I know we want to go fast for a number of things, but this is not what we want to go fast on. This right here should be something we should be really striving for - to make sure that all Nova Scotians have a place to live.

The average rent for a two-bedroom apartment was \$1,449. That's average rent, up by over 9 per cent. In communities like Dartmouth North, buildings with 100 units or more have a 0.2 per cent vacancy rate. Two-bedroom units had a 0.9 per cent vacancy rate. We don't have enough units for folks. This government talks about supply, supply, supply. That was the first thing in the budget report my first year in, was supply. That's going to help the housing market. Yet I don't know how many affordable - by my definition of affordable - houses are being built in the almost two years that I've been here, and I don't know how many more people are unhoused. I know that rate continues to climb.

Last year, 43 per cent of Nova Scotia households spent over 30 per cent of their income on rent. That's nearly half of all Nova Scotia families spending more than what is affordable to keep a roof over their heads. In May 2021, the CCPA released its *Keys to a Housing Secure Future for All Nova Scotians* report. The report included recommendations that would result in over 30,000 units of permanently affordable housing, enough for those in core housing need and for those who are homeless.

I know that the minister, with all due respect, has mentioned there is public housing available and it does house 11,000 some units. If this report is saying that we need 30,000 affordable units, we have a lot to do. This government has a lot to be investing in when it comes to housing, yet in this budget the investments are minimal.

I don't know if this is not a priority for this government, but it definitely needs to be a priority because it is trickle-down - if you don't have a home, your health care is in jeopardy. If you don't have a home, your mental health is in jeopardy. If you don't have a

home, your family is in jeopardy. There are a number of things that happen when you don't have a home or a safe and secure roof over your head.

[5:00 p.m.]

How does this government plan to ensure enough new, affordable homes are built to cover this need? We've asked this a number of times and there still hasn't been a definitive answer on how this government is going to build more affordable housing.

I know this government has plans on many different department scopes. It would be really nice to know what those plans are so we can help mitigate the number of phone calls and situations that happen that we get at our office about why they don't understand what is happening, because we don't either.

The plans that are in place - it would be nice to know what those plans are. We as MLAs should know the day it is announced. I am just saying that I like to be prepared and, as well, I don't always like to have to be up here saying critical things because I do like to applaud things that are happening that are great, but it's hard to applaud things when we don't know anything, and when we do know it, we are supposed to just accept it without any consultation, any debate, any discussion, because it's a one-sided situation.

I'm saying this because it's really important because my questions are, how does this government plan to ensure that enough new, affordable homes are built to cover the need? Well, I can't just wait on a plan. People who are homeless or unhoused or at risk of being unhoused can't wait and see. They literally need to know today how this plan is going to work so they can plan for their future.

This is impacting people in communities across the province, rural and urban alike. This Houston government is leaving way too many people on their own to decide - sorry, I'll take that back, sorry about that, Mr. Speaker. This government is leaving way too many people to decide how to do these things on their own. We know that Nova Scotians need to see real action on affordable housing and the skyrocketing costs of living. That means building new housing and protecting those who already have a home from losing it.

There are thousands of people on the wait-list for public housing. We heard that in Estimates, yet this government's budget has no new investment in building public housing. I understand they are going through a transformational stage and we understand that, but when we see the numbers of folks who need to actually live in affordable housing or have affordable means to live, that outweighs us not planning for our future.

This government's reliance on private developers will not solve the housing crisis. We need to get back into building and supporting more public and non-profit housing. At minimum, we need to see a plan to build 1,000 new, non-market affordable units by 2025.

We have two more years to figure that out. I hope there's a plan in place for that - 1,000 units.

If you look at all households in this province, less than 4 per cent live in non-market housing. Housing is, and I will continue to say this, a human right and we need to act like it is. That means the private sector can't be the only provider of housing. When the government says the solution to the housing crisis is to simply build more housing, we have to ask: What kind of housing is that? What is it that they mean? More luxury homes or unaffordable apartments that are already out of reach for so many families are not going to cut it.

The housing projects this government is investing in are a mess of different agreements and definitions but not enough are rent geared to income. Strike these agreements at 80 per cent below market rate but we need more than that, plus these agreements expire, leaving publicly funded buildings to become fully unaffordable in a short period of time. So when someone's home is set at a price geared to their income, it means they have money for the other things they need in life.

If someone's home takes 30 per cent of their income, they have another 70 per cent to spend on food, clothing, activities for their children, and their bills. People who can afford their home are also able to better afford their medications and groceries, which leads to, like I said, healthier residents as well. Housing is health care and mental health care, as I said.

When someone isn't housed, or worried about losing their home, they deal with additional stress. We know this. And I don't need to keep saying this because I know everyone in here understands what that looks like because we all have homes that we live in. I don't know if anybody has ever slept outside - and I'm not saying because I need to know, but I'm just saying you will understand what that feels like when you live that.

You understand what it feels like when you are facing eviction a week before. You will understand what that feels like when people call and are frantic and having mental health issues because they are going to lose their children, because when they don't have a home their kids are removed from their care. And then they're stressed about that, and then they have no place to live, and in this housing crisis that's going to be a long time.

So I say this with lived experience, not for myself but for other experiences that have gone on. And it's heartbreaking to hear. I need everyone to have an understanding of that, because housing is community. Housing is a human right, and for far too many of us, our friends, and neighbours, it's no longer a guarantee.

We need to make sure that we are providing for Nova Scotians who need it the most. We need to make sure as a government that we're doing our job as a government to

protect and secure and to continue to make sure our citizens are safe - when we don't do that, we do a failure to what we mean here in this Legislature.

It falls on all of us, and I know we feel it when we make bad decisions, and when we pass bills we don't agree with. Or when we're standing back here in the sidelines because we feel like we don't want to ruffle the feathers because we don't agree with something, but we do it because of partisan policies.

I think we need to step away from that and we need to start doing the things that we see and hear from folks in our communities and do the right thing for them, because they're the ones who are calling us out of despair, they're calling us and writing to us about the things that are happening to them because they will not have housing. And when I say housing is a human right, it absolutely is.

I'm not going to go on and on and on about it, because I have 13 seconds left. But I started this speech with the fact that our province is in the midst of an unprecedented housing crisis. And until this government commits to building new public and non-profit housing, homes will remain out of reach for more . . .

THE SPEAKER: Order, please.

The honourable member for Bedford South.

BRAEDON CLARK: Thank you to the previous speaker, the member for Halifax Needham and the NDP caucus for bringing forward this very important resolution. Well-timed as well. As the member, of course, knows, we were up on Estimates last night for the Minister for Housing and Municipal Affairs and got a lot of interesting information and things to chew on here.

So affordable housing, I think, is something that, as we know, is a massive issue in this province right now, from one end of it to the other. We heard about the shortfall of affordable housing units. We also, I think, have to deal with the question of what is affordable. We touched on this last night. There are definitions all over the place.

The CMHC definition of 30 per cent of your income or less on housing is, I think, the best one. But we also know there are other definitions that the provincial government uses. Talking about 80 per cent of AMR, average market rate - well, as we know, the average market rate in much of Nova Scotia is far too expensive. So, 80 per cent of too much is still a lot. And that is a huge issue which we raised with the minister last night.

We also heard last night that it has been 28 years since a single unit of public housing has been built in this province, 1995. Closing in on three decades here. The average age of public housing in this province is 42 years. So there's a huge shortfall on the public housing side.

All of these things are interconnected. I think we often try to slice and dice issues in this House, but as the previous speaker noted, housing is inextricably tied to health care, to your mental health, to your physical health, to the well-being of yourself and of your family. If you don't have a place to live, or if you have a place to live that is deeply unaffordable, or if you have a place to live where you aren't sure if you're going to be able to stay beyond next month or next week, that has a devastating impact on your life.

This issue of affordable housing is creeping up the income level as well. This is an issue of course, most desperately for low-income Nova Scotians, those on income assistance, those who are in the low- working class income levels, those who struggle on a day-to-day basis.

It's also an issue reaching up into what we would have called, what we call, the middle class - people whom we just assumed for decades and decades had no issues with housing, but that's just not the case anymore. A couple of weeks ago, I had a meeting with groups of constituents in my constituency who are all renters, I believe, all from apartment buildings, of which there are many in my constituency. These were people whom you would say are middle class for the most part. They are either working in jobs, or they're retired on pensions, on a fixed income of one kind or another. They were incredibly stressed about what the future held for them on the housing front. To assume that this is a localized issue, to assume that this is an issue that affects only low-income Nova Scotians, to assume that this is an issue that only affects urban areas of our province, for example, is to miss the point entirely.

This is an issue that is systemic, that is not going away, that will not just disappear on its own. That's why we have put forward legislation, we have raised issues in question period, and we have spoken to the media. As Opposition, we have used all the tools that we have to make sure that this issue stays front and centre. It obviously is, because when I walked into the Legislature this morning, there were dozens of people across the street, with bullhorns and signs and slogans about housing. That's what they were there for, to protest the inadequacy of the response of this government on the issue of housing, in particular on the issue of affordable housing.

The government here talks about supply as kind of a magic-bullet solution to the housing issue. I certainly agree that it is very important to the solution to have more supply. I don't think we are seeing that at this point. Construction starts are actually slowing down on the housing side. The minister and others talk about the special planning areas and the fact that it's going to cut times for development between three and 24 months. It has been - I don't know - 14 months or 15 months since the special planning areas were announced, since the task force was created. Zero units. Zero units have been built under those planning areas. Three of them are in my constituency, and I know for sure that there are no homes and no apartments in those places. The trees are still standing, the rocks have not been moved. There's really nothing happening there. If supply is so important, the results

so far have been underwhelming, at best, to bring the supply up through the mechanisms that the government has put forward.

[5:15 p.m.]

Across the country, at the federal and provincial levels, there's a recognition that there needs to be some innovation - which is a word that gets overused, but I think is appropriate here - on housing policy. There are some very interesting things happening in British Columbia. There are some very interesting things happening at municipal levels across the country that I think we would do well to follow suit on, whether it's minimum parking requirements, or whether it's density changes, or whether it's single-family zoning issues - all these things. It's not partisan. It's not just NDP governments doing this, or just Liberal governments doing that, or just Progressive Conservative governments doing that. There's actually an interesting mix of this.

It's funny, I was looking at this just six hours ago. My understanding is that the government of Ontario, the Ford government - which is of course a Progressive Conservative government - has just introduced legislation today to crack down on renovations, which is an issue we hear a lot about here in Nova Scotia.

Just to run some of the highlights here: tenants would have a legal 60-day grace period to move back in after the renovation. Landlords must give tenants the opportunity to move back in at the previous rental rate, which is a critical point there. A landlord will have to provide a report from a qualified person in order to vacate for a reno, so it is not just the landlord's word that renovations need to be done.

Again, this is not some far-left government doing this. This is the Ford government in Ontario recognizing that there are significant issues when it comes to housing in that province, as there are in this province. So I think, on housing, we should strive not to be ideological. We should strive to be common sense and reasonable and recognize that this is not an issue that we should put a partisan lens on. This is an issue that we should treat with the gravity and dignity and respect that it deserves.

Just to give a little bit of context here on how things have evolved over time on housing. Dating back to the end of the Second World War, the 1940s and 1950s, government was very involved in housing all across the world, really, but all across North America is kind of what I know a bit more about. In the United States and in Canada governments were building - state governments, provincial governments, federal governments - tens of thousands if not hundreds of thousands of units of housing on a yearly basis.

If you go to any older neighbourhood in this country or the United States, there is a very good chance that a lot of the houses you are looking at were built through direct government contributions and funding, and that continued through the 1960s and the 1970s

and the 1980s, and then began to slow down at that point in the 1990s, which coincides, as I said earlier, with the end of public housing construction in Nova Scotia in 1995.

I came across a statistic earlier this week that I thought was quite interesting showing housing completions over time in Canada. The level of government involvement peaked in the early 1980s, when 14 per cent of all housing completions in the country were social housing. This is about 40 years ago - 14 per cent of all housing. The member for Halifax Needham was talking earlier about 2, 3, 4 per cent of housing in Nova Scotia - of people in Nova Scotia living in social or affordable housing of one kind or another. So, we have fallen very, very far from where we once were on government involvement in the housing sector. I think at the time there were reasons for that. There were major budgetary issues in the 1990s, as we all know, at the federal level and that sucked up a lot of funding that would have gone to housing.

I'm not here to litigate the past on that, but what I think we all need to recognize now is that if this province wants to continue to grow - and the Premier has talked about 37,000 people coming here last year and the government wants to double the population by 2050 or 2060, I believe, up to two million people - the only way that is going to be possible is if people have a place to live that is affordable and reasonable.

I think to a conversation I had a few months ago with a constituent of mine, a very new immigrant from Morocco, and he lives in an apartment in my riding, a lovely guy, with a wife, and, I believe, four kids in the apartment. He is an aeronautical engineer, highly educated, has a great career, obviously, and I was just talking to him about what his issues were and he said to me that the number one issue is rent and housing for him. He said: Where I'm living is not where I want to live. I have four kids in here; it's cramped, it's crowded. We'd love to buy a house, but we had no idea how expensive it was going to be here in Nova Scotia. Again, this is someone who had just immigrated two months earlier from Morocco. So, he's come from the other side of the world to this province to give his life, his career, his energy, raise his kids here, and hopefully be here for a long time, but he immediately ran into an unanticipated problem, which is that the housing situation is out of hand for him.

Particularly, we know that the only way the province of Nova Scotia will grow its population is through immigration, either interprovincial or international immigration. People who immigrate to Nova Scotia either from other provinces or other countries, generally speaking, have fewer ties to Nova Scotia because they're not from here. They didn't grow up here. They probably don't have much family here. They are more mobile just by definition. They're more likely to leave if things aren't working for them.

Myself, I've lived here the vast majority of my life. It would take a lot for me to leave, but if somebody who just arrived here from Morocco six months ago, if they realised that things aren't working out and they can't afford to live here, as this gentleman said to me, there's a large Moroccan population in Quebec, in Montreal. He has friends there and



they told him: Well, housing is much more affordable here in Quebec, in Montreal, why don't you come here? He was considering it at the time.

I think the government, at its peril, looks at housing as a discrete, separate issue. As we've heard, it's very much connected to health, poverty, well-being, and it's very much connected to population growth, immigration, and retention of people - all kinds of people but in particular, people who we're trying to recruit into the province like health care workers.

The minister talked last night about modular housing for health care workers and how it's been used in other provinces with some success, as he said. I certainly hope that that program would be successful here. Also, it's a sad reflection of where we are as a province on the housing side that we have to resort to that in order to have somewhere for health care workers to go.

In the last minute or so, I just wanted to thank the NDP caucus for bringing this resolution forward. I do think that housing is incredibly important, very complex, and not well-suited for sound bites or partisan attacks. I'm not interested in doing that, as members know. I think that it's generally been cordial on both sides on this.

I really think that this government needs to double-down, triple-down, or quadruple-down on the housing file and in particular, affordable housing. We can't just say that we'll build more supply at the market rate and the benefits of that will trickle down through the economy and then the housing problem will solve itself.

I understand the government's doing some work on the affordable housing side. I appreciate that. I certainly don't think it's enough. I think it needs to be done on a much, much larger scale as we're seeing in other provinces and parts of the country. With those words, Mr. Speaker, I will take my seat.

THE SPEAKER: The honourable member for Chester-St. Margaret's with just a little over six minutes left.

DANIELLE BARKHOUSE: This is where I guess I turn into a speed talker. I want to thank you for allowing me the time to talk.

One thing that I know we all agree with is that Nova Scotia is in a housing crisis. The whole country is in a housing crisis. It's a challenge and has been for a long time. It is something that neither this government nor the minister shied away from. This government is doing what it takes to ensure that Nova Scotians have a safe and affordable place to live and call home.

I have to say that I don't agree with the incorrect, maybe ambiguous and bewildering statement that this government - my government and Nova Scotians'

government - refuses to enact a concentrated program of building affordable housing. This is a typical thumb-on-the-scale statement.

I'm going to get into a personal story, actually, if maybe they quiet up a little bit over there. Around 25 years ago, I put myself on an affordable housing list. I was a young, single mother with no child support, et cetera. I put myself on the list. I went to the interview. I never got the place. Fine.

A little over 11 years ago, I bought my first house after working three jobs, saving my money, and building my credit, at a debt ratio of 40 per cent and by the time I added in my insurance, maintenance, and taxes it's way over 50 per cent of my income, even now as an MLA.

But that was 10 years ago - a little over 11 years. A month after I bought my house, I got a phone call saying that I was allowed to have affordable housing. I laughed because I'd spent 15 years on that list - 15 years when no government did anything. No affordable housing in my constituency at all. Two built in 1995. That's what I got, a duplex in 1995. I spent 15 years on that list. I bought my house, moved in - got a phone call saying I was allowed some housing, which was ironic enough.

But do you know what? I will state that in the last two years since I've been elected, this government has given seed money to a group in New Ross to work towards affordable housing. This government has released over 13 acres at the head of the bay for housing.

This is a multi-strategic plan and it's complicated. I know it's a complicated plan. You'll have to excuse my notes here today - I've got it all over the map. Our government has taken unprecedented action when it comes to ensuring Nova Scotians have access to affordable housing.

We not only have a plan, we have two plans actually. We have a short-term plan to help those in the most need today to access safe and affordable housing while we build more supply. We are doing that through record investments in rent supplements totalling \$50 million. That will help 8,000 people and families now access affordable housing. Our rent supplement program is one of the most generous in the country.

In a year and a half, we've invested over \$2 million in thousands of new affordable units from one end of the province to the other. Just last week we announced \$16 million for over 200 units. We invested \$20 million in modular homes for health care and skilled workers. We've taken historic steps to improve our public housing file, with a record capital investment of over \$50 million that will improve over 7,000 of our 11,200 units.

We are investing in our community housing partners - some of the best landlords in the province - in a way that has never been done before. We can't forget - I'm going to go off topic, but not - housing in Nova Scotia also includes seniors. At some point, we're all

going to become one. We have almost 8,000 beds now, but we plan on building 34 nursing homes to make it 92 single-unit beds.

[5:30 p.m.]

Again, it goes back to my statement - which is somewhere here in all my silly notes - it's multi-strategic. Our government is not shying away from it. I have full faith in our minister. I have full faith in the Premier. I have full faith in everybody in this room - and everybody on that side too. I'm not being partisan here. I'm just finding it ironic that for 12 years nothing was done, and here we're investing all this, but we're still getting hit that nothing is being done.

I'll go back. In this budget alone, \$21 million more for rent supplements; \$13 million more for home repairs and adaptation programs that will help 2,800 people - mostly seniors. We have a long-term plan too. We will soon release our needs assessment and housing strategy that has given us the information and data we needed for a solid path forward. We won't reveal too much. (Interruption) Well, it's going to be released soon, and I guess you're just going to have to wait, aren't you?

What I have shared is that we received an amazing 20,000 responses to our surveys. Nova Scotians have had their say in our long-term plan. We are looking forward to sharing the details soon, because we all know some people are champing at the bit.

One other item I want to touch on before I close is public housing.

THE SPEAKER: Order, please. The time for debate on the resolution has expired.

We have reached the moment of interruption. Our late debate this evening is submitted by the honourable member for Sydney-Membertou. It states:

“Whereas food inflation for March was 9.7 per cent; and

Whereas Nova Scotians are being forced to change how they shop for groceries due to the rapidly rising cost of food; and

Whereas one in six Nova Scotians face food insecurity;

Therefore be it resolved that the government immediately take action to help Nova Scotians deal with food affordability.”

**ADJOURNMENT**

**MOTION UNDER RULE 5(5)**

THE SPEAKER: The honourable member for Sydney-Membertou.

**GOV'T. (N.S.) - FOOD INSECURITY: ACTION NEEDED - RECOG.**

HON. DEREK MOMBOURQUETTE: Mr. Speaker, I am honoured to rise and have a conversation tonight with my colleagues about food security - and insecurity for that matter - and really what I think government could be doing to help alleviate some of that stress.

We all know there are great organizations across the province that help support Nova Scotians every day with food insecurity. I think of many of the great organizations on the Island, Mr. Speaker, that we would be familiar with: the Cape Breton Food Hub; we have the Salvation Army; we have Loaves and Fishes. We have all these places that are being accessed by many people within the community to help support with food insecurity.

As it says in the motion for debate tonight, we've seen inflation on food increase to 9.7 per cent, which we all know as MLAs, the calls that we receive from families who are struggling to make ends meet. Really there are so many chains linked together when it comes to food insecurity. We've heard a lot about it during debate in the House over various bills and during the budget, about the cost of living. Whether it's the cost of gas and the cost of electricity, everything ties back to ensuring that the foundation of health and the foundation of having a healthy lifestyle - whether it is for yourself or your family - is to ensure you can provide food for yourself and your children.

My colleague from Bedford South used a term today that there's a blind spot in the budget when it comes to things such as food insecurity. There is a big blind spot. The government has talked about many of the great organizations that they do fund. They are the organizations that multiple governments have funded through Feed Nova Scotia and through other organizations. I used some references in Cape Breton, and there are some great organizations on the mainland as well - but there is a big blind spot in this.

I said this earlier on in my conversations about the budget last week. There are certain things that I would be looking for in the budget to see if the government was really keeping an eye on the cost of living, which I would argue they haven't been. They have said it themselves, that this is a health care budget. But we've also made the argument - and so has the NDP - around the foundations of society that also contribute to good health, such as being able to afford to live in your home, making sure you have proper mental health supports, making sure that food insecurity is not an issue.

What we're seeing now is that people are really making choices. We all receive the calls as MLAs. People are making choices on whether they are going to buy medication, what food they can put in the cupboard to support their family - and we see it in the school system. It was really my hope that this government would have been coming forward in this budget - knowing full well the cost of living and the impact it is having on families -

that we were going to hear an announcement about a universal lunch program within our schools.

We've tabled multiple bills on this as a caucus, because we know that the federal government is talking about it. We know that it is in multiple mandate letters of ministers. This was something that I thought for sure they would have done - whether it was a universal lunch program or at least some sort of tax credit or incentive for parents who have kids attending school that would provide them support - to make sure that they could help deal with food insecurity and other important aspects of the school system. But we don't see it.

Again, I go back to what my colleague said: It's a big blind spot in their budget. So that's not there. We're not seeing a big increase in the budget towards any of this stuff towards the cost of living. Food insecurity is just one piece of it.

When we were in government, all the MLAs had an opportunity to provide feedback on what they felt should be in the upcoming budget. That was something that Premier McNeil did. It was something that was important to all of us. It was really based on what we were hearing within our communities. It was based on what we were hearing from organizations trying to support Nova Scotians in every aspect - whether it was through the cost of living, through health care, through education, et cetera.

I know what calls I'm getting in my office. They're calls from families who can't pay their power bills. They're struggling to feed their kids. They can't put gas in the tank. Furnace oil is expensive. If I'm on the government side, and I'm hearing all of these things, I'm taking that to the leadership and saying, this needs to be part of who we are in this budget. This tells a story that, as a government, we're listening to Nova Scotians, and we're listening to what they're telling us.

I'm getting the calls. I was on the government side before. We all take a lot of calls in our offices. You see the media. You've seen the stakeholders come out. You've seen people come forward and say it - that there's not enough in the budget to support food insecurity and support the cost of living.

If I'm getting those calls and you're getting those calls, I ask myself, how much feedback were MLAs actually allowed to provide into the budget that none of this stuff made it? It's the most prominent thing that I receive in my office: cost of living and health care. They're the two. Housing's up there, too - don't get me wrong. But really in the last year, it has been such a struggle for young families with the cost of trying to rent, the cost of trying to buy food, the cost of trying to put gas in their cars - the whole nine yards.

We want to have this debate tonight, and we're going to get into this as we get into the FMA and everything else - that this is a huge blind spot. I'm shocked. When I saw the budget, I was expecting - and government made some investments. They upped the heating

rebate to \$1,000. That should be permanent. That was one time. That's a decision that the government should make. They need to make that number higher. That will help families. They need to look at the school system. They need to go to the federal government or figure out themselves a way that we can provide kids with more food in the school system.

Yes, they can call. I have heard the minister say it. I was a minister of that department, too. We did whatever we could to support those families, but they shouldn't have to make that call. We're past that point. It should be there for them. The school system is one of the best ways that we can fight food insecurity across the province. We did it with the breakfast program. We saw it. It was great. The feedback was great. We knew the kids were coming, and they were getting a breakfast.

We can do this with the lunch program. But I think really the push also needs to come from this level to the federal government to say, we are ready to implement this. We're ready to do this. I think the federal government would be up to the task. As I said, multiple ministers federally have this in their mandate letter. I'm really surprised that it hasn't happened yet, because it has been talked about before this government became the government.

I don't want to get into a back-and-forth on this. We debate stuff all the time. I always used to say in education, it's all about the babies. That's what it was about. If we can support our kids and we can support infants coming up right through the school system, we can tackle a lot of the cost of living and some of those core foundational issues that we face in communities. This is why I specifically wanted to talk about food insecurity, because of food inflation. We can do this through our school system. I think it's time for this government to put the push on the federal government to say, if you're serious about this, we need to get this done. That is one major thing we can do.

Also, while I have only - I forget how fast this debate is. It's only 10 minutes. As we go forward and talk about the budget, I do have a concern. I said this last Summer. We were having a similar conversation about the government. You're all here - you all want to be here. You got elected to represent your community. Many of you have been elected multiple times because you care. But when you see a budget that doesn't have a real focus on cost of living, knowing that inflation has been this high, I question the empathy at the core of your government. You really missed the mark on this one.

There were things that the government could have implemented, and they should have, knowing full well this is one of the big issues of our time right now. We said it a year ago, it wasn't going away. It just wasn't going to disappear, and it didn't. We are still here talking a year later, and inflation is just absolutely clobbering families right now trying to make ends meet. So as we get into the FMA, I'll get into a little bit more detail; I have about 15 seconds left, but again, I used this term before, empathy. The empathy of the government does not show in this budget again, and these are the hardest times that families have seen in a very long time in this province.

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

LISA LACHANCE: Mr. Speaker, I am pleased to rise to speak to this motion in late debate because I think it is actually really important. We've had very little time to maybe dispel some myths in our conversation about food security and what it is.

First of all, what I want to say is that most of the time, when people are talking about food security and insecurity in this House, what we are actually talking about is the bare bones - we're talking about food access. Food security, as defined by the United Nations, and I can provide this later, is when all people at all times have access to sufficient, safe, and nutritious food to maintain a healthy and active life. Commonly, people think about food security as having three components: One is availability - does it exist, is it near me? The other is access and this is where affordability comes into play. So if it's near me but I can't afford it, I don't have food security. The third is actually the ability to prepare and store food and use the food, so it is utilization.

These three pieces - availability, access, and utilization - that's the core of what it means to be food-secure and that has to be in place for all people at all times. We know this is not the case in Nova Scotia and I think it is time for government to act.

I heard in the housing debates, and we often say, you know, we go back and forth and blame governments here and there for not acting, but I think it is also really important to recognize that we truly are in unprecedented times, we truly are, so government policy needs to shift to react to that. We can't say, well, it wasn't done before so we are not going to do it now. As I would say, and many of my colleagues have said, how can you be in this province and be in that government and not take a look around you at what's happening?

The easiest way to increase food security is to increase incomes. That's it, that's the basic thing. So instead of talking to people about your collages of services and they can go here, they can go there, it's actually giving people the dignity to have enough income to access the food that is available in Nova Scotia, and then, in terms of utilization, to make sure that people have safe places to live where they can prepare and store food.

This is it, folks - housing and incomes. We have a lot of initiatives around local food, which is great. We have a lot of the resources within Nova Scotia, but we certainly do not have food security. We don't have availability, access, or utilization.

I wanted to address this idea of this collage of services that the Minister of Community Services has referred to: We're not going to give you more money but that's okay because you can go around and you can get a heating rebate with this application, and you can get this with that application, and you can go get food because we are giving more money to food banks - that's not a prop, I am going to table this in a minute. I will put it down, so I don't get tempted. You can go and get food in the community.

I am just going to take a few of the very few minutes I have to walk people through the Dartmouth Food Calendar, and I want people to come on a journey with me. Say you have a couple of kids, and you are food-insecure. You don't have the income to afford enough food for your family during the month and you need to go find it. Here is the schedule you've got to put together for yourself:

[5:45 p.m.]

Okay, under Food Banks there is the Salvation Army Food Bank - Tuesdays, 1:00 p.m. to 3:00 p.m. by appointment; the Saint James United Church Food Bank - every other Tuesday; North Dartmouth Outreach Resource Centre - Wednesdays, 8:30 a.m. to 10:00 a.m.; the Dartmouth Community Fridge, which is, of course, open at all times, but it is not guaranteed in terms of - well, it's being supported by wonderful volunteers but what's there or if there is food available . . .; the Cole Harbour Woodside United Church Food Bank - the first and third Tuesday of each month, 1:00 p.m. to 3:00 p.m.; Demetreous Lane Food Bank, the second Wednesday of every month by appointment; the Dartmouth North Christian Food Bank, Thursdays, 9:30 a.m. to 12:00 noon; Christ Church, Thursdays, 8:00 a.m. to 10:00 a.m. and Wednesdays, 5:30 p.m. to 6:30 p.m.; and East Dartmouth's Christian Food Bank, Thursdays, 8:00 a.m. to 11:00 a.m.

I read out this information because I want you to imagine how you plan your week around this. This is the simple act of trying to fulfill some food needs for your family. By the way, then also you can't go back every week to some different food bank. And the folks putting on all these food banks are doing the absolute best they can. They're for sure run by volunteers.

Yet try and imagine feeding your family, going around, trying to figure out - and I will also point out that, of course, lots of these things are not close by, right? So, whether it's Portland Street or Bissett Road, Woodlawn Road, you're also figuring out how to get yourself to and from places.

Maybe you think, well, it might be easier if I just go get a meal, right? So under meals, here's what we have: the North Grove community lunch, Tuesdays, 12:00 p.m. to 1:00 p.m.; Margaret's House, take-away meals, 11:30 a.m. to 12:30 p.m. every day; the Alderney Gate Public Library has a light breakfast while supplies last on Fridays, 10:30 a.m. to 11:30 a.m.; the Dartmouth Seventh Day Adventist Church has supper and dessert, Wednesdays, 5:30 p.m. to 6:30 p.m.; and then there's three North Grove options, one of which is the family supper on Mondays from 5:30 p.m. to 6:30 p.m.

I guess I would also ask you to reflect on this: If your kids are in school, and they're in school in one part of Dartmouth, where are they going to go to get their hot lunch, or their hot meal? I guess they can go to North Grove family suppers on Monday. Other than that, it's very hard to also have your children - and I worked in Gatineau in a meal program, and there was one family that would make the effort to get on the bus to go pull their kids



out of school, put them on the bus, bring them to the meal, because it was the only way their kids ate during the day. I think it's really quite impossible to imagine doing this, where you're pulling kids around from here to there to try to get them fed.

There are a few other programs, like Square Roots, which we all know is an amazing volunteer-run program, but that's every two weeks. And food demo at the North Grove. Really, I took the time to walk through this, because this is one part of what we ask families to do.

We ask families to do this who do not get enough income from this province, who need an increase . . .

THE SPEAKER: Order, please.

LISA LACHANCE: I just talk with my hands.

THE SPEAKER: Force of habit, I know. But it's a problem.

The honourable member for Halifax Citadel-Sable Island.

LISA LACHANCE: I will say my family doesn't watch Legislative TV, but they love to watch it sometimes just to see me use my hands and wave all around the place.

What we ask families and people to do is inhumane, it's degrading. I think the word "empower" was used about this budget - we're empowering people. Well, I can tell you how you can empower people is to give them the resources they need to build the lives that they want to live. And that they have a right to live.

We are leaving people hungry in this province and we don't need to. We have a lot of money to distribute in this budget, and I know it's about choices. We could have made different choices and gotten people fed.

Raise ESIA rates. A permanent system of rent control we've talked about before. A school food program, as my colleague talked a lot about. I learned in Estimates with the Minister of Agriculture that \$300,000 has been allocated for salad bar infrastructure for schools, but what's the plan? How do we stock it? How do we maintain it?

There's no budget. It's not clear to me - I mean it's not a school food program, let me be very clear, but we seem to have made the decision that we're going to have salad bars as one element of that and I'm not even sure if that follows best practice. I will say again, the fruit bowl initiative, or granola bars that are bought by teachers - that is not a school food program.

Do not tell me - I know, because I've worked in a lot of different volunteer roles in schools, around food. Yes, there are absolutely hungry students in our schools every day and they can't learn, and it's not okay. It affects their right to education.

I also do a lot of work with Spencer House in my riding. They are seeing incredibly increased needs that they can't even meet in terms of seniors in my riding who need access to food. Everything is at capacity. They've started a subsidized breakfast program. They have a subsidized lunch. They don't have room for everybody who wants to come and have a meal every day. They started a community cupboard because they know that seniors often can't get to where the food banks are - again, transportation, ability, and that sort of thing, but also need-specific things, like cans with pop-up lids and lower-sodium items.

I hear from them. I hear from Chebucto Links, who was in the House yesterday, the folks at the Central Library, who also provide a limited amount of food. Everyone is seeing increased desperation for access to food in this province and here we are tabling a budget that does nothing to feed people here.

THE SPEAKER: The honourable member for Kings North.

HON. JOHN LOHR: First of all, I'd like to acknowledge that we realize we live in challenging times, and I appreciate the member for Halifax Citadel-Sable Island mentioning food banks. We have wonderful, just incredible people in my community who volunteer at food banks and, I know, across the province. We appreciate them very much. We recognize the challenges of this time, but I want you to know that our government is in many ways investing in the health and well-being of Nova Scotians.

I really want to talk as a farmer, a little bit, about the production of food and the challenges we all face, but I'd be remiss if I didn't mention some of the numbers. I was in Opposition and I know that if the government did this, then we say you should have done that. So A, B, this is what happens in Opposition, I understand that.

I want you to know that we are introducing new and expanded programs to help address childhood poverty, \$10.1 million, and \$21 million more in rent supplements, helping over 800 more homeowners in repairs and adaptations and other - that's \$13.1 million, Mr. Speaker. We're investing in homelessness and supportive housing to the tune of \$8.2 million more. My colleague from the DCS is increasing the Child Benefit by \$8 million on top of \$12 million last year. Making student loan payments easier, \$1.3 million. Lowering child care fees for families and creating more spaces, a \$42 million investment. Continuing the \$500 Seniors Care Grant to help seniors with household needs, helping thousands and thousands of seniors. Not increasing the fees for Seniors' Pharmacare and Family Pharmacare, even though we see those numbers going up. That's an increasing cost to our province, but we are not increasing those fees.

Last year we put \$13.2 million into vulnerable Nova Scotians to help them manage rising costs. We've done other things: the Disability Support Program, residential facilities - we put \$3 million more in them; Family Resource Centres, \$2.6 million more; transition houses, \$10,000; and a \$100 million investment, which the Opposition has acknowledged, in the home Heating Assistance Rebate Program, which helped thousands and thousands of Nova Scotians.

On top of all that, Mr. Speaker, we are also investing \$140 million to help in energy efficiency programs. We know that we have the highest per capita rate of oil furnaces in the nation here. These are CO<sub>2</sub>-emitting devices that will face increasing costs as we see the carbon tax come in on Canada Day this year. We are investing \$140 million, and I don't know the exact number but if I recall correctly, it's in the range of close to 50,000 oil furnaces gone and people being able to go onto heat pumps.

Last year we invested \$12 million in the second phase of the Mi'kmaw Home Energy Efficiency Project. We're just making unprecedented investments in many different areas. Some of the investments we've made directly in food, the Opposition members have mentioned.

I know, as the member for Sydney-Membertou mentioned, we eagerly await the National Food Care Program announced more than a year ago. We want the details and we want to be full participants. To be honest with you, it leaves us in a dilemma: Do we design our own program and then have to alter it for them? Or do we want to be participants with them? It's a bit of a dilemma. We thought it would be here by now and we would participate. We don't know why we're waiting. It would appear that a program was announced with no plan or design. They announced the program but actually didn't have the thing put together.

I can tell you that on this side of the House, I know I've heard some talk about wanting to see - we do have a strategic plan for housing. I'm very proud of where it's at, but we put it together before we put it out. So we'll put it out when it's all together, it's nearly ready, we're looking forward to that.

But, Mr. Speaker, I want to talk a little bit about - as some members know here, I think everyone in the House knows, I had a 30-year career in vegetable production, and I work with my hands. You know, we work hard, and we made a living. I'm very proud of that - and I passed it on to my sons. I'm extremely proud of that, that I gave them much the same deal as my Dad gave me. I was able to pass that farm on.

I know primary food production. And we're talking about the cost of food. Now if you want to talk about the cost of food, the carbon tax has had an immense impact on agriculture, despite the fact the good news is for primary agriculture there are some exemptions. Direct fuel that farmers burn in their tractors, and on the farm, and just very

recently for heating, for irrigation, those changes have just been very recently made. The agricultural community is watching this very closely.

The reality is that as a farmer, I always used to say that if I knew at the beginning of the year all the trips I'd make to the hardware store to buy little bits and pieces, I would've done it once in the beginning of the year, bought everything I needed. It seemed like every day I had to go the hardware store and get some bolt, or nut, or something just to make something work on the farm.

All of those things are going - the whole world is run on trucking. All the trucking that we - all the goods and inputs that come into agriculture are going to be attracting this carbon tax, unfortunately, and it causes the food prices to further increase. This is not something we're going to just easily get away from, and it's going to affect anything that comes across the border into Canada on trucks. So we're going to see this inflation on the cost of food - we're seeing it now, frankly, and agriculture around the globe is facing challenges unfortunately.

The war in Ukraine is having a tremendous impact on agriculture globally, and that is going start to bite across the globe, unfortunately, in food costs going up even further. It's not something that anyone in this House has any - you know, we just all grieve that whole event, and it's just so hard to comprehend what's happened there, but the cost of fertilizers is going to go up, and because a lot of the fertilizer was coming from that part of the world. As strange as it may seem, a big component of the cost of agricultural fertilizers is fuel to produce it. So as we see the impacts on the lack of - the reality is those parts of the world where that war is happening were like in the top three of many food products, like oil, food oils, grain and so we're going to actually face increased costs because of that.

We're going to face increased costs because of the carbon tax, and even though primary agriculture has some exemptions, they're not enough. All the things we're bringing in are going to impact that.

So if the Opposition can help us out in any way, I would say let your government know that Nova Scotia is a leader in climate change reduction. We've been a leader due to various governments, not just us, your government, previous governments, the NDP government, and we're leading the nation in this field, but we're going to feel the brunt of this carbon tax. And we just can't get around that.

Canada Day will be very memorable this year, and I'm sure what we'll see on Canada Day, the week before Canada Day, people will be buying all of the rest of the lawn mower gas they need for the rest of the Summer. Right? They're going to be buying, filling up everything they can because we're going to see a pretty big jump in the cost of fuel.

We'll see that going forward, but that's going to affect everything we do, and I really appreciate the member opposite bringing forward this debate and I would say,

please, please help us out. Tell your federal counterparts that this is a problem for us. And it's going to raise costs of everything and we're not going to easily get around it, and I'm just very concerned about that. I lived that life; I know how hard that is.

[6:00 p.m.]

I'm very pleased, just like I think four or five days ago, to see that irrigation fuel is going to be exempt. And I can't tell you in one minute my experiences pumping water for 25 to 30 years and the amount of fuel that it takes to pump water. Water is heavy, and it takes a lot of energy to do that. And farmers who are irrigating - and we live in a wacky climate where we have to invest in ditches and drainage and irrigation at the same time - everything. We have it sometimes too wet, sometimes too dry. When it's too dry, we've got to put the water on and that is an incredibly expensive experience. That, fortunately, will be exempted now.

I can tell you that all of the inputs that are going in are going to attract this carbon tax, because they got brought in by truck. The stuff that we're shipping out got shipped out by truck, so it's a challenge for our agricultural industry here in the province.

And my colleagues who are in that industry are leaders in supplying food banks, too. I want you to know that. They provide the food banks with this product. My neighbour, Richard Melvin, whom I did a memory statement on, has just donated hundreds of thousands of pounds of produce . . .

THE SPEAKER: Order, please. The time allotted for late debate has expired. I want to thank all the members who participated in the debate this evening.

The honourable Government House Leader.

HON. KIM MASLAND: Thank you, Mr. Speaker. I move that you do now leave the chair and the House resolve itself into the Committee of the Whole on Supply.

THE SPEAKER: The motion is carried.

[6:02 p.m. the House resolved itself into a CW on Supply with Deputy Speaker Lisa Lachance in the Chair.]

[10:30 p.m. CW on Supply rose and the House reconvened with Deputy Speaker Danielle Barkhouse in the Chair.]

THE SPEAKER: Order. The Chair of the Committee of the Whole on Supply reports:

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

THE SPEAKER: The honourable Government House Leader.

HON. KIM MASLAND: That concludes government business for the day. I move that the House do now rise to meet again on Thursday, April 6<sup>th</sup>, between the hours of 9:00 a.m. and 6:00 p.m.

Business will include third reading of Bill No. 256, Committee of the Whole House on Bills on Bill Nos. 262, 273, and 279, and Committee of the Whole on Supply to deal with Estimates.

THE SPEAKER: The motion is that the House rise to meet again on Thursday, April 6<sup>th</sup>, between the hours of 9:00 a.m. and 6:00 p.m.

All those in favour? Contrary minded? Thank you.

The motion is carried.

We stand adjourned until Thursday morning at 9:00 a.m.

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

### **NOTICES OF MOTION UNDER RULE 32(3)**

#### **RESOLUTION NO. 608**

By: Gary Burrill (Halifax Chebucto)

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

Whereas owner Chris Ryill and manager Dmitri Kotsionis have opened The Windsor Street Diner on Windsor Street in the former Last Word Bookstore location; and

Whereas The Windsor Street Diner serves classic diner food, such as all-day breakfasts, sandwiches, and burgers; and

Whereas this new venture will give Halifax West Enders a new diner, where the owner and manager have expressed a dedication toward hiring local residents in the neighbourhood, and fostering a sense of friendliness and community in the area;

Therefore be it resolved that all members of this House of Assembly congratulate The Windsor Street Diner on their opening and wish them every success and all the best.

**RESOLUTION NO. 609**

By: Gary Burrill (Halifax Chebucto)

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

Whereas Ahmad and Hamza Issa have opened East Cup Café on Robie Street; and

Whereas East Cup Café serves a selection of coffee, sandwiches, and baked goods, with in-house blends of coffee beans named after Nova Scotia landmarks; and

Whereas this new venture will provide a new café/gathering place to the community, where the owners intend to recognize towns and villages throughout the province with their concept and décor;

Therefore be it resolved that all members of this House of Assembly congratulate Ahmad and Hamza Issa on their opening of East Cup Café and wish them every prosperity and success.

**RESOLUTION NO. 610**

By: Hon. Karla MacFarlane (Pictou West)

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

Whereas Adam Dykstra, a Nova Scotia Community College, Pictou campus student, won a gold medal at the Skills Canada Nova Scotia competition recently held at the Pictou campus in Stellarton; and

Whereas competitions are held at various campuses throughout the province in a wide range of categories such as automobile technology, CNC machining, hairstyling, precision machining, welding, baking, bricklaying, graphic design technology, photography, plumbing, metal fabrication, and carpentry; and

Whereas more than 250 students will participate in the various competitions across the province;

Therefore be it resolved that all members of this House of Assembly congratulate Adam for winning the gold medal for a second year in a row in the precision machining category.

### **RESOLUTION NO. 611**

By: Hon. Karla MacFarlane (Pictou West)

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

Whereas Bronwyn Duffy joined the Provincial Court of Nova Scotia as a provincial court judge; and

Whereas Bronwyn practised law at MacIsaac, Clarke, and Duffy where her work included prosecution and administration of all criminal and regulatory federal legislation in Pictou County as agent counsel for the Public Prosecution Service of Canada; and

Whereas Bronwyn was involved with the Nova Scotia Barristers' Society, where she served on the Executive Committee of Council, was co-Vice Chair of the Complaints Investigation Committee, as well as a member of the Finance Committee and the Distinguished Service Award Committee;

Therefore be it resolved that all members of this House of Assembly join me in congratulating Bronwyn Duffy on her well-deserved appointment to the Provincial Court of Nova Scotia.

### **RESOLUTION NO. 612**

By: Hon. Karla MacFarlane (Pictou West)

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

Whereas Ian Stewart swam a personal best at the Eastern Canadian Swimming Championships that took place in March at the Windsor International Aquatic and Training Centre in Windsor, Ontario; and

Whereas Ian's personal best was in the 50m backstroke in a time of 29.13 seconds, shaving 15/100s off his previous personal best; and

Whereas Ian is a 10-year member of the Pictou Mariners swim team, who practice out of the Pictou Fisheries Training Pool, and was one of only 22 swimmers from Nova Scotia to compete at the meet;



Therefore be it resolved that all members of this House of Assembly congratulate Ian on his swim time and wish him well as he graduates from Northumberland Regional High School in June and continues his post-secondary education next year at Dalhousie University.

### RESOLUTION NO. 613

By: Hon. Karla MacFarlane (Pictou West)

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

Whereas Karen Quigley of Braeshore received the Literary Titan Gold Award for her short children's book titled *Dream Big...even if you're small* that she wrote, illustrated, and published; and

Whereas the Literary Titan is a group of professional editors, educators, and writers with a passion for the written word who review fiction and non-fiction books and interview their authors before presenting the awards; and

Whereas the award is presented for books that are considered ideal in how original content is delivered and fresh themes conveyed with innovative ideas and elegant prose;

Therefore be it resolved that all members of this House of Assembly join me in congratulating Karen on receiving this prestigious award and wish her well as she continues her passion for writing and painting with a follow-up book.

### RESOLUTION NO. 614

By: Hon. Karla MacFarlane (Pictou West)

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

Whereas the Northumberland Nighthawks won the 14<sup>th</sup> annual Danny Dorrington High School Hockey Tournament at the Westville Miners Sports Centre; and

Whereas the Nighthawks dominated the tournament, recording shutouts in all the tournament games they played, including the championship game, which they won with a score of 4-0; and

Whereas the tournament is played annually to honour the memory of Danny Dorrington, a well-known Westville hockey player and coach;

Therefore be it resolved that all members of this House of Assembly join me in congratulating the Northumberland Nighthawks on their hockey season and subsequent victory at the Danny Dorrington High School Hockey Tournament.

**RESOLUTION NO. 615**

By: Hon. Karla MacFarlane (Pictou West)

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

Whereas the Pictou County Chamber of Commerce celebrated 40 years of representing local Pictou County businesses; and

Whereas the Chamber was founded by local business leaders Bruce Murray, Murray MacPherson, and Jim MacConnell in February 1983; and

Whereas in addition to representing local businesses, the Chamber works with government on regulatory reform, supports physician recruitment and retention, supports initiatives related to diversity and inclusion, and works with the non-profit sector;

Therefore be it resolved that all members of this House of Assembly join me in congratulating the past and current members of the Pictou County Chamber of Commerce on celebrating 40 years of advocacy for local businesses.

**RESOLUTION NO. 616**

By: Hon. Karla MacFarlane (Pictou West)

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

Whereas Sean MacIsaac, a Nova Scotia Community College, Pictou campus student, won a gold medal at the Skills Canada Nova Scotia competition recently held at the Pictou campus in Stellarton; and

Whereas competitions are held at various campuses throughout the province in a wide range of categories such as automobile technology, CNC machining, hairstyling, precision machining, welding, baking, bricklaying, graphic design technology, photography, plumbing, metal fabrication, and carpentry; and

Whereas more than 250 students will participate in the various competitions across the province;

Therefore be it resolved that all members of this House of Assembly congratulate Sean for winning the gold medal in CNC machining at the Skills Canada Nova Scotia competition.

**RESOLUTION NO. 617**

By: Hon. Karla MacFarlane (Pictou West)

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

Whereas Tyler MacLean, a member of the Scotsburn 4H Club, placed second during a national 4H public speaking competition that took place in Toronto, Ontario; and

Whereas Tyler, the only club member to compete at the event, describes himself as having a simple, straightforward, call-to-action speaking style chose "Careers in Agriculture" as the topic of his speech; and

Whereas Tyler has been a 4H member for nine years who enjoys public speaking, youth leadership, and woodsman activities;

Therefore be it resolved that all members of this House of Assembly join me in congratulating Tyler on his second-place award at the national 4H speaking competition and encourage him to follow his dream of pursuing engineering as it relates to the field of agriculture.