



DEBATES AND PROCEEDINGS

Speaker: Honourable Danielle Barkhouse

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First Session

WEDNESDAY, MARCH 19, 2025

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HALIFAX, WEDNESDAY, MARCH 19, 2025

Sixty-fifth General Assembly

First Session

1:04 P.M.

SPEAKER

Hon. Danielle Barkhouse

DEPUTY SPEAKERS

John White, Marco MacLeod, Tom Taggart

THE SPEAKER: Order.

Before we start the Orders of the Day, we have the topic of the Late Debate:

Therefore be it resolved that this government must pause and reconsider the senseless harm that it is about to inflict on post-secondary institutions and those working and studying within these institutions.

We will begin the daily routine.

PRESENTING AND READING PETITIONS

THE SPEAKER: The honourable member for Queens.

HON. KIM MASLAND: I beg leave to table a petition. The operative clause reads as follows:

We ask that the government:

1. Complete the three asks of the NS Lyme Disease Advocacy Group as presented to the PC Caucus in February of 2022. The three asks were:

- adequate education for all health care providers and residents;
- development of a dedicated tick-borne diseases care clinic;
- formation of a non-partisan task force, including those with lived experience.

2. Undertake a year round awareness campaign such that all Nova Scotians, and visitors to the province, are informed about ticks, what diseases/infections they can carry, how to prevent being bitten, how to properly remove, how to landscape to prevent, how to get diagnosed and treated, that a negative ELISA does not mean that you do not have Lyme disease or another tick-borne disease, etc.

3. Include in the “Guidance for Primary Care and Emergency Medicine Providers in the Management for Lyme Disease, Human

I cannot pronounce this stuff, I’m going to try:

Granulocytic Anaplasmosis, Babesiosis, and Powassan

I can’t pronounce these:

virus infection in Nova Scotia”, the following disclaimer contained in the Infectious Diseases Society of America (IDSA) Lyme Guidelines, which . . . always account for individual variation among patients. They are assessments of current scientific and clinical . . . evidence (new evidence may emerge between the time information is developed and when it is published or read); should not be considered inclusive of all proper treatments methods of care, or as a statement of the standard of care; do not mandate any particular course of medical care; and are not intended to supplant physician judgement with respect to particular patients or special clinical situations. Whether and the extent to which to follow guidelines is voluntary, with the ultimate determination regarding their application to be made by the physician in the light of each patient’s individual circumstances.

There are 1,727 signatures, and I have applied my signature per the rules of the House.

THE SPEAKER: The petition is tabled.

The honourable member for Cape Breton Centre-Whitney Pier.

KENDRA COOMBES: Speaker, I beg leave to table a petition. Operative clause:

Whereas workers need and deserve fair wages and safe working conditions and they have the right to bargain for them, and,

Whereas the use of scab labour prolongs strikes and lockouts and disincentivizes employers from reaching a fair deal with workers, and provokes violence,

Therefore, we the undersigned call on the Nova Scotia Legislature to pass the NSNDP Bill 435, which bans the use of scab labour in Nova Scotia.

Speaker, there are approximately 200 signatures. I want to thank the unions for also bringing this along for the ride in all their meetings. I've affixed my own as per the rules of the House.

THE SPEAKER: The petition is tabled.

PRESENTING REPORTS OF COMMITTEES

TABLING REPORTS, REGULATIONS AND OTHER PAPERS

THE SPEAKER: The honourable Minister of Environment and Climate Change.

HON. TIMOTHY HALMAN: Speaker, I beg leave to table a report from the Canadian Parks and Wilderness Society, CPAWS. The report is entitled *On the Path to 2030: A Report Card on Progress to Protect Land and Ocean Across Canada*. The CliffsNotes of this report is that Nova Scotia is a leader in land and water conservation. We've earned a B+. The former educator in me says that's actually an A-.

THE SPEAKER: The report is tabled.

STATEMENTS BY MINISTERS

GOVERNMENT NOTICES OF MOTION

THE SPEAKER: The honourable Minister of Environment and Climate Change.

RESOLUTION NO. 128

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

Whereas the Canadian Parks and Wilderness Society released its national report card on progress to protect land and ocean across Canada today, March 19th; and

Whereas Nova Scotia's 2024 rating is B+, up from a B rating in 2021; and

Whereas this rating increase was attributable to strong leadership to protect more of our land and water, including designating Owls Head as a provincial park, designating more wilderness areas, including marquee sites such as Archibald Lake and the Sackville River area, releasing our province's first Collaborative Protected Areas Strategy and much more;

Therefore be it resolved that all members of the Legislature support government's work in collaboration with private land trust partners to protect more of our land and water, and in doing so, maintain our position as a national leader in land and water conservation.

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

THE SPEAKER: There has been a request for waiver.

Is it agreed? It is agreed.

All those in favour? Contrary minded? Thank you.

The motion is carried.

The honourable Minister of Agriculture.

RESOLUTION NO. 129

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

Whereas Farm Safety Nova Scotia is an organization dedicated to the safety of all those involved in the agriculture industry, working to promote a safety-first mindset here in our province; and

Whereas nothing could be more important than making sure hard-working people come home to their families; and

Whereas March 16th to 22nd is Canadian Agricultural Safety Week, a week where we take the time to consider how important good safety practices are within the agriculture sector;

Therefore be it resolved that all members of the House join me in both thanking Farm Safety Nova Scotia for all they do to encourage safety in Nova Scotia agriculture and in expressing their complete support for Canadian Agricultural Safety Week and the safety of this province's farmers.

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 L'nu Affairs.

RESOLUTION NO. 130

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

Whereas two-spirit identities are often interconnected with Indigenous tradition, language, and ceremony, carrying unique roles and responsibilities for the well-being of their communities; and

Whereas two-spirit and Indigenous LGBTQIA+ people are often marginalized and vulnerable to experiences of racism, discrimination, violence, harassment, and social isolation; and

Whereas the Wabanaki Two-Spirit Alliance is a collective of two-spirit LGBTQIA+ people from Wabanaki territory who, through advocacy, education, and cultural connection, work to create spaces where individuals feel safe, supported, and celebrated, and a future where they can live in their identities, expressions, and communities;

Therefore be it resolved that all members of the House of Assembly join me in recognizing the important work of the Wabanaki Two-Spirit Alliance, who are creating a safer space for an inclusive Nova Scotia.

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. (Standing ovation)

INTRODUCTION OF BILLS

Bill. No. 93 - An Act to Expand Nova Scotia's Workforce. (Hon. Derek Mombourquette)

Bill. No. 94 - An Act to Reintroduce Local School Boards. (Elizabeth Smith-McCrossin)

Bill No. 95 - An Act Respecting the Community Use of Public School Facilities. (Elizabeth Smith-McCrossin)

Bill No. 96 - An Act to Amend Schedule A of Chapter 1 of the Acts of 2018, the Education Act, Respecting School Weather Closings. (Elizabeth Smith-McCrossin)

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

NOTICES OF MOTION

STATEMENTS BY MEMBERS

THE SPEAKER: The honourable member for Sackville-Uniacke.

[1:15 p.m.]

DIETITIANS DAY: HEALTHY COMMUNITIES - RECOG.

HON. BRAD JOHNS: I rise today to recognize an important day that highlights the contributions of an often-overlooked group of professionals who play a vital role in improving the health and well-being of Nova Scotians. Dietitians Day honours the work of those highly skilled professionals who are dedicated to promoting healthy eating and lifestyles through evidence-based nutritional practices.

Dietitians, with their expertise in food and nutrition, help individuals, families, and communities manage health conditions, optimize nutritional intake, and make informed food choices. Whether working in hospitals, schools, public health, or the private sector, dietitians empower Canadians to live healthier lives and support our health care system by preventing and managing chronic diseases like diabetes, heart disease, and obesity. This year's Dietitians Day theme encourages all of us to "Nourish to Flourish."

I'd like to ask all the members of the Legislature to please recognize the work dietitians do and express our gratitude to them. Please join me in thanking them.

THE SPEAKER: The honourable member for Sackville-Cobequid.

PAUL WOZNEY: Speaker, I beg leave to make an introduction.

THE SPEAKER: Please do.

PAUL WOZNEY: We're fortunate today to have with us, representing Team Atherton, team second Hugh Tyler McMullen on behalf of lead Jed Freeman, third Alan Fawcett, and skip Zach Atherton, who can't be with us. Joining Hugh Tyler McMullen today are his mother Sheila McMullen, his grandfather Marc Doneault, and his grandmother Rhoda Doneault.

I ask them to stand and be recognized and receive the warm welcome of the House.
(Applause)

THE SPEAKER: Welcome. We hope you enjoy your time here.

The honourable member for Sackville-Cobequid.

TEAM ATHERTON: CURLING VICTORIES - CONGRATS.

PAUL WOZNEY: I rise today to celebrate a force in Canadian curling. Team Atherton hasn't so much climbed the ranks of the sport as they have hurried through them hard. Hailing from two home clubs, the Halifax Curling Club and the Chester Curling Club,

Team Atherton's year started in a number of victories and shows no signs of slowing. They began 2025 with modest success, winning five cash spiels, the U-18 Provincial Championship, and the Under-20 Provincial Championship too.

U-18 nationals would prove a much more taxing event, as the team faced two short-notice flight cancellations and an ultimately 40-hour trip to Saskatoon. Just like those cancelled flights, their competitors couldn't keep them from getting where they wanted to be. After going 6-0 in the round robin and 7-4 in the semis, Team Atherton bested Ontario in the finals by 7-1 in six ends after an impressive cross-house double for three points in the first end.

I ask that all present join me in congratulating Team Atherton on their parade of successes and in wishing them the very best of luck in the Under-20 nationals beginning next week in P.E.I. Go Atherton.

THE SPEAKER: The honourable member for Sydney-Membertou.

MCNAMARA, GERARD: DEATH OF - TRIBUTE

HON. DEREK MOMBOURQUETTE: I rise in my place to recognize someone who was a big part of the Liberal family for well over 50 years: That was Gerard McNamara. Gerard McNamara passed away recently. He was a big part of his community; he was a big part of his church.

People would know Gerard through Holy Rosary Parish in Westmount to the Spanish River Hall. He was a volunteer with the Knights of Columbus. He was always out selling tickets in the community. I rise in my place because he supported me and worked every one of my elections since my time in university. As I said, Gerard was working elections for the Liberals in the 1960s - he was that dedicated to the party.

I rise in my place to send my love to his wife of 65 years, Alice and their family, and recognize a guy who really mattered to a whole lot of people. He had a heart of gold and as I said, he was there for me every step of the way. I rise in my place to recognize Gerard McNamara.

THE SPEAKER: The honourable member for Preston.

HON. TWILA GROSSE: I beg leave to make an introduction before I begin.

THE SPEAKER: Please do.

TWILA GROSSE: Today in the gallery, we are joined by Paul Simmonds, the son of Ernest Simmonds, CEO of SimClean Commercial Cleaning Services. Paul, it is a

privilege to introduce you in the Legislature. I would ask that you rise and receive a gracious welcome from this House of Assembly. (Applause)

THE SPEAKER: Welcome to the People's House. We hope you enjoy your time here.

The honourable member for Preston.

SIMMONDS, ERNEST: SIMCLEAN - RECOG.

HON. TWILA GROSSE: I rise today to recognize Ernest Simmonds, the CEO of SimClean Commercial Cleaning Services. He was born and raised in the community of North Preston, and in 1985, Ernest had a vision to start and own a family business. Along with his son Paul, they have been growing the company, thanks to their commitment to their clients.

Their goal is to please people with their expertise in the services they provide, from light to heavy-duty cleaning. Their services are unique and customized to meet the needs of their clients. Their motto is: "To serve one is to help one." In saying this, they are able to help others by providing job opportunities and support when needed.

I ask all members of the Nova Scotia Legislature to please join me to recognize Ernest Simmonds and his son Paul of SimClean on the great work they are doing and will continue to do.

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

LISA LACHANCE: I beg leave to make an introduction relative to my member statement.

THE SPEAKER: Please do.

LISA LACHANCE: In the gallery today, we are joined by Dr. Marion Brown, who is a social worker and associate dean academic in the Faculty of Health at Dalhousie University. I'd ask Marion to rise and accept the warm welcome of the house.

THE SPEAKER: Welcome to the House. We hope you enjoy your time here.

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

BROWN, DR. DOUG: DEATH OF - TRIBUTE

LISA LACHANCE: I rise to honour the legacy of Dr. Doug Brown, who passed away in October 2024 at almost 94 years of age. Doug was an inventor, sailor, musician,

surgeon, handyman, Sunday school teacher, med school tutor, windsurfer, ski patroller, and storyteller supreme. If you were a child with a broken bone in Nova Scotia between 1967 and 1997, you would have had a one-in-three chance of seeing Dr. Doug Brown.

Doug's true calling, it seems, was as life partner to Dr. Pam Brown, and dad and papa to their children and grandchildren. From the moment they met - and Doug loved to tell anyone who would listen to the story, maybe more than once - they met in a convertible in London on the way to a European ski vacation. All the way through the years, to Pam's death not long before his, they worked collectively to support their family and community.

He was deeply curious about the world and its people. If you crossed his path, he engaged you in conversation. He wanted to know what was news for you and what he could share with you. Doug was constantly learning. He lived well until his last moments. While he had many years, his passing continues to leave a gap in the lives of many. I ask all members to recognize the passing of Dr. Doug Brown.

THE SPEAKER: The honourable member for Timberlea-Prospect.

ROBERTSON, TOM: COM. SERV. - THANKS

HON. IAIN RANKIN: I want to recognize Tom Robertson, a long-time, highly respected resident of Hubley and much regarded business owner of Bay Self Storage in Timberlea. Much can be said about Tom's business acumen shown over many years, where he is still actively involved. Tom's benevolent community involvement has made a big impact throughout Timberlea-Prospect. He has been a volunteer member of the Community Monitoring Committee that monitors, on behalf of all HRM residents, the Otter Lake Landfill.

Tom is an original board member, having been on the CMC since its very beginning over a quarter of a century ago. And while this year he will take a deserved rest, he will remain an original with the collective gratitude of the BLT community in particular. Also, as part of that collective community memory is Tom's contributions to the very popular BLT Trail. As a humble man, he always operated behind the scenes in assisting with the much-valued volunteer upkeep of the trail's maintenance.

I ask the members of the House of Assembly to join me in wishing Tom well and thank him for his extraordinary commitment to our community.

THE SPEAKER: The honourable member for Bedford South.

DAMIAN STOILOV: Speaker, before I read my statement, I beg leave to make an introduction.

THE SPEAKER: Please do.

DAMIAN STOILOV: Joining us today is Maria Emilia Hidalgo, a student at Dalhousie University, who is from Ecuador and is volunteering in the Bedford South constituency office. Maria, I am pleased that you are giving your time to the residents of Bedford South. Please rise to receive a welcome from the members of the Legislature. (Applause)

THE SPEAKER: Welcome. We hope you enjoy your time here.

The honourable member for Bedford South.

HIDALGO, MARIA EMILIA: CONSTITUENCY WORK - RECOG.

DAMIAN STOILOV: I rise today to recognize Maria Emilia Hidalgo, a third-year student at Dalhousie University who recently started volunteering at the Bedford South constituency office.

Maria Emilia is a dedicated student of political science, law, justice, and society. She is not only dedicated to her academic studies but also believes that the best way to learn about our political system is by applying herself to the benefit of community. I am thrilled that she is helping our team serve the residents of Bedford South, and I am confident that this will be just the beginning of a possible lifelong journey in Nova Scotia politics for this incredible young person.

I ask my fellow members of this House of Assembly to join me in applauding Maria in celebrating her commitment to making a difference in our community. (Applause)

THE SPEAKER: The honourable member for Dartmouth North.

SUSAN LEBLANC: Speaker, may I make a quick introduction?

THE SPEAKER: Please do.

SUSAN LEBLANC: Speaker, in your Gallery - the Speaker's Gallery - today we have two very special guests: Ralph MacKenzie and Ralph's wife Mavis are here joining us for a member statement. We also have Sandi Weagle, who is a good friend of Ralph and Mavis and who has worked in my constituency office for many years.

Ralph is a retired schoolteacher and when I first was elected, he came to my office for some reason - note I can't even remember what it was, but no doubt it was because of some community project he was working on. Oh, I do remember now. I have known him ever since as a community mover and shaker, and so I ask the House to join me in welcoming Ralph and Mavis to the House. (Applause)

THE SPEAKER: Welcome to the House. We hope you enjoy your time here.

The honourable member for Dartmouth North.

MACKENZIE, RALPH: COM. SERV. - THANKS

SUSAN LEBLANC: In July of 2024, I had the pleasure of attending the ribbon cutting for the newest addition to the Freedom Foundation of Nova Scotia, a recovery home for men recovering from addictions in Dartmouth North. This new wing was fittingly named after a steadfast friend of the Foundation, Ralph MacKenzie. The Ralph MacKenzie wing of the Freedom Foundation is a much-needed expansion of the kitchen and adds bedrooms for additional residents participating in the program.

[1:30 p.m.]

A member of the Freedom Foundation board, Ralph was an integral force in the acquisition of the Dr. John Savage House across the street from the original house for people who have completed the first stage of the program. In addition to his vital work with the Freedom Foundation, Ralph's volunteer record includes Margaret's House, Out of the Cold, coordinating the Dartmouth North Community Van and, as well, serving on several volunteer boards. There isn't enough time to detail all the ways that Ralph has lifted up his community over the years.

Please join me in congratulating Ralph MacKenzie on this much-deserved recognition and thanking him for all he has done for our community.

THE SPEAKER: The honourable member for Cumberland North.

AMHERST JR. A RAMBLERS: PLAYOFFS - BEST WISHES (PART 1)

ELIZABETH SMITH-MCCROSSIN: Today I rise to recognize and celebrate the Amherst Jr. A Ramblers on their outstanding hockey season and for qualifying for the playoffs in the Maritime Junior Hockey League.

The Amherst Ramblers began the playoff round with a fantastic win, 11 to 1, over the Truro Junior Bearcats in front of a . . . (interruptions). Yes, 11 to 1. Now, I realize they did lose last night, 8 to 5, but that's okay. I'm still going to focus on the 11 to 1 win on Saturday night. (Interruption) That's okay, we got lots more. It was in front of a sellout crowd. We also had 1,900 fans at the game in Amherst. I don't know, there seemed to be a lot of empty seats last night in Truro - just saying.

I do want to acknowledge the Amherst Junior A Ramblers with another couple of points. I will mention that again in my next member's statement. Let's join in thanking and congratulating the Amherst Junior A Ramblers.

THE SPEAKER: I see we're already gauging where the belt is and where to hit.

The honourable member for Sydney-Membertou.

MACADAM, PEGGY: DEATH OF - TRIBUTE

HON. DEREK MOMBOURQUETTE: Speaker, I rise in my place to recognize a really strong champion in the greater Sydney area - and Cape Breton, for that matter - whom we lost this past year. It was Peggy MacAdam. For anyone who has shopped in downtown Sydney - Cape Breton Curiosity Shop - that was Peggy's.

Peggy was a pillar in the downtown community as an entrepreneur. She was loved and adored by all her fellow colleagues who operate businesses downtown. She paid a lot of attention to politics as well. She was no-nonsense. She would tell you exactly what she thought you needed to hear and how she wanted to say it. I loved her for that - so much.

I rise in my place to recognize someone we lost, someone a lot of people miss in the community, a very successful entrepreneur, the owner of Cape Breton Curiosity Shop - she was lovely - Peggy MacAdam.

THE SPEAKER: The honourable member for Annapolis.

DAVID BOWLBY: I beg leave to make a couple introductions.

THE SPEAKER: Please do.

DAVID BOWLBY: In the gallery today, I am truly honoured to introduce two remarkable young women from the Annapolis Valley.

Esther Uhlman was invited in November to present at the Parliamentary Committee for the Status of Women about violence against women. I was pleased to read a member's statement about Esther earlier this year.

Joining Esther is Ava Copas, who has been an exemplary student leader and a national 4-H award winner.

This is going to be a tag-team presentation. I've asked MLA Melissa Sheehy-Richard to help me out with . . .

THE SPEAKER: Order. You're not allowed to state someone's name in the House - member for Hants West.

The honourable member for Annapolis.

DAVID BOWLBY: Thank you. Esther and Ava, I would ask both of you to rise and accept the warm welcome from the members of this Legislature. (Applause)

THE SPEAKER: Welcome. We hope you enjoy your time here.

The honourable member for Hants West.

COPAS, AVA: 4-H ACHIEVEMENTS - CONGRATS.

MELISSA SHEEHY-RICHARD: Speaker, I rise today to recognize a remarkable young woman, Ava Copas. Ava has been a member of the Avon 4-H Club since she was nine years old, serving as club reporter, treasurer, and president. She also served on the Hants County 4-H Council as secretary, vice-president, and president.

This past Fall, Ava was the Nova Scotia 4-H Grand Champion Judge and was invited to compete at the Canadian Western Agribition, where she was named Top Atlantic Judge and placed second in the Top Canadian Egg Judge. In 2022, Ava was one of only four Canadians to receive 4-H's prestigious LEAD Award under the pillar of Community Engagement and Communication. As part of her award, Ava received a \$2,000 scholarship, and she is currently finishing her third year at Acadia University.

Beyond her work in 4-H, Ava maintained a 96 per cent grade point average at Avon View High School. She was a member of student council and a student member of the school advisory council. She is currently a student representative on the Acadia University Governance Committee.

All I can say is what a remarkable young woman Ava is. I ask that all members join me in congratulating her on her achievements to date.

THE SPEAKER: The honourable member for Halifax Armdale.

ROD WILSON: I beg leave to make an introduction.

THE SPEAKER: Please do.

ROD WILSON: To members of the Legislature, I would like to introduce Ms. Tina Raftus. Tina is the founder of City Kidds Escape Society and also recipient of the Queen Elizabeth II's Platinum Jubilee Medal and King Charles III Coronation Medal. Tina, I ask that you rise and be welcomed here by members of the Legislature. (Applause)

THE SPEAKER: Welcome. We hope you enjoy your time here.

The honourable member for Halifax Armdale.

RAFTUS, TINA: CITY KIDDS ESCAPE SOCIETY - RECOG.

ROD WILSON: In 2012, in response to community stress and needs, Ms. Tina Raftus founded the City Kidds Escape Society. From its humble beginnings to the thriving community hub it is today, City Kidds Escape Society has remained committed to its mission of providing free resources, support, and services to low-income families in the community of Westwood Park.

The society created a community garden, which has become a symbol of community pride and a sanctuary for over 400 visitors every Summer. It has also created soccer teams with over 200 children participating and learning valuable lessons in teamwork, sportsmanship, and discipline.

The impact goes way beyond numbers. Tina and her volunteer team have helped transform the community from one of the highest crime rates in the city to one of the lowest. When I visited the garden last year, I found Tina with her wheelbarrow surrounded by children beaming with joy and laughter. The sense of belonging and pride in the community was palpable. City Kidds Escape is more than a garden. It's a true sanctuary for joy in the middle of the city. Tina, thank you so much for your leadership and kindness.

THE SPEAKER: The honourable member for Timberlea-Prospect.

VANTASSEL, AMANDA: NO HASSLE DOG TRAINING - RECOG.

HON. IAIN RANKIN: Speaker, I would like to recognize Brookside resident Amanda VanTassel, who founded No Hassle Dog Training in January 2021. Amanda is an award-winning certified trainer who is often referred to as Dog Mom Coach because of her client-centred focus and empathy. She focuses on positive, reward-based training techniques. Many people even come to her after they have been injured by their dog pulling them down the road. After training sessions, which can be in a private or group setting at the local Paw Pad Retreat & Spa in Timberlea, Amanda emails follow-up instructions, tips, and video links so the owner can regularly work on improving their companion's behaviour.

I would just like to recognize the work Amanda does to improve the relationship with many of my canine residents in Timberlea-Prospect and their owners around the community, ranging from leash-walking skills to tempering excitement.

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

CLARKE, KYRA: RETIREMENT - BEST WISHES

JOHN WHITE: Speaker, I rise to celebrate a remarkable woman and an extraordinary career. After 20 years of dedicated service with the Cape Breton Regional Police, Kyra Clarke has retired.

Kyra's story is one of courage and commitment. At the age of 44, when most are settling into routine, Kyra chose a new path - one of service, protection, and unwavering dedication to our community. From that moment on, she wore the badge with pride, treating every citizen with kindness, compassion, and respect. Kyra's presence brought comfort to those in need, strength to her colleagues, and inspiration to all residents.

Kyra, your work has left a lasting impact. Your legacy of empathy and integrity will be remembered for years to come. On behalf of our residents, I want to thank you for your service. We wish you all the best in the next chapter of your life. Congratulations, Kyra.

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

LISA LACHANCE: Speaker, I beg leave to make an introduction relative to my member's statement.

THE SPEAKER: Please do.

LISA LACHANCE: Joining us in the gallery today is John Silliboy. He is the executive director of the Wabanaki Two-Spirit Alliance, and Evan Butler, who is the chair of the Wabanaki Two-Spirit Alliance. I ask them to rise and receive the warm welcome of the House. (Applause)

THE SPEAKER: Welcome to the House. We hope you enjoy your time here.

The honourable member for Halifax Citadel-Sable Island.

WABANAKI TWO-SPIRIT ALLIANCE: ADVOCACY - RECOG.

LISA LACHANCE: I rise to recognize the Wabanaki Two-Spirit Alliance, a collective of two-spirit, Indigiqueer, LGBTQQIA+ kin, elders, knowledge carriers, youth, and allies from Wabanaki territory. The alliance advocates for and celebrates 2SLGBTQQIA+ communities through relationship building, two-spirit-led research, and community-led initiatives.

Introduced in 1990, two-spirit provides a pan-Indigenous way to reclaim teachings and roles disrupted by colonization. It honours the spectrum of experiences and serves as a bridge to nurture traditional understanding, identities, and nation-based knowledge. The

Wabanaki Two-Spirit Alliance celebrates and uplifts two-spirit histories, gifts, and contributions. Through education, advocacy, and community connection, they strive to create spaces that reflect the medicine, innovation, love, and care of two-spirit kin. Guided by the values and the principles of Peace and Friendship Treaties, Wabanaki Two-Spirit Alliance works to uphold respect, equity, and community care in all they do.

I ask all members to join me in recognizing the enormous impact of the Wabanaki Two-Spirit Alliance, and to join us on Friday when they raise the flag outside Province House.

THE SPEAKER: The honourable member for Cumberland North.

AMHERST JR. A RAMBLERS: PLAYOFFS - BEST WISHES (PART 2)

ELIZABETH SMITH-MCCROSSIN: Speaker, I just want to finish making a few remarks about the Amherst Jr. A Ramblers.

I wanted to mention that we have a lot of really great former members, including Member of Parliament Kody Blois. He used to play for the Amherst Jr. A Ramblers. Many of you here in the Chamber know that he was just announced to be part of the new Prime Minister's Cabinet. A big shout-out to Kody Blois and congratulating him.

The Amherst Jr. A Ramblers does have a long and storied history in our community well back into the last century. In fact, Jack Keddy of Pugwash, a former Amherst resident, has a gold pocket watch that was presented to his grandfather, Doug Elderkin, in the late 1930s, when he played for the winning Ramblers team.

I ask that you please join me in wishing the Amherst Jr. A Ramblers the very best in the league playoffs, and thank the organization's board of directors and all their supporters for keeping junior hockey alive and well in Amherst. If you have a chance Friday night, join us at the Amherst Stadium and come cheer on the Amherst Jr. A Ramblers.

THE SPEAKER: The honourable member for Eastern Shore.

TEAM PURCELL: CURLING TOURN. PERF. - CONGRATS.

HON. KENT SMITH: Speaker, I rise today to recognize Team Purcell, which recently represented Nova Scotia at the 2025 Montana's Brier in Kelowna, B.C. The men's national curling championship showcased some incredible shot-making while also featuring some new and young talent, including Nova Scotia's very own skip. Owen Purcell made his debut at this year's Brier, bringing a fresh face to Canada's most anticipated curling tournament. Team Purcell made it to the playoffs, ending a 19-year

Brier playoff drought for Team Nova Scotia, and although they did not make the podium this time, they represented our province with distinction.

I would like to congratulate the entire team for their excellent showing: skip Owen Purcell, third Luke Saunders, second Scott Saccary, lead Ryan Abraham, alternate Calan MacIsaac, and coach Colleen Jones. Thank you for representing Nova Scotia at this year's Brier. We can't wait to see what's next for Team Purcell.

THE SPEAKER: The honourable member for Halifax Needham.

SON, SHADAN - BIRTHDAY WISHES

SUZY HANSEN: Speaker, I rise today to wish my eldest son a happy birthday. On March 16th, 20 years ago, Shadan Hansen was born around supertime. He was a beautiful, healthy baby.

It was a fast and furious time of labour, being birthed at a record time of just over an hour from check-in to coming into this world - before the nurses' shift ended and before the obstetrician could get her jacket off. He was ready to see the world, as hungry as ever - which is also why he loves every meal, and he can cook really, really well.

Shadan, growing up, was very busy playing baseball, basketball, football, and lacrosse, all the while excelling academically. When he was in junior high, he wanted to be a mathematician. Now, as an academically gifted student athlete studying chemistry, he is always up for the game of one-on-one and never shies away from physical contact.

I'm so proud of this kid, and I am in awe of his attitude and zest for life. I can't wait to see what this future holds for him.

THE SPEAKER: The honourable member for Eastern Passage.

ROCHON, LISA: CONSTITUENCY ASSISTANT - RECOG.

HON. BARBARA ADAMS: I rise today to celebrate my great luck in having my amazing constituency assistant. Eight years ago, God brought me an angel named Lisa Rochon into my life. Since then, she has been at my side working with me in our constituency office in Eastern Passage for the past eight years. She has a gentle nature, but will fight long and hard to get our constituents the answers they need to the serious challenges that they are facing.

Our favourite story is how people will thank me for helping them out on an issue, only to find out that Lisa is the one who did 100 per cent of the work on their behalf. I am not sure how many votes that I have gotten during the last two elections that are due to her wonderful work, but I suspect it is a large percentage.

Speaker, I ask all members of the Nova Scotia Legislature to join me in recognizing the amazing contributions of my constituency assistant and dear friend Lisa Rochon.

THE SPEAKER: The honourable member for Halifax Chebucto.

ANGÉLIQUE FRENCH CAFÉ: NEW BUSINESS - BEST WISHES

KRISTA GALLAGHER: Speaker, I rise today with exciting news out of Halifax Chebucto and to welcome a great addition to the Quinpool business district: Angélique French Café. Since last August, Angélique Chevolleau has been renovating the space to mirror a proper French bakery.

[1:45 p.m.]

Located on the corner of Beech Street, Angélique French Café joins classics such as the Ardmore Tea Room and Oddfellows Barbershop at the west end of Quinpool Road. Following their grand opening on March 9th, the café is officially open for business. The café welcomes patrons to join them for a warm and inviting experience with authentic French coffee, pastries, candies, and more. Angélique herself has called the café “a slice of Paris right here in Halifax.”

Please join me in wishing this new woman-owned business in Halifax Chebucto continued success.

THE SPEAKER: The honourable member for Pictou West.

MACDONALD, ELSIE: 100TH BIRTHDAY - BEST WISHES

MARCO MACLEOD: I rise today to acknowledge Pictou resident Elsie MacDonald, who will turn 100 years old on April 6th.

Elsie was an active volunteer with the Pictou West Food Bank starting in the late 1980s. She began volunteering with the food bank after retiring from a career with the Pictou RCMP as their administrative assistant. Elsie served multiple terms on the food bank board of directors and was the volunteer coordinator for nearly three decades. As a former board member stated: “In terms of roles, Elsie did them all. She was the single contact person at the food bank for decades, and when she stepped down at age 94, it took two of us to replace her.”

I ask everyone here to join me in wishing Elsie a very happy early 100th birthday.

THE SPEAKER: The honourable member for Cape Breton Centre-Whitney Pier.

DOUCETTE, WILFRED: FIREFIGHTING SERV. - THANKS

KENDRA COOMBES: I rise to recognize Wilfred Doucette, a staunch community volunteer and firefighter. Last week, the Reserve Mines Volunteer Fire Department honoured Wilfred for his 60 years of service. The fire department services Reserve Mines and Gardiner Mines, and for 60 years, Wilfred Doucette has answered the call.

I thank Wilfred for his 60 years of commitment to the community and his family for sharing him with the community that appreciates him immensely. Congratulations on 60 years of service. I thank you very much.

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

MACPHEE, ANDREW: COM. SERV. - THANKS

BRAD MCGOWAN: Today I rise to recognize an exceptional community volunteer: Andrew MacPhee. Andrew devotes his time to numerous organizations, including as a youth soccer coach, a hockey coach, and a Sunday school teacher at Saint John XXIII Catholic Church. When he isn't enriching the lives of our youth, he can be found organizing fundraisers for Diabetes Canada and the Dartmouth General Hospital, as well as Kids Help Phone.

Andrew also has a wonderful relationship with local high schools and NSCC, providing work placements for students. Andrew has my immense respect for juggling all this with his day job leading this team at MacPhee Ford. He's also taken the time to help me in my campaign, and I'm incredibly grateful for his continued support.

I ask the House to join me in recognizing an incredible volunteer in our community, my neighbour and friend Andrew MacPhee.

THE SPEAKER: The honourable member for Sackville-Cobequid.

NSGEU CONTRACT OFFER: REJECTION - RECOG.

PAUL WOZNEY: As the members present in this room are well aware, you can't always please everyone, but when 99 per cent of people are displeased, it tells us that something is terribly wrong.

I rise today to note the resounding denial of the government's latest contract offer to the Nova Scotia Government and General Employees Union and to wish them the best of luck as they attempt to move their case to arbitration. The union's bargaining committee was heard loud and clear when they recommended their 8,000 civil servants reject the contract that attempted to delete job security clauses and made a wage offer well below

their worth, despite this government's promise of better wages for all Nova Scotians during its most recent campaign.

NSGEU members were rightly concerned about the incumbent government's attack on non-unionized government workers and stood up en masse to oppose similar attacks on their own job security. It's my sincere hope that Nova Scotia's government workers will get a contract befitting their central role in advancing our Province. I ask that all who are present join me in congratulating the NSGEU for their resolve.

THE SPEAKER: The honourable member for Lunenburg.

PARKS, DONALD: DEATH OF - TRIBUTE

HON. SUSAN CORKUM-GREEK: I rise today to celebrate the life of the beloved Lunenburger Donald Parks. Donnie passed away earlier this month with his family at his side. He's being remembered for a lifetime of service to our community, primarily through the Lunenburg and District Fire Department, where he was an active member for 47 years. During that time, Donnie held virtually every office in the department, including a decade as fire chief. He also spent 35 years as station superintendent for the Town of Lunenburg.

That's what Donnie did, but let me speak of who he was, because Donnie was the best of people. He was an empowering leader, a loyal and generous friend, and a devoted son, dad, and granddad. He was someone who loved a good laugh and greeted you with a smile. He was someone who showed up, whether it was a fire call, a party, or a friend in need.

I wish to extend my condolences to Donnie's mom, Frances, his children, Chad, Tyler and Stephanie, his grandchildren, and his sister, Jane.

THE SPEAKER: The honourable member for Dartmouth South.

FATHER-IN-LAW, PETER MACLELLAN - BIRTHDAY WISHES

CLAUDIA CHENDER: I rise to recognize my father-in-law, Peter MacLellan, on the occasion of his 80th birthday today. Peter was born on Park Street in Sydney, came to Halifax for university, and never left. He met Judy Charman there, who was down from Digby, and they got married and had three children, one of whom is my husband, so I'm glad that happened.

Peter grew up in a very political family, just not my kind. He is always a keen watcher, observer, and participant in politics. He wears red, except when I come over for dinner, and then he puts on his orange T-shirt. He's a great guy. He worked in publishing, he worked in communications, and he worked in politics. He never quite grew up, so we

call him Big Pete, but he's forever young today on his 80th birthday. I just want to wish you a very happy birthday.

THE SPEAKER: The honourable member for Clayton Park West.

MY EAST COAST EXP. MEDIA AWDS.: CONTRIBS. - RECOG.

ADEGOKE FADARE: Today I rise to celebrate the 10th anniversary of My East Coast Experience Media Awards, an event that has been held for a decade to recognize the resilience, innovation, and contributions of immigrants in Atlantic Canada.

I was allowed to attend this national celebration and to witness first-hand the stories of individuals who have shaped and enriched our communities. Immigration is not just about moving to a new place. It's about building, contributing, and belonging. The immigrants celebrated at this event have demonstrated hard work, leadership, and perseverance, reminding us all of the value of inclusion and the power of diversity.

Let's continue to celebrate and uplift the contribution of immigrants, because when we embrace diversity, we create a stronger Nova Scotia. I ask all members of this House to join me in applauding these remarkable individuals who have been recognized over the past years, as well as organizers who continue to highlight these amazing, inspiring stories.

THE SPEAKER: The honourable member for Halifax Needham.

SYMONDS, TERRY: DEATH OF - TRIBUTE

SUZY HANSEN: I rise today to remember Mr. Terry Symonds. Mr. Symonds was a well-known Black community leader in Nova Scotia. He worked at the Halifax North Memorial Public Library as a youth worker from 1977 to 1989 and oversaw the Halifax North Memorial Public Library from 1989 to 1990.

Mr. Symonds was a community leader who demonstrated that sports and education can go hand in hand. In 1984, Mr. Symonds was the impetus behind the first Black History events at the North Branch Library, co-sponsored with the Cultural Awareness Youth Group. This successful venture led to the popularization of Black History Month throughout the community and all of Nova Scotia.

Mr. Symonds carved out a special place for the North Branch, which continues to have a unique relevance to those who live in our community. There's an auditorium named in his memory at Halifax North Library, where his picture can be seen at the entrance.

May Mr. Terry Symonds' legacy live on in our community and across the province.

THE SPEAKER: The honourable member for Dartmouth East.

SMITH, JACOB: MUSIC SUCCESS - RECOG.

HON. TIMOTHY HALMAN: I rise today to celebrate the incredible achievements of Jacob Smith, who is a former student of mine at Woodlawn High School. Jacob has gone on to make a significant mark in the music industry. As the CEO and owner of Sauceware Audio, Jacob has demonstrated exceptional talent in his field. A gifted producer, composer, and recording engineer, Jacob was nominated for a Grammy Award in 2023 for Best Rap Album as one of the producers - a testament to his expertise and commitment to excellence.

Beyond his personal success, Jacob is determined to give back to Nova Scotia. He expressed interest in working with Music Nova Scotia to establish a mentorship program, where Jacob is offering 200 paid hours to help nurture and develop the next generation of production talent. Jacob's vision to pay it forward will have a profound impact on aspiring artists and producers. I commend my former student for his dedication to empowering others in the music industry. (Applause)

THE SPEAKER: Order. Someone has their phone on. I ask that they turn it off. Thank you.

The honourable member for Cape Breton Centre-Whitney Pier.

WHITNEY PIER GROUP: SOUPFEST FUNDRAISER - CONGRATS.

KENDRA COOMBES: I rise to recognize the inaugural Soupfest fundraiser in Whitney Pier. More than a dozen soups were available for sampling at the first Soupfest, hosted by the Whitney Pier Group to help raise funds to support BGC Cape Breton. The event was a sell-out, with 250 tickets sold. Congratulations to the Whitney Pier Group on another successful event, and I thank them for their continued support of BGC Cape Breton.

THE SPEAKER: The honourable member for Yarmouth.

DURKEE, PATTI: HUBERT & BELLE'S ART SHOP - RECOG.

NICK HILTON: I rise today to recognize Patti Durkee, the owner of Hubert & Belle's Art Shop, located in beautiful Port Maitland, Yarmouth County. Patti is a dedicated community volunteer and former municipal councillor. Patti returned to Yarmouth in 2014 with her partner Tom after being away for more than 30 years. In 2015, they opened an art gallery, which she named after her parents, Hubert and Belle Lynch.

The gallery, which was Patti's dream come true, features her work and that of other artists from across the province. Patti is deeply committed to supporting local artisans, and that is why Hubert & Belle's Art Shop is a proud member of Nova Scotia Loyal.

THE SPEAKER: The honourable member for Hants East.

CALDWELL ROACH INSURANCE: 60TH ANNIV. - CONGRATS.

JOHN A. MACDONALD: Speaker, I rise today to recognize Caldwell Roach Insurance as they celebrate 60 years of dedicated service in our community. Founded in 1965, Caldwell Roach Insurance has grown into a trusted name in the industry, providing exceptional service and personalized coverage to individuals, families, and businesses across the province. Their commitment to customer care and community involvement has made them a cornerstone of our local economy. For six decades, Caldwell Roach Insurance has not only provided peace of mind to their clients, but also actively supported numerous local initiatives and organizations. Their dedication to building strong relationships and giving back to the community is truly commendable.

I ask all members of the House to join me in congratulating Caldwell Roach Insurance on this remarkable milestone and wish them continued success for many years to come.

THE SPEAKER: The honourable member for Pictou Centre.

FORD, HARVEY: FORESTRY WORK - RECOG.

DANNY MACGILLIVRAY: Harvey Ford's lifelong passion for the forest industry began with Abitibi Pulp and Paper Mills in Ontario. He spent his early years flying in and out of remote forests, assessing inventory, and identifying new road locations.

In 1962, he moved to Point Tupper, Nova Scotia, where he dedicated more than 30 years at Stora Enso, now Port Hawkesbury Paper. His career flourished as he transitioned to a role overseeing land purchases and leasing for wood operations, including a 12-year stint as supervisor in Antigonish.

In 1981, Harvey was transferred to Pictou County as a wood procurement and operations supervisor for multiple counties in Nova Scotia and eastern Prince Edward Island. After his retirement in 1994, he continued to appraise and manage private woodlots, remaining active in the industry. He continues to be involved in forestry work, often found trudging through the forest.

Harvey always found deep satisfaction in his lifelong forestry career, nurturing nature, protecting forests, and embracing his passion daily. His wife of 68 years, Rita, lovingly remarked that they would likely bury his ashes under a tree in the forest - a fitting tribute to a life so deeply rooted in the woods.

THE SPEAKER: The honourable Premier.

FRANZEN, ERIKA: DEATH OF - TRIBUTE

HON. TIM HOUSTON (The Premier): I rise today to honour Erika Franzen. Erika passed away on March 14th after living a remarkable 100 years, and a remarkable life it was. Erika talked openly about the perils of growing up in war-torn Germany, including her internment in a Russian prison camp, before she immigrated alone to Canada in 1954.

Despite losing her husband at a young age, Erika wasn't alone. She enjoyed walking and gardening and was known to knit wonderful lace tablecloths and doilies, which can still be found in the homes of her many friends. Erika loved that on her birthday a local Sobeys store would always make her an authentic German cake. She also enjoyed fish and chips at the East Side Family Restaurant, which is where she celebrated her 100th birthday in January. I couldn't be there that day, but I had a great conversation with her on the phone.

[2:00 p.m.]

THE SPEAKER: Order. The time allotted for Statements by Members has expired. The time is now two o'clock. We will finish at 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.: SURPRISE AGENDA - ABANDON

CLAUDIA CHENDER: Speaker, Nova Scotians want to know why this government continues to push ahead with its surprise agenda. This government wants to give themselves the power to fire public servants without cause, lift long-standing protections on our land and water without warning, restrict freedom of information access for Nova Scotians and strip universities of their independence. All of this with no conversation, no consultation, no justification. Why is this government still pushing ahead with these changes?

THE PREMIER: The real surprise was that our best friend and ally launched a trade war on us - an economic war, that was the word. That was a surprise. When you get a surprise like that you need to respond. You need to respond quickly, you need to respond as effectively as you possibly can, and you certainly need to respond with precision. That's what we're doing. The Opposition - they can try to slow us down and they can pretend that what's happening in the world is not happening. Speaker, that doesn't change things. It is happening and we will respond and we will continue to respond.

CLAUDIA CHENDER: Speaker, that's a convenient but terrifying cover for an agenda that seeks to consolidate power. This morning, the president of the Saint Mary's University Faculty Union said the government's plan to strip universities of their independence is "the most extreme act of political interference in higher education in Canadian history." Universities don't want this. Faculty don't want this. Students don't want this. Nova Scotians don't want this; otherwise, it would have been part of the recent election campaign. Why does this government want to control what Nova Scotians can study and research at our post-secondary institutions?

THE PREMIER: I don't know if you remember, Speaker. I don't know if the Opposition will remember - certainly some members in this House remember - a time not that long ago when the Opposition was crying foul about supporting the AG: You have to support the Auditor General; how dare you? Actually, a lot of the things in this bill are as a result of the Auditor General's report. We actually respect the Auditor General, not just at a time when it's politically convenient. When the Auditor General does her work, we respect it. Speaker, what's really surprising to me is the degree to which the member will try to stoke the fears of Nova Scotians on things that just aren't true. We'll focus . . .

THE SPEAKER: Order. The honourable Leader of the Official Opposition.

CLAUDIA CHENDER: The Auditor General has called out this government for failing to clearly contract with the universities that it picks as winners and signs cheques for. If this bill fixes part of that, great. Stripping the universities of their independence did not have a single drop of ink in the Auditor General's report. This government seems to believe that it can make sweeping changes without telling Nova Scotians what it is doing or why. Nova Scotians deserve a say in decisions that affect their rights, their jobs, and their communities. They have come out in droves to say so.

The Premier can call them negative, call them special interests, call them names as much as he wants. It doesn't change the fact that he refuses to listen. What is the plan to address Nova Scotians' concerns?

THE PREMIER: I think, last year, that Nova Scotians, the taxpayers of this province, invested close to \$500 million in universities. It's an investment we're happy to make but it comes with some accountability. That's what Nova Scotians are asking us to do and that's what we will continue to do.

We don't need to stoke up the fears. We don't need to misrepresent what is really happening. Remember when the Opposition was saying: How dare the government get rid of the Law Amendments Committee? What an affront; there will be no mechanism for Nova Scotians to speak directly.

That wasn't true then; it's not true now. I think we're in our third day of Nova Scotians coming and speaking to the government. We will continue to do that. Let's speak to the facts, Speaker. That's what Nova Scotians want. That's what we'll deliver on.

THE SPEAKER: The honourable Leader of the Liberal Party.

PREM.: PUBLIC SERVANTS FIRING POLICY - JUSTIFY

HON. DEREK MOMBOURQUETTE: Speaker, yesterday, the Minister of the Public Service Commission claimed that the provincial government needs the ability to be flexible and to respond to Nova Scotians' needs, but that explanation doesn't hold up. The Premier's ministers keep saying they value public servants, but actions speak louder than words. Right now, public servants feel threatened and not valued. If this government truly believes this change is needed, they should be able to point to a real problem that it solves. Can the Premier provide a single concrete example of a time when the government was unable to function because they couldn't fire a public servant without cause?

THE PREMIER: Imagine, a member of the Liberal Party, who sat through the days of that government, talking about workers' rights, Speaker. It's a bit rich, I think. Let me just say what an incredible job the Minister of the Public Service Commission is doing. She is doing an absolutely incredible job. The minister is correct when the minister says that government has to have the ability to be flexible to manage and organize the civil service in a way that best meets the needs of Nova Scotians. We have tremendous respect for the civil service of this province. I know the Opposition is trying to scare them. We respect them. We work with them every day. We will treat them fairly. Our record shows that.

THE SPEAKER: Before I recognize, I notice it's getting a little loud. You know me. I'm going to start calling people out.

The honourable Leader of the Liberal Party.

DEREK MOMBOURQUETTE: The House Leader is pretty quiet over there, Speaker.

If they respect public servants so much - the government went back on removing the Auditor General, having the ability to fire. They went back on many pieces and probably more of the legislation that they tabled. They could move back on this one, too, and send a message to the Public Service that they do value them, that they do want to work collaboratively with them.

My question to the Premier is: He's made multiple changes to legislation thus far in this session, and this is an important one that he can do now; will he change it for the Public Service?

THE PREMIER: Our track record and our history show that when we need to change something, we have the courage to do it. Nova Scotians know that about us. I believe that Nova Scotians respect that about our government. In this case here, Speaker, we know that this is the right thing to do, that it's necessary to be flexible. We've negotiated almost 300 collective agreements. We've done that fairly. We've been tough but fair. The member can't speak to labour negotiations with a straight face. I'm surprised he's even trying. We respect and value our civil servants. They do tremendous work every single day. I love working with them. We're looking for problem solvers. We absolutely are. I don't think we should be embarrassed about looking for problem solvers. There are lots of them around.

DEREK MOMBOURQUETTE: In those collective agreements, none of those have "fire without cause." That's the issue here. The issue here is that - many of us have been here and dealt with collective agreements over the years. The government is going to do it again. In none of those agreements is there a clause that looks at any of those non-unionized employees and says the government can fire you without cause. That's the issue here. Why does the government need this? Why does the government need to have this line? The Public Service is feeling threatened. They don't feel valued. They work extremely hard for us each and every day - the members of this House, the families across this province. They put the programs together in the best of times and the worst of times. I implore the government, and I'll ask the Premier again: For the sake of the morale of those employees, will he remove that clause?

THE PREMIER: Speaker, the Opposition is doing everything they can to drive down morale. They're doing everything they can to scare members of the Public Service. The reality is if the government decides to restructure and move departments around and there are redundancies - if that were to happen - it's not the fault of the worker. It's not cause. It is without cause because of a restructuring. We would be fair in those situations. Nova Scotians know that. Just look at what happened with CNS; use that as an example. The vast majority of those employees are in the departments. You know what? They're actually happy. I hear from them saying they feel much more effective. If there was a shred of truth to what that member was suggesting, wouldn't I have waited and done that after this bill passed? We treat people . . .

THE SPEAKER: Order. Order.

The honourable Leader of the Official Opposition.

PREM.: CONTRACTS WITH U.S. FIRMS - EXPLAIN

CLAUDIA CHENDER: I can't help but begin by saying that the government can fire whomever they want, and this is about weakening the protections and the compensation that they get when they do that, worse than any contract the government has negotiated so far. Now more than ever, it is so important for us to spend money here in Nova Scotia. We

all agree on that, and yet this government continues to give money to American companies without even considering if Nova Scotian or Canadian companies can do the work. That includes \$42 million to Google untendered and \$152 million to Varian Medical Systems. How can this Premier say he supports local when he keeps handing over money to American companies?

THE PREMIER: I don't want something that was completely false and completely designed to try to scare people to slide by. I want to address it very directly. If there are people who are severed from this province, they will be treated fairly based on their years of experience. For the member to suggest anything otherwise is nothing but fearmongering, and there is no place for it in this province. This government respects Nova Scotians, and we treat them fairly at every opportunity.

CLAUDIA CHENDER: If he wants to talk about firing people instead of American contracts, I will let the public know that this bill says that public servants can be fired notwithstanding the Nova Scotia Labour Standards Code. That means this government does not need to comply. . .

THE SPEAKER: Order. No need to lean. We've gone through this before.

The honourable Leader of the Official Opposition.

CLAUDIA CHENDER: Okay. American contracts: Why are we signing American contracts? Why are we sending the Minister of Opportunities and Social Development to Washington to Trump's inauguration - who is actively threatening our economy and our sovereignty? Why did the Premier think it was a good idea for this minister to celebrate Trump's inauguration on the taxpayers' dime?

THE PREMIER: The relationships with tech companies to further improve access to health care are important. We will continue to look for the best possible partners to improve health care in this province. We're not ashamed of that. We'll continue to do that. We will continue to work on the relationship with the Americans and try to get our message to appropriate decision-makers. The minister was well placed to do that. He had some relationships there to get our message out. I'm not ashamed that we are working hard to protect Nova Scotians from those tariffs.

If we're going to answer some questions in here, why don't we ask and answer the question about how somebody who has an extensive family trust populated from monies made in natural resources can stand up and say it can't happen in this province?

THE SPEAKER: Order. Order.

The honourable member for Halifax Needham.

DHW: TOBACCO SETTLEMENT SPENDING - CLARIFY

SUZY HANSEN: The Province will receive \$809 million from a settlement with tobacco companies. The Minister of Health and Wellness has said that it will be used to bolster the Province's health care budget, but Nova Scotians are rightfully wary to take this government at their word. They voted for this government because they wanted better health care; instead, they have a government that's focused on changing long-standing natural resources policies with no consultation. How can Nova Scotians be sure that this \$809 million will be spent to fix health care?

[2:15 p.m.]

HON. MICHELLE THOMPSON: I do want to reassure Nova Scotians that that money - we were very pleased with the amount that we received as a result of that pan-Canadian settlement. It certainly will go into our general revenues. We spend over \$6 billion annually on health care in this province. We look right from prenatal to death. We look at specific clinics, ways we can screen, all of those things. That money will go in and go right back into health care.

We know that money is never going to change the harms that have been caused by these tobacco companies: loss of life and illness. We work every day to improve access and care. I understand there's a bill on the paper right now about this matter. Certainly, I look forward to discussing it later.

SUZY HANSEN: The Minister of Health and Wellness has just said that the \$809 million will go into general revenues. This means that it can be used for anything, not just health care, but there are plenty of gaps in our health care system that this money could fill. The \$200 million in the first year alone could get us 548 new doctors, 2,500 registered nurses, or 25 new collaborative family doctor clinics. This spending would significantly improve Nova Scotians' access to health care.

Given this, why is the \$809 million not being directed into a health care fund?

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

HON. JOHN LOHR: What I would like to say is that I think the member knows this money will be received over a 15-year period. We have not received that money yet. It is in recognition of the historic harms done by the smoking of tobacco. Every member in this Assembly probably knows somebody who's died from a tobacco-related disease. We will never bring those people back. This is a recognition of that.

I will say that we are spending that money. We are investing historic amounts of money in health care and in school food lunch programs. I hope the member will vote for our budget that's coming through.

THE SPEAKER: The honourable member for Halifax Armdale.

DHW: PRIMARY CARE ATTACHMENT - EXPLAIN

ROD WILSON: Speaker, my question is to the Minister of Health and Wellness. Experts in health care policy know that people should be attached to primary care in their local community. Other jurisdictions have taken the bold move to set clear goals of when people will be attached to their primary care provider and post them publicly. In Nova Scotia, there is no publicly disclosed plan about how or where attachment to the Need a Family Practice Registry works. Will the minister explain to the Legislature exactly how Nova Scotians are being attached to primary care in Nova Scotia?

HON. MICHELLE THOMPSON: There are a number of ways in which people are being attached to primary health care. First of all, whenever we have the opportunity, we work with retiring primary care providers like physicians and nurse practitioners so that we have opportunities to transition these folks out and new people in. Sometimes we stabilize a practice, which keeps people attached. Other times, we're able to add new primary care providers to communities. Those individuals are then, of course, assigned from the Need a Family Practice Registry. Those clinics are improved over time, or those folks are brought on board. Thirdly, I would say we're also looking at existing clinics and looking at ways in which we can add a number of members to those teams in order to attach more people to existing clinics.

ROD WILSON: There are more than 95,000 Nova Scotians on the wait-list for attachment to primary care. We have no idea when they will see a family doctor. Many Nova Scotians call the registry to provide updates and changes in their health - some serious - but there seems to be no system for attachment based on patients' needs. Some people are waiting five years before they're attached. Others are waiting five months with similar medical issues. In both cases, they're often neighbours asking them, "How does this work?" Without clear public data, Nova Scotians are left wondering when they can expect to find a family doctor. Will the minister explain why there appears to be no predictability for people on the wait-list?

THE SPEAKER: Before I recognize the honourable minister, I've just been informed that members seem to think they can turn their backs and use their phone during questions. I would suggest that no one uses their phone. It is not allowed. If they are caught, they will not be recognized for the rest of the day. There are certain rules in here that you have to live by. Once again, stay off your phone.

The honourable Minister of Health and Wellness.

MICHELLE THOMPSON: Speaker, I want to acknowledge the individuals who are attaching people to primary care. They're working very hard. When we formed government, that list was simply a list. We had no line of sight on who was on that list,

where they were, what their information was - any of that. We have used technology and we're working very hard to validate the people on that list to make sure that it's now a tool so that we can look at ways in which people can be attached. We can get that information updated through 811. There are people working very hard around the validation process. It is tedious and it is slow, but that work is imperative. What the member opposite will know is that as a result, there have been thousands and thousands of people removed from that list. For the first time in two years, that list is at 95,000.

THE SPEAKER: The honourable member for Timberlea-Prospect.

DFA: CHINESE PROVINCES - ENGAGE

HON. IAIN RANKIN: Yesterday, the Minister of Finance and Treasure Board's response - when I pressed for a need to have an exemption for our seafood exports in the tariff issue - is to support a \$200,000 fund, with no real emphasis on the need to work on the relationship we have with China, our second-largest trading partner. In 2016, a Nova Scotia-China engagement strategy launched. In 2018, a Chinese province signed a twinning agreement. In 2020, another Chinese province signed a twinning agreement.

My question to the Minister of Fisheries and Aquaculture or the Premier is: Have they reached out to the governor of either Guangdong or Fujian with the type of diplomatic efforts that they are engaging in with individual states in the United States?

HON. KENT SMITH: Protecting our seafood industry is certainly something that's very important to me. It's the reason we do the trade missions. It's the reason we do the trade shows. We do have a strong relationship with the Chinese in terms of our exports, and these tariffs are certainly worrisome. With the relationship with the Chinese government, that's all going through IGA and through the Team Canada approach. We certainly are optimistic that we'll get through these tariffs. We know that we will get through it, and we will be there to support our Nova Scotian companies, as we do.

IAIN RANKIN: Respectfully, that's not good enough. Nova Scotia needs to take a leading role. We are a subnational government that has individual agreements. Places like Australia are taking over some of our market share. It's a very competitive space with a growing population.

Our agreements with fellow provinces in China that are major buyers - one of them is the largest GDP province in the country. They stipulate a commitment to developing relationship in areas of trade.

My question to either the Minister of Trade or the Minister of Fisheries and Aquaculture, or whoever will take the lead, is: Will they engage in meaningful diplomacy with the provinces in China with these twinning agreements and prevent these tariffs from harming our seafood industries?

KENT SMITH: Again, we understand the importance of the Chinese market. Certainly, these tariffs are not what anyone in the industry wants, not what anyone I was speaking to at the Boston Seafood Show wants. We know the market will determine the price. There is still a ton of worldwide demand for our world-class product. If it does not work out in China, we have plenty of opportunity elsewhere in the world to sell the best seafood in the world.

THE SPEAKER: The honourable member for Sackville-Cobequid.

PSC: PUBLIC SERV. JOB SECURITY - ENSURE

PAUL WOZNEY: Speaker, the Labour Standards Code in this province is there for a reason - to protect workers' rights. This includes the right to job security. It states, "the employer shall not discharge or suspend that employee without just cause." Can the Minister of the Public Service Commission explain why this government is acting to deprive public servants of this basic right?

HON TWILA GROSSE: With the change, employees dismissed without cause will automatically have the right to receive fair compensation in line with their years of service, but they will not be reinstated. Compensation will be included in regulations and will exceed the statutory minimums for dismissal without cause under the Labour Standards Code. The legislation is consistent with Ontario and Quebec. Again, we value our public service, and we will treat them fairly.

PAUL WOZNEY: Speaker, none of that is present in the legislation. Until we see it, we won't believe it. At a time when Nova Scotia should be focused on creating better job security for all Nova Scotians across every sector, this government is lowering the bar for everyone. By exempting itself from the Labour Standards Code, this government as employer is not only telling public servants that they do not deserve job security, it's also telling other employers that the Labour Standards Code should be bypassed in the name of flexibility and growth. At a time when we need expert public service more than ever, why is this government working to make Nova Scotia a hostile workplace for senior staff?

TWILA GROSSE: This government is not working to create hostilities. We are working to build a stronger, more efficient, and effective public service that will serve Nova Scotia and the needs we are having. Nova Scotia is changing. It's growing, and we need to have the right people in the right place at the right time with the right skill sets.

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

OSD: U.S. PARTNERSHIPS POSITION - CLARIFY

LISA LACHANCE: On Monday, the Minister of Opportunities and Social Development saw fit to criticize the Ecology Action Centre for receiving American

foundation and scientific funding. Let's put aside the fact that this government continues to hand out millions of Nova Scotian dollars to American companies on sole-sourced contracts, but this is the same minister who went on a trip to celebrate the inauguration of the U.S. president on the taxpayer's dime. Can the minister tell us if he is entirely against partnerships with the U.S., or only when it's an organization that disagrees with him?

THE SPEAKER: The honourable Premier.

THE PREMIER: Speaker, in times such as these, when we find ourselves in trade wars with two of the biggest economies in the world, this is a real issue. It's on the minds of Canadians. It's on the minds of Nova Scotians. We have an obligation to make sure that we are using every diplomatic channel we can to try to get to a better place for Canadians - and we will do that at every opportunity.

The minister was not down there celebrating an inauguration. The minister was down there advancing the position of Canadians on behalf of not only Nova Scotia, but on behalf of Canada. I'm very proud that the minister used his contacts to do just that.

LISA LACHANCE: Speaker, I haven't actually attended an inauguration, so it's not clear to me if there is actually time for business per se during the day for things like relationships, but the minister has admitted that he spent the day at the Canadian Embassy. It is important to remain in diplomatic work with the Americans. I am hoping that maybe the minister will consider tabling his meeting schedule from Inauguration Day and let us know what outcomes were achieved.

Also, we are left to wonder what sort of relationships the minister and his rogue Team Canada efforts are building, as he claims. Why is this minister attacking a charity for accepting American grants from foundations and scientific funding when using public funds to celebrate a major threat to our province?

THE PREMIER: I just can't let it slide that the member would minimize the role of the Ambassador of Canada to the United States - would minimize the role of the embassy. There would be lots of people around the embassy on a day like that talking about the relationships between our two countries. I am grateful that the minister was present in that embassy on that day to talk about what matters to Nova Scotians, and I want to thank him for doing that.

THE SPEAKER: The honourable member for Halifax Chebucto.

DHW: FED. PHARMACARE AGREEMENT - SIGN

KRISTA GALLAGHER: Speaker, Manitoba has made history as being the first province to sign the federal pharmacare agreement. British Columbia and Prince Edward Island quickly followed Manitoba's lead. These deals will deliver federal funds to make

birth control free, which will significantly improve the lives and health of many Nova Scotians. Why is Nova Scotia dragging its feet on signing this deal and giving Nova Scotians access to medications that they need?

[2:30 p.m.]

HON. MICHELLE THOMPSON: This is probably the tenth time I've answered this question during the legislative session. There is a bilateral opportunity for Nova Scotia as well as other provinces. It doesn't just look at birth control, though. It includes diabetic supplies and medication as well. We need to make sure that the deal we strike - if we're able to - with the federal government is one that Nova Scotians can afford. We see that these are very lucrative, but they only last - and funding is guaranteed - for three years. We need to ensure that if programs are put in place, there is capacity within the province to ensure they are sustainable. We continue discussions with Health Canada. That conversation is ongoing.

KRISTA GALLAGHER: This is the second time I've asked because the federal funding is on the table and it's been there for months. The possibility of this money sunsetting has not stopped other provinces. The federal funding for Pharmacare that is on the table would substantially reduce costs for Nova Scotians who are currently struggling to afford prescriptions on top of housing, power, and grocery bills. Why is this government not doing everything possible to help Nova Scotians afford their prescriptions?

MICHELLE THOMPSON: I guess my question to the member is: How does she know we're not doing everything to strike the very best deal for Nova Scotians in this province? We go fast - they hate when we're fast. When we take our time and we try to understand what is actually the best deal. When you don't have to worry about fiscal responsibility, every deal is the best deal. We are investing in health care, and we will make sure that if we sign that deal, Nova Scotians will benefit from it. We are not going to hang our hat on a deal that costs generations for nothing.

THE SPEAKER: The honourable member for Cumberland North.

EECD: CLASSROOM VIOLENCE RATES - ADDRESS

ELIZABETH SMITH-MCCROSSIN: My question is for the Minister of Education and Early Childhood Development. Teachers across the province are reporting very high rates of violence in their classrooms. This situation means teachers are experiencing burnout or using sick time. Some even have left the workplace due to physical harm. Violence in our schools is not being addressed and is creating unsafe conditions for teachers and students alike. Would the minister please outline for the House what his department is doing to address the very serious issue of violence in our schools?

HON. BRENDAN MAGUIRE: This is a very important question. Obviously, any case or incident - whether student on student, student on teacher - any case of violence in our schools is one case too many. We have been working with the NSTU. We've been working with PSAANS. We've been working with different organizations. We have a code of conduct that will be out soon, and it will help address these issues.

ELIZABETH SMITH-MCCROSSIN: We look forward to seeing that code of conduct. On February 26th, the Minister of Education and Early Childhood Development introduced a notice of motion - and I'll table that - showing support for educational workers, but that support is not being felt on the front lines. It's not being felt in the classrooms by the teachers.

Why is the issue of violence in classrooms continuing to be such an issue? Real, effective measures must be taken that give teachers the ability to teach and to get children the help that they need. Will the minister agree to meet with frontline teachers in Cumberland? Come and listen to them? Listen to their suggestions on interventions they believe should be happening to address violence in schools?

THE SPEAKER: Before I recognize the minister - I've said this before, but I'll say it again - you do not have to table government documents. I can assure you we have copies of notices of motion.

The honourable Minister of Education and Early Childhood Development.

BRENDAN MAGUIRE: Speaker, my promise isn't to begin to meet with them. We are meeting with them, and we continue to meet with them. This is where the code of conduct has come in. The code of conduct did not get pulled out of the air. It was with NSTU, with the teachers, and it was with the frontline workers. Working with them and collaborating with them.

Saying that we don't support them - a contract was just signed with the NSTU and we've just reached an agreement with the frontline workers, with the support staff; one their union glowingly endorsed. We'll continue to support them, we'll continue to listen to them, and they're partners in all of this.

THE SPEAKER: The honourable member for Cape Breton Centre-Whitney Pier.

SLTC: GUEST HOME UPGRADES - PROVIDE

KENDRA COOMBES: In 2018, a support was submitted to government, showing that MacGillivray Guest Home needed serious updates. The report said that the bedrooms, washrooms, doorways, and a long list of other areas were too small and narrow for seniors to safely get around. Yet the Department of Seniors and Long-term Care recently delayed construction of a replacement facility for up to another two years. Can the Minister of

Seniors and Long-term Care explain why she is making seniors in Cape Breton wait longer for appropriate long-term care spaces?

HON. BARBARA ADAMS: I've already answered this, but my question back to the member would be: Should we build it at all costs? No matter what the price is . . . (interruption). I've already answered - so the question is: Will we build at any cost? We are building 54 nursing homes across the province, but there is a budget for each of them to stay within. If the member is suggesting that we go way over budget in her community, what do I tell everyone else? Because that perhaps would delay building in Yarmouth or Amherst. What I will say to the member, and what I said before, is we are committed to building that nursing home and we're going to make sure that it's done right.

KENDRA COOMBES: This two-year delay is going to mean that a replacement won't be move-in ready for at least five years. As Frank Howell, the Chair of the Guest Homes Foundation, put it: "You've got residents, two living in a room, and they can't get into the bathroom. The building needs to be replaced. No ifs, no ands, no buts . . ."

THE SPEAKER: Order. I just did it to the minister. I'm doing it to you. All right.

KENDRA COOMBES: "No ifs, no ands, no buts." Residents deserve to be taken care of in a place that is comfortable, safe, and where they are cared for. Does the Minister truly believe that it's okay to make these seniors wait another five years to safely use the bathroom?

BARBARA ADAMS: What I would like to reassure all Nova Scotians is that as a physiotherapist with 40 years of health care experience, I didn't wait a day when I became the Minister - the first in the country - of Seniors and Long-term Care. As a matter of fact, the Premier and I went out a year ahead of time, before the 2021 election, and we announced the plan to build all of these nursing homes. We were hoping - I was, at least - that the Liberals would then take that plan and start it so we'd be a year further down the road. I guarantee you, Speaker, that all of those nursing homes will be built, but they will be built within budget.

THE SPEAKER: The honourable member for Halifax Armdale.

SLTC: HOME CARE FAILING - ADDRESS

ROD WILSON: My question is for the Minister of Seniors and Long-term Care, and I commit not to point to anyone, or look at anyone other than yourself.

The home care system in this province is failing people. I get calls about this every week. There are over 200 Nova Scotians waiting for home support care, and those who are lucky to have care are faced with appointments often being cancelled at the last minute, and late at night, including midnight. With no scheduled follow-up, leading to missed or

delayed treatments, this is extremely stressful for seniors and their families who rely on that daily home care service. I have received, since the Legislature has been sitting, emails on this every day.

Why is the government not providing dependable and timely care to seniors in their homes?

THE SPEAKER: Before I recognize the minister: I don't know if that was a funny little comment or a sarcastic comment, but there is a difference between staring at somebody across and looking over every now and then.

What I do not want is a member staring directly at the member whom they are asking the question of. I have said this over and over again. We've gone through this: You can look away, you can make hand gestures, but once you start needling, and you start staring at the minister whom you are asking the questions of or the minister starts staring and needling at the person they are answering, that's where I draw the line.

The honourable Minister of Seniors and Long-term Care.

HON. BARBARA ADAMS: Speaker, I failed to mention in the last answer that I ran a home care company as the executive director for 10 years before I became a politician. I can tell you exactly what home care in this province was like because, if you go on the Nova Scotia Health Authority's By the Numbers, I can quote you exactly how many people were getting home care under the previous government and how many are getting it under ours.

Let me refresh your memory: For the members who are new - and nobody asked me up for Estimates - let me have the opportunity to say that under the previous government there were 30,000 Nova Scotians getting home care for five years, getting less care every year for five years. Now there's 40,000 getting more care than ever.

THE SPEAKER: I don't know if that was pointing at someone or pointing in the air. Come on. I'm sitting up here, making the judgments.

The honourable member for Halifax Armdale.

ROD WILSON: The demand for home care is greater than the capacity. Everyone knows that, hence the wait-list and frequently cancelled appointments. This is not just bad for seniors but it's also bad for health care workers. I've heard this across the province in the last week. Home support providers, nurses, CCAs in this province are burnt out and feeling demoralized. They feel like they're letting their patients down - a moral injury.

The home care workers are not the ones failing the patients, I would suggest: It's the government. My question to the minister is: Why is this government leaving seniors

and home care workers in this demoralizing, untenable position that's going to lead to burnout and staff leaving?

BARBARA ADAMS: Thank you to the member for the question. Those getting home care in the province are incredibly important. There are over 40,000 Nova Scotians getting home care in this province in more ways than ever.

The first thing our government did was bringing in a 23 per cent pay raise for CCAs in this province. The second thing we did was offering free tuition, and we've trained over 2,000 CCAs. The third thing we did was offering going from CCA to LPN; it's a free course that's now being offered. You can take the course through virtual care, through in-the-evening care, part-time. We are . . .

THE SPEAKER: Order. I was probably a little late on that because I heard somebody talking over there in that group.

The honourable member for Fairview-Clayton Park.

DHW: PHARMACARE COSTS - REDUCE

LINA HAMID: The Minister of Health and Wellness is very focused on the Seniors' Pharmacare Program. Despite this focus, the number of late enrolment penalties being applied is rising at a startling pace. Last year, there were over 2,500 late enrolment penalties, compared to just 1,452 three years earlier. These penalties are, in part, because seniors cannot afford Pharmacare. My question is: What is the minister doing to ensure that seniors can afford the prescriptions that they need?

HON. MICHELLE THOMPSON: I thank the member opposite for the question. Certainly, there has been some targeted support for seniors through my colleague, the Minister of Seniors and Long-term Care, like the Seniors Care Grant, as an example, that helps offset the costs.

The Seniors' Pharmacare Program is an extensive program. We work very hard to make sure that the premiums and the copays do not go up in that program, despite the fact that we are covering more medications than ever before. Before those premiums are applied, if people are late, there are a number of ways in which people are contacted. We want to work with individuals who are having any issues. They should reach out to the department. There are a number of ways in which people are told in advance that those premiums are coming. We continue to work with seniors to understand how best to support them.

LINA HAMID: Too frequently, Nova Scotians are faced with a trade-off between either paying for food or prescriptions. The government's own *Nova Scotia's Provincial Housing Needs Assessment Report* found that one in four people do not take their

medications as prescribed because they cannot afford to. Feed Nova Scotia has reported that 56 per cent of food bank clients surveyed have had to sacrifice buying food to pay for their prescriptions. When will this government support the health of Nova Scotians by ensuring all can access the medications that they need?

[2:45 p.m.]

MICHELLE THOMPSON: There are a number of ways in which we work very hard to make sure that people can access the health care that they require. Certainly, for anybody who is on income assistance, there's an opportunity there for people to have medications covered through that program - as we said - Seniors' Pharmacare.

I would also say that we are doing things to make life more affordable for Nova Scotians. We have a 1 per cent reduction coming up in the HST, which I certainly hope the member opposite will vote for. We have targeted supports for individuals, like the Seniors Care Grant. We are looking at every opportunity. The program is growing. We have been very pleased to be able to leave the premiums and copays where they are and still expand services, absorbing millions of dollars annually. We work very hard to make life affordable for seniors, and we'll continue to do so.

THE SPEAKER: The honourable Leader of the Liberal Party.

PSC: PUBLIC SERVICE PLANS - REVEAL

HON. DEREK MOMBOURQUETTE: We've heard today some language on the floor during this debate and during Question Period around fair compensation packages and doing what's right for employees. It's alarming. It makes me think that there's a reorganization coming. My question to the minister: Is the government planning on a big reorganization in the future?

HON. TWILA GROSSE: I believe that the question that was asked was if the government is planning on a reorganization. The government, at this time, is not planning on a reorganization. Again, we value our public servants and the work that they do. We also need flexibility as we continue to move forward in some of the initiatives that we have for this province.

DEREK MOMBOURQUETTE: Again, why do you need this, then, if there's no reorganization coming? We've heard mixed messaging around: We need to be flexible and we need to have the ability to do this, so we need this piece in our legislation. Now we're hearing that there's no reorganization coming. Out of goodwill for the thousands of public servants, take it out. Show them that you care, and you value them when they're having very tough conversations in a trade war environment with their families and having conversations now as public servants. When I hear language on the floor about fair

compensation packages, I say to myself: Are layoffs coming? My question is: Are there layoffs coming?

THE SPEAKER: Before I recognize the minister, just to remind everyone, we're getting pretty close to talking about bills that are on the floor. We're not allowed to talk about any bills that are on the floor. By that I mean, when you stated: "Take it out." I don't know what minister to recognize.

The honourable Minister of the Public Service Commission.

TWILA GROSSE: I'm just going to divert a bit, and I'm going to tell you a little bit about the work of the Public Service Commission in government, the department that I represent. We ensure that the departments have the skilled workforce needed. We equip departments with modern HR tools. We support departments in creating a culture of continuous learning, providing training and leadership programs. Everything that the Public Service Commission does is to support our workers, to support the public servants whom we value and appreciate.

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

OPPOSITION MEMBERS' BUSINESS

THE SPEAKER: The honourable member for Cape Breton Centre-Whitney Pier.

KENDRA COOMBES: 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 member for Cape Breton Centre-Whitney Pier.

KENDRA COOMBES: Speaker, would you please call Resolution No. 21.

THE SPEAKER: Let me find it here. Sorry.

The honourable member for Cape Breton Centre-Whitney Pier.

KENDRA COOMBES: Sorry about that, Speaker. It's my first time. Speaker, would you please call order of business Motions Other Than Government Motions.

MOTIONS OTHER THAN GOVERNMENT MOTIONS

THE SPEAKER: The honourable member for Cape Breton Centre-Whitney Pier.

KENDRA COOMBES: Speaker, would you please call Resolution No. 21.

Res. 21, Health Care: Gender Equity Need - Recog. - notice given Feb. 28, 2025. (S. Leblanc)

THE SPEAKER: The honourable member for Dartmouth North.

SUSAN LEBLANC: Speaker, I move that Resolution No. 21 . . . (interruption).

THE SPEAKER: Order. We need quiet.

The honourable member for Dartmouth North.

SUSAN LEBLANC: I move that Resolution No. 21 be now debated.

I rise today to speak to our Notice of Motion on women's health in this province. We introduced this motion because women and gender-diverse people in Nova Scotia deserve better. They deserve a health care system that recognizes their specific needs, responds to their specific challenges, and prioritizes their well-being. Right now, too many women and gender-diverse people are being left behind.

Before I go any further with my comments, I will recognize and ask my House colleagues to recognize that, before 2017, when there was a record number of women elected to this Chamber, there were many fewer conversations about women's health happening in the Legislature. That's because in general, I think, conversations around women's and gender-diverse health are sidelined. You will see evidence of this in many scientific journals and articles. We hear about it all the time on news stations and in interviews, that essentially women, gender-diverse people, people of colour, and people living in rural areas - their health outcomes can be worse than those of people who are straight white men. That is why we want to talk about this today.

Trapped in a system that treats their health as secondary and their concerns as optional and their care as negotiable, women and gender-diverse people have specific health care needs and health care outcomes. For too long, gender gaps in health care have been dismissed, ignored or delayed. These gaps are not just statistics; they are experiences. They are the experiences of women who wait too long for a diagnosis, of patients who are denied essential screenings, of Nova Scotians who are forced to pay out of pocket for care that should be a right and not a privilege.

I have an article here that I'll table in a second. It's about a constituent of mine, someone who has been in this House, who was in this House a couple of times last year. When she was here last year, she gifted me and my colleague from Dartmouth South, the Leader of the NDP, a beautiful dragonfly magnet. She had carved it into pottery and painted

it and glazed it and made it into a magnet. I keep it next to my desk in my constituency office as a reminder of her bravery and her struggle with the health care system.

I'm sorry to say that Tanja Harrison did die of her breast cancer in December, but not before she was able to advocate very courageously and strongly for advanced screening for women with dense breasts.

I'll just read a little bit of this article:

Before Tanja Harrison died of breast cancer, she left the world with a dire message: supplemental screening could have saved her life. Following a routine mammogram in 2021 that came back clear, the Nova Scotia woman learned she had dense breasts

as everyone does after they have a routine mammogram. When you get your letter back from the Breast Screening Program, it will tell you what category your breast density is:

The Nova Scotia woman learned she had dense breasts and requested

she requested:

supplemental screening - an MRI or ultrasound - to ensure her dense breast tissue was not concealing something nefarious.

It can be difficult for mammograms to pick up cancers in people with dense breasts because dense breast tissue and abnormal breast changes such as tumours both show up as white areas on the imaging.

Harrison was denied the screening. Two years later, she discovered she had Stage 4 breast cancer with extensive bone metastases. She was told it was not curable. The 53-year-old mother

of a young daughter:

and wife died on Dec. 2.

It is our responsibility to ensure that every person in this province has access to timely, appropriate, and life-saving medical care regardless of their gender. The solutions are right in front of us. We know that women with dense breasts are more likely to have cancer go undetected through routine mammograms. We know that breast ultrasounds save

lives, and when they are denied, lives are lost. The research is clear, yet this government continues to deny women access to this essential procedure.

Why are we blocking access to life-saving cancer screening? It's not just breast cancer. More can be done with other cancers that affect primarily women and gender-diverse people as well. British Columbia has recognized a gap in cervical cancer screening and has taken action there. They have become the first province to implement a self-screening program for HPV, making it easier for women to detect cervical cancer early.

When asked about this program, the minister has talked about how we need to have full support around women should they receive a diagnosis or receive evidence that they have HPV or early signs of cervical cancer. Absolutely we should, in the same way that anyone who is diagnosed in early detection has wraparound services and care and treatment plans made for them. The fact that this HPV test could find more people with early evidence of cervical cancer should mean that we are falling over ourselves to make sure that we have the programs and the services needed for those people to receive the care that they need. We shouldn't just decide that we cannot test for it because we can't help the people who find out that they need help. It doesn't make any sense at all.

Meanwhile, the government says, We're looking into it. Looking into it doesn't save lives, but action does. We have the technology. It's a step we can take now, but for some reason that doesn't make sense to me - and if the minister wants to talk about it, again, and explain it in a way I can understand - maybe I'm opening myself up here - I would be grateful for that.

Let's talk about the steps we can take now. We cannot talk about gender gaps in health without addressing reproductive health. Access to birth control is not just a health care issue. It's an economic issue, a social issue, and a human rights issue, yet Nova Scotia is lagging behind while other provinces move forward.

Again, the minister will say that anyone who needs birth control can access it, but we are not talking about access. We are talking about barrier-free access. That means free birth control for those who need it. You can walk into a pharmacy, and you can get birth control.

Manitoba, British Columbia, and Prince Edward Island have all signed agreements to deliver free birth control under the federal pharmacare plan. These provinces have stepped up, and we commend them. By the way, I will mention that some of those provinces had those plans in place before the federal funding came through. They saw it as enough of a priority for the people of their province that they made the programs happen before federal funding was even on the table.

Where is Nova Scotia in this conversation? Why are we dragging our feet while people struggle to afford the medication they need? The government will say we need to

take our time. We heard about this in Question Period today. We can't move quickly on this. We need to make sure the funding is there after the program sunsets. Yet the government is rushing in other areas: rushing to lift bans on fracking and uranium mining, fast-tracking legislation to strip away power from universities and municipalities, rushing to fire public servants without cause, and rushing to restrict freedom of information.

[3:00 p.m.]

We in the NDP are left to question this government's priorities. How can the government move quickly on implementing policies that nobody asked for while continuing to deny people free birth control? The federal funding is there. It's been on the table for months. It could make a real difference for people who are already stretched thin.

We hear every day about people who are forced to choose between their prescriptions, their rent, their groceries, or their power bill. People come into my office every single day needing help because they have to make these decisions. This is about people's choice: people's lives and reproductive choice. So I ask: Why is this government not doing everything possible to help Nova Scotians afford their prescriptions?

There is hope for women's health in this province. There are building blocks we can strengthen like the Endometriosis and Chronic Pelvic Pain Clinic, the much-talked-about - when we were debating the budget - Menopause Centre of Excellence. As I like to say, we have a menopause centre of excellence on this side of the room. This menopause centre of excellence is not going to do much for all the people who are suffering from the symptoms - or experiencing the symptoms - of menopause. Some people wouldn't say "suffering" but "experiencing" the symptoms of menopause.

We have the Halifax Sexual Health Centre, which is an amazing organization but is constantly at capacity.

These clinics alone cannot fix the deep inequities that exist in our system. We need comprehensive province-wide action. That is why I urge the House to support this resolution and devote the time and energy necessary to finally close the gender gaps in our health care system. Nova Scotians - women and gender-diverse people - cannot afford to wait any longer. The time for action is now.

I look forward to hearing what my colleagues have to say on this resolution, and I urge the government to vote yes to the resolution.

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

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

THE SPEAKER: Please do.

JOHN WHITE: In the East Gallery, I have my brother Alec with me, here from Magrath, Alberta.

AN HON. MEMBER: He's the better-looking one.

JOHN WHITE: He's the better-looking one, yes. He's older, though. (Laughter) Alec is a 24-year military veteran, past president of the Magrath Lions Club, and long-time volunteer with Big Brothers Big Sisters. He has done a lot in his lifetime. I'm very proud of him. Most importantly, what he has done is he gave me approval for my girlfriend at the time, who is now married to me for 32 years. Alec, thank you very much for approving Junie. Thank you, brother. Welcome home. Welcome to Nova Scotia. (Applause)

THE SPEAKER: Thank you for being here.

The honourable member for Timberlea-Prospect.

HON. IAIN RANKIN: It's good to get up to speak to Resolution No. 21. I appreciate my colleague's efforts to bring this forward to the House. We'll certainly support it if we are able to vote on this. I would be in support, for sure. There are some great ideas that we see in other provinces, which is always an easy place to look, in terms of making contraception and prep free, making additional screening available for those who have dense breasts, and making HPV screening more accessible with an at-home testing approach.

All these are evidence-based approaches that, should the government go in this direction, would certainly be a positive one and would add to some of the government's efforts. There have been some particularly positive ones in this regard with the clinic for Endometriosis and the Chronic Pelvic Pain Clinic. These are positive things happening already.

I do appreciate that the government continues to operate the Office of Equity and Anti-Racism. One of the reasons I created that office was to engage in these very types of initiatives, certainly for marginalized populations but everything that involves equity, so certainly that does involve women. I think there are a number of things we can do to improve our health care system with that more equitable lens for women and gender-diverse individuals.

Our caucus has advocated for a number of these things, as well, prior to the election. Our MLA for Clayton Park West at the time, Rafah DiCostanzo, did have a big gathering here with many women advocating for more screening for dense breasts. That was guided by many survivors. That's something I think we should continue to consider.

We also advocated alongside many activists. Of course, everybody knows Maggie Archibald. She continues to advocate for those voices with endometriosis. We certainly

want to support women like Maggie in their fight to make sure there's more awareness around that. In gynecology care, my understanding is that the wait time is the longest in the country. Patients have to wait 30 to 36 months to be seen. Obviously, that is a challenge and actually forces some patients to go out of province for care and often out of pocket.

We all hear these stories coming in through our offices from women and gender-diverse individuals who are experiencing these barriers when they are trying to access our health care system. The outcome of that is potential misdiagnoses and not getting the appropriate treatment for what they are struggling with. Some of these can be the extended times, but also some of this is, of course, exacerbated by not having access to consistent primary care. I think we still get a number of emails, given that there are more people who don't have access to primary care than there were in 2021 when this government took power.

There are a lot of positive things happening, but there is still more work to do. I will take the opportunity to mention that we should have more access to addiction treatment for women in our province, given that the only addictions treatment centre in our whole province is in Timberlea-Prospect. I am proud of the work they do. My mother used to work there for a number of years before she retired. The Marguerite Centre, of course - there are a number of beds there for women and gender-diverse people to go through treatment, but there is more availability for that kind of treatment for men. That is another gap that I see, and it's obviously very related to health care when we're talking about addictions for people.

I like the resolution. I'll be supporting it, and I look forward to the vote.

THE SPEAKER: The honourable Minister of Health and Wellness.

HON. MICHELLE THOMPSON: I'm happy to rise and speak on Resolution No. 21. I have a number of things that I'm hoping I'll have an opportunity to cover.

I rise to reaffirm our government's unwavering commitment to women and gender-diverse health care. We recognize that health care must be tailored to the unique needs of all Nova Scotians, especially those who historically have been overlooked or underserved.

We are taking action. We are making real investments in programs and services that improve access, outcomes, and overall well-being for women, gender-diverse individuals, and marginalized communities across this province.

This government is taking historic steps to improve women and gender-diverse health services through some targeted initiatives. I'd like to highlight the new Deanne Reeve Pelvic Health Suite at the Dartmouth General Hospital, which is a state-of-the-art pelvic health suite for women's health, for procedures and cystoscopy treatments. It increases patients' comfort, reduces wait times, and alleviates pressure on our main

operating room. It really has been an incredible addition to health care, particularly in the Central Zone.

As well, the IWK Health Centre is leading with specialized initiatives such as the Early Pregnancy Complications Clinic and enhanced pain management treatments for endometriosis patients, ensuring those facing reproductive health challenges receive timely, compassionate care. We recognize that there is more work to do, but we are committed to delivering better care and more accessible health care.

One of the most exciting new initiatives is the Menopause Centre of Excellence, the first of its kind in Canada, dedicated entirely to perimenopause, menopause, and post-menopause care. We know that nearly 350,000 women and gender-diverse individuals in Nova Scotia over the age of 40 are managing menopause or approaching that stage of life.

I think one of the things that's really important for me is that we don't pathologize a normal developmental stage in our lives, but that we do make every effort to ensure we speak about it openly, that we make sure that this centre empowers women to understand what's happening to them and take steps for their own well-being.

We really do hope that this Menopause Centre of Excellence will have cutting-edge research, and looking at partnering, not only with our operators, but also with the Nova Scotia Health Innovation Hub to make sure that we continually assess, reassess and understand where there is real-world evidence, where we are monitoring and evaluating the process, and also following best practice clinical guidelines.

I think it's also important that we consider, with this Menopause Centre of Excellence, that we are for all women and gender-diverse people, people with uteruses and ovaries across this province, making sure that they have access to the information they need. We want to make sure that people in Ingonish and people in Shelburne have the same access to the information and care, if required, as the people who are living in Halifax Regional Municipality. It really is important that we have decentralized care, to make sure that all women and people going through menopause have access to the care they need.

We know that for too long, concerns and symptoms have been dismissed or underserved by the health care system. This new centre will be a dedicated space for specialized care, offering treatments tailored to day-to-day, regular - if there's such a thing - menopause symptoms, but also to individuals who are having a more complex journey through this period of their life.

The development is already under way. We're working with experts in the field. There is an initial \$2.5 million investment allocated in the primary care budget this year. We're working with the Menopause Society of Nova Scotia to ensure this centre meets the needs of those it serves. We're looking forward to having a more formal announcement in the coming months.

In regard to breast screening and cancer prevention, we know that early detection saves lives. I want to acknowledge the Nova Scotia Breast Screening Program. They do incredible work. Nova Scotia is one of only two provinces in Canada with a high-risk breast cancer screening program, ensuring those at greatest risk receive timely screenings.

We're also one of only two provinces or territories that incorporate the five best practices. Those are: self-referral starting at age 40; annual screening for ages 40 to 49; breast density categories are included in your results letter after your mammogram; automated annual recall for Category D density; and self-referrals allowed after age 74.

I know that there is a lot of discussion about what is best practice. I want to acknowledge that when you have a diagnosis of dense breast, it does create fear and anxiety, but I also want to acknowledge that we have an incredibly good program here in Nova Scotia. What we really need to work toward, in addition to those who regularly get screened, is having conversations with the people in our lives about making sure they look at having those routine screenings.

I actually think there's an opportunity for the app to come into play and give us push notifications to remind us. A lot of time can slide by without really recognizing when you've gone for your last mammogram appointment or perhaps a Pap, et cetera. It's really important that we continue to have conversations with individuals in our lives to make sure that they are availing themselves of the screening that is available.

As I said, I recognize that there is fear and anxiety that come with dense breast diagnosis. We are committed to ensuring that women and gender-diverse individuals have access to breast screening and treatment.

I've said before I simply don't believe that any of us are in a position to change clinical guidelines on the floor of the Legislature. I think we really have to work hand in hand with our clinicians, and certainly we do. I have regular contact with the Nova Scotia Breast Screening Program. I'm very interested. When I meet with them, I ask: Are we holding something back? Is there something that you need? I feel that the information and the conversation can flow very easily between the clinicians and the experts that we have in the province and the Department of Health and Wellness.

I want to acknowledge that those conversations are ongoing, but I also think it's important that we celebrate this program for the things that it's accomplished. The Nova Scotia breast cancer detection rate meets or exceeds national targets for all age groups. I want to thank the clinicians who are doing this work on the front line. That is a testament to the work that they do every day. Nova Scotia exceeds the national target of less than 70 per cent of breast cancers that have not spread beyond the breast at the time of screening diagnosis. We are at 78 per cent of those screened in ages 40 to 74, and we've consistently exceeded the target over the years. That's certainly not a government accolade; that really

is a testament to the individuals who are on the front line and doing the work on a day-to-day basis.

[3:15 p.m.]

I want to acknowledge that pelvic health conditions continue for some individuals to be debilitating. It's a very deeply personal health issue, yet many people will suffer in silence. I actually feel the dialogue that's happened around endometriosis in the last number of years has really had a significant impact. In 2021, the IWK Women's Ambulatory Program launched two specialty clinics: the Endometriosis and Chronic Pelvic Pain Clinic is now under way, and the Maritime Centre for Pelvic Floor Health, as well, was established. Patients receive specialized pain management, education, and multi-disciplinary care from gynecologists, physios, nurse practitioners, anaesthesiologists, and social workers.

We recognize that there are a number of individuals looking to seek care. We're understanding who is on the wait-list, the referral pathways. Are there opportunities for these very specialized, sub-specialty physicians to support regional gynecology folks in communities across the province, to support people getting early access to care? Access to care can be life-changing, and we are really looking at a hub and spoke model. I meet with particularly the IWK every couple of months, and this is always at the top of our agenda: What's happening in the clinic? How are things going? Where are the resources? We know that the further you get into a sub-specialty of medicine, it is a bit more difficult to recruit, because those seats are not as available as perhaps a more generalized pathway. That work will continue.

We recognize that many women and gender-diverse individuals lack access to a primary care provider, and that's why Well Woman Clinics exist to fill the gap. These primary care clinics are available across the province for women and people assigned female at birth who do not have a family physician. I want to acknowledge the Antigonish Women's Centre & Sexual Assault Services and Lindsay's Health Centre for Women in my own community for the work that they do. There is access to Pap tests, birth control counselling, mammogram information, and more. There are over 25 clinics available to explore ways to expand hours and services as we continue to meet demand.

I just want to touch briefly on maternal and infant health. I just ask members to indulge me in this incredible program. I didn't have a chance to talk about it in Estimates, but I want to get a plug in for our nurse-family partnership, which is an incredible program where we work with moms and families from the prenatal period to age two. It has an incredible impact on the lives of families in our province. I really believe that our investment in zero-to-five-year-olds and their families is one of the most incredible investments we can make as a Province, and I'm really proud of this program.

The outcomes are 48 per cent reduction in child abuse and neglect; 56 per cent reduction in ER visits for accidents and poisonings; 50 per cent reduction in language delays for children at age 21 months; 67 per cent less behavioural and intellectual problems at age 6; 32 per cent reduction in subsequent pregnancies; 82 per cent increase in months employed for the parents; 61 per cent fewer arrests of high-risk parents; and 59 per cent reduction in child arrest at age 15.

It is an amazing program delivered by Public Health, and I think that the magic in it is that they are accompanied by a registered nurse, moms in particular, but sometimes family units as well. Every single person in this world wants to be a good mom and I really believe that through this program people are able to identify goals and find ways to be the best mom they can be.

There is more that I want to talk about, but I do want to briefly just mention the Fair Care Project, which is race-based data collection that was started under the former Liberal government and certainly has carried on. The Fair Care Project is helping us identify individuals from underserved communities to better support their health - race-based and linguistic identity data collection - and allowing us to understand who requires health care and what the barriers are.

I do want to take a moment - I'm a bit all over the place here and I hope I have a chance - maybe my colleagues can finish if not. I do want to take a moment before my time is up to acknowledge the Nova Scotia Brotherhood and Nova Scotia Sisterhood and what's really important is that I'd like to take a moment to acknowledge the incredible work of Duane Winter, whose dedication to health equity in Nova Scotia will have a lasting impact.

Duane died suddenly on May 5, 2024. He was a passionate advocate for African Nova Scotian health and wellness. He played a pivotal role in the creation of programs like the Nova Scotia Brotherhood Initiative, a community-based health program designed to provide culturally appropriate health care for Black men. Through his leadership, programs like the Nova Scotia Sisterhood - and certainly HAAC is obviously an imperative partner in this program - and broader efforts to remove barriers to care has helped reshape how we approach equity, accessibility, and culturally competent health care. He mentored many people and has had a lasting impact. I am forever grateful for the mentorship he offered me in the brief time that I was able to know him.

Again, I want to briefly touch on gender-affirming care and I want to make note that we have worked really hard to improve access to gender-affirming care throughout the province. We now have an MSI billing code for family physicians providing gender transition readiness assessments, gender transition follow-up, and post-operative care of patients who have had gender-affirming surgery. We've been able to hire a point-five plastic surgeon dedicated to top surgeries, which began in September of 2024, with a planned 60 surgeries completed per year. As I said, we have new expanded fee codes with

increased funding to Halifax Sexual Health Centre and prideHealth for a combined \$500,000.

Health care provider declaration of credentials was added to the gender-affirming surgery application to ensure that patients are receiving quality and safe care, and eligible individuals are covered under the In-province Travel Assistance Pilot Program to Support Surgical Access. We do continue to support people accessing gender-affirming care and I'm very proud of the work that has happened in the department to ensure it. We know there's more to do, but we continue to try to find ways to incrementally increase while we also deliver services across the province to all Nova Scotians.

I am very grateful for the work that has happened. I do appreciate there is more to do, and I actually wish I had more time - which is unusual, as I don't normally - to be able to talk about some of the initiatives that are under way. I look forward to further comments from my colleagues and I'm grateful for the opportunity to celebrate the work, not of government but of the people who care deeply in Nova Scotia who are providing care to Nova Scotians.

THE SPEAKER: Order. The honourable member for Cumberland North.

ELIZABETH SMITH-MCCROSSIN: Speaker, I want to stand today and speak in support of Resolution No. 21. This resolution highlights the persistent gender gaps in Nova Scotia's health care system. I want to thank the Minister of Health and Wellness for her comments and sharing with us some of the progress that the department has made, and we appreciate those. However, there are still longstanding and deeply rooted gaps here in our health care system in Nova Scotia, real barriers that prevent women and gender-diverse individuals from receiving timely and appropriate care.

The consequences of these inequities are profound. They affect health outcomes, they affect quality of life, and ultimately the dignity of individuals who deserve better from our health care system. As a woman, I stand unequivocally with others in support of removing the persistent gender gaps in our health care system.

I cannot speak to this resolution without talking about our friend and former MLA colleague Rafah DiCostanzo. Rafah stood bravely in this House. Honestly, in my terms here as an MLA, some of my proudest moments were watching her speaking her truth, standing bravely here in this House with a large number of other women in the gallery who came to support her. They also had dense breasts and had breast cancer. She shared her own experience - it was very moving - and fiercely advocated for improved diagnostics for women with dense breasts. It was a huge disappointment at the end of that session that there was no movement despite her strong advocacy.

Almost 40 per cent of women have dense breasts; 30 per cent have C and 10 per cent have D. If there are over a million people here in Nova Scotia, just think about the

numbers. That's about 200,000 females who have the dense breasts that we're referring to and that Rafah was trying to advocate for.

I'll share some of the words that Rafah sent to me. I will table the document. Dense breasts are, like I said, very common. I'm just going to bring this up here. "On the mammogram the dense breast tissue is white and the tumour is white so it is very hard for doctors," radiologists, and technicians to see the early stage of cancer; "43 per cent of the time the mammogram gives inaccurate" false negatives. It happened to her - it happened to Rafah - and she followed the Nova Scotia policy that's still in place. She had her regular mammograms for 10 years - ages 50 to 60.

In 2022, Rafah had a small lump and she had a 3D mammogram plus ultrasound at the IWK, and again received a negative. Again, it was missed. This is important. We know that there are studies. Dense breasts increase your chances of developing breast cancer. We know that.

Speaker, I just want to pause for a moment and thank the current Minister of Seniors and Long-term Care. I remember being in caucus with her when she advocated for changes. She fiercely advocated for changes at that time for dense breasts to be acknowledged on mammogram reports. I know we have an ally on this topic in that caucus.

Forty-three per cent of the time the mammogram alone will miss early-stage cancer of women with dense breasts. The cost of treatment in late-stage cancer is so much higher, not to mention the quality of life. So many women have to stop working and face financial hardship.

At approximately Stage 2, Rafah's cancer treatments - mastectomy and chemo - cost our province over \$200,000; at Stage 3, approximately \$300,000, and \$400,000 to \$500,000 for Stage 4. "Imagine how many abbreviated MRIs we could afford with that money. We need to save lives and quality of life" of Nova Scotia women. "We have no access to abbreviated MRIs in Nova Scotia." In fact, the nearest private clinic is in Moncton at a cost of \$1,000.

In British Columbia, their health care system provides women with dense breasts extra screening with contrast-enhanced mammography and finds four times as many cancers as here in Nova Scotia with our current policy. In Ontario, they offer abbreviated MRIs to women with dense breasts, which also finds four times more cancers than mammography alone. I'll table this document.

When I speak, I'm not just speaking to the women here in the room. I'm speaking to the men. The men can think about their wives or their partners or their mothers or their sisters or their daughters. Would they not want the abbreviated MRIs that we know will have better diagnostic accurate results?

I share that information on behalf of our friend and former MLA, Rafah. I'll also share some information here from this document from Nova Scotia breast-screening advocates - just a little bit more education so that everyone has a good understanding of what this is.

[3:30 p.m.]

Women with dense breasts face a severe disadvantage if mammograms are their only option for breast screening. They deserve equal access to early detection methods, just like women with non-dense breasts, to reduce mortality rates - meaning death - and provide less aggressive treatment options.

Breast density is assigned based on the appearance of breast tissue on a mammogram. Software categorizes breast density as a standardized system called Breast Imaging Reporting and Data System, which divides breast density into four categories: A, B, C, or D. By offering supplemental screening to women with dense breasts, many more cancers could be detected early, potentially saving lives.

Dense breast tissue not only makes it harder to detect cancer through mammograms but also increases the risk of developing breast cancer. As a result, women with dense breasts are often diagnosed with larger, more aggressive cancers at a later stage, leading to a poor prognosis.

The benefits of supplementary screening for women with dense breasts: Supplementary screening may detect a small cancer in an early stage, hopefully before it spreads to the lymph nodes. In women with dense breasts, studies show that for every 1,000 women screened, ultrasound finds another two to three cancers - and that is available here in Nova Scotia right now - but an MRI finds an additional 12 to 16 cancers that were not seen on mammograms or ultrasounds. It's significant, and I'll table that document as well.

I did want to bring this information up on this resolution talking about gender and reducing the gaps in our health care system. This is an important issue. Breast cancer, I believe, is the leading cancer for women in Nova Scotia, next to lung cancer. I could be corrected on that, but I believe that is the case. It's an important issue to the women and families here in Nova Scotia.

As I mentioned earlier, we must acknowledge - and I acknowledged what the minister had shared - that strides have been made here in the province toward advancing gender equity in health care, such as the menopause clinic that she mentioned.

The reality remains that systemic policies and structural deficiencies continue to disproportionately disadvantage women and gender-diverse individuals. This is especially evident in areas such as reproductive health, cancer screening, and access to specialized

care. We cannot afford to ignore the evidence before us, evidence that calls for immediate action and meaningful reform.

As we talk about evidence, I will table another document. It's a document that refers to - I'll probably table this again on another bill. It talks about the correlation between smoking tobacco with breast cancer. I will table that document, as well, just to reinforce the importance of that.

We all know that prevention and early screening cost less money than treatment. We cannot afford to ignore the evidence before us, evidence that calls for immediate action and meaningful reform.

We know that clear and achievable solutions exist. They are here. We just talked about one of them, with the example of dense breasts and using MRIs.

Another example is making contraception free. It's not just a matter of convenience. It's a matter of equity, health equity, economic justice, and reproductive freedom. The financial burden of these essential medications should not be a barrier to access, particularly for those who may already be marginalized by income inequality or systemic discrimination.

Similarly, improving screening protocols is imperative. Furthermore, HPV screening, a critical tool in preventing cervical cancer in women, must be modernized and made more accessible through at-home testing.

These are not luxuries. These are necessary steps toward a proactive and inclusive health care system. Once again, we know that early detection and screening cost less than treatment. These are a couple examples where we could save the health system money by implementing these measures.

We have a strong foundation to build upon, including the Endometriosis and Chronic Pelvic Pain Clinic. This initiative recognizes the unique challenges faced by those living with chronic pain conditions that have been historically dismissed or underdiagnosed.

I will say there is still much more work that needs to be done. I think all of us in this room know that. Just recently I had a young woman - she wasn't that young - she had to see eight to nine providers before her endometriosis diagnosis was made. She waited way too long, way too many years to get that done.

One clinic alone does not address the broader disparities. We need a network of specialized services across the province to ensure that every individual has access to expert care, regardless of their postal code.

This resolution is not just about improving health care; it's about justice, it's about dignity and it's about fairness for women and gender-diverse people in this province. It's about ensuring that our health care system recognizes and responds to the distinct needs of women and gender-diverse individuals. The solutions are clear, the need is urgent, and the time for action is now. I urge my colleagues to support this resolution.

In my last couple of moments, I'll mention another area that could be improved upon, that is maternal care and postnatal care in this province. I remember being appalled a few years ago when the Liberal government, - sorry, my Liberal friends - removed prenatal classes for women in this province and for families and they have never been reinstalled.

There are some prenatal classes available throughout the province that are funded but there's no consistent prenatal health program, or postnatal health program. There are too many women postnatally who are struggling with postpartum depression. In fact, up to 25 per cent of women will struggle with postpartum depression. There is no access to mental health care for those women who are postpartum right now in this province. In fact, I have someone who was told just recently she will have to wait about nine months to get access to a therapist. She is actively struggling right now with postpartum depression. There's no need for that, Speaker.

There are definite improvements that need to be made for women in this province struggling with mental health disorders, specifically related to maternal health and postnatal.

I do urge my colleagues to support this resolution and commit to the necessary policy changes that will move us toward a truly equitable health care system here in Nova Scotia. Together we must dismantle the barriers, close the gaps, and build a future where everyone receives the care they need and deserve.

THE SPEAKER: The honourable member for Halifax Needham.

SUZY HANSEN: I am truly excited to have this opportunity today to discuss this resolution and the issues surrounding women's health in our province. There are many systems and policies in place that contribute to gender gaps in Nova Scotia's health care system and that reduce women's and gender-diverse individuals' access to timely and appropriate care.

We heard from a number of folks today about those particular gaps and the lack of access. This is also additionally true for African Nova Scotian woman and other racialized women.

What I'm going to say today is an opportunity. This is an opportunity for folks to learn about how government can produce better legislation by using facts and data and

listening to the experts in this field who have this information on hand for us to use whenever we need to use it through a lens for our legislation.

Fifteen per cent of Black women in Canada reported fair or poor health, which is significantly higher than other segments of the population. Likewise, when asked to self-assess their mental health, respondents from the African Nova Scotian community rated their mental health lower than the provincial average. Research shows that Black women are more likely to develop aggressive forms of cancer at an earlier age and to die as a result - shocking, unbelievable.

Other studies have clearly shown that Black women in the province are less likely to be screened for cancer. Nova Scotia communities with a greater than 10 per cent Black population were more likely than communities with smaller Black populations to have women underscreened for cervical cancer. These are huge problems, and it is extremely shocking to know that this is in Nova Scotia. We need to be doing better and do a better job at tackling these issues.

Luckily there are some clear solutions to many of the gender gaps we face, such as making additional screening available for those with dense breasts, which was talked about earlier, and making HPV screening more accessible through an at-home testing approach. What is wrong with that? We get COVID testing all the time at home so we know whether we're sick or not. What is the difference with having an at-home screening test for HPV that could save your life?

Unluckily though, we are not seeing much of that action from this government. It has been suggested. There have been a number of pieces on the floor that have been discussed, and yet we don't see any bills on the table or legislation that reflects that. When the minister claims that this government is following best practice when it comes to breast cancer screening, but women with dense breasts know that is not the case - we heard that about our colleague, Rafah, who gave us the rundown of what happened and explained the situation as an MLA still going through that experience.

Research clearly shows that breast ultrasounds can better detect cancer in dense breasts. I am not a doctor, but the facts and the evidence show that. Why aren't we listening? Yet this government continues to deny women that access to this procedure, and it's been talked about. Last year, British Columbia became the first province to establish a self-screening program to improve testing for cervical cancer through the program's screening kits. They can be ordered online or by phone and are delivered and returned by mail. This will significantly increase women's access to this essential cancer screening. So far, all this government has done is say that they're looking at a program for take-home HPV kits. To the government's point, there have been some historic pieces that have been put forward by this government - maybe not historically good pieces, but there have been some historic pieces that have come forward. This is not one of those things when it comes to health care.

At the same time, we know that women in this province are struggling to access Pap tests. I say this to my male colleagues who have never had a Pap test before: Let me tell you, it is not something we go running to the doctor to do. When we go, it is for a reason - for us to make sure that our health is safe and that we are covering all of our bases. If we're saying we need access to Pap tests, there's a problem if we're struggling to have that access. There are gaps in the system. Abbey Ferguson of the Halifax Sexual Health Centre recently said they are seeing a big increase in folks who are being funnelled there by their own providers, who are saying they don't do Paps anymore as a part of their practice. Where are we? What country are we in that we don't have a doctor to have access to a Pap smear?

We know that when there are barriers for all women, there will be extra barriers for Black women, but there are some solutions in place that we can build upon to ensure that Black women receive the care they need. It was spoken about earlier, about the Sisterhood. There are important organizations, like the Nova Scotia Sisterhood, that we need to ensure have a continued support that they need to provide the care. We talk about this every year when the budget comes up. Why are we asking for sustainable funding for organizations that are doing amazing work in communities for people who look like me? Why are we asking for sustainable funding when we know that it is necessary, and they're doing the work for people in these communities?

When we talk about these folks and we talk about these organizations, I would like to remind all of the ministers in this House and all of those folks who influence policy and the budget to remember that when we're asking about sustainable funding for these organizations that you pump up - you talk about how amazing they are and the great things they're doing - please remember that you need to also pay them and make sure they're able to do the work in community for years to come. They're doing the work we should be doing but that's not happening, so we appreciate that we have organizations that are stepping up.

The Sisterhood is a province-wide free program for Black women to access health care in the community and to improve overall health and well-being. There are clinics in Halifax each week, but we know there are Black Nova Scotians across the province who need better health care too. It was talked about earlier, about the gaps. I know, and I can tell you - I've only been here for just under four years, but there have been many conversations, tons of evidence, and data to back it up, that there are things that we need to be doing, that we could be doing right now, to help fill in those gaps, to bridge the gap to better health care and better health care outcomes for all Nova Scotians. Specifically Black Nova Scotians.

When we hear, "Oh, we're going to wait on that," or, "We need to wait on the funding," or, "We're just trying to figure this out," then you should be doing the same with every other piece of legislation that comes across this table. We need to be talking to the

experts and consulting the people that are actually on the ground doing the work, because they'll tell you what they need. And this is what they tell us.

[3:45 p.m.]

The Nova Scotia Sisterhood team provides medical care; assists in managing ongoing health conditions; has a therapist on staff to provide clinical therapy; offers navigation to health and community resources; delivers health promotion and wellness education; and develops partnerships with community groups. The Nova Scotia Brotherhood does exactly the same thing for the men of our province who are of African Nova Scotian descent and of African descent.

These are the kinds of programs and investments Nova Scotians need and expect from a government that they elected to fix health care. That was the premise of why this government was elected, to fix health care - yet we have solutions to the gaps; solutions for how to make things better for Nova Scotians, and we don't see any of those solutions here at the table. We hear excuses about why they cannot take the funding or give the funding, which is really very frustrating, when you think about a service provider who is working very hard in community to do this work for African Nova Scotian folks.

Listening is the key piece. We need to read the evidence - and I have a ton of it here, which I will table in a little bit, and I know it is accessible to everyone. Because if we can find information on how great these organizations are, yet we can't fund these organizations in a way that makes it sustainable, then I think we're doing a disservice to Nova Scotians.

I would implore the government to actually listen to what is being put forward. Take it in, because it is an understanding that some folks in this room don't have. It's a key piece. Read the evidence and respect the experts and the information that's given. Because I think that's what it comes down to: respecting the experts and the data that we see coming forward.

For a long time, race-based data was not collected. So for years and years, we had no idea how horrible we were doing for the African Nova Scotian community. We have the data - well, some of it - collected now, and it is trusted data that is utilized in many different facets. Yet we don't see anything that is put forward in the four years that I've been here that is changing those gaps for African Nova Scotian women and African Nova Scotians across the province.

I mention it every time. I talk about us observing our legislation through the lens of African Nova Scotians and Indigenous folks. We have legislation that this government is super-proud of that is very hollow in its works because it is supposed to be there to help and assist us to do our work as legislators, and yet we see time and time again that we have to have these discussions about these gaps, and why this isn't happening.

I say this because my experience and the experience of African Nova Scotians and gender-diverse folks is not up for debate in this House. It's not. These are the kinds of programs and investments Nova Scotians need and expect from a government they elected to fix our health care.

We need to ensure the specific needs of all Nova Scotians are being cared for. We need to do more to create greater equity in our health care system, by closing the gaps in care for women of colour and all women and gender-diverse people who face ongoing barriers.

With that, Speaker, I move to adjourn debate.

THE SPEAKER: The motion is to adjourn debate on Resolution No. 21.

All those in favour? Contrary minded? Thank you.

The motion is carried.

The Official Opposition Deputy House Leader.

KENDRA COOMBES: 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 Official Opposition Deputy House Leader.

KENDRA COOMBES: Speaker, would you please call Bill No. 87.

Bill No. 87 - Right to Primary Care Act.

THE SPEAKER: The honourable member for Halifax Armdale.

ROD WILSON: I move that Bill No. 87, the Right to Primary Care Act, be now read a second time. With your permission, I would like to speak to that bill.

This is a bill that I'm going to win everybody over with. I ask just for 10 minutes, if everybody could put their phones down for 10 minutes and listen up. This is going to be a win-win bill.

This is the Right to Primary Care Act. You're probably saying, Why is he doing that? We do primary care all the time. We have a plan. We're into doing it.

I think this is going to be win-win legislation in that primary care is made of different things. I want to speak very briefly to what I think is the ideal primary care and one we could easily work towards in Nova Scotia. I think the ideal primary care is just up the street at the North End Community Health Centre.

They have been around here since 1971. They're a group in that community - central Gottingen - that got trans-placed there. There was no access to providers. A group of community members got together and got funding to hire one doctor; 50-some years later now, I think it's 67 staff. There are 4 doctors. There are nurse practitioners. There's a pharmacist. There are mental health workers. There's outreach home care. There are foot nurses. There are nutritionists. There are two or three social workers.

What's the difference between that and collaborative care centres? It's a big difference that has a huge impact. It's not managed by someone in the Department of Health and Wellness. The goals and strategic plan are set by the community. They receive funding - when I was there, it was about \$5 million. That was a long time ago. We had 100 to 200 encounters a day, and we were serving about 5,000 people. We had a community board that drove our programs. It was really important, because what may be needed in Canso may not be needed in downtown, on Gottingen Street. For example, we could pivot if the community needed a prenatal program, which it did. We could also pivot if we needed more mental health and stuff. We had walk-in clinics. We had same-day walk-ins. We had goals. We had deliverables and were accountable for \$6 million. We were audited every year.

We also met the community needs. We had evening clinics and clinics on Saturdays and Sundays. We provided care seven days a week. Even though we were not funded for the after-hours care, our group of colleagues said, We really want to provide community care because people want to come to the provider. Eventually, we were one of the first early adopters of EMR. We're all working from the same EMR, which had a huge impact for patient safety. The numbers keep flexing. We served about 5,000 to 6,000 people, a community within the community. Its models have been done all over the place.

When I was executive director, we were told by the Nova Scotia Health Authority of the day, We would never let this happen today because we need to control the budgets. It didn't matter about outcomes. It was a matter of who controlled the purse strings. You could have terrible outcomes, but as long as Nova Scotia Health Authority of the day got to control the purse strings, it would be okay.

I use that as a rant, but I use that as a model. I hear from my colleagues that there are great efforts in terms of pharmacies expanding scope and nurse practitioners expanding scope. It's all a point of entry to care, but what I'm hearing from my colleagues - doctors and nurses - is at some point where does this come together? Where does this come to versus different silos or inputs in the community?

I put that up there as a model that could be easily replicated across Nova Scotia and transform health.

Why is this Act important? Because primary care is - I have been around since 1982 in health care. In 1982, primary care became sexy: Monique Bégin, the Liberals and Marc Lalonde; and there were the social determinants of health, and it was all great. By the time I graduated in 1992, governments of the day said, Too many family doctors. Cut them back. We started cutting them back. Then there were budget changes to compensation, and doctors left.

While primary care is on the front burner today, how many of us are going to be here in 10 or 15 years? Not me. I think this bill speaks to a legacy that primary care doesn't depend on who's in the bureaucratic system of the day or who's in the Legislature of the day. It's not about defining service for the future - it's about saying we value primary care. It needs to transition, and we want it built into our health care system, not dependent on health care bureaucrats of the day and the government of the day.

I say that honestly because I've been through enough government budget cycles where it's up this, up next, and people keep asking me, Why does the cycle keep changing with government? That's another story for another day.

This act ensures that Nova Scotians have the same right to primary care of the day as they do to education and safe water. It's not about who's winning and who's losing. This act ensures it puts not only our money where our mouth is, but it puts our actions where our values are - to say we truly value primary care. We want it instilled in our community, in our Legislature, and in our culture. It can't be here today, gone tomorrow.

I use the analogy that sometimes as a family doctor over the last couple of years, I felt like a plumber: really valuable when the pipe's frozen, but in between times, "Thanks for coming out."

I've also seen funding wax and wane and wax. We're in a period now, because we're in shortage, when the funding is increased. Again, I resort back to 1992: Governments of the day were saying doctors are too expensive, we have too many family doctors, so cut enrolment to medical schools, cut the fees, or freeze the fees. Doesn't that sound crazy? That was the evidence and the gurus of the day saying it. Governments took it hook, line, and sinker. Then, 10 years later, they said, Oh my god, we're in a bit of a mess here - now we have to do catch-up. Over that time, double the enrollment to medical schools yet family practice became undesirable, and here we are in 2025.

Primary care is much more than family doctors - it's a team approach. You could say it's novel, but again, in 1971 the North End Community Centre was doing primary care and doing it well, despite not having a lot of support from the bureaucrats of the day because of funding models.

This is what I'm suggesting: a model bill that will outlive us. It will be a legacy bill that would ensure primary care is instilled in Nova Scotia, regardless of who sits in this Legislature, regardless of who sits in the bureaucratic positions. It will ensure that we are saying we value primary care that will adapt and grow with evidence, and we are not leaving it to the politics of the day.

Can you imagine when - I won't be here in 10 years, believe me - we'll say, Hey, in 2025, we brought in a bill that ensured primary care is just as valuable as hospitals, foot care, and heart replacements. That's why I could speak all day, impassioned about this.

I ask us to think about this in a different model. Yes, there's lots of work to be done, but what do we want our legacy to be? Pass this bill as we lost that bill? Do we want to be in the legacy that in 20 or 30 years - or less - primary care is an integrated, legislated part of Nova Scotia health care, allowing it to evolve with evidence and technology but not leaving it to what seems like a good idea in the future.

Again, everybody thought it was a great idea that we had too many doctors in 1993, and we needed to cut back. It was widely adopted across the country. In hindsight, doesn't that seem ridiculous? That's what happened. All the medical schools cut back. Nursing didn't - people went technology-oriented.

I ask for people's consideration to actually think about the right to primary care as creating a legacy in our Legislature but also in our community and in our province. That primary care of the future, regardless of what it looks like, is not up for negotiation by the so-called experts of the day or the political party of the day - that we are leaving here saying that everyone in Nova Scotia will have access to primary care based on good science and best practices and not on the opinions of the day that will come and go, despite the patients' needs.

That's why I speak quite passionately about this. I think it could be a win-win legislation that we could be proud of, and also a legacy legislation. So as we go further, I ask for people to think about it in that lens and ask how you might feel about ensuring that primary care is here for our children, grandchildren, friends, neighbours, and community. Nova Scotia is going to change, but we'll always need primary care, so I ask for your consideration of this bill on that.

THE SPEAKER: The honourable member for Sydney-Membertou.

HON. DEREK MOMBOURQUETTE: I'm happy to get up and say a few words on this bill and talk in support of it, and also make some points around access to primary care, which we all strive for. You've heard the slogans over the years like: "A doctor for every Nova Scotian." That was a goal that governments strived for. Ideally, the wait-list would be zero.

[4:00 p.m.]

When we were in government, the wait-list was probably around 50,000 when we went into the election in 2021. As we've seen, the list has grown and apparently shrunk. It reached as high as 160,000. Now the government is indicating that it is now below 100,000 for the first time in years. They like to celebrate that. I've always said when talking in public that if people are getting a doctor, that's great. If people are getting attached and they're coming off the list, and they have their own doctor - a doctor for their family - that is a very good thing. We celebrate that, absolutely.

The challenge for us becomes when we're having a conversation around this bill for the right to primary care. That's something that governments will come and talk about - whether it's access to a doctor or the pharmacy clinics or the health centres that are involved - the collaborative care. We talked about it, too, when it comes to your doctors and nurse practitioners, and that holistic approach to health care. The NDP supports that concept as well. They talked about collaborative centres in their time in government. So every government has taken a shot at this thing. But what this government has decided to do is remove data, and that's really the issue for me.

My colleague is absolutely right in this bill when it's talking about the right to primary care - that people also have the right to data when their tax dollars are being spent to support health care in the province. I always go back to - having some history in this place - that the data the government has now removed was the anchor and the foundation of what they ran on to become the government. If you go back and listen to the speeches of the day from the Premier about the crisis when the list was below 70,000 people, that was the message. It was the whole foundation of who they were when they were in Opposition. The doctor wait-list is growing. People need to have access to their own family doctor.

They never talked about pharmacies. They never talked about collaborative care clinics. They never talked about the holistic approach to health care. It was about that list. That list was updated every month, and it was used in here every Question Period for years.

Even when the government of the day spent \$1 billion in Cape Breton on health care redevelopment, they didn't like that, either. They thought that was a waste. "The dismantling of health care," it was called in the Legislature. Now, they've cut the ribbon on the centre in New Waterford last week. I saw that in the paper. I wasn't invited. I wasn't invited to that announcement. I was kind of heartbroken about it.

This is not disrespectful to the minister, because I've said this before. The minister gets what we were doing down there. That's why there's a cath unit going in the regional hospital. I always say I couldn't go to Sobeys for a month after the former member for Glace Bay, Premier MacNeil and I went to the Big Fiddle and made the announcement that we were doing that work, but that was one of our ways that we tried to tackle this issue

around the right to primary care. Doctors were telling us at the time that - and it was their design, it wasn't the government's - that we needed a new cancer centre, that we definitely need new infrastructure, and that the infrastructure we had in place in New Waterford was just out of date and they couldn't do anything with the facilities.

Now you are seeing a new school - a new medical centre. They opened the community centre. Again, I was devastated that I wasn't invited. I thought for sure the government would have invited me, but they decided not to. So that's why you're seeing these things starting to open - because the doctors of the day made these decisions. They said that this is the right approach to ensure that we can have as much access to primary care, because it will attract doctors to the community. Now you have a medical school coming. God willing, everything works out. That will also help the cause.

I just want to go back to the fact that we're seeing this theme around the health care stuff, where the government is going to get up and they're going to celebrate their record, and the wait-list is now 95,000. Is it really 95,000? That's my question because I can't access the data. I hope it is. Media asks me this question about the government and their role around the doctor wait-list and the centre, and I say that if people are getting attached to a doctor, that's fantastic. That's what we all want, regardless of the debates in here. We want people and their families to have access to a doctor.

The argument I'm making right now is the same argument the Progressive Conservatives made when they were in Opposition. Alfie MacLeod gave some great speeches in here during Question Period about needing a doctor not tomorrow but today. That's how the government became the government. It was all day long. I can tell you, some of the questions fired at health ministers back then - it's PG in here. There were some names called at the health ministers over the years that I would never, out of respect for any minister who's in that seat or holds that role, ask those types of questions, but they came from the government. They came from the government when they were in Opposition. It was brutal at times. It was very personal at times.

As I said, you talk about this bill and you talk about access to primary care, you know. The NDP were big on collaborative centres. Our goal was to try to get a doctor for every Nova Scotian, and I'm sure this government has the same thing. They don't use the same slogan. They use everything faster, whether it's this bill - an Act to give Nova Scotians the right to primary care faster. That's a good one. That's ultimately what they say. But when you're looking at Nova Scotians having a right to primary care, they have a right to their information. It's not the government's information that they're peeling away. It's Nova Scotians' information and their right to access that information because it is their tax dollars that are paying to support our health system here in the province. Now they can't access it and the Opposition parties can't access it.

We don't get a true understanding of what that 95,000 means. I may be using the wrong number right now. I don't have it updated in front of me. I just wish people who are

new in here could go back - and some have over the years - and look at those Question Periods around the health care debate, and see how often there were press conferences downstairs or questions asked here or at conferences at hospitals with the current Premier screaming to the rooftops with data saying we're in a crisis when the list was at 60,000 people.

Everybody strives for the list to be zero. There were times back then in Cape Breton where the attachment was 99.9 per cent and they were still screaming with the data that there were not enough doctors. We all strive for everyone to have access to a doctor, but I think it is important to recognize that we're having this debate on this bill when there are some big moves afoot from the government removing data, old reports. Economic reports - can't find them anymore. Doctor wait-list reports - can't find them anymore. They used to be tracked for years. You used to be able to click and you could go month after month per region. Now you can't. I don't understand why the government would want to do that. If they're so proud of reducing that list to where they have, then show people the data to say: This is where the doctors are, this is where the biggest attachment is, we're working hard - more data faster, more doctors faster. Faster, faster, and faster.

That's what I don't get. Celebrate that you've got it under 100,000, sure. Show people how you did it. For whatever reason, somebody made the decision that we're not going to show the data anymore - the same data that they used to be elected in government. Every day, that data was used in here by the PCs - for years: "The wait-list is this today." "What does the minister have to say about his failure to fix the health care system?" "The dismantling of health care in Cape Breton." "The list is growing again." "We have the data." "I'll table the data." That's what it was every day - not by just them, but by other Opposition parties too.

It was the greatest access to a political debate about something so important for Nova Scotians that politicians had. This government decided to take it away. Now people are left to ask the question about the right to primary care, and they don't even know what the data is.

As I said, I know people who have been attached to a family doctor. That's great. That's happening, and that number is naturally coming down. That is a good trend, but I'm also talking to people who are saying, I got a call to be removed from the list because I went to a pharmacy. This is true. "You accessed the pharmacy so you're off the list." They're like, "What? No, I'm not off the list. I went to a pharmacy and saw someone." Very true. The minister can validate all of this, which I'm sure she will. She's got the papers out. She'll validate. There's a good ol' Cape Breton debate coming. The fact of the matter is: Why take the data away?

I'm going to use the last two minutes to talk about the data. I was talking about the data the whole time. The minister is going to rise at some point and defend the record. Great. As I said, if people are coming off the list, if that number that was 160,000-plus and

is now 95,000-ish, show us how. You're telling us, so why not show us? Why not show the members of this House the data - the same data that the government used to everyone's demise, politically? Listen, as someone who was on that side, every day I was reminded by Nova Scotians of the data on that list. The current Premier reminded us all: The list is going up. Here's the data. It's a crisis.

Now we can't find the data. Is the 95,000 correct? I have to ask if it is. I hope that the minister will answer my question. When I get calls from people saying, "Derek, I don't have a family doctor, and they're asking me to come off the list because I've accessed primary care in some capacity other than having a doctor - a straight-up family physician for me and my family - why am I coming off the list? Why am I being asked to be taken off the list?" These people are calling me. I've even tried to call within the medical community myself. I've tried to call hospitals and people who are involved with the lists to ask, How is this working? They don't really want to say much.

[4:15 p.m.]

It's really unfortunate because, as I said, you go back to the Estimates, go back to Estimates back in the day, to bills like this on primary care, and look at the questions that were asked in Estimates about the data. We have the data. The list is 60,000; it's a crisis.

We all want to strive for that list to be zero, and there are good people working hard within the department to do that. I want to thank them. We're in here having debate, but ultimately there are good medical people all over this province who are looking after our families each day. I want the data. I await the minister's reply.

THE SPEAKER: The honourable Minister of Health and Wellness.

HON. MICHELLE THOMPSON: The member opposite will be so happy to know that I recently downloaded a meditation app. (Laughter) I have to stand in my place and talk about a few things. It really is actually like a flashback. It's like a flashback to pre-2021. There are just a couple of things that I'd like to argue about, or debate.

First of all, the first thing I want to say is the reason we became government was because nobody was talking about health care in 2021 except for our current Premier. I know that. I do want to give Gary Burrill a shout-out, because for those years that I was in long-term care, Gary was an incredible advocate for long-term care. He visited my facility. He talked to me about what the issues were. He really worked hard.

And then the Minister of Seniors and Long-term Care took up that charge in Opposition - another ally. Nobody was talking. I could speak for a really long time about what it was like in long-term care. The reason that list went to the height that it went, and I know the member opposite will believe me, is because there was absolutely no care or consideration given to the workforce in the seven years prior to them being in government.

We knew that those physicians were going to retire. We knew there weren't enough nurse practitioners, and nothing was done. Inevitably, when we formed government, that hole was so deep. There was a Physician Resource Plan that was useless. In order for a physician to retire, he or she or they had to leave their practice before another one would come in. We started our time in government with a tour, listening to health care workers, and they gave us the most beautiful plan because they lived it every day.

If that member's government, for one minute, one minute, had sat down, I actually would have helped. I would have helped him and the government find a path, because it was not - I'm not saying it's perfect now, but what I'm saying is that list reached the heights it found itself at because there was no health and human resource planning in this province at all in order to alleviate the stress on health care workers to plan for retirement.

There was no significant interest in what it was going to do in terms of people's unattachment to primary health care. Primary health care comes in many, many forms. Team-based care is essential. We don't need a doctor for every Nova Scotian. We need access to primary health care. We need teams. We need a physician; we need a nurse practitioner; we need a team of individuals - a pharmacist who can meet people where they are, when and where they need it.

I don't need to see a doctor every day. But I do need access to episodic care. I do need access to specialists. We need to navigate paths in a new and modern way. And if there are people who don't have access or attachment, we need to find very clear pathways to them. That list was just a laundry list of individuals. We had no insight into who was on that list, why they were on that list, how sick they were, whether they were waiting because they'd moved. We need access to team-based care.

I want to touch on data a little bit. The members opposite fought tooth and nail when we tried to update the Personal Health Information Act legislation in order to get aggregate data from primary health care, which is non-existent, other than three to four months of data through billing that's lagging. It doesn't tell us what's happening in real time. It doesn't tell us the number of people who are accessing health care on a regular basis. It doesn't tell us why they're there. It's lagging - fought tooth and nail. So if that member is interested in data, we have it now, and we have it because we've modernized our systems. We have invested in data. We have invested in 800,000 new access points for Nova Scotians across this province.

It's never going to be perfect. Our needs are going to change. Technology is going to change. The treatments that we receive change, but we are working in lockstep with health care workers, with specific teams, to fully understand. We're looking at population health. We have data now to understand how the system is functioning from prenatal to death, understanding disease processes, community health profiles, supporting communities to understand how best to serve the needs of the patients and the people who are living in their environment. The data that we have now is incredible. The data analysts

who work in health, the Nova Scotia Health Authority, CSDS, and in the Department of Health and Wellness are incredible. They are incredible, and they are helping us every day understand how to attach people, who is the best provider for those individuals, how we do workforce planning, all of those things.

I'm not even supposed to be speaking about this bill, but I just literally want to say it was so difficult, and the hole that we were in was unbelievable. The work that happened before - I ran because somebody was finally talking about health care. I was beside myself working in long-term care. I was begging for anyone to help. Our workforce had essentially collapsed - 11 graduates from Nova Scotia Community College at Strait Area Campus in probably 2019 or 2020. I needed 15 CCAs to come and work in the facility. There was no grant program anymore. Their pay was terrible.

We showed people from the day we formed government that what they knew mattered. It didn't matter whether you were a physician in a huge specialty or where you worked. We wanted to hear from everybody in health care. One of the best conversations we had was with the dietary staff in Ingonish who put us in our place the very first day that we were on that tour. There had been a decision made, and they told us it was stupid and to change it, and so we did. These little things build trust.

I know there's a long way to go, but I want to assure Nova Scotians that we have more data than ever before. Shoulders are to the wheel. We agree that we want team-based primary care in this province. We want people to have access to a variety of health care professionals when they need it. I can maybe get through with a physio and a dietitian right now, but when I need that physician, I need a clear path to be able to do it. Two hundred more physicians in this province in the past year - it will help us get there, and there's more to happen.

I couldn't sit down without saying some of what we had to fix really was a hangover from the lack of investment in health care over the seven years prior to government changing. The last year, there was a little gleam of hope - I have to admit - but it was too little, too late. There we have our current Premier, who was talking about health, talking about long-term care, talking about addictions and mental health, and has invested - has put his money where his mouth is. It is "More, faster", but he has led our province and the country to a better health care system. I know there's more to do, and I look forward to being able to do it.

AN HON. MEMBER: It's better to leave that out, Michelle.

THE SPEAKER: The honourable member for Cumberland North.

ELIZABETH SMITH-MCCROSSIN: I stand today in strong support of this crucial bill, An Act to Give Nova Scotians the Right to Primary Care. This legislation is not about partisan politics; it's about a fundamental truth, and that is health care is a right, not a

privilege. Across our provinces, families, seniors, and young people are struggling because they lack access to the very foundation of the functioning of our health care system, and that is primary care.

I'm sure every one of us could stand in here and share very tragic stories of our constituents who do not have access to primary care. I am going to share one story, but I can tell you, I have hundreds. I had an individual come to me because they were suffering from worsening breathing issues for about three years, and they did not have a family doctor. About three years ago, they accessed the emergency department where a referral was made to a specialist and an antibiotic was prescribed. They didn't get better, so they went back a few times over the next three years. Their symptoms worsened, and the specialist had yet to see them. Each time, they were seen by a different provider, and there was no one primary care provider who followed up on diagnostic tests and put the pieces of the puzzle together.

After this constituent came to my office, I reached out to the specialist's office myself and urged them to find the referral and to see the patient and they did. To no surprise but deeply disappointing, this patient was diagnosed with cancer that had gone undiagnosed for three years.

I believe wholeheartedly that if this patient had had a primary care provider, their diagnosis would be very different and their life expectancy today would be very different. This is only one story. Sadly, I could share hundreds of similar stories, all tied to the same devastating reality that these patients had no access to a primary care provider.

Most of them did seek help where they could, through emergency rooms, pharmacy clinics, virtual care like Maple and other services. Primary care is about continuity, not a one-off interaction.

This brings us to the core of why primary health care is essential and why every Nova Scotian should have the right to primary care in the region of the province in which that person resides. Primary health care providers offer comprehensive care, often from birth until death. They ensure that conditions are caught early and managed properly and that patients do not slip through the cracks of a broken system.

This bill put forth by the NDP enshrines in law what should already be a fundamental right: access to primary health care for Nova Scotians.

We often hear warnings about the dangers of having a two-tiered health care system but we already have a two-tiered system. Over 10 per cent of all Nova Scotians do not have access to a primary health care provider. That means that while some can rely on timely, preventive, or coordinated care, others are left to navigate a fragmented system that is reactive and an insufficient patchwork of services. This is a two-tiered system, people with a family physician or a primary care provider and people without.

It is alarming to hear the minister state that we don't need a doctor for every Nova Scotian. It's very alarming to hear the Minister of Health and Wellness here in Nova Scotia state that we don't need a doctor for every Nova Scotian. I believe, and I will stand firm on this, that every Nova Scotian absolutely does deserve to have access to their own family physician or nurse practitioner.

I know this bill is about that right, that everyone has that fundamental right to primary care. I know this bill is not about finding solutions per se for getting there but I can tell you, Speaker, there is a pathway to get there, there are solutions that we could use here in this province to get us there, even accessing and using family practice nurses in primary health care is just one of those solutions that could be enforced.

[4:30 p.m.]

This government has put funds in place where family physicians can hire a family practice nurse, which allows them to have more patients in their practice. Many physicians actually don't know about this. The ones who may know about it may need help to actually implement it and put it into place.

There are many nurses in this province who would come back to the practice of nursing if it were community nursing and family practice nursing, like what we're talking about. That's just one solution.

If the minister is interested in that solution, I can recommend a woman named Patsy Smith, who led the very first clinical program for family practice nurses here in the province of Nova Scotia. There are so many people in this province who could be used who would be more than willing to assist this government to get to a place where every Nova Scotian has their own primary care provider. Every Nova Scotian does have a fundamental right to their own primary care provider.

We do not have to accept the status quo. We can get to a place where every Nova Scotian has access to this. We can still embrace collaborative care models that involve family practice nurses, pharmacists, and other health care professionals, and we can focus on recruitment and retention strategies, but we need to start by making primary care a legal right. I think passing this bill today would send a message to Nova Scotians that their health care matters and that having access to their own primary care provider matters.

To hear the minister say today that she doesn't believe that's important or that's attainable - I believe her quote was that there's not a need for a doctor for every Nova Scotian. I believe that was what I wrote down that she said, which is very disappointing, to have our own Minister of Health and Wellness make that statement.

It's upsetting to hear, and I'm sure every MLA in this House has shared similar experiences with me, where you have constituents coming to you to fulfill actions that a

primary care provider would. Maybe somebody is in another province, they have had an accident, and they need to find a way to get home to their home hospital. They have come to their MLA to say, You need to help me get my loved one home. That's something that normally a family physician or a nurse practitioner would do. They would contact the hospital, and they would work to get that person home.

People without that primary care provider are going to their MLA office. I know that all of us do everything we can to help our people, but we shouldn't be asking primary health care providers - people should have access.

Other examples are getting forms filled out. If you have a constituent who has a disability, and in order to get access to that disability benefit, they need to have proof from a family physician or a primary care provider that they do in fact have a disability, and a form needs to get filled out, or a letter needs to get written, but they don't have access to that. We as MLAs are making phone calls and trying to find somebody to help them. That's something that we shouldn't be doing. MLAs should not be having to be health care workers in our MLA offices, but we're forced to because so many of our constituents don't have access to that.

No senior should be left without care. No parent should have to beg for an appointment. No young person should feel abandoned by our system.

There's so much I could say in response to some of the comments the minister spoke about. I will make a couple of comments.

One is that I think there needs to be a reality check. Yes, things were bad when the minister first got elected in 2021, but I'm going to tell you something: Things are pretty bad right now. I encourage the minister to talk to the frontline workers. Every time I or one of my colleagues try to bring up or ask a question in here, I feel like we're demeaned, ridiculed, or made to feel less than - like, how dare we bring this up? How dare we ask this question? It's not right. We should be able to ask questions on behalf of the people we represent and all Nova Scotians around health care.

Things are not good on the front line. Patients are being discharged from emergency departments because there are no beds in the hospital. People are being sent home when they should be admitted. There's no access to acute care beds for mentally unwell patients. People are waiting 8 to 12 months to see a therapist when they're acutely mentally ill. Nurses are working in very unsafe conditions where there's no nurse-to-patient ratios.

I know the minister used to work in long-term care, and I know how proud they are that one of the things they got in place was a nurse-to-patient ratio. That is great, and that is definitely an improvement for long-term care. What about the nurses in acute care who are drowning right now? There is no mandated nurse-to-patient ratio for them. Now they're

being told they have to accept patients into nontraditional bed areas where they don't even have access to the right equipment - crash cart, suction equipment, or oxygen equipment.

Let's get a taste of reality right now in 2025 and stop talking about what happened before 2021. Let's talk about what's happening right now. Let's address those issues. It's very upsetting, because I just know that it doesn't have to be this way. When we won't even be listened to in this House when we try to bring up the issues that our nurses and our doctors and our other health care workers are bringing to us, it's very frustrating.

Just yesterday, I got a message from a nurse who said, "I thought that there was a real staffing shortage in our hospitals in Cumberland." I said, "There is - like a 22 per cent vacancy rate for registered nurses." She said, "I applied seven weeks ago, and I haven't even gotten an email response." No response - seven weeks.

I have a document here from the PC Party from 2021. One of the things that it talks about is improving local decision making and bringing back local management. That hasn't happened. We hear examples like this, where registered nurses are applying online, and seven weeks later, they haven't even been acknowledged. There's something broken here in many areas of this health care system.

There is so much in what the minister said that needs to be responded to. I encourage the minister to be humble about what's happening right now and be willing to listen to the voices of our nurses, of our front-line workers. I know the minister said that they did a tour when they first got elected. I think it's time to go back and do another tour. Nurses are being threatened by Nova Scotia Health Authority management if they dare speak up about the problems. That is not a healthy workplace culture. That is not a culture where we're going to see improvements made. Doctors are also being threatened if they speak up. I think we need to be taking this seriously and be humble about the problems that are currently before us and try to work together to get these problems done.

Speaker, I do support this bill that would make it a fundamental right of every Nova Scotian to have access to primary health care. If we could fix primary health care in this province, so many of the other problems in our health care system would be diminished, if not gone. When people get access to care and we have early detection, prevention, and management of our chronic diseases, all the other areas of our health care system are going to have much less pressure put on them. For that reason, I support this bill.

THE SPEAKER: The honourable member for Cape Breton Centre-Whitney Pier.

KENDRA COOMBES: I'm pleased to rise today to speak about our bill, an Act to Give Nova Scotians the Right to Primary Care. No matter where you live in Nova Scotia - Halifax, the South Shore, the Annapolis Valley or Cape Breton - you deserve access to health care when you need it. For too many people living in rural Nova Scotia, that is simply not the case.

We already know about the many Nova Scotians who don't have a family doctor. There are many of us. I have family members who have been on the Need a Family Practice Registry wait-list for eight years. Three of them have chronic conditions that need monitoring. We have seniors who have trouble getting their prescriptions renewed, cancer patients being forced to track down their diagnosis, and new parents with no assurances that their child will have the ongoing care they need. We have children who aren't even born yet on a wait-list.

When health issues go unresolved, they only get worse over time. It used to be that, if you didn't have a family doctor, you could at least go to a walk-in clinic. If a walk-in clinic wasn't available, you could go into the emergency room as a last resort. The days of walk-in clinics are over. For every walk-in clinic, you need to get an appointment now. There's no such thing as walking in.

Emergency rooms are no longer a last resort. They are the standard. If an emergency room is closed, how do Nova Scotians get the health care they need? The answer is simple, and yet devastating and sad: They don't.

This government will tell us that Maple and virtual care are the answer. For some situations, I'm sure virtual care has its place. I don't agree with it, but that's not for me to decide, I guess. Many Nova Scotians, especially in rural areas, might not have a stable internet or cellphone connection, and that does not ensure attachment to primary care. It's a stopgap. Many Nova Scotians are seniors who don't want to depend on technology to get the care they need. Health concerns need a real-life health care provider, not an app.

I want to talk about the reality of Cape Bretoners who don't have a family doctor or nurse practitioner. When they need a doctor, they often have no other choice than to go to the emergency room - that is, if the emergency room is not closed, especially in Cape Breton. That means people across the Island are being pushed to the regional hospital in Sydney, which is also the hospital with the highest wait times in the province. This means people need to wait hours to get basic health care that should be available in their communities.

People are going to the emergency room for prescription renewals, for basic health care that they could get from a physician, to get documents signed. This clogs up the works for Nova Scotians who do have an emergency. This is not a functioning health care system. To be clear, this isn't just happening in Cape Breton. Nova Scotians across the province are struggling with a lack of attachment to primary care. We've all heard the tragic stories about people who couldn't get care in time.

These aren't just statistics. These are real people: our neighbours, our friends, our families. This government claims that it is fixing health care, but rural Nova Scotians are instead getting frequent ER closures and long travel times for basic care. This is why attachment to primary care is so important. This government keeps telling us that things

are getting better, but where's the proof? This government won't even release accurate, up-to-date information on the state of primary care in the rural areas. In fact, they removed the online portal for the Need a Family Practice Registry, denying Nova Scotians the right to see for themselves how the Province is doing on its promise to fix the health care system.

The last time they properly updated the Need a Family Practice Registry for the public was June of last year. Back then, we knew that 30 per cent of South Cumberland was without a doctor. In Yarmouth, one in four people were in the same boat. Now we have no idea, because instead of fixing the problem, this government decided to bury the data. If the situation has improved, there is no reason for this government to keep this data under wraps.

[4:45 p.m.]

This is why our legislation is important to rural Nova Scotia. An Act to give Nova Scotians the right to primary care guarantees that every Nova Scotian, no matter where they live, has the right to primary care.

It is concerning when the Minister of Health and Wellness says that not everyone needs primary care. That's a very concerning statement from the minister. This bill holds the Minister of Health and Wellness accountable for ensuring rural communities get the resources they need. It brings back transparency so we know which communities are struggling. It pushes the government to connect everyone in this province to primary care, whether they live in downtown Halifax or in the heart of Cape Breton. Health care should not depend on your postal code.

If we do not act now, rural health care will continue to collapse. More emergency rooms will close. More families will be left without care. More lives will be put at risk. This government needs to step up, and this legislation gives them the road map to do it. We need to pass this bill and restore health care in our rural communities.

With that, I move to adjourn debate.

THE SPEAKER: The motion is to adjourn debate on Bill No. 87.

All those in favour? Contrary minded? Thank you.

The motion is carried.

The honourable member for Cape Breton Centre-Whitney Pier.

KENDRA COOMBES: Speaker, would you please call Bill No. 86.

Bill No. 86 - Healthcare Trust Act.

THE SPEAKER: The honourable Leader of the Official Opposition.

CLAUDIA CHENDER: Speaker, this is a piece of legislation that deals with the tobacco settlement that was recently received by the Province - \$809 million.

I move that Bill No. 86, the Healthcare Trust Act, be now read a second time.

Many will know that this province joined with other provinces and territories in a lawsuit to recover costs related to smoking and subsequent cancer. That class action was successful, and Nova Scotia was allocated \$809 million. The question is: What are we going to do with it?

We've heard, in particular, the Minister of Finance and Treasury Board stand up several times and talk about how they've delivered four years of deficit spending to fix our problems that ended up as a balanced budget, as though that's a particular talent that this government has brought to bear, but, in fact, it's not. It's the product of circumstance. We've had unprecedented revenue from a growing population that I would suggest started with the Ivany report - which, I'll remind folks, was a product of an NDP government. Yes, it was.

Regardless, we've welcomed many people to Nova Scotia. Many of them pay taxes, and we have lots more revenue. If you're going to spend a ton of money, you're going to do some good stuff with it. We've heard the Minister of Health and Wellness talk a lot tonight and over the last several years about the things they're undertaking on the health care front. As the minister just spoke about, in 2021 the Premier ran on a platform of fixing health care. There were enough people in Nova Scotia who knew that was the primary challenge of the moment. They saw the polls shift in their favour during the election and won a majority government.

However, health care is not fixed. There is no doubt that there is good work happening. There is no doubt that some progress has been made, but it is not fixed. Yet we aren't hearing about health care in this session. We are hearing about a desire to consolidate power and to evade accountability, and this extends to our finances.

We have talked over the years about the degree to which this government does not believe, I guess, in budgeting and fiscal transparency - a billion dollars a year, minimum, spent outside of budget allocation with no need to come back to the Legislature to even report on it. It doesn't matter what that money is spent on. It is bad fiscal management, plain and simple. The fact that it hasn't come back to bite us all is because of the revenues that I mentioned earlier that we've been seeing. But that is changing. That is changing with the flattening of the population curve in Nova Scotia. That is changing with the threat of tariffs. That is changing with the economic uncertainty that we face and with the inflation that is starting to again reverse the trend.

The question is: Where does health care sit in this current moment? The answer to that is that we don't really know. We don't really hear about it. We don't really talk about it. Speaker, public health care is fundamental to our identity as Nova Scotians and as Canadians. It reflects our commitment to fairness, compassion, and community well-being. It's not just policy. It's who we are.

The challenge is that we don't know where we are with public health care. Yes, there has been a ton of investment, but where has it gotten us? As my colleague pointed out, we are told that there are only 95,000 Nova Scotians without attachment to primary care, but we don't have any data. We don't know where they are. We don't know how long they've been on the list. We just don't know.

We are getting less and less information. The legislation we are putting forward is simply saying that we safeguard this money, this settlement, for the purposes for which it was intended.

When this was announced, the Premier was quoted as saying, "The Government of Nova Scotia pursued this litigation to hold the tobacco industry accountable for the harms it has caused Nova Scotians and for the related healthcare costs. Those wrongful practices resulted in extraordinary costs to our healthcare system, and we set out to recover those costs." I'll table that.

This money is recovering our costs. This bill ensures that that is what this money is used for. This legislation would place that money in a health care trust to ensure it is used for its intended purpose, to attach people to primary care, as we've talked about this afternoon, which is so important in ensuring that they remain healthy, and to directly addressing the health-care-related costs and challenges associated with tobacco use, which I am sure everyone in this Chamber knows are disproportionately high in our province.

We have so many Nova Scotians living with COPD and other tobacco-related illnesses. Those are expensive. We are getting \$809 million. The majority is going to come in the next 15 to 20 years. Twenty years is a long time and \$809 million is a lot of money. This is going to be revenue coming in until 2045.

While this government may still label itself as a government that is one whose primary goal is to fix health care, let's say that's not the primary goal of an incoming government afterwards. If this money is allowed to go into general revenue, it could be used for any purpose. But the intended purpose is to pay Nova Scotia back for the money associated with the use of tobacco. What this does is ensure that it is used for that purpose.

This is not a partisan bill. This not a criticism of the government. As I've said, the government has been spending money on health care, but we owe future Nova Scotians a guarantee. We owe them transparency and we owe them the certainty that these resources will remain dedicated to health care. This money has to outlast political cycles. That is the

intent of this legislation. Nova Scotians deserve an iron-clad guarantee that every dollar of this settlement will be directly invested into improving health care services.

We know how much this is needed. This has not been the focus of this session. The Conference Board of Canada estimates smoking-related illness costs to Canadians at more than \$16 billion, not to mention health and loss of life. With tobacco as Canada's leading preventable cause of death, we must ensure that the \$809 million coming to Nova Scotia from this settlement is transparently invested in health care to counter these staggering impacts.

Our health care system is our greatest social achievement. It is a reflection of our Canadian values. Nova Scotians voted for action on health care, and in this Chamber, across party lines, we all share that mandate, so this is a matter of priorities. This legislation is about delivering on the priorities that Nova Scotians share and voted for. We have spent a lot of time in this session debating legislation that Nova Scotians didn't know about and didn't vote for.

Today, knowing that every Nova Scotian cares about health care and that this money does not belong to this government or to the next government, but it belongs to Nova Scotians and is intended to address their health care needs, I call upon every member of this Chamber to join us in supporting this legislation.

THE SPEAKER: The honourable member for Sydney-Membertou.

HON. DEREK MOMBOURQUETTE: Speaker, I'm going to get up for a few minutes and talk in support of this bill. I will probably echo similar comments to my colleague from the NDP. We are having this debate around this money because, as we all know, this is the result of a settlement with the tobacco industry over years. A lot of advocates over the years have been fighting for this: multiple governments and everybody in between. A lot of work went into this based on the impacts that this has had on our province.

It is interesting. My colleague is correct, and I've talked about it in here before - about how this government seems to fall into money sometimes when it comes to population growth, the hundreds of millions of dollars around child care that it received, and the record transfer payments that this government has received. They've budgeted deficits each year and, miraculously, the money has shown up for them to balance the budget. It has nothing to do with sound fiscal management. It was external factors, and this is another one.

I heard that same comment today - that this would go into general revenue. That tells me they're going to offset their deficit that they have this year to the tune of \$700 million before adding the contingency, and they're going to use the money from this settlement to help offset that deficit - again, an external decision outside of this government

that is going to allow them to talk about the superb, excellent fiscal management of the government. This government has a way of falling into revenue for a whole bunch of reasons.

Particularly on the bill, I do want to talk about this. The government does have a responsibility to spend the money on what we're having this debate about here. Ultimately, they probably will spend some of the money toward it. Now that the government has this money, I think the best thing we can do is start in the early years, pump resources into that, and get in front of kids early. You have the resources to do it now, external of what the government may have been doing in the past to tell children about the dangers of smoking - students about the dangers of smoking and vaping - and you have the resources to do it over an extended period of time.

[5:00 p.m.]

To my colleague's point, governments come and go. A new government will come in. Eventually, the Progressive Conservatives will lose at some point. It happens to everyone. The next government coming in - there should be some sort of foundation, based on the money that is being received through this settlement, that is consistent throughout those years to promote non-smoking and the dangers related to smoking.

We stand in support of the bill. It's something that the government needs to look at moving forward because, as we know, there are a lot of health-related issues across our province. There were some high numbers in Cape Breton when it came to the effects of smoking.

I just implore that the government - they said it's going into general revenue. Obviously, they're going to apply that against their deficit, but I really hope that they take a big chunk of this money and really pump it into advocacy towards kids because that's really where it starts. If you can invest early and you can invest in programs in our schools and programs in our communities to talk about the impacts of smoking, I think it will do a world of good over a long period of time.

THE SPEAKER: The honourable member for Yarmouth.

NICK HILTON: I will open this debate with a statement we can all agree on: "If you are a smoker, quit. Even if you've tried before, there is help available to support you in quitting." Yes, Speaker. (Laughter) Tobaccofree.novascotia.ca is a place where you can find information on helping support you in quitting. If you are thinking about starting, don't.

Smoking introduces thousands of toxins into your body, including 70 known carcinogens - every one of them with every puff. It is linked to more than two dozen diseases and conditions. While most lung cancer cases are caused by smoking, it can also

lead to cancer in other parts of the body. As a nurse, one fact that I found really riveting was - I taught the smoking cessation program for some time, for a year, and one of the leading causes of bladder cancer is smoking. When you think about that, it tells you the systemic issues related to smoking.

If you smoke, using tobacco in any form, or even vape, try to quit. It's okay if you've tried before and had setbacks, even multiple times. That's not unusual. Smoking is highly addictive, and quitting is not easy, but keep trying. Evidence shows that within 24 hours of quitting, your body begins to cleanse itself. Your skin colour, your smell, your taste, breathing - all improve within days of quitting. Your risk of heart attack starts to decrease immediately.

Some of you may remember a time when nearly half of Nova Scotians smoked. Thanks to significant efforts from government and other organizations, that number has dropped to 13.7 per cent, but that is still not good enough.

The impact of smoking on our health care system is massive. That's why this government took legal action against tobacco companies for the alleged past practices from the 1950s to the 1980s. All provinces and territories participated in the lawsuit to recover health care costs. After years of diligence and hard work, Nova Scotia will receive \$809 million.

It is an understatement to say that health care is a focus of this government. Since taking office, we have increased the Department of Health and Wellness budget by over \$2 billion. We have also invested significantly in the Department of Seniors and Long-term Care as well as the Department of Addictions and Mental Health Services. Unlike previous governments, funding is not an issue for this government. Nova Scotia can be proud of our strong public health office which provides excellent resources to help people quit smoking, including connections with counsellors and peer support groups. The Nova Scotia Health Authority also leads innovative cancer care with services that are the envy of other provinces.

Can we do better? Of course we can, but we can improve care for those affected by tobacco-related harms without legislation. We are already doing that through advancements in cancer treatment, new MRIs and PET scanners, better support for people with COPD, and other health care services. What if innovation dramatically reduces treatment cost? What if smoking rates continue to decline, leading to less need for care? What if payments for tobacco lawsuits cannot cover the annual cost of the proposed bill's services? Bill No. 87 does not take these factors into account, which is why we cannot support this legislation.

This year alone, we invested billions in health care. This government cares about Nova Scotians. We care about how they receive health care services and are working daily

to improve them. No previous government has invested more time, more focus, and more funding into fixing our health care system.

When I read the proposed bill, I couldn't help but see its similarities to our current Action for Health plan. Nova Scotians should know that we already take a patient-centred approach to health care, placing individuals at the core of care, respecting their needs and their values in collaborating with families and providers to ensure the best outcomes. This bill calls for the creation of family doctor clinics, enhanced public health initiatives, and improved access to supportive services. Nova Scotians know this is exactly the work we're already doing.

I've been an LPN - or licensed practical nurse - for 21 years. I was there when hospital parking fees didn't exist, I was there when they did exist, and now I am proud to be part of the government that is removing this barrier from Nova Scotia hospitals again. The feedback from residents on that one topic was overwhelming at the doors. It truly mattered to families who visited loved ones two or three times a day. It truly mattered to staff, and I found, morale-wise, it truly mattered to us all.

Addressing the social determinants of health: We have discussed before how economic stability, education, health care access, social support, and neighbourhood environments influence health outcomes. Supporting smoking cessation requires a multifaceted approach, strategies that align directly with our Action for Health plan. Nova Scotia already has extensive smoking cessation resources, such as the Nova Scotia Stop Smoking program, which, ironically, I picked up pamphlets this week for. I can table that. People in our community need these resources and they reach out for them on a regular basis. They are available. This program provides nicotine addiction treatment, counselling, and quitting aids. Many community pharmacies also offer smoking cessation services for anyone with a Nova Scotia Health card.

I had the opportunity to run the Stop Smoking program in 2017. The success stories from that experience remain some of my proudest moments as a nurse. I remember teaching that each cigarette contains over 7,000 chemicals and that nicotine is more addictive than cocaine. We have all lost someone to addiction. My grandfather likely coughed himself into a coronary due to smoking. Despite our warnings, my father is on that same path. I grew up in the system that promoted the importance of being a non-smoker. That messaging works. The system is already addressing the work outlined in this bill, and we continue to move toward a healthier, smoke-free Nova Scotia.

I just want to thank everyone for listening. That was my first time, really, standing up.

THE SPEAKER: The honourable member for Cumberland North.

ELIZABETH SMITH-MCCROSSIN: Great job by my colleague who just finished - a fellow nurse.

I rise today in strong support of the NDP's bill: An Act to Establish the Nova Scotia Healthcare Trust, a bill that speaks to the core principles of responsibility, accountability, and the well-being of our people. This legislation proposes that the \$809 million awarded to our province, to our government, from the historic tobacco lawsuit, be used for its rightful purpose: health care services that are directly linked to the harm caused by tobacco products.

We cannot ignore the impact that decades of tobacco use have had on our province and our people. Lung cancer remains the leading cause of cancer deaths here in Nova Scotia. Tobacco-related illnesses continue to place an enormous burden on our health care system. I'll just read here from a document from the Canadian Cancer Society: Here in Canada, "lung and bronchus (lung) cancer would be the second most common cancer in both males (after prostate) and females (after breast)." I'll table that.

The financial, emotional and physical costs are staggering. Smoking-related diseases account for hundreds of hospitalizations, lost lives, and an overburdened health care workforce each year.

This bill that the NDP has tabled is about justice and integrity. The tobacco industry knowingly misled the public when they knew about the dangers of smoking. This lawsuit was won to recover the costs incurred by not only our health care system but others across the country due to the deception of the tobacco industry. It is only right that this settlement be used for direct support of health care initiatives that mitigate the very harm that these companies caused. We have an opportunity to do something very meaningful. This funding could be directed toward tobacco cessation programs that help Nova Scotians break free from the addiction.

Yes, the previous speaker talked about programs that are already available here in the province, but why don't we beef up those services to really make a difference? Maybe Nova Scotia could lead in a different way. Instead of having the highest incidence of smokers in Canada, what if we take this money and invest in tobacco cessation programs so that maybe we could become the province with the least amount of people smoking? That would be real progress.

One of the tobacco cessation programs that I would highly recommend that the government consider is a tobacco cessation program for pregnant mothers. I'll table this document from the U.S. Centers for Disease Control and Prevention. Just to highlight why smoking during pregnancy is so dangerous: It causes serious problems and serious complications.

Pregnancy complications: Smoking doubles the risk of abnormal bleeding during pregnancy and delivery. This is dangerous for the pregnant woman and her baby. Other complications include the premature rupture of membranes, placenta previa, placental abruption, and ectopic pregnancy. It also increases the risk of stillbirth. Pregnant women who smoke are at a greater risk of stillbirth. Stillbirth is the loss of a baby after the 20th week of pregnancy or during birth.

Poor fetal growth and low birth weight: Smoking slows a baby's growth before birth. Pregnant women who smoke may deliver a baby that is too small, even after a full-term pregnancy.

Premature or pre-term delivery: A pregnant woman who smokes may deliver a baby early, before 37 weeks of pregnancy. Premature babies often have health problems.

Damage to a baby's developing lungs and brain: Smoking can cause damage that can last through childbirth and into the teen years.

Increased risk of birth defects: Birth defects include cleft lip, cleft palate, or both. The cleft is an opening in a baby's lip or at the roof of the mouth - palate. A baby with a cleft lip can have trouble eating, and the baby will likely need surgery to repair the cleft. Also, sadly, sudden infant death syndrome, SIDS. Smoking increases the risk of SIDS and sudden and unexplained death of the baby.

I believe wholeheartedly that we have an opportunity here to invest in tobacco cessation programs. If we target specifically for pregnancy, we could really make a difference in the health of Nova Scotians now and into the future. I'll table that document.

Years ago, when I used to teach as a family practice nurse, when I would have pregnant moms who were smokers come in - I also used to teach prenatal classes - I would always show this video that was so dramatic. I tend to be a visual learner myself, so it really made an impact on me. It showed a woman who was pregnant having an ultrasound. The partner was there with the pregnant mom. The ultrasound technician performed an ultrasound on the fetus, and it showed the screen of the baby's heart beating and the lungs moving. Even though the baby is not breathing in air, obviously, when it's in utero - it's placental fluid that's going through the lungs - regardless, the lungs do move in a breathing motion. Then the pregnant mom going through the ultrasound lit up a cigarette and started smoking. In a very short period of time, what happens is the baby's lungs actually stop moving. The baby's heart didn't stop, but it's very dramatic to watch, to actually see this happening, that in response to the pregnant woman smoking, the actual fetus, the lungs actually stopped moving in response to the chemicals that were coming in through the placental barrier while the woman was smoking. And then she stopped smoking, and you could see within a very short period of time, once again the lungs started moving in utero.

It was very dramatic, and it was a good visual for both the pregnant woman and the partner to be able to see the very dramatic and direct impact of cigarette smoke, both second-hand as well as by the smoker on the fetus. I did want to bring that up because I do believe that it would make a dramatic impact if we invested some of this money into cessation programs for smoking in pregnancy.

[5:15 p.m.]

Also, some of the money could be used for lung disease research and a treatment program to have improved outcomes. I know that the minister was involved here, with a program through Dalhousie University. I guess the government was. I'll table this document, where Nova Scotia announced its first screening program for lung cancer, and that was last January 2024. Just a quote from this article - it says: "Lung cancer is the leading cause of cancer deaths in Nova Scotia with about 1,000 people diagnosed and 700 deaths each year."

Seven hundred Nova Scotians die each year from lung cancer, and 1,000 people are diagnosed each year. These statistics which were released last year by the Canadian Cancer Statistics Advisory Committee, show that ". . . Nova Scotia has the highest age-standardized incidence rates of lung cancer in the country, at 81.7 cases involving men per 100,000 people, and 75.4 cases involving women per 100,000 people."

This new screening program will be offered and will hopefully help to address some of that. We could be doing more of that to make sure that this money is directed to the people who are directly impacted from tobacco. Also, public health initiatives that educate future generations about the risk of smoking, including preventing smoking in pregnancy, as I mentioned.

Strengthening our health care system by investing in early detection clinics in each regional hospital is something that I've advocated for and will continue to do. I always emphasize that my work in health care has proven that early detection and prevention is much cheaper than trying to manage acute and chronic disease.

I was sad to hear the minister say, earlier today, that this money is going to be put into general revenues. I do believe that is morally wrong. The money was awarded to repair the damage caused by the tobacco industry. Redirecting the money anywhere else, whether it be general revenues or unrelated infrastructure projects, or short-term political fixes, is a betrayal of public trust. This money was awarded to repair and to help fix some of the damage caused by the tobacco industry.

Other provinces are making similar decisions that this bill suggests. British Columbia and Quebec have already set aside their tobacco lawsuit settlements for health care initiatives. Let's follow their lead. Certainly, we know health care desperately needs

it. If we fail to act, we risk setting a dangerous precedent for health settlements, that money can be siphoned away from its intended purpose.

I do want to also share a document. I think this is just good for some of the new PC MLAs to see. Back in 2021, part of the Hope for Healthcare PC platform actually had a section specifically for tobacco and smoking cessation programs. I'll just read from it for one minute. The PC document itself talks about how:

As of 2017, 17.8% of Nova Scotians smoked tobacco. Nova Scotia has the highest rate of smoking in the country. The health risks of smoking are well-known. There are more than 20 diseases and conditions associated with smoking (including cancers, respiratory diseases and cardiovascular illnesses). Second-hand smoke can also be fatal, as more than 200 Nova Scotians die annually from exposure to second-hand smoke.

Smoking cessation programs improve health outcomes and can impact individuals more likely to experience disparities.

I think that's great. That, obviously, was a priority of the PC government in 2021, and certainly if this money that specifically has been awarded from the tobacco industry is spent, then that follows what their own platform suggested was a priority.

If we fail to act, we risk setting a dangerous precedent, as I've said. This is not just a financial decision, a fiscal decision; it is a moral one. We have an obligation to stand up for the thousands of Nova Scotians who have suffered from tobacco-related illnesses and ensure that the money recovered on their behalf is used to support their health care needs.

I urge all members of the House to put the health of Nova Scotians first and support this bill. Let us honour the intent of this legal victory and make a lasting difference in the lives of our constituents.

THE SPEAKER: The honourable member for Dartmouth North.

SUSAN LEBLANC: I'd like to thank my colleagues in the House who have contributed to this debate. It's been really nice, actually, to talk about health care. We haven't done a lot of that, as you know, through the last bit of this sitting.

We do have a lot of health care workers in this room, in this Legislature. Yes, let's give them a hand and let's take a moment to acknowledge the many, many health care workers around the province who work under very trying circumstances every day.

Speaker, I want to add my voice for a couple of minutes to speak on An Act to Establish the Nova Scotia Healthcare Trust. As my colleague, the Leader of the NDP

Official Opposition said earlier in her remarks, we really have not spoken about health care in this sitting. Nova Scotians care deeply about the quality of their health care. They care about the dedicated professionals working tirelessly in our hospitals and clinics. We care about the reliability of health services for themselves, ourselves, and their and our families.

This government ran on a platform of continuing the good work they did in their first term on health care. That is why the Premier - that is the reason he gave Nova Scotians for needing a second mandate: to continue the good work on health care.

To date, in this first sitting of this new mandate of this government, we haven't really seen much. Nova Scotians expected this government to deliver a laser-focused approach to fixing our strained health care system. Instead, what we've seen is a government revealing a different agenda - legislation endangering academic freedom, attempts to muzzle the Auditor General and Information and Privacy Commissioner, and even a bill, as we know, to allow the government to fire civil servants without cause.

We've also seen - and the irony of this is terrific, Speaker - we've seen a bill on lifting the ban on uranium exploration and fracking. These two things - there are stacks and stacks of studies about how those two practices are linked to negative health outcomes.

The bill before us today aims to place health care firmly back on the provincial agenda. As my colleagues have mentioned, we all know somebody who lives with a smoking-related illness or who has died from a smoking-related illness. You don't have to look very far to find the impacts of smoking on the health of the population of Nova Scotia.

This settlement we're talking about is compensation intended specifically to address the immense damage smoking has caused to our health care system and to our people, the people who live in this province, Nova Scotians who have been duped by Big Tobacco and who have suffered the consequences, quite literally.

All we're saying in this bill is that we should take the money that we have been awarded in this settlement and put it in a little trust to make sure it's spent on health-related expenses. That's all we're asking.

The government is right: The health care budget has increased in the last couple of years. That's good, because things were really bad, but as my colleague said, what happens when the next government comes along? Although, let's be honest, the government in waiting is going to spend lots of money on health care, as well. That's us. No, but what happens (interruptions) if a new priority jumps in front of us? What happens if, all of a sudden, something happens like the president of the United States begins a trade war? What happens when something else is more important than the health care of Nova Scotians? Then that money will get - it's in the general revenues and general coffers. It will be used for whatever needs to be paid for. We need to make sure this money, which comes directly

to us for the purposes of compensating for the health care damages that have been done to Nova Scotians - we have to make sure that money is spent on that.

I'll give you some context of how this money could be spent. In the first year alone, Nova Scotia will receive \$200 million. That's a lot of money - a substantial amount of money. To put it into perspective, \$200 million is enough to hire more than 500 doctors or 2,500 nurses. It could fund the establishment of 25 fully equipped community care clinics throughout this province. Imagine if we had - based on what we already have, based on the amazing model of a community care clinic - a community health home. I know how good this model is, because there is one about to open in Dartmouth North on Wyse Road. Many folks from Dartmouth North have worked hard to get to this point for nine or ten years.

Community health care clinics, where everyone in the community can be attached to a family doctor or a nurse practitioner, are what we need in this province, and we need them everywhere. For the first year of this money, we could fund 25 of them. How is that not a thing that shouldn't happen as a matter of course? There should be no debate, or at least there should be no debate on reserving the money for health care spending.

To highlight the significance further, the \$200 million we expect to receive is nearly double what we typically collect annually in tobacco tax revenues. Just imagine the transformation in our health care system if these funds were truly and transparently dedicated to enhancing core health outcomes.

It is not a secret that transparency has been an issue for this government. We don't know about those 8,000 people who have been taken off the Need a Family Practice Registry. We don't know where they are. We don't know why they were taken off. We don't know if they've become attached. We don't know if they've moved. We don't know anything. We don't know where - we've seen a bill tabled this sitting where we're going to take away the ER accountability report, so we need to be more accountable with our money. Nova Scotians deserve to know that this \$800 million plus change is going to be dedicated to health care spending.

Currently, our health care system is stretched to its breaking point. It is true that lots of money has been spent, but it is also true - and it is also true, two things can be true at the same time - that the system is not fixed.

I urge the government to vote for this very excellent bill and to put our money from the tobacco settlement into a trust.

THE SPEAKER: Order. The time allotted for Opposition Members' Business has expired. Pursuant to Rule 21(2), the debate is deemed to be adjourned.

[5:30 p.m.]

We have now reached the moment of interruption. The notice of the topic for the adjournment debate was submitted by the honourable member for Sackville-Cobequid and reads as follows:

Whereas the thousands of Nova Scotians working and studying at post-secondary institutions across our province, who make significant contributions to Nova Scotia's social, economic, and cultural development, are currently faced with over-reaching changes that will limit their autonomy and restrict their ability to engage in innovative thinking; and

Whereas stagnant operational funding from the province has meant that universities have had to rely more on student tuition to cover basic operating costs, which has resulted in Nova Scotian students paying the highest tuition rates in Canada and post-secondary institutions facing financial uncertainty with recent decreases in international student enrollments; and

Whereas we know that, through proper consultation, government could reach an agreement to provide more funding to universities - with appropriate, even-handed checks and balances in place - that would allow universities to reduce tuition costs for students, while stabilizing the financial circumstances of post-secondary institutions;

Therefore be it resolved that this government must pause and reconsider the senseless harm that it is about to inflict on post-secondary institutions and those working and studying within these institutions.

ADJOURNMENT

MOTION UNDER RULE 5(5)

THE SPEAKER: The honourable member for Sackville-Cobequid.

GOV'T. (N.S.): CHANGES TO POST-SEC. INSTITUTIONS - RECONSIDER

PAUL WOZNEY: Speaker, I rise to address the broiling objections to Bill No. 12 that have emerged at Public Bills Committee and through public-facing advocacy over the past couple of days.

It's worth noting that Bill No. 12 was introduced before the Auditor General's report on university funding was released, so our initial impressions about it were limited because it was unclear how the bill might address key findings of the Auditor General on this issue.

That said, now that the report has been received, it's clear that this legislation proposes solutions to problems that the Auditor General never identified in her report. The overwhelming theme of the report is that the Minister of Advanced Education and the Department of Advanced Education have failed to exercise their considerable powers of oversight to ensure transparency and accountability for public funds invested in post-secondary education for an extended period of time. It flags that government has utterly failed to develop a model of sustainable core funding that doesn't do better for some universities than others. The Auditor General goes so far as to suggest that government's funding of post-secondary institutions has been arbitrary, and this is borne out when we see that the government grants account for as little as 25 per cent of operating funds for some universities and more than 30 per cent for some others.

The report also identifies that the government's practice of using non-restricted operating grants has been a foundational and structural shortcoming that has long contributed to the financial instability facing universities, despite the fact that government could have, but did not, institute parameters for how government funding could and could not be used.

The government claims that Bill No. 12 is an answer to these concerns and that the Auditor General endorses this legislation as a reasoned, comprehensive answer to them. To that I retort that this is the same government that shouted loud and long that its intended changes that would have given itself the power to fire the Auditor General without cause were put forward at her behest. We all know now that the Auditor General always opposed these changes and that she took exceptional public-facing steps to correct the narrative that this government put forward.

This government's credibility when it comes to accurately communicating what the Auditor General does and doesn't believe has more holes in it than Elon Musk's reputation as a competitive gamer. The minister would have us believe that Bill No. 12 is motivated by the findings of the Auditor General based on its sincere respect for her work and recommendations, yet when we examine the content of the bill and hold it up against the Auditor General's findings, there are notable discrepancies.

Largely absent from the bill are any provisions which mandate the minister to exercise their existing authority to greater effect than what has been exhibited to date. Instead, Bill No. 12 points the blame for the Auditor General's findings towards universities rather than where it belongs: with the minister. Rather than take steps that are already within its power under existing statute to remedy the inadequacy of the minister and the department's oversight of post-secondary education, this government's response to

the AG's report has been to propose sweeping legislative changes that give a minister who already doesn't the fullness of their authority new and unprecedented powers over post-secondary education that exist nowhere else in our country.

Nowhere did the Auditor General call for the Minister of Advanced Education to be granted overreaching powers to stack university boards with public servants employed without protection against termination without cause. It's an answer to any concerns she flagged, but this is one of the key features of the bill.

Nowhere did the Auditor General advocate for the minister to be given ultimate power to determine which universities are insolvent or to decide that universities must restructure without internal consultation or to determine who can and cannot have input when reorganization occurs, but that's what this bill does.

Nowhere did the Auditor General flag that Research Nova Scotia operated frivolously or failed to exercise appropriate scrutiny of funding, rigour, or impact in funding research in our province. Yet Bill No. 12 seeks to stack its board with civil servants the minister will soon have authority to fire without cause and to impose politically determined constraints on what research gets funded in our province. These are curious solutions to problems the Auditor General did not identify as requiring attention.

There's no question on the part of the Official Opposition or on the part of the post-secondary sector that significant reform to the funding of secondary education in the province is sorely needed. We note that post-secondary institutions are vital pillars of our province. Their impact extends beyond academic innovation and excellence - although that does rival universities across the globe. They are also economic anchors, many in rural settings, drivers of cultural growth and progress in many spheres of social justice. The project of addressing post-secondary sustainability is central to the present and long-term prosperity of our province. We fully understand that this work needs to be done. We stand ready to be partners with this government, stakeholders, and community to undertake it.

What we question here isn't the urgency or the importance of the work; it is the manner in which this government has approached it. Through our dialogue with stakeholders, we have confirmed that a startling minority of university presidents were consulted in advance of this legislation hitting the floor. The overwhelming majority of university presidents learned of this legislation mere minutes before it landed on the floor of this House.

I have listened to comments from the government side of the House that university presidents have not been heard from in any public-facing way to oppose this legislation, implying that this silence is indicative of wide-reaching agreement. To that, I would say that it would be easy for members of this House to view Bill No. 12 in isolation. It's words on paper under consideration here, separate from the world outside this building or

disconnected from current processes and realities. For post-secondary institutions, this distinction does not exist.

Concurrent with debate about new unprecedented powers for the minister and this government, the minister has in several comments to this House reminded us that every university is in mid-process of negotiating a bilateral agreement, which will define the amount of provincial funding each university will receive for the coming year. It's neither a small nor unreasonable leap to understand that university presidents would be slow to criticize the government in a public-facing way on this bill while they negotiate for funding that is desperately needed.

Who among us, facing financial hardship or tough times, would criticize the source of aid we desperately need, knowing that criticism could well serve to close off access to those resources? This is the very barrel that Nova Scotia's universities are over. At the very moment they are in negotiations with government for funding essential to their operations and survival, they are deeply vulnerable and their presidents are caught between speaking up on principle or facing the potential of lesser funding from a government they openly disagree with.

The lack of consultation on this bill extends well beyond university presidents. We learned that the Maritime Provinces Higher Education Council - a body that considers the interconnection between post-secondary institutions in New Brunswick, P.E.I., and Nova Scotia in determining accredited programs of study across this region - was not consulted either. It's dubious, given its central role in the post-secondary sphere in our region, that this government never bothered to engage this body in the development or presentation of this legislation.

We learned that faculty unions and student unions alike were not consulted on the changes proposed in this legislation. I want to situate this government's proposed change that would give the minister authority to appoint up to 50 per cent of the board of each Nova Scotia university. The Auditor General presented the figure. The government provides on average 30 per cent of the operating funding of Nova Scotia universities. It's a great deal for this government. For 30 per cent funding, they get veto power over decision-making at every university.

Let's contrast that with representation of students on university boards. This government says it matters to them. Students on average fund 35 per cent of university operating funds but are guaranteed only one seat under the changes proposed by Bill No. 12. Students, despite out-contributing the provincial government on a year-to-year basis, would see a deep cut to their representation on university boards at present, which ranges from two to four seats. The inherent inequity of this position is visible to anyone willing to look even roughly at the math involved.

I've listened to several members of this government characterize the purpose of this House and legislative process as being an opportunity to gather feedback on legislation so that they can improve it. I don't question their prerogative to approach collaboration in a fashion where those impacted by legislation learn of it in the moment it's read in Hansard. What I will say is that this definition of consultation and collaboration isn't one shared in the wider world, and definitely not by presidents, boards of secondary institutions, faculty, or students.

Their lived reality is a collaboration that's proactive and constructive - an effort made in advance of any final stages of an endeavour. It's made in advance to avoid the late-stage controversy of misunderstanding and disagreement that are difficult to resolve in a time-sensitive way. You collaborate early and often to build agreement, consensus, and shared ownership.

Bill No. 12 proposes overreaching, power-grabbing answers to questions no one's asked. It proposes solutions that erode relationships vital to sustaining our sector. It sidesteps questions of accountability that the Auditor General laid squarely at the feet of the minister.

THE SPEAKER: The honourable Minister of Advanced Education.

HON. BRENDAN MAGUIRE: Assumptions, assumptions, assumptions. No facts. That's what happens when you live in an echo chamber. To say there's no consultation, there were no conversations, that the presidents only found out about it seconds later - guess what? I asked them. None of them talked to that member. How would the member know that? He talks about bilateral agreements. He has no clue what's going on in the bilateral agreements. He's saying that we're holding a gun to their head or whatever, over a barrel. Absolutely not.

I sat here and listened to them say: Listen to the Auditor General. Now they're saying: Only listen to the Auditor General if we like it. That's what they're saying. They're saying: You're not giving any money. You're only giving 25 per cent. I guess \$400 million isn't much to the members across the aisle. They don't think there should be any strings attached to it. They don't think there should be any consideration to how it's spent. He said that the Auditor General squarely put the blame on government. No, she did not. There was enough blame to go around, and we are taking responsibility on our end for past failures.

How dare we ask anyone to be responsible with taxpayers' dollars? How dare we? The members opposite live in this dreamland where they're saying we're here to destroy universities - even though I've repeatedly said over and over how valuable they are. They don't want to listen to that. I've said it to university presidents. I've said it to faculty members. I've said it to the media. I've said it to anyone who will listen. We want these universities around for my children and my children's children.

The last government talked about: Oh, they're going to consolidate. That's the big scary word. Consolidation has not even left my lips until now. The last government that tried to consolidate universities was the NDP and the actual person who spoke on behalf of this bill at Law Amendments Committee was a former NDP member.

[5:45 p.m.]

Then they frame it that we are going to control what science has done - absolutely not. Hundreds of millions of dollars pour into the province every year from federal grants, from private industry, from all kinds of places. We are giving \$8 million and we are saying, we want some say on taxpayers' money and here's the caveat. Here's the thing they are not speaking about because they don't know. We've told them that we are going to sit down with you, have a conversation, discuss how best to suit Nova Scotians. How do we get more Nova Scotians into health care? How do we produce more teachers?

The members should be happy. They should be happy we want to produce more teachers. The truth is if they had any conversations with universities, they are looking down at economic turmoil. There is a cap on international students. They have made bucketloads of money off international students. Nobody in this Chamber can debate that, because if they don't believe that, then they don't know what they are talking about.

The truth is the windfall is over and the universities know that. We have to position the universities to compete not just in Nova Scotia, but right across this country and right across the world to make sure that kids want to come here to our universities. Mount Saint Vincent University, Cape Breton University - a lot of them have stepped up with the new B.Ed. programs. That is going to attract more kids to Nova Scotia and more Nova Scotian kids into education. That's how this works. I guarantee you if the government-in-waiting, as they like to call themselves, was facing down a \$1 billion cheque to bail out the universities, they would do the exact same thing they did when they were last in power and not do it. What we are saying to them is, Let's work together. Let's make sure you never get into that position with the University of King's College, or Acadia University, or St.FX, or NSCAD.

It's funny: You speak in this Chamber, you speak outside the Chamber, but for some people, it's like you're speaking a foreign language, because they're not understanding what you're saying. What I'm saying to those members across is that we are here to partner with the universities to ensure that there is accountability on \$400 million.

The Auditor General - if they read the report - had said there was over \$2 billion of taxpayers' money that was given and some of that was given as bonuses. Whose responsibility is that? Government's and the universities'. Guess what? We are going to work together to ensure that money goes directly to students, and that's the other thing - in a 10-minute speech, 30 seconds of it was students. You hear over and over that students are an afterthought.

I'm going to break it down for you: If there are no students, there is no union, there are no teachers, there is nothing. We have to ensure that those students come to our universities. How do you do that? You make it more appealing. You give them education that they can actually go out into the workforce and use. There was a comment made by an NDP member in the media that said that universities are for enlightenment; colleges are to train kids to work. I took that as a bit insulting.

As somebody who went to community college and who today was accosted in the parking lot: "How dare you make decisions as a minister when you don't have a university degree?" You see what happens: Both institutions can be for enlightenment and job preparation.

As a father of three - my oldest wants to be a lawyer. It's in the family, I guess, on my partner's side. He wants to be a lawyer. If he goes to Dalhousie University and they say to him, "This is just for enlightenment and education, but you're not going to get a job afterwards," or he goes to McGill University and McGill says, "Oh no, you're not going to get a job after this," where do you think they're going to go?

It is a massive investment in their future and every degree is important, and I've said this over and over again, but they don't want to listen. My sister-in-law is a lawyer - she's going to kill me for mentioning her - do you know what she started with? A degree in Shakespearean literature. That degree is just as important as any other degree.

Those are the conversations we've had with our institutions. When you hear things like this, it flames the fires: Oh my God, they're going to shut down the arts, they're going to do this. This government - I was with two different governments - this government has invested more in arts than any government in my time.

Don't believe me? I knocked on a door in West Pennant and the person said, "The last time you knocked on my door I said, 'Bleep you, Liberal,' because I'm in the film industry. I'm voting for you this time because you're running for the PC Party."

It's pitting against each other. All we're asking for is collaboration. When it comes to the boards, there are universities with 50 members on their boards. The Auditor General herself had talked about best practices. I am going to work with the university presidents, whom I have an immense amount of respect for.

I've said it all along: I'm willing to meet with the faculty. I'm willing to meet with the unions to give them the correct information. I sat up in the gallery today and spoke to a friend of mine, who is also a professor, and gave her the correct information. What was said to me was, "Oh my God, that's not what I was told." I said, "Well, you can't believe everything you read."

What I will say to our universities, what I'll say to the faculty, what I'll say to the staff and the students is that you are uniquely Nova Scotian; you are going nowhere. We appreciate you and we will do everything in our power to make sure you're sustainable and here for the long run.

THE SPEAKER: The honourable member for Sydney-Membertou.

HON. DEREK MOMBOURQUETTE: I can't use that word. It's unparliamentary - in a joking way.

I'm happy to get up for a few minutes. It's always a lively debate between the two members when they decide to take on a topic together. I'm going to take a few minutes because I'm going to be a little more broad in my comments. We support the findings of the Auditor General. From Day 1, we've been very supportive of the independent role of the Auditor General and the support she plays. She had made recommendations around the universities. We respect those recommendations and we look forward to hearing them being implemented as they go.

We all know that the universities right now are going through a transition, and the minister is not wrong. The minister talks about the decline in the international student population. That is huge. You're looking at situations right now where the universities are actually into very tough budget deliberations, ensuring that they're still going to be able to provide the programs that students want and the supports that students need, which, arguably, I think the government is going to be investing more money in.

I will say that not every university representative we have talked to, whether they are presidents or whether they are faculty, agree with the legislation - they don't. There are aspects of it that they will never agree with, and that is the overreach which we see with the minister being able to cut programs, the minister arbitrarily being able to make that decision to look at an institution and say that you're not going to offer that program anymore and this is why you're not going to do it.

I do recognize - and I'm hopeful - that the minister is true to his word when he says every program matters. He says every program matters: Arts matter, business matters, it all matters. He also has the power to look at a university and say, I'm going to claw that program back. I hope that doesn't happen. Ideally you want the university to make that decision based on demand for a particular program.

The arts are very important. I always say that some of the best entrepreneurs I've ever seen don't come from business programs. They're the writers, they're the critical thinkers that are coming out of our arts programs, or coming out of our science programs. They come with certain skill sets. I had the opportunity to see it on the college side and the university side.

I think one of the things that will be very interesting moving forward is NSCC having degree-granting ability. I think the government needs to be clear about what that looks like, because you're into articulation agreements and a whole number of things that could change as a result of it.

Ultimately, on the debate for tonight, it's going to be tough. There's no question. Even at home, you hear the numbers of the reduction of international students that will be coming through the universities. It's pretty staggering. We get a lot of the conversation in our offices, as MLAs - I'm sure everybody does - that's tied close to a university.

What we all want is to see sustainable funding for universities, and they're going to be coming looking for more. I think the government is going to have to step up in a way that does provide them with more predictable funding. I know that they're going through the negotiation of that MOU and what that's going to look like.

I think that for us, as a caucus, we look at the importance of the universities. The Ivany Report - I hope people can see that report, or have read that report. In that report, they talk about the importance of the universities as economic drivers in the province. They're of course, first and foremost, there for students - whether it's at the college level or at a university - to not only pursue their passion around the career that they want, but also as places of critical thinking. They're community gathering spaces to talk about not only the academics of the school, but also the important issues that our communities and our province are facing each day.

The Ivany Report was big on it: They drive research, they drive economic activity, they bring people from all over the world to our province and to our communities to study and stay, and in many cases, they set up roots, which is great. We see it at home big-time with the newcomers who have come into Sydney and surrounding areas, who studied at CBU, who are now permanent residents and have opened businesses. I always say it's wonderful. The community has rewritten itself from the days of the past when everybody came from all over the world to work the coal and the steel and built families.

I do want to say two points very quickly. Number 1: There's a big concern around overreach. That's the big one - the minister having the ability to arbitrarily just go in and cancel a program. That needs to be done in collaboration with the university; that ultimately needs to be the university or the college's decision to do that. That is a big one for us. There are academics in this room who would probably agree with that. I would hope that that never has to be used.

The composition around the board - the government appointing 50 per cent of the board - that's also an issue for the people whom we're talking to. Again, it goes to the independence of the institution and their ability to not only put people on the board who are supportive of the government or supportive of business, but - I'll get into my last piece

of this as we go forward, because students have been talked about - also, the academic integrity of the university by building people within their board of governors structure.

The one point I do want to make in all of this - and I think it's lost in the conversation - is we've talked about the composition of the board, we've talked about overreach, we've talk about a funding formula that's stable and long term, but we're not talking enough about the senates. I used to serve on the academic counsel way back when at UCCB. The senates are really - it's a bicameral system, so you have your board of governors and then you have your senate.

Those senates are comprised of faculty. They're comprised of students internal to the institution, for the most part . . .

[6:00 p.m.]

THE SPEAKER: Order. I wish to thank all members who participated in the adjournment debate. (Interruptions)

No, my bad. You do get the full ten minutes. There you go. (Interruptions)

The honourable member for Sydney-Membertou.

DEREK MOMBOURQUETTE: My fight to be recognized continues, Speaker. The Liberals will be heard. We will be heard.

I won't even take the last two minutes. What's important in the conversation that is not being talked enough about is that role that the senates play at the universities. They are composed of faculty and students, and they are the heartbeat of the institutions. That's where your programs are designed. That's where your faculty have their say in this, and that is one of the big parts that represents the independence of a university as an independent learning institution that isn't tied to a particular government - because they are not fully funded by government. They're assisted. That independence is important.

We heard from a lot of students. Students are concerned about this. They're concerned about the academic independence of what they're studying and the independence of their institutions. I'm honoured to get up for a few minutes and say a few comments in this debate. Our universities are so important, and so is our community college. I had the opportunity to work at both, so I got to see the wonderful staff on both sides and see students go down the journey of both - getting a diploma and eventually being able to get a degree. Of course, I went to university myself.

A lot is changing. You have a new landscape where the relationship between the college and the university is going to increase. You're seeing degree-granting status coming in. You're seeing big changes in a tough environment where the universities have

generated tens of millions of dollars on recruiting international students. I urge the government - as they move forward, not everybody agrees with this. We're hearing it ourselves. We're hearing it from university administrators. We're hearing it from faculty. We're hearing it from students.

Keep talking, because the minister says that everybody's in agreement and the people on the other side aren't talking to university presidents. We are talking to university presidents. We have talked to university presidents. We have talked to administrators, and importantly, we have talked to faculty and, most importantly, students. People have a lot of concerns with this, and it's going to be interesting to see how this all unfolds in the end. Thank you for letting me have the rest of my time. I appreciate it.

THE SPEAKER: I wish to thank all the members who have participated in the adjournment debate this evening. We stand adjourned until Thursday, March 20th, at 1:00 p.m.

Before everyone leaves for the day, I want to inform any French-speaking members who wish to sign up for l'Assemblée parlementaire de la Francophonie section that there will be a meeting in here tomorrow at 12:15 p.m. before the House sits for the day. There were some issues getting the meeting notice out, but it should be in your inboxes now, so if you speak French, please check your email and consider coming tomorrow.

[The House rose at 6:04 p.m.]

NOTICES OF MOTION UNDER RULE 32(3)**RESOLUTION NO. 131**

By: Julie Vanexan (Kings South)

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

Whereas the Acadia Axemen swim team secured second place at the 2025 Bell AUS Swimming Championships in Saint John; and

Whereas the men's swim team is a group of dedicated swimmers who train daily as individuals, as well as a team. Their love for the sport has been widely felt as many of the team members have individually taken home medals at this Championship; and

Whereas Nate Thompson took home Gold in the 200m Butterfly while Allex Jonsen-Humble ended that heat with a bronze. In the 100m Freestyle, David Harvie was the bronze winner and he was also the recipient of bronze in the 1500m Freestyle. Alex Jonsen-Humble took home AUS Male Rookie Swimmer of the Year and AUS Male Rookie Swimmer of the Meet honours;

Therefore be it resolved that all members of this House of Assembly join me in congratulating the Axemen swim team on their second place overall in the 2025 Bell AUS Swimming Championships.

RESOLUTION NO. 132

By: Hon. Iain Rankin (Timberlea-Prospect)

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

Whereas Delish Fine Foods is a beloved British store and cafe that opened in May 2010, providing authentic and high-quality baked British cuisine where Dennis and Linda Dineen, the owners and UK ex-pats, are known for their welcoming and knowledgeable presence, making visitors feel at home; and

Whereas Delish Fine Foods serves traditional British breakfasts, freshly made soups, salads, sandwiches, and British "grub" for lunch, including Cornish pasties, sausage rolls, and ploughman's lunches, along with a variety of British meat pies, traditional-recipe British sausages and bacon, and imported British products; and

Whereas the authenticity and quality of their baked British cuisine, such as Cornish, cheese and onion, and chicken curry pasties, as well as delightful offerings like Pad Thai and samosas, are second to none, and the Pad Thai made by beer at Delish is widely acclaimed as the best;

Therefore be it resolved that all members of this House of Assembly recognize Delish Fine Foods and celebrate it for its exceptional culinary contributions, welcoming atmosphere, and dedication to providing authentic British cuisine to its patrons.

RESOLUTION NO. 133

By: Hon. Iain Rankin (Timberlea-Prospect)

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

Whereas G's Pizza & Donair has been a cornerstone of the Prospect communities, known for its neighborhood charm and community engagement; and

Whereas G's Pizza & Donair is celebrated for its friendly service that creates a welcoming atmosphere for all its patrons; and

Whereas the establishment is renowned for serving delicious, high-quality pizza that has become a favorite among local residents;

Therefore be it resolved that all members of this House of Assembly recognize and commend G's Pizza & Donair for its outstanding contribution to the Prospect communities, its commitment to excellence in service, and its dedication to providing delicious pizza that brings people together.

RESOLUTION NO. 134

By: Melissa Sheehy-Richard (Hants West)

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

Whereas The 47th Annual Canadian Senior Broomball National Championship will take place in West Hants from April 8th to 12th; and

Whereas the tournament will draw a large crowd to the area and consist of a women's division a men's division, a mixed division, and a masters division with games taking place at both the West Hants Sports Complex and the Newport District Arena; and

Whereas the broomball organizing committee members Mark Wainman, Darrell Lytle, and Adam Sexton played a pivotal role in securing the bid to host this tournament;

Therefore be it resolved that all members of this House of Assembly join me in welcoming these athletes and their families to my community and wish them the best of luck in the tournament.