



**PROVINCE OF NEWFOUNDLAND AND LABRADOR  
HOUSE OF ASSEMBLY**

Second Session  
Fiftieth General Assembly

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**Proceedings of the Standing Committee on  
Social Services**

April 4, 2023 - Issue 11

Department of Health and Community Services

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Published under the authority of the Speaker of the House of Assembly  
Honourable Derek Bennett, MHA

## **SOCIAL SERVICES COMMITTEE**

Department of Health and Community Services

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Chair: Sherry Gambin-Walsh, MHA

Vice-Chair: Joedy Wall, MHA

Members: Paul Pike, MHA  
Lucy Stoyles, MHA  
Jeff Dwyer, MHA  
Scott Reid, MHA  
James Dinn, MHA

Clerk of the Committee: Kim Hawley George

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Appearing:

### **Department of Health and Community Services**

Hon. Tom Osborne, MHA, Minister

John McGrath, Associate Deputy Minister

Dr. Megan Hayes, Assistant Deputy Minister, Recruitment and Retention

Jeannine Herritt, Assistant Deputy Minister, Regional Services

Fiona Langor, Assistant Deputy Minister, Insured Programs

Patrick Morrissey, Assistant Deputy Minister, Corporate Services

Sheree Snow, Assistant Deputy Minister, Corporate Services

Gillian Sweeney, Assistant Deputy Minister, Population Health and Wellness

Chad Antle, Departmental Controller

Melony O'Neill, Director of Communications

Susan Elliott, Executive Assistant

### **Also Present**

Hon. Gerry Byrne, MHA, Minister Immigration, Population Growth and Skills

Paul Dinn, MHA

Lela Evans, MHA

Craig Pardy, MHA

David Hamlyn, Government Members Caucus

Bradley Russell, Official Opposition Caucus

Scott Fleming, Third Party Caucus

Pursuant to Standing Order 68, Gerry Byrne, MHA for Corner Brook, substitutes for Paul Pike, MHA for Burin - Grand Bank.

Pursuant to Standing Order 68, Paul Dinn, MHA for Topsail - Paradise, substitutes for Joedy Wall, MHA for Cape St. Francis.

Pursuant to Standing Order 68, Lela Evans, MHA for Torngat Mountains, substitutes for Jim Dinn, MHA for St. John's Centre.

The Committee met at 6:05 p.m. in the House of Assembly Chamber.

**CHAIR (Gambin-Walsh):** Okay, folks, we are ready to start.

I'm going to call the meeting to order. I just want to announce the official substitutes this evening. For MHA Wall, we have MHA Dinn; for MHA Pike, we have Minister Byrne; and for MHA Dinn, we have substituting, MHA Evans. We also have present MHA Stoyles, MHA Pardy, MHA Reid and, of course, the Member for Placentia West - Bellevue.

We don't have any independents present right now but, last year, the rule of thumb was that at the end, we allowed them 10 minutes each to ask questions. In the event that they come – sorry, I'm telling you guys that; I have to ask the Committee. Are you guys okay with that?

**G. BYRNE:** Point of order, Madam Chair?

**CHAIR:** Yes.

**G. BYRNE:** I prefer to call them "unaffiliated."

**CHAIR:** Unaffiliated, okay. The unaffiliated candidates or individuals or representatives are not here right now, but is the Committee okay that if they do come, they get 10 minutes at the end to ask questions?

**AN HON. MEMBER:** That's standard practice.

**CHAIR:** Okay.

So we will be taking a break probably about halfway through. I ask the members to always identify yourself. Wait for your tally light to come on. If the light doesn't come on, please just give a little wave like this so they can see you. There are water coolers on each end and there are some glasses there.

First, I'm going to ask the Members of the Committee and any staff that are present to introduce themselves. We can start down here on the end.

**S. FLEMING:** Scott Fleming, Researcher, Third Party Caucus.

**L. EVANS:** MHA Evans, Torngat Mountains.

**P. DINN:** MHA Paul Dinn from the wonderful District of Topsail - Paradise.

**B. RUSSELL:** Bradley Russell with the Official Opposition.

**L. STOYLES:** MHA Lucy Stoyles, the City of Mount Pearl North.

**G. BYRNE:** MHA Gerry Byrne from the beautiful and historic District of Corner Brook.

**S. REID:** Scott Reid, St. George's - Humber.

**C. PARDY:** Craig Pardy from the District of Bonavista. I'm not on the Committee, but I'm just here as an observer.

**J. DWYER:** Jeff Dwyer, the MHA for Placentia West - Bellevue.

**D. HAMLIN:** Dave Hamlyn, Government Members' Office.

**CHAIR:** Okay, thank you.

Minister, I ask you now for you to introduce your staff.

**T. OSBORNE:** Thank you.

I do know that Mrs. Dinn, from the beautiful District of Waterford Valley, is tuned in to see her favourite MHA, and her son is here, too.

So Tom Osborne, Minister of Health.

**J. MCGRATH:** John McGrath, Associate Deputy Minister.

**C. ANTLE:** Chad Antle, Departmental Controller.

**P. MORRISSEY:** Patrick Morrissey, ADM, Corporate Services.

**G. SWEENEY:** Gillian Sweeney, ADM for Population Health and Wellness.

**F. LANGOR:** Fiona Langor, ADM, Programs.

**J. HERRITT:** Jeannine Herritt, ADM for Regional Services.

**M. HAYES:** Megan Hayes, ADM, Health Professional Recruitment and Retention.

**M. O'NEILL:** Melony O'Neill, Director of Communications.

**S. ELLIOTT:** Susan Elliott, EA to Minister Osborne.

**S. SNOW:** Sheree Snow, ADM, Medical Transportation Assistance Program.

**CHAIR:** Okay, that's everyone.

Minister, I'll give you a few minutes when we start to have a little chat about your department, but first I want to ask the Committee to adopt the minutes of May 6. They should be on your desk.

**L. STOYLES:** So moved.

**CHAIR:** So moved. I need a seconder for that, please.

MHA Stoyles and MHA Dwyer.

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, 'nay.'

Carried.

On motion, minutes adopted as circulated.

**CHAIR:** I'll ask the Clerk to call the first subhead grouping of the heads of expenditure.

**CLERK (Hawley George):** For the Department of Health and Community Services, Executive and Support Services, 1.1.01 to 1.2.02 inclusive.

**CHAIR:** Shall 1.1.01 to 1.2.02 inclusive carry?

Minister, opening remarks?

**T. OSBORNE:** Thank you.

I just want to thank everybody for being here tonight. I'm thanking you in advance, hoping that things go really, really well and thank my staff as well. I know leading up to budget time, there's a great deal of work, a great number of hours that are put in to putting a budget together, especially in a department with such a large spend.

So I'm very thankful for the staff that are here with me tonight. We'll open it to questions.

**CHAIR:** Okay.

MHA Dinn.

**P. DINN:** Thank you.

I just want to echo the minister's comments on staff. You make us look good. Well, you make me look good. But no, I know the work that goes behind the scenes to keep a department running. I know, from past experience, Estimates are not always fun when they tie up your afternoons and your evenings over here. So I do thank you all for showing up.

I do recognize the nice gender balance you have there. It's good to see more women and men. I am disappointed the men are in the front row, but that's another story. Anyway, all good.

So let's move along. You've already given me a copy of the binder. I assume that's what that is.

**OFFICIAL:** Yes.

**P. DINN:** I want to thank you for that.

Are there any errors or omissions in the Estimates book that you're aware of?

**J. MCGRATH:** Not that we're aware of, no.

**P. DINN:** Okay.

I'm looking at the final page in the Estimates, Appendix VI, and I'm looking at the adjustment of about \$12 million was restated to adjust the original budget. Can you explain what that's for?

**C. ANTLE:** That's the medical transportation moved to the Department of Labrador Affairs.

**P. DINN:** What was it, sorry?

**C. ANTLE:** Medical transportation, it moved to the Department of Labrador Affairs.

**P. DINN:** Thank you.

Of course, we know there's an attrition plan that's in place. Can you tell me if that's

being followed and if so, what are the changes from last year?

**C. ANTLE:** We've met our attrition targets.

**P. DINN:** How many are employed in the department currently?

**C. ANTLE:** 231.

**P. DINN:** How many retirements have occurred since last year?

**C. ANTLE:** Seven.

**P. DINN:** Are there any open vacancies in the department? If so, how many?

**C. ANTLE:** As of March 31, there were 42 vacancies.

**P. DINN:** Are there any positions that have been eliminated? If so, which ones?

**C. ANTLE:** No positions eliminated.

**P. DINN:** How many layoffs have occurred in the department in the last year?

**C. ANTLE:** No layoffs.

**P. DINN:** What is the number of new hires in the department over the last year?

**C. ANTLE:** We've had eight new hires.

**P. DINN:** How many contractual or short-term employees that are employed by the department?

**C. ANTLE:** That is four temporary positions and 45 contractual positions.

**P. DINN:** Did the department receive any funding from the contingency fund? If so, what was it put towards?

**C. ANTLE:** No, not this year.

**P. DINN:** Last year, the minister at the time had said that cyberattack costs were

fractionally under \$16 million. Does the minister now have a final cost on the cyberattack?

**J. MCGRATH:** We don't have a final cost at this time. There was money that was approved related to the cyber incident through the Newfoundland and Labrador Centre for Health Information. I'm sure we can get to that when we come across the head, but we don't have a final tally for you.

**P. DINN:** Thank you.

Moving along, so I'm looking at page 203 of the Estimates, section 1.1.01. I'm looking at the Operating Accounts for Transportation and Communications. Last year, there was \$20,000 budgeted spent, but this year \$40,000 is budgeted. Can you give us a breakdown of what this will be used for?

**C. ANTLE:** Last year, we cut travel in half due to the COVID-19 pandemic. So this year we re-upped it to \$40,000 to line with pre-pandemic actuals.

**P. DINN:** Just to follow up on that, I'm looking at a comment last year and you're correct, it was to look at a more efficient way of doing business. Why wouldn't you continue down that road and continue to just look at Zoom and Webex to continue rather than put more money back into it?

**T. OSBORNE:** The travel budget in the department is not extensive in any event, \$40,000. Some travel is essential. We've had, for example, the recruitment missions to Ireland; it has already proven to be successful. The recruitment mission to the UK, for example. So these things can't take place virtually.

**P. DINN:** So just for clarification, this dollar amount is also taking in that?

**T. OSBORNE:** That would be minister's travel, yes.

**P. DINN:** Okay, thank you.

Looking at 1.2.01, Executive Support, I'm looking at Salaries. In 2022-23, you went over budget by \$130,000, why the increase?

**C. ANTLE:** That was because the ADM Recruitment and Retention came into our salary plan during the year.

**P. DINN:** Okay.

I'm looking in the same area there at 2023-24; the budget is increasing to over \$300,000. Again, why the increase there?

**C. ANTLE:** So that's putting the ADM for Retention and Recruitment permanently into our salary plan, plus salary increases.

**P. DINN:** How many staff are associated with that amount?

**C. ANTLE:** With the \$300,000?

**P. DINN:** Yeah.

**C. ANTLE:** That's the ADM Recruitment and Retention plus salary increases for the whole executive.

**P. DINN:** Okay. Got you, thank you.

Looking at Operating Accounts, Transportation and Communications. I see in 2022-23, you budgeted \$13,500 but spent \$10,000 more. Why?

**C. ANTLE:** So that's a result of return of more in-person, federal-provincial-territorial conferences and trips by executive staff.

**P. DINN:** How many of those conferences and trips would you take in a year?

**C. ANTLE:** I'd have to check on that.

**P. DINN:** Okay.

We are looking at the increase to \$30,900 for '23-'24. Why the –

**C. ANTLE:** Again, that's bringing the travel budget more in line with historical figures. It was reduced last year, one time, due to the COVID-19 pandemic.

**P. DINN:** Okay.

Moving along. Sorry, Chair, to what section?

**CHAIR:** We are to 1.2.02.

**P. DINN:** Perfect, okay.

I'm looking at that section. I have some general questions. How many people subscribe to the Newfoundland and Labrador Prescription Drug Program? What is it like in comparison to other years?

**J. MCGRATH:** We can break it down by plans. In the 65Plus Plan for '22-'23, I can give you active eligibilities. There are 48,648 eligible. For the Access Plan, there are 11,854 individuals who are eligible. For the Assurance Plan, there are 6,435 individuals. For the Select Needs Plan, 110 and the Foundation Plan, there are 53,360 individuals. So that's 120,407 total.

**P. DINN:** Thank you.

How many people are registered with MCP in the various categories? We're looking at Canadian citizens, permanent residents, international students, et cetera.

**J. MCGRATH:** I don't think we have that information on hand, but that's something we can certainly take away and endeavour to get for you.

**P. DINN:** So again with MCP, how many individuals had to use MCP out of province, specifically for surgeries that couldn't be performed here due to wait lists?

**J. MCGRATH:** We don't have exact number on hand for you, but that's something we can certainly have a look to get.

**P. DINN:** Okay. So those two we're going to get the information, correct?

**J. MCGRATH:** We're going to try, yes.

**P. DINN:** Thank you.

Again, I still relate to MCP. How many MCP audits have been undertaken in the last year? I've heard from doctors and that, I actually touched base with the minister on one particular case, we're talking about miss billing, chronic abuse, this type of thing. So how many audits have been done on MCP billing this past year?

**S. SNOW:** It's probably around 20 (inaudible) have been started (inaudible).

**CHAIR:** Can I just interrupt and ask to make sure you raise your hand because they're having a bit of difficulty seeing you where there are three rows over here.

Thank you.

**P. DINN:** Thank you.

Would any of those 20 be repeat individuals or are they all individual cases, the audits?

**J. MCGRATH:** Repeat in what sense?

**P. DINN:** When you talk about missed billing and beneficiary abuse, would there be any, for lack of a better word, repeat offenders in those 20?

**J. MCGRATH:** Yes, I think there are different ways we go about doing an audit. So when we say 20 audits, they're more along the lines of the comprehensive audits as opposed to the TADs program, which is a program that is consistently running for MCP. So if you're saying there are individuals who are repeated audits, I'm going to look at Sheree there.

**S. SNOW:** It's hard to say how many of them have been repeated because, again, we have our claims monitoring system

which, again, as John alluded to, deals with our TADs, Turn-Around Documents. So those would definitely be repeats, but in regard to any new audits that have been started, they should be all new audits.

**P. DINN:** Thank you for that.

How would that compare to previous years, like last year? You had 20 this year. What's the trend in terms of those audits?

**S. SNOW:** I'd have to get that information for you.

**J. MCGRATH:** (Inaudible) historically around 20-ish, I would say, but it is back to where it was.

**P. DINN:** Yeah, thank you for that. That's what I was looking at, just trying to get a trend on what we look at there.

How many MCP claims have been denied in the past year?

**J. MCGRATH:** We don't have that information on us right now, but we can try to get it.

**P. DINN:** Okay.

I know we talked about new technology. Is there any money in the budget to update the MCP software system?

**J. MCGRATH:** There is a \$1 million allocation to perform updates on the MCP system with regard to Blended Capitation Payment Model.

**P. DINN:** And again, keeping with MCP, are there any reviews planned for MCP fee codes? Do you want me to repeat it?

**J. MCGRATH:** Sure, thank you.

**P. DINN:** Just on MCP, are there any reviews planned for MCP fee codes?

**J. MCGRATH:** Planned reviews for MCP fee codes? So I would say that the fee codes are in accordance with the memorandum of agreement. I don't think there are any planned reviews of fee codes. We would have to work with the NLMA through that process.

**T. OSBORNE:** So there will be based on blended cap because in blended cap, there's a salary component and then I think it's 57 fee codes? Is it 57?

**J. MCGRATH:** Yes, there are a number of codes that go in the basket. That's correct. So we have to create the codes.

**T. OSBORNE:** Yes, but that is in consultation and agreement with the NLMA as well. Outside of that, I don't think there is, is there? No.

**P. DINN:** Okay, I appreciate that.

I'm looking at 01, Salaries here as well now. In 2022-23, you budgeted about \$14.8 million.

**T. OSBORNE:** You're on 1.1.01 again?

**P. DINN:** No, 1.2.02.01, Salaries. Page 204 in the Estimates.

So you budgeted just under \$15 million but you only spent \$13.3 million. So it was a decrease of about a \$1.5 million. Why the decrease in Salaries there?

**C. ANTLE:** That was the result of vacancies during the year.

**P. DINN:** Okay. I'll try to get this last one in now.

So in '23-'24 you plan to spend, well, a larger amount again, just over \$15 million. Can you explain this?

**C. ANTLE:** Salary increases are in there for departmental staff of \$600,000, approximately, and some funding was



reprofiled to Executive Support and Minister's Office as well.

**P. DINN:** Okay, thank you.

My time is gone.

**CHAIR:** The Member's time is expired.

MHA Evans.

**L. EVANS:** Yes, thank you.

I'd also like to thank you for your time and, unlike my colleague, we actually enjoy the Estimates and we have great time preparing for them and I'm actually doing them tonight, tomorrow night and Thursday morning and I'm looking forward to it. Just a little but of fun.

Starting off with some general questions – and also the advantage of going second is a lot of the questions were already asked and some of them answered.

So some general questions here is: How is the work progressing on the statutory review of the *Personal Health Information Act* and are there currently any proposed changes that the department would like to see or have suggested moving forward with?

**T. OSBORNE:** I always have trouble hearing you, Lela. I'm going to get my –

**L. EVANS:** And while you're gone, I'll actually talk a little bit louder there. How is the work progressing on the statutory review of the *Personal Health Information Act* and are there currently any proposed changes that the department would like to see or have suggested moving forward with?

**J. MCGRATH:** We have hired a consultant to start that process. We're well into that process now, actually, of the statutory review of the *Personal Health Information Act*. We should be starting consultations in the very near future, public consultations. As for things we'd like to see in there, I think

that'll will kind of suss itself out. It's a bit too early to say any changes that we would anticipate or like to see, but that process has started and it is moving along and on schedule.

**L. EVANS:** Okay, thank you.

When should we expect to see a report from the long-term care and personal care home program review?

**T. OSBORNE:** We anticipate within six months that that should be completed. There is an expert panel put in place. They will also be doing public consultations. We don't anticipate any delay but, based on the public consultations, if there's a demand – I know in consultation with the Seniors' Advocate, she had asked for some additional public consultation. We still don't believe that it should delay, but we will continue to consult with her as well.

**L. EVANS:** So we'll see the report around, you said, six months –

**T. OSBORNE:** It went out roughly a month ago. So I would anticipate five months, give or take, that we should get the report back and, shortly after receiving the report, it will be made public.

**L. EVANS:** Okay, thank you.

Other than what's been announced already – and there have been quite a few announcements – are there any particular items from the Health Accord blueprint that we expect to see rolled out in the coming year?

**T. OSBORNE:** There are. I mean, based on the budget this year, there are a number of initiatives that were announced in the budget. So we will build upon what was in the budget, as we have over the last week or so, with more fulsome announcements based on the budget announcements.

**L. EVANS:** Thank you.

The 2022 budget announced funding to review 911 dispatch for road and air ambulance, but *Budget 2023* dropped air ambulance. We were wondering why, from the announcement.

I can say the question again.

**CHAIR:** Can you just move your book a little bit so I can see if your light is on or not there?

**L. EVANS:** The light is on.

**CHAIR:** Okay, perfect.

Do you want earpieces?

**T. OSBORNE:** No, we're trying to determine what she's talking about. I think we –

**L. EVANS:** Last year, in 2022, there was an announcement for funds to review 911 dispatch for road and air ambulance, but 2023 dropped the air ambulance. So are you still going to continue to do the review?

**T. OSBORNE:** We're not sure what you're referring to.

**J. MCGRATH:** So the 911, I believe that might have been up with JPS. Not that I'm aware of there was anything omitted in this year with regard to a review with that.

**L. EVANS:** So basically the funds for 911 dispatch: are you doing a review of the air ambulance and the road or are you just doing the road?

**T. OSBORNE:** In terms of reviewing 911?

**L. EVANS:** Yes.

**T. OSBORNE:** It's probably with Justice and Public Safety, Lela, I'm not sure.

**J. MCGRATH:** So for this year's budget, the road ambulance integration was allocated, there was a \$9 million allocation for that. I think last year's announcement might have

been related to 911 with Justice and Public Safety, it could be the P25 system.

**L. EVANS:** Okay.

*Budget 2023* added a new medical flight specialist team. Does this include publicly paid employees or is it a part of the private?

**T. OSBORNE:** No, it's public.

**L. EVANS:** Public, okay, thank you.

Just moving on with some more general questions. Has there been any increase in the number of licences awarded as a result of the changes made to the medical lab last fall?

**T. OSBORNE:** So those regulations come into effect, we're hoping May 1, it depends on how quickly, between the regulator and government, the regulations can be completed. Once they come into effect May 1, then we'll be able to start recruiting under those two licensures.

**L. EVANS:** Okay, thank you.

Over the last year there have been a number of initiatives announced to recruit health care professionals, has there been any success?

**T. OSBORNE:** Yes, so under the Come Home Incentive, the last numbers I got, which was about a week and a half or two weeks ago, there were 59 health professionals under the Come Home Incentive that had accepted contracts. There are a number of others where contracts have been offered but not yet finalized.

Under the Family Practice Start-up Program, there were 23. We've recruited 20 physicians; registered nurses, 21; LPNs, eight. We've recruited respiratory therapists, advanced care paramedics, a medical physicist, clinical psychologist, radiation therapist. Also through the bursaries, for

example, with the residents, we've got a number of residents who've agreed to return in services, both in year one and year two residents.

So we have seen a number of recruitments through the incentive programs.

**L. EVANS:** Okay.

Just starting on the line items now.

Section 1.1.01, I'm just looking at the Salaries. Last year the revised amount was \$50,000 over budget and this year was estimated to increase by \$46,000. I was just wondering why this was.

**C. ANTLE:** The increase is related to salary increases as well as through our zero-based exercise. The ministerial changed. Some staff had a higher salary cost than the previous incumbents, so keeping it up to date it increased the budget.

**L. EVANS:** Okay. Thank you.

Moving to 1.2.01, Executive Support, under Salaries – no, sorry, the Member already asked my questions.

Let's just move on to 1.2.02, Departmental Operations. It looks like I'm running out of time, but we did have similar MCP questions, especially about the MCP wait-list and patients being sent out of province so we were wondering if you were going to provide answers to his two questions. We had similar questions so could we get those answers as well?

**T. OSBORNE:** You can ATIPP it from Paul.

**L. EVANS:** ATIPP is taking a while so.

**CHAIR:** The Member's time has expired.

MHA Dinn.

**P. DINN:** Thank you.

Just keeping with MCP, just this question because I've heard some issues on it. What are the current timelines for physicians being paid by MCP?

**S. SNOW:** It depends on when they actually submit their claims. If they meet it within a certain payment date, usually within two weeks, thereafter they're paid. There are set out periods for payment dates, similar to how any public employee would get paid.

**P. DINN:** Thank you.

Just related to that, because we are coming off COVID, have we seen any changes in that over the COVID period and now? Is it longer, shorter or it's basically two weeks?

**J. MCGRATH:** (Inaudible.)

**P. DINN:** I don't think your light is on.

**J. MCGRATH:** Sorry.

Yeah, I don't think COVID really had any impact on physician payments.

**P. DINN:** Okay, I appreciate that.

**J. MCGRATH:** Sure.

**P. DINN:** I'm just looking now back to the line items here, looking again at page 204 of the Estimates, I'm looking at Transportation and Communications allotment there. I'm seeing that in '22-'23 you spent about \$139,000 more than you budgeted. Can you explain that?

**C. ANTLE:** That's related to increased postage costs. The department was responsible for the distribution of the COVID-19 kits to each resident.

**P. DINN:** Thank you.

How many of those kits did we send out?

**J. MCGRATH:** There were two for every resident.

**T. OSBORNE:** They went out in two mail outs. One to every resident on the first one. One to every resident on the second.

**P. DINN:** Okay, thank you.

**AN HON. MEMBER:** MHA offices.

**P. DINN:** Yeah, MHA offices, that's correct.

I'm looking at the Professional Services. We're looking at the money spent in '22-'23. Can you provide details on what was spent in '22-'23 and how you plan to spend this money in '23-'24? That's in the Professional Services.

**C. ANTLE:** On your stick, there's a laundry list of items there to go through it. Do you want me to read them out?

**P. DINN:** How long is the list? Yeah, you might as well because then we'll know where to look on the stick.

**C. ANTLE:** All right.

So for audit services, there's the Medical Consultants' Committee, the Pharmaceutical Audit Review Committee and Audit Appeals. Under pharmaceutical services, NL Interchangeable Drug Products Formulary expert reviewer, the pan-Canadian Oncology Drug Review and the Atlantic Common Drug Review.

Under the NLPDP Assessment Office, funding for agreement with Revenue Canada that allows for the assessment office to assess income information from Revenue Canada for NLPDP application processing as one of the criteria for the program access at an income level.

The blood program: This division has a contract with Memorial University, the Office of Professional and Educational Development, to host online blood safety modules. Under mental health and addictions, there are review board fees. Under the Planning and Evaluation Division,

there is a PHN council support staff, (inaudible) levy for operating expenses. We've got some CADTH expenses there, CIHI, FPT Health Ministers forum, provincial contribution to the national blood portfolio, Committee on Health Workforce and the *Personal Health Information Act* statutory review. For health workforce planning, it's health cross-jurisdictional database funding. Under –

**P. DINN:** Okay, I get the picture; that's good. We've got that list on the stick.

I assume most of those would carry over into next year's budget?

**C. ANTLE:** Correct.

**P. DINN:** My colleague here mentioned about the *Personal Health Information Act* statutory review. Would that fall in there as well?

**C. ANTLE:** Sorry, what was that one?

**P. DINN:** The *Personal Health Information Act* statutory review, would that fall in that category as well?

**C. ANTLE:** Yes.

**P. DINN:** So that's about \$100,000 right, I believe, for that?

**C. ANTLE:** Yeah, \$100,000.

**P. DINN:** Perfect, thank you.

I'm looking at Purchased Services – same page – in '22-'23 you budgeted \$670,000, but you only spent \$400,000. Again, I'm rounding it out here, but a decrease of about \$270,000. Can you explain this?

**C. ANTLE:** Yeah, so the department seen a reduction in unanticipated COVID-19 expenditures related to HealthLine, vaccines and mental health initiatives. That's where the advertising would be.

**P. DINN:** Okay.

And, of course, in the coming year you plan to spend \$587,000. What's this going to be spent on and why the increase again?

**C. ANTLE:** It's a decrease from last year's original budget and we had to reallocate some funding back to departmental travel accounts.

**P. DINN:** Okay, thank you.

Moving to Grants and Subsidies, 10. I look in the numbers there in budget '22-'23 and you budgeted \$641,000 but spent \$687,000. Why the increase there?

**C. ANTLE:** There was some additional core funding allocated to community-based organizations.

**P. DINN:** Do we know who those were?

**J. MCGRATH:** There's a list of all of the organizations in your binder to total up \$641,600.

**P. DINN:** Perfect, I appreciate that. Thanks. That was my next question so we're ahead of all that. It's all good.

I'm just looking at federal revenue. I don't think I've got any issues there. Provincial revenue, I think, is fine.

I think I'm okay on that. I'm good for that section.

Thank you.

**CHAIR:** They're just having a little bit of difficulty so if you just take your time when answering because behind the scenes, they need just a second to switch over.

MHA Dinn, you're finished this section?

MHA Evans.

**L. EVANS:** It seems like I needed a bit more time to turn the page, sorry.

So just looking at section 1.2.02, Departmental Operations, some general questions first. Could we have a breakdown, by regional health council, of the number of nurses currently employed through an agency and how many agencies provide these contract nurses?

**J. MCGRATH:** So we'd have to reach out to the Provincial Health Authority to get those numbers. They're employees of the PHA.

**L. EVANS:** Okay, thank you.

Sorry, I am trying to adjust to my old age where I'm trying to get used to reading glasses and I am struggling with them, so I have to like move and come back and move.

How much do agency contract nurses cost the health authorities over the past year?

**T. OSBORNE:** We can get that information for you, Lela. I don't know if we have it on hand.

**L. EVANS:** Okay, I'll just finish my question.

So how much do they cost and what is the cost to the system per agency nurse? What's the difference in payment that an agency nurse receives when compared to a nurse working full-time for the Provincial Health Authority? So those would be the questions and you'll actually get those for us.

Continuing on with the general questions – I'm trying to raise my voice because I can hear my voice and I realize what you're saying now, Minister. Nova Scotia recently offered nurses up to \$20,000 to remain in the system. Will our province be making further announcements about nurses' salaries to offer them something to keep them from going to Nova Scotia and other adjacent provinces?

**T. OSBORNE:** Right now, they're in collective bargaining. Some of the issues will be dealt with through collective bargaining. Through the Nursing Think Tank, we have agreed to a number of initiatives that we were brought forward by the RNU such as the Health Human Resources Plan, the core staffing review, mental health supports for registered nurses, other health professionals as well, but we are talking registered nurses. We're looking at options for early learning and child care within our health care facilities, as was brought forward under the Nursing Think Tank. Looking at some of the systemic issues that have been a challenge for nurses within the workplace.

So those things are actively being worked on. Like I said, the collective bargaining is ongoing and that may be an area where some of those issues will be dealt with.

**L. EVANS:** Okay.

So basically the salary issues will be addressed, the bonus issues will be addressed through collective bargaining.

**T. OSBORNE:** Under the Nursing Think Tank, we did provide a \$3,000 retention bonus to registered nurses, as well as double overtime. It was supposed to be for three months; we extended it to six and, just recently, the long-term care incentives for registered nurses, practical nurses and personal care attendants.

**L. EVANS:** How are efforts progressing on the recruitment of radiation therapists and have any new hires been made so far this year? Have there been any additional resignations?

**T. OSBORNE:** I haven't heard of any additional resignations since we dealt with it in the media. We have provided a market adjustment to radiation therapists. We've given the commitment as well that government are looking at the pensionability of the market adjustment. That's a little

more complex within the classifications but that's something that we've commit to working on resolving. They are at Atlantic parity with the market adjustment, but looking at pensionability as well.

We've increased the Come Home Incentive in terms of recruitment of a number of disciplines. We just announced today an increase in the incentive for radiation therapists.

**L. EVANS:** Thank you.

Could we also have an update on how the Collaborative Team Clinics are working, especially in Central and Western regions?

**T. OSBORNE:** As you know, there were eight announced in last year's budget, another 10 in this year's budget with an 11th on the horizon for the Burin Peninsula. There were three in the Central region: one in Grand Falls-Windsor, one in Gander and one in Brookfield announced in this year's budget.

**L. EVANS:** We also would like to know about the eight that are currently up and running, in terms of the staffing for those new clinics?

**T. OSBORNE:** So a number of those are fully operationalized. Some of them are operating but still staffing up. I think there are three of the ones that were announced in last year's budget that are in the process now of staffing up.

**L. EVANS:** Thank you.

How many Flexible Assertive Community Treatment teams, that's the acronym for FACT, are currently in operation? Where are they located throughout the province? How long have they been working?

**G. SWEENEY:** There are 13 that are located throughout the province and they've been implemented since 2020.

**L. EVANS:** Where are these teams located in terms of the regions?

**G. SWEENEY:** I can get that for you and report right back.

**L. EVANS:** Okay, thank you.

Would you be able to provide an update on the work of the Provincial Mental Health and Addictions Advisory Council and are there any vacancies currently on the council?

**G. SWEENEY:** I didn't hear that question.

**L. EVANS:** Could we have an update on the work of the Provincial Mental Health and Addictions Advisory Council and are there any vacancies currently on the council?

**G. SWEENEY:** We are in the process of filling the Advisory Council positions. They certainly play an important role and we are in the process of filling the vacancies that we have for that.

**L. EVANS:** I was wondering how many vacancies are there?

**G. SWEENEY:** I'll report back on that.

**L. EVANS:** Okay, so you'll get the information.

Another note is that the last time the annual report was published on the government's website for this group was 2020. Is there a reason why the annual report hasn't been put on the website?

**G. SWEENEY:** Not that I'm aware of. I'll have to follow up on that.

**L. EVANS:** Okay, thank you.

Has the department been pursuing the idea of allowing for-profit private clinics to provide routine and simple procedures such as colonoscopies and knee replacements and, also, what about MRIs and the CT scans?

**T. OSBORNE:** In terms of the procedures that have taken place?

**L. EVANS:** Yeah. Is your department pursuing the idea of allowing for-profit private clinics to provide any of those?

**T. OSBORNE:** No.

**L. EVANS:** No, so there are no plans for it?

**T. OSBORNE:** No.

**L. EVANS:** Okay.

**T. OSBORNE:** Do we still need to go ahead with the private Member's motion?

**L. EVANS:** We're still going ahead with that, but we really like it when you come back with a straightforward no on the record, so we do appreciate that.

Just moving on to general questions for this section, the healthy eating in schools programs, there has been something that the Auditor General flagged in a report this year regarding the incomplete recommendations for a review that was in 2019.

What is the cause of the delays for improving the system and what work is left to do in order to meet the outstanding recommendations?

**G. SWEENEY:** There was an update that did take place to the School Food Guidelines, so that part of the report was implemented. There was a shift in mandate since the initial report was released between two government departments. Work is ongoing for part of those recommendations as part of other public health plans.

**L. EVANS:** Okay.

Could you give us an outline what the –

**CHAIR:** The Member's time has expired.

I just wanted to confirm that MHA Dinn didn't have any additional questions.

**P. DINN:** No, I'm good.

**CHAIR:** Okay, go ahead MHA Evans.

**L. EVANS:** Just keeping with the healthy eating in schools programs. Would you be able to give us a listing of what recommendations are still outstanding?

**G. SWEENEY:** (Inaudible.)

**L. EVANS:** Okay, so you'll send that over. Thank you.

Along the same vein as my previous question, what action is the department taking to meet the recommendations that are outstanding from the 2019 Auditor General's report on provincial wellness priorities?

**G. SWEENEY:** We're continuing to work through those recommendations. There has been new legislation since that report. One of the plans that is outlined in the legislation is a public health plan that will address those recommendations in particular.

**L. EVANS:** Okay. Thank you.

Just getting into the line items now, I'm just going to summarize something. When we're looking at the book of Estimates, 1.2.02 on page 204, when you look at Salaries, Transportation and Communications, Professional Services, Purchased Services, Grants and Subsidies, when you look at the book from last year's Estimates, those numbers in the Estimates are not the same as in this book, so we're just making a note of that.

**J. MCGRATH:** I think that is the restatement from the Medical Transportation Assistance Program and the Income Support Medical Transportation Assistance Program moving into the Department of Labrador Affairs.

**L. EVANS:** Okay, so that's why all the numbers are thrown off.

**J. MCGRATH:** Yeah, so that would be what's called a restatement, so that's why they don't match up, if you look at this year's and last years.

**L. EVANS:** Okay, thank you.

Just looking at the Transportation and Communications heading there. We were actually talking about that when my colleague asked some questions so I'm not sure if I'm repeating the questions so I will just go ahead with mine.

Last year's revised amount, under Transportation and Communications, was \$139,200 over budget. This year's estimate has increased by \$76,800. Can you account for the differences?

**J. MCGRATH:** Sure.

The overage in projected revised to budget, the \$139,000 you're referring to, that's due to the increased postage costs that were incurred due to the mailing out of the COVID-19 kits. If we're looking at from budget to budget, the increase of \$76,000, there is \$50,000 we reprofiled in there to account for the general increase in postage charges for the entire department. We also allocated \$40,000 that we put in there for travel, because we anticipate prepandemic levels of travel to return to where they were for '23-'24.

We also decreased \$12,000 due to departmental teleconferencing budget. We think we'll be able to avail of virtual options now. There's also a \$1,500 decrease that we did through our zero-based budget exercise.

**L. EVANS:** Okay, thank you. It's good to see the working knowledge there.

Looking at the Professional Services, last year's revised amount was \$43,500 under



budget than you previously estimated and this year's estimate is now decreased by – I'll just round it out – \$380,000. Can you just explain the differences?

**J. MCGRATH:** If we're looking at from projected revised budget to the budget for this year, the savings we see were from less than anticipated costs incurred for the Medical Consultants' Committee meetings that were held throughout the year. And if we're looking at the decrease from our budget to a budget of \$383,000, there's a \$350,000 reduction associated with the development of the provincial Health Human Resources Plan. That's been moved over. So that's a reallocation to the Provincial Health Authority now, Professional Services allocation. So as you go through the Estimates, you will see that number increase. So that's kind of a wash. There is also \$33,500 decrease through our zero-based budget exercise that we do every year.

**L. EVANS:** That's all the questions I have for that section.

**CHAIR:** Okay, I'll ask the Clerk to recall the grouping.

**CLERK:** 1.1.01 to 1.2.02 inclusive.

**CHAIR:** Shall 1.1.01 to 1.2.02 inclusive carry?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**CHAIR:** Carried.

On motion, subheads 1.1.01 through 1.2.02 carried.

**CHAIR:** I ask the Clerk to call the next grouping.

**CLERK:** Client Services and Support, 2.1.01 to 2.3.01 inclusive.

**CHAIR:** 2.1.01 to 2.3.01 inclusive.

MHA Dinn.

**P. DINN:** Thank you.

So I'm looking at the 2.1.01, Provincial Drug Programs. We may already have this. It may be public, I don't know. Can we get a list of all new drugs that have been approved on that program?

**T. OSBORNE:** There are 12 drugs approved under this year's budget, so we can get you that list.

**P. DINN:** Thank you.

I'm looking at Allowances and Assistance under the MCP there. In '22-'23, you went over budget by about \$4 million. Can you explain this and what was the source of funds for this overrun?

**J. MCGRATH:** So the \$4 million overage was an increase in drug spending that was predominantly related to cancer therapies over the previous year, as well as Hepatitis C therapies. It was also an increase we have seen in drugs related to treat COPD, antidepressants, antipsychotics and medications used to treat ADHD and also addictive disorders.

Where the source of funds came from is we worked within our overall global budget. So throughout the year, we would have went and sought authority to transfer funds from where we saw savings. So we worked from within. The transfer of funds depends on where you – I am sure, as you work your way through this, you see savings in certain areas and we would have reprofiled them into this account.

**P. DINN:** Thank you.

Looking at the same section there and in 2023, \$187 million was spent under Allowances and Assistance. It's about \$13

million over more than what was spent in '22-'23. So can you explain this difference?

**J. MCGRATH:** So I think that's what we're planning to spend. That's our budget: \$13 million increase from last year's budget to this year's budget. Approximately \$7.5 million of that is related to the new drug therapies which we referenced earlier. The breakout of that is about \$3.2 million are related to the new oncology therapies and about \$4.4 million are related to non-oncology therapies. We're also anticipating or budgeting a \$2.5-million reduction for anticipated savings that's due to the newly launched Biosimilars Initiative. Also, there's \$8.2 million that we're allocating in there to the expanded scope of pharmacists initiative that –

**P. DINN:** So that announcement today, I think you talked about 12 new drugs going to more generic drugs. So is there savings from that, moving to more generic, and how much?

**J. MCGRATH:** We always try to move toward generics. I think the initiative I was speaking of was what we call the Biosimilars Initiative. I'll let Fiona speak to that there.

**F. LANGOR:** So actually, what we're doing is we're shifting from biologics to biosimilars, which are not generics, per se, but they're just a different chemical composition. The savings from that is approximately \$2.5 million.

**P. DINN:** Perfect, thank you.

Of course, just for clarification, if a generic drug is not working, there's still opportunity to apply for an exemption, correct?

**OFFICIAL:** (Inaudible.)

**P. DINN:** I'm looking at the provincial revenue. Last year \$11 million was budgeted, but only \$8.5 million was received. Can you explain that, please?

**C. ANTLE:** That related to less than anticipated revenue associated with product listing agreements.

**P. DINN:** Sorry, what was the last thing? Did you say product listing?

**C. ANTLE:** Product listing agreements with the drugs.

**P. DINN:** Right, okay. Thank you.

So I'm looking at the increase there now because we're looking at about \$15.5 million for this year, which seems to be a substantial increase in revenue received in '22-'23. Can you explain that as well?

**C. ANTLE:** Yeah, so as new drugs come into the formula area, there's additional revenue received from these product-listing agreements. So, on the expenditure side, you'll see an increase in new drugs and you'll increase the revenue as well.

**P. DINN:** Perfect, thank you.

So I'm still down in the Medical Care Plan. Can we get a breakdown of the number of physicians in the province by salary versus fee for service and by especially an RHA?

**C. ANTLE:** Yeah, we'll get you that.

**P. DINN:** I appreciate that, thank you.

I'm looking at Professional Services. I'm seeing in budget '23-'24 you plan to spend about \$700,000 less than last year. Can you explain this?

**C. ANTLE:** You will see here the \$1.3-million increase related to coverage of driver medicals as an insured service, but then there's a \$2 million reduction there in this activity as well. That's less utilization for physicians due to increased scope of practice for other health care professionals such as nurses and pharmacists.

**P. DINN:** Okay, thank you.

**C. ANTLE:** The net amount was a decrease of \$700,000.

**P. DINN:** Perfect, thank you.

Looking at Allowances and Assistance. In budget '22-'23, you spent \$2 million less than budgeted, why?

**C. ANTLE:** That's less than anticipated utilization for payments to other provinces under the reciprocal agreements.

**P. DINN:** And for budget '23-'24, we see that amount increase by \$3 million, compared to what was spent last year. I probably know the answer but I have to ask it.

**C. ANTLE:** There is an annual forecast provision there. I believe the increase is \$500,000 annually for these out-of-province charges.

**P. DINN:** Perfect, thank you.

So I'm looking at the bottom of the page there, Grants and Subsidies. In '22-'23 you spent about \$3 million less than was budgeted as well, why?

**C. ANTLE:** This is a budget for our salaried physicians. So that would be related to vacancies.

**P. DINN:** Thank you.

Of course, the other end of that is you're budgeting for \$8 million more. Again, why?

**C. ANTLE:** So \$7.6 million of that is related to part-time, annual commitment program for family physicians at primary care and Category B sites.

**P. DINN:** Thank you.

I'm looking at the Revenue - Provincial and again you see the difference there from the budget last year and the revised of about \$750,000. So the revenue is down to what

was budgeted. Why? Why, for that decrease as well?

**C. ANTLE:** That's related to reciprocal billings, so NL physicians providing services to residents of other provinces. So in the past couple of years this revenue has been down below budget due to the pandemic and less travel.

**J. DINN:** Okay.

I'm moving to page 206, it's the Medical Care Plan continued. I'm looking at Dental Services, Operating Accounts. You spent about \$1.5 million less than budgeted in '22-'23. Why spending less there as well?

**C. ANTLE:** That's related to less than anticipated utilization of the program.

**J. DINN:** Thank you.

Memorial University Faculty of Medicine, I'm looking at Grants and Subsidies. Last year, you went over budget by about \$2.5 million. Can you tell us why?

**J. MCGRATH:** That was their projected operating deficit for the last fiscal year. That's come down from previous years, so we're returning towards a position of balance, but it was \$2.5 million that we transferred over throughout the year to pay that off.

**CHAIR:** The Member's time has expired.

**J. DINN:** Okay, thank you.

**CHAIR:** MHA Evans.

**L. EVANS:** Yes, thank you.

I'll start with some general questions in 2.1.01, Provincial Drug Programs. Has there been a review of the income eligibility thresholds for the Provincial Drug Program under the Access Plan?

**J. MCGRATH:** There has been no review.

**L. EVANS:** No review?

**J. MCGRATH:** Hasn't been complete, no.

**L. EVANS:** How many requests for an internal review of income support and drug card cases were received by the department last year?

**J. MCGRATH:** We can certainly get that information. There are none that I'm aware of.

**L. EVANS:** Thank you.

Has there been any effort to address cases where income support recipients lose their drug coverage as a result of pursuing post-secondary education or other training opportunities?

**J. MCGRATH:** So Income Support would fall under CSSD.

**L. EVANS:** Okay, so I'll leave that one for tomorrow evening.

**J. MCGRATH:** Yeah.

**L. EVANS:** I think it's tomorrow evening.

Also, it was previously asked about the approved drugs. Your answer was that there were 12 new approved drugs and you were going to get the list. Can we also have a list of the drugs because we also had that question as well?

**T. OSBORNE:** Save you the ATIPP.

**L. EVANS:** Yes, exactly. That's why we do Estimates, right.

Moving on to the line questions. I thank my colleague for asking most of my line questions. Moving to 2.2.02, under Dental Services. I have a wordy question so I will get closer to the mic.

If the federal plan remains on track, the dental program will expand to seniors and

persons with disabilities by the end of the year. By the end of 2024, it's going to roll out to all residents of the province who make under \$70,000 a year. So this invariably is going to drive up the demand for dental services and dental technicians.

My question is: What is the department doing to ensure that it's ready for when the federal dental program rolls out, in terms of making sure that people trying to access the service will be able to actually see the dentist or the dental technician?

**T. OSBORNE:** Under the health authorities, we would have some staff that we would have to look at, but the majority of staff would be within dental offices. The offices themselves would be responsible, the same as the physician's office, for their own staff.

**L. EVANS:** Okay.

Are you looking at some incentives to increase the number of dentists? Are you looking at some surveys to see what the needs are going to be as the plan expands and more people are eligible? Because when people are eligible, of course, they will be availing of the services. Have you looked at any studies or recruitment issue initiatives?

**T. OSBORNE:** Within the health authorities, we can gauge that once we get the details of the federal plan and probably get a better understanding of what the demand will be on the health authority. But within the dentist offices, these are private offices so they would be responsible themselves for hiring and staffing.

**L. EVANS:** Okay.

I mean, one of the things we're getting at is there is going to be increased need, right? So we're going to look at the inability for people to access this service that's eligible, if we don't have enough dentists or dental therapists here in the province.

Moving to another question under the same section. Could we have a breakdown of the expenses on services to certain age groups? In particular, what funding split for procedures is for children versus those for seniors?

I'm still under Dental.

**T. OSBORNE:** Under the new plan you mean – the new federal plan?

**L. EVANS:** Currently.

**T. OSBORNE:** Currently. Okay.

**L. EVANS:** So looking at the expenses currently incurred by the province for the age groups. Would we be able to get a breakdown of that?

**J. MCGRATH:** Yes, I have that here actually.

So for expenditures for the budget for adult dental is \$11.36 million – no I've got this broken down wrong. I can't read my own writing, so excuse me.

**C. ANTLE:** So in the current year, this is for 25 of the 26 pay periods, so year to date we've spent \$6.96 million on children's dental and \$1.95 million on adult dental.

**L. EVANS:** Thank you.

You don't have a breakdown in the adults in terms of what percentage would be seniors or how much was spent on seniors? No, you don't have that breakdown. Would you be able to get that breakdown for us or is that –

**C. ANTLE:** I can check it out for you.

**L. EVANS:** Just another general question. I'm still on the Dental Services. Now that the federal government has rolled out its own program for delivery of dental services for children 12 and under, how does this affect

the program funding here, because I know we have coverage?

**J. MCGRATH:** So we're at those tables right now. We have regular meetings with the federal government. We're still trying to work through the details of how that's announced and what kind of gaps they're going to fill in. So as we have those details, I'm sure they'll be made public as well.

**L. EVANS:** And what we were wondering was –

**T. OSBORNE:** Sorry, I was distracted with my children issues: I need a ride. More important than the budget.

**L. EVANS:** So one of the questions regarding the rollout of the federal program that overlaps with the provincial program, we were wondering will the provincial government have to continue to contribute towards the dental or will the federal government, basically, cover everything for that age group?

**T. OSBORNE:** I think those details will be available in the very near future from the federal government, but they haven't provided all of the details to the province yet.

**L. EVANS:** Yes, and would you consider, if it does free up additional monies, would those funds go to service others who don't currently have coverage? Like, would you be able to expand coverage for groups that don't have it, if it frees up the money?

**T. OSBORNE:** Yeah, I mean, at this time, that's hypothetical because we don't know. But once we get the details, that's certainly something that government will look at. Any change in budget allocation or in services would be a policy decision.

**L. EVANS:** Yes, because as part of our, I guess, party mandate, we would like to have more extended coverage for those right now who don't have it. So rather than

you take it as a savings, we would like to see it go to help others in need.

Just getting to the line item 2.3.01, Memorial University Faculty of Medicine, I think my colleague asked about last year's budget, but this year's Estimates look like they've increased by \$4 million. Could we have an accounting of that?

**J. MCGRATH:** So the increase is broke down as follows: there's a \$937,500 allocation for the expansion of the Care of the Elderly training program and also establishing a geriatric medicine fellowship. There's a \$400,000 increase in annual funding for appointed part-time, non-stipendiary clinical faculty members. There's also a \$1.5-million increase in funding for IMG, International Medical Graduates, stream in the Family Medicine Residency Program. There's also a \$500,000 increase in funding for additional seats for residents and there's \$730,800 that's allocated for salary increases for staff.

**L. EVANS:** That ends my questions for this section.

**CHAIR:** Okay.

The Member's time is expired.

MHA Dinn.

**P. DINN:** Yeah, thank you. I'm waiting for the clock.

**T. OSBORNE:** You've got 24 seconds, hurry.

**P. DINN:** Yeah, just a few more questions just to finish off this section. This is dealing with the Memorial University Faculty of Medicine. Do we know how many physicians have graduated from the faculty in the last five years?

**T. OSBORNE:** We could probably get you that. I don't know over the last five years. I know that a number of the residents, year-

two residents have committed to working in the province already. The recruitment office has been working with them and we've gotten a very positive uptake.

**P. DINN:** Okay.

I'll put these three questions together, and I expect you'll get me the information, but just so I'm covered here. How many have graduated in the past five years? How many are currently practising in the province? What is the current retention rate for all physician types that graduate from the faculty?

I'll leave that for you to get me that down the road.

That's it for me on that section.

**CHAIR:** Okay.

MHA Evans, are you finished with that section?

**L. EVANS:** Yes, I am.

**CHAIR:** I'll ask the Clerk to recall the grouping.

**CLERK:** 2.1.01 to 2.3.01 inclusive.

**CHAIR:** Shall 2.1.01 to 2.3.01 carry?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**CHAIR:** Carried.

On motion, subheads 2.1.01 through 2.3.01 carried.

**CHAIR:** Okay, so now is a good time to take a five-to-seven-minute break.

Five to seven is what I'm giving you – five to get you back here and then to start.

**AN HON. MEMBER:** What's the difference in five or seven?

**CHAIR:** You'll see when you're not back here on time.

**Recess**

**CHAIR:** I'm going to ask the Clerk to call the next subhead. We're ready.

**CLERK:** 3.1.01 to 3.2.03 inclusive.

**CHAIR:** 3.1.01 to 3.2.03 inclusive.

MHA Dinn.

**P. DINN:** Thank you.

I'm looking at Supplies and, as we see there, of course, there was about a \$1 million overrun last year and it's back to what it was previously. Can we get an accounting for the \$1 million overrun?

**C. ANTLE:** So this is our vaccine budget and the variance can be attributed to the purchasing of different vaccines, replacement of pandemic stockpile of antivirals, as well as increased shipping costs to regional offices for the monkeypox vaccine. As well, the immigration and refugee programs have increased the demand on the vaccination program.

**P. DINN:** Okay, thank you.

So looking just below that, Professional Services, we see that what was budgeted last year dropped by about \$300,000. Can you explain the drop there from what was budgeted last year?

**C. ANTLE:** Funding for the core staffing review was not required in '22-'23.

**P. DINN:** Thank you.

Moving right along down to the next line, which is the Purchased Services, can I get a breakdown – I'm assuming this deals with

air ambulance and HealthLine and the like. Can I get a breakdown of this budget?

**C. ANTLE:** Breakdown of the budget?

**P. DINN:** For that item, Purchased Services.

**C. ANTLE:** Yes, so that's the HealthLine budget, air ambulance and interpreting services contract.

**P. DINN:** Right, okay.

So you spent about \$2.5 million more than the budget in '22-'23. Can you explain that increase?

**C. ANTLE:** Yes, \$1.5 million of that is related to call overages with the HealthLine and the other million dollars is related to a pressure in the air ambulance budget for continued reliance on chartered services to perform interprovincial missions.

**P. DINN:** Thank you.

Of course, we have the budget increasing again from – well, it was budgeted for \$14 million last year and it's gone up to \$21 million in Purchased Services. Can you explain that increase?

**C. ANTLE:** Yes, so there's a \$5.6-million increase to the HealthLine budget, \$3.8 million related to expanded NP hours and \$1.8 million to cover off the call overages. There is also \$593,100 as an incremental increase in our air ambulance program.

**P. DINN:** Thank you.

Looking at Allowances and Assistance, can you give me a breakdown of this budget as well?

**C. ANTLE:** Yes, so \$4.3 million of the budget is related to bursaries in Physician Services and \$8.2 million is related to workforce planning bursaries.

**P. DINN:** Okay.

Again, I'm seeing a fairly large increase there of about \$8 million for the coming year. Can you explain this as well?

**C. ANTLE:** Yeah, so the \$630,000: overhead stipend for private practice locums; a \$1-million increase for the Family Practice Program incentive; \$185,000 for bursaries for the international personal care attendants pilot program; \$280,000 for the expansion of the signing bonus program for health care professionals; \$275,000 for funding for the Bachelor of Science and Nursing Practice Course Grant program; and just under \$5.5 million was approved for health professional recruitment and retention initiatives.

**P. DINN:** Okay, and we'll have that. Can you make sure we get that breakout?

**J. MCGRATH:** Yeah, that's on your stick.

**P. DINN:** They let me squirm for a bit. John, you are going to be kept on. Thank you for that.

Moving along, where was I now? Grants and Subsidies: You spent \$22 million more than what was budgeted in '22-'23. Can you explain this?

**C. ANTLE:** Yeah, so \$18.8 million was related to RHA salary increases and recognition bonuses that was over and above the original budget. Then there was \$4 million in departmental savings used to fund some pressures that the RHAs experienced. Then \$850,000 related to additional funding for community-based organizations.

**P. DINN:** I'm just looking at the numbers here. So why did you plan to spend \$200 million more in '23-'24 than in '22-'23?

**C. ANTLE:** So this is related to a lot of the budget initiatives that were recently approved. There's an annex there in the binder with a long list of items. Do you want me to go through them?

**P. DINN:** No, it's on the stick, right?

**C. ANTLE:** It's on the stick.

**P. DINN:** Okay, I'm good with that.

**C. ANTLE:** Okay.

**P. DINN:** Can you provide me with an estimate of the financial position of the RHAs for the fiscal year ending '23-'24?

**J. MCGRATH:** Their financial statements aren't closed off at this time. There's been money moving out to them towards the end of the year, as well. So I wouldn't be able to give you – where the audit is ongoing, they're just not complete yet.

**P. DINN:** I guess some of my other questions were: Did they record any deficits? Was there funding for those deficits? What is the total debt by the RHA or the combined health authorities?

So those are questions, I guess, we can't answer.

**J. MCGRATH:** I think that we would wait for the audited financial statements which will give you an accurate picture of those figures.

**P. DINN:** When do we expect that, just a ballpark?

**J. MCGRATH:** So there year-end is March 31. I think, typically, the auditors would come in and do their audit work over a number of months and then, probably June, July, I think you'd get some audited statements.

**P. DINN:** We'll be calling you in June.

In terms of Meditech: Is there any money allotted for upgrading Meditech?

**J. MCGRATH:** So there is a \$15 million allocation for the replacement of a new health information system.



**P. DINN:** So let me just see, that's a question I had for later on, but that's fine. So that \$15 million is totally towards that?

**J. MCGRATH:** That's the anticipated expenditure for this upcoming fiscal year.

**P. DINN:** And how is that \$15 million broke out? Is it all consultant, staffing, equipment, what does it fall under?

**J. MCGRATH:** I think what we're budgeting, that would be payments predominantly to the vendor, but that also might be support costs as well to do some enabling work through the former Newfoundland and Labrador Centre for Health Information, now falls under the PHA.

**P. DINN:** In terms of the new health authority: How many vice-presidents will we have there?

**T. OSBORNE:** I can take a stab at it.

We can get you the entire number, but there will be five COOs, which are essentially heading up the regions, the five regions. There are a number of vice-presidents, as there were under the former provincial health authorities, and the interim CEO is Dave Diamond.

**P. DINN:** So I guess making it easier here, can we get a breakout of – because I know we don't have salary estimates, as we normally have seen in the past. On that note, will there be salary estimates that we can be provided with?

**T. OSBORNE:** We can get you –

**J. MCGRATH:** Yes, so the vote that you see in here would be the funding to the Provincial Health Authority as part of their operating grant. There are a lot of other things in here as well, but for the salary costs related to the actual Provincial Health Authority, that information would be carried through their budget.

This is predominantly the large operating grant that goes out to them, but that's something that we can probably take away and try to endeavour to get for you.

**P. DINN:** Yes, I'd like to see the breakdown of the management of it in terms of salaries and that, allocations.

**CHAIR:** The Member's time has expired.

**P. DINN:** That flies so quick.

**CHAIR:** MHA Evans.

**L. EVANS:** Thank you.

3.1.01, just some general questions to start off with. Just looking at other provinces, we don't have the legislation specifically dealing with long-term care and the care of elderly. So why wouldn't we have legislation dealing with that and when might we see such legislation introduced in the House?

**J. MCGRATH:** I'm aware that other provinces do have that legislation. I'm not aware of any plans for legislation that we're working on specifically to that.

**L. EVANS:** Thank you.

Since the revelations of the privacy breaches of residents of the Baie Verte long-term care facility last year, what additional measures have been put in place to prevent or deal with such incidents?

**T. OSBORNE:** We've got the Expert Advisory Committee put in place to look at long-term care and personal care homes. That was what you had asked about earlier and the report that we're anticipating back. So they will look at a number of issues and areas where they can improve the lives of not only the seniors but the working environment for the health professionals working in long-term care and personal care. That is one of the areas that came out of that.

We just released the Dementia Care Action Plan, for example, and that provides additional education and resources, not only for staff within our health authorities and long-term care facilities, but education for personal care homes and even for home support workers.

We're looking at education within the K to 12 system so that people have a better understanding of dementia care and as well looking at integrating education into the post-secondary health professional's fields as well.

**L. EVANS:** Okay, thank you.

Is there any extra money in this section for the Athena Health Centre? It has been noted by the centre in the media that their funding is not necessarily adequate to provide the services that they offer.

**C. ANTLE:** There's a \$1 million block funding there for Athena paid out on a quarterly basis.

**L. EVANS:** Is there an increase in funding this year?

**C. ANTLE:** That will be the same as last year.

**L. EVANS:** So no increases?

**C. ANTLE:** No.

**L. EVANS:** Do you consider their claims of inadequate funding legitimate or is there another reason why you wouldn't increase their block funding? They are only one of two abortion clinics in the province and there have been reports throughout all regions of struggles for people to be able to access these services. So I was just wondering if there are calls for increasing funding and there's no increase in funding, what would the justification for not increasing it be?

**T. OSBORNE:** I think, Lela, there was some concern last year in terms of timing of funding. That funding had come through for them. Since the funding had come through, I'm not aware of a shortage of funding for that facility. I think the issues that were raised some four or five months ago was around the timing of funding that they were to receive.

**L. EVANS:** Okay, thank you.

Will there be any further funding found for MTAP? Are there any reforms planned for the program in the coming year?

**T. OSBORNE:** That would now be under Labrador Affairs.

**L. EVANS:** Labrador Affairs, right, I'll save my questions for them.

Another thing that's been brought up is retention bonus for all eligible hospital support staff. Is there anything in the budget to actually provide them with some sort of retention bonus as well?

**T. OSBORNE:** The retention bonuses that were put in place were done in consultation with the RNU, NAPE, CUPE and Allied Health. The criteria that were looked at were for areas that had a significant pressure in terms of the ability to recruit or retain individuals within those particular areas, so not all staff of government or staff within the health authorities – under NAPE, they got a \$2,000 recognition bonus as well, so those staff would have gotten the \$2,000 recognition bonus under the collective agreement. But in terms of the retention bonus itself, that was focused on difficult-to-fill positions.

**L. EVANS:** Difficult-to-fill positions, thank you.

Could we have an update on the backlog for hip and knee replacement surgeries, as well as the cataracts surgeries and cardiac procedures?

**T. OSBORNE:** Certainly.

We've provided a one-time increase for cataract surgeries about four or five months ago to look after some of the backlog. I do know anecdotally from speaking with two of the clinics that it did have a significant impact on the backlog. In this year's budget, there was an increase of \$1,500 on a permanent basis for those three clinics. We're still negotiating with the NLMA to make that permanent. The intention of government is that it would be permanent, but we need the sign-off of the NLMA as well on that before we can publicly say it's permanent. That increase is intended to get the benchmarks closer to the national benchmarks.

In terms of hip and knee replacement, we've expanded into St. Anthony, where we're doing, I believe, it's 12 same-day surgeries per visit when the visiting surgeons go to St. Anthony. We're also looking to expand into Carbonear. We're looking at other sites in the province that we can expand into as well. So you're looking at about 200 additional – I think it's 200 on an annual basis in St. Anthony. If we have the same success from Carbonear and can look at other sites, we should be able to address with the same-day hip and knee in St. John's, in the outpatient – sorry, I kind of confused the two. So the travelling surgeons are not same day, but they are travelling surgeons to St. Anthony and they wouldn't be outpatient and the same thing with Carbonear. For St. John's, we implemented same-day outpatient service for hip and knee as well. We're looking at same day in another location in the province and seeing if that can work in that location as well.

With those new services, we should be able to come closer to the national benchmarks there as well and the Heart Force One in terms of cardiac cath, for example, bringing patients to the capital region for same-day cardiac cath and then bringing individuals back to the hospital closer to their home,

should also have an impact in terms of national benchmarks.

**L. EVANS:** Okay, just looking at the cardiac procedures, too, you are trying to meet the national benchmarks. Are you getting more successful with that? Because I've actually had a lot of dealings with that for Labrador. Labrador and Western are grouped together for the flight in.

**T. OSBORNE:** The Heart Force One, we've had either five or six flights already. There are a couple of other flights scheduled and we're looking to schedule those on a more consistent basis where they're actually scheduled and surgeons and treating physicians throughout the province have a better ability to plan ahead based on a planned schedule. That will also give us the ability to look at other outpatient services and take advantage of the additional seats on the plane.

So we are seeing success. In speaking with Dr. Connors, he has indicated that the program has been very successful and has met the satisfaction, not only of health professionals, but of patients. So I think we will see a decrease in the wait times based on that service and looking to expand that service on a more consistent basis.

**CHAIR:** The Member's time has expired.

MHA Dinn.

**P. DINN:** Thank you.

I'm just going to continue on here with some questions I had. In terms of health care worker vacancies, can we get a breakdown of those vacancies by facility and class of worker?

**J. MCGRATH:** We can certainly break them down by class. I'm not sure by facility, but we'll do our best to put something together.

**P. DINN:** So related to this, do we know how many travel nurses are currently in the system?

**T. OSBORNE:** So that was asked earlier.

**P. DINN:** It's that hard to keep track.

**T. OSBORNE:** We'll endeavour to get that information for you.

**P. DINN:** Okay. Related to that, I guess I will follow up –

**T. OSBORNE:** If you ask me this time next year, hopefully I'll be able to say none.

**P. DINN:** How much was spent on last year's travel nurses and how many locums were employed by type? So I assume you will get me that? Perfect.

Just related to a question that my colleague asked earlier around the success of the incentives. You spoke to 59 health care professionals who have accepted contracts and you went down and talked about 23 family physician start-ups, 20 physicians and 21 RNs and nurse practitioners. Now, I stand to be corrected on the figures; I was trying to listen. Can we get a list of those by program and, as well, do we know how many have actually left the province or have retired or left the profession?

**T. OSBORNE:** We can endeavour to get that for you as well.

**P. DINN:** Okay, I appreciate that.

So going back to section 3.1.02, I'm just looking at the Debt Expenses. I assume this deals with some lease arrangements or lease-to-purchase arrangements. When exactly are the lease-to-purchase agreements –?

**T. OSBORNE:** You said 3.1.02?

**P. DINN:** 3.1.01.11, Debt Expenses.

**J. MCGRATH:** So you're correct, those represent cost of lease payments for the province's health centres in Burgeo, Port Saunders and St. Lawrence. They're obviously connected to an amortization schedule. They started on June 1, 1993. The lease was for 30 years, so it is set to expire in 2023.

**P. DINN:** So this year will be the last payments on those leases?

**J. MCGRATH:** Correct.

**P. DINN:** Thank you.

So looking at the federal revenue – and I assume that relates to cost-share agreements with federal agencies – can you give me a breakdown of the substantial increase for this year, because it has gone up quite a bit?

**J. MCGRATH:** Sure.

So there is an increase there of \$91,197,500. The increase is a number of different things. About a \$6.1-million increase is related to the COVID-19 infrastructure cash flows; \$100,000 of that is increased in Health Accord funding for mental health and long-term care. There's an \$835,000 decrease – sorry, there's a \$341,000 decrease in federal revenue for the dementia strategy funding. The big numbers are: a \$9.1-million increase in Canada Health Transfers related to long-term care and there's also a \$77-million increase in the Canada Health Transfer which is related to the new bilateral agreements.

**P. DINN:** Thank you.

I was looking at the line below again, the Revenue - Provincial. I'm assuming that's for liability expenses, reciprocal billings and that. You received \$3 million less than expected. Can you explain that?

**J. MCGRATH:** That's more or less – that's tied to the vehicle levy. I mean, that's pretty much utilization based, so I would just think that it might be down this year and up next year, but it's related to the vehicle levy program.

**P. DINN:** Thank you.

Moving down to the Support To Community Agencies, how much was paid out in 2023? Can we get a list of the amount paid out in '22-'23?

**T. OSBORNE:** Say it.

**C. ANTLE:** Say it?

**P. DINN:** Go ahead, say it.

**C. ANTLE:** It's on the stick.

**P. DINN:** There's a lot on that. Don't lose it.

So I guess the other list. To the question then, why did we go over budget last year?

**C. ANTLE:** The variance is related to additional core funding allocation for some community-based organizations.

**P. DINN:** Okay.

Just some general questions here and I think you've touched on some of them. You talked about the \$15 million, I think you said, toward Meditech, upgrading. Do we have any timelines on when we're going to see that new Health Information System in place and operational?

**T. OSBORNE:** I think it's 18 to 24 months.

**P. DINN:** You're going to get sick of waving at me.

**J. MCGRATH:** So I think, as the minister said, that's a fair estimate. Right now we're estimating between 18 to 24 months period for that new HIS to go live.

**P. DINN:** I note in the budget there's \$9 million – because these are two big pieces of the health authority – to begin to consolidate 60 separate road ambulance services into one integrated service. So that \$9 million, how is that being applied and again timelines on that as well?

**T. OSBORNE:** So the \$9 million, the next step in that process is to get a consultant because it is very complex as you said. There are 60 different operators. Some of them are community based; some are private operations. We have health authority operations as well.

So it is complex. You're dealing with a number of different unions. Some are not unionized. The consultant will help us to move forward. For the sake of negotiations with the private ambulance operators, we're attempting to be as informative as we can without impacting our ability to negotiate with the private ambulance operators, but there is an amount put there for the integration.

**P. DINN:** Very political answer. That was nice.

What about timelines?

**T. OSBORNE:** We're going through the stage now of putting the RFP together for the consultant. We anticipate that work should be as expeditious as possible. We're probably looking at six months maybe for a consultant, but before the end of the fiscal year that we should start the process of being able to deal with some of the private ambulance operators as well.

**P. DINN:** Okay, thank you.

I'm looking at another piece here. I probably already know the answer, what the answer's going to be here. You talked about in the budget about adding a new medical flight specialist team for Happy Valley-Goose Bay. Can I get the cost of that and the expected staffing?

Just while you're looking for it there, it says medical flight specialist team and I don't know what staffing is. Also, what are they flying in is the other question, because I know there's been some questions around availability of the actual transport.

**T. OSBORNE:** I'm not sure if it would have to go to an RFP but it would either be PAL or Avis operating that.

**P. DINN:** Yeah, so right at the top –

**J. MCGRATH:** (Inaudible.)

**P. DINN:** Sorry, go ahead.

**CHAIR:** John McGrath.

**J. MCGRATH:** Sorry, yeah, that would be under our fixed-wing contracts that we currently have in place for the air ambulance. So it would be PAL or Avis. There's also –

**T. OSBORNE:** Air Borealis, but they are PAL I think.

**J. MCGRATH:** Air Borealis on the coast, yes. Then we also have government air services and other aircrafts available through TI, so it would be one of those. I don't know the specifics on the aircrafts, but it would be one of those generally.

**P. DINN:** I see my time's up, but I'll come back.

**CHAIR:** The Member's time is expired.

John McGrath.

**J. MCGRATH:** We do have your answer to the first question as well.

**F. LANGOR:** So there's \$317,600 allocated for the new medical flight specialist team for Goose Bay, and that's four FTEs essentially.

**CHAIR:** MHA Evans.

**L. EVANS:** Thank you.

Would you just be able to repeat your answer, what you said?

**F. LANGOR:** So there's \$317,600 allocated for the new medical flight specialist team for Happy Valley-Goose Bay, and that's four full-time equivalent positions.

**L. EVANS:** Thank you.

Under 3.1.01, just continuing on with some of my general questions. How far along is work on the cybersecurity framework? There's already a question there on Meditech.

**J. MCGRATH:** Did you say cybersecurity framework, sorry?

**L. EVANS:** Yes.

**J. MCGRATH:** So I don't think there's a specific initiative related to cybersecurity in the sense of a beginning and an end. I think that's something where it's ongoing all the time. There's funding certainly in this year's budget, as there was in last year's budget, related to enhancing security and cybersecurity as well through the Provincial Health Authority. But I don't think it would be fair to say that there's a specific initiative related to it, as it's an ongoing best practices, always part of ...

**CHAIR:** MHA Evans.

**L. EVANS:** Yes.

**CHAIR:** Can I ask you to speak up a little bit more also; the back row is having difficulty.

**L. EVANS:** Yes, I was whispering to my colleague.

**CHAIR:** No, before that.

**L. EVANS:** Yes, I do understand.

Has a final cost been tallied for damage that has resulted from the cyberattack back in 2021?

**T. OSBORNE:** I don't know if there is an actual money amount put in that, Chad, is there?

**C. ANTLE:** We can work at getting one.

**T. OSBORNE:** We can try to get you some numbers.

**L. EVANS:** Thank you.

I'm not sure if my colleague asked this question going down through the line items. Under Purchased Services, last year's revised amount was \$2.5 million over budget.

**J. MCGRATH:** Do you just want to repeat the section there, sorry.

**L. EVANS:** Under Purchased Services, 3.1.01.

**J. MCGRATH:** Oh, sorry.

So this is the funding provided for the HealthLine, air ambulance and interpreting services contracts.

**L. EVANS:** Yes.

**J. MCGRATH:** So from budget to budget, there was a \$6.2 million increase, the majority of which was related to increase of 811 HealthLine, that was the expanded NP hours that we put in. There was also a smaller increase for medivac emergency services program as well.

The \$2.5 million projected revised to budget, that is due to the increase cost for HealthLine services, about \$1.5 million were related overages incurred throughout the year. There was also a \$1 million pressure that we also saw in our air ambulance budget last year in the projected revised, so that was a pressure. That's the \$2.5 million.

**L. EVANS:** I could ATIPP it, but you were going to provide a breakdown. We're especially interested in the air ambulance.

**T. OSBORNE:** It is cheaper to give it to you; ATIPP is very expensive. We'll give it to you.

**L. EVANS:** So when you provide the breakdown, would you just be able to provide us as well?

Under the same section, under Revenue, I'm not sure if he asked this as well, I know he asked about the provincial question there, but under Revenue - Federal, last year's revised amount was \$8.6 million under budget.

**T. OSBORNE:** Yes, we did provide an answer to MHA Dinn on that earlier, but we can repeat that if you wish.

**L. EVANS:** We'll go back to *Hansard*.

**T. OSBORNE:** Okay.

**P. DINN:** I think it's on the stick.

**T. OSBORNE:** It's on the stick.

**L. EVANS:** No, no I think I might have been talking or I might not have heard the question.

Moving to 3.1.02, Support to Community Agencies, under Grants and Subsidies, last year's revised amount was \$296,000 over budget. This year's estimate was increased by \$500,000. So we could just have a breakdown of that?

**T. OSBORNE:** I think we provided that to MHA Dinn as well, but we can provide that. If you want a list of who got the grants, it's on the stick.

**L. EVANS:** Okay.

**T. OSBORNE:** We can read the list.

**L. EVANS:** Yes, my time does count down.

Just in the budget information here on seniors' care, just looking at some of the initiatives you announced there. The first three on this page here: \$7.7 million increase this year and increasing to \$9.3 million next year for health care professionals who support self-management care in the home. The next initiative: \$7.5 million annual increase for community care home professionals. The third one: \$6.1 million annual increase for personal care home professionals.

So can we get a breakdown of these initiatives? How much is going for health care professionals or to the operators? So just provide a bit more detail.

**J. HERRITT:** So the self-managed care rate increase is for home support workers, behavioural aides and home therapists. As of October 2022 in alignment with – sorry, the minimum wage was \$13.70 and the rate increased April 1 up to \$14.50 and then an additional 50 cents October 1 for those workers up to \$15. So that's self-managed care rate increase.

What was your second question, sorry?

**L. EVANS:** The \$7.5 million annual increase for community care home professionals.

**J. HERRITT:** So that's the home care agency rate increase. So it's a \$7.5 million increase for \$1 per hour rate increase for home care agencies, which is effective April 1.

**L. EVANS:** Okay.

**OFFICIAL:** (Inaudible.)

**L. EVANS:** Good question.

**P. DINN:** We can hear you.

**L. EVANS:** Yes, I can actually hear myself writing so I know you can hear me.

**T. OSBORNE:** That's the good thing about these earphones. I can hear the whispers.

**L. EVANS:** Yes.

**T. OSBORNE:** And that's coming from somebody who is –

**L. EVANS:** I didn't write down the additional question. For the \$1 per hour increase, does that go to the employee?

**T. OSBORNE:** It does.

**L. EVANS:** It does, yes.

You didn't hear it but I went yay.

**T. OSBORNE:** That's the same for the home support workers. It is \$1 an hour and then 50 cents on top to coincide with the minimum wage increase in October.

**L. EVANS:** Okay. That's good.

I don't have time to go into the third one.

**T. OSBORNE:** You have 12 seconds.

**L. EVANS:** Twelve seconds, okay, quick question: Will the new Deer Lake facility be a P3?

**T. OSBORNE:** So it's going out to an RFP. The RFP is – is it designed yet or no?

**OFFICIAL:** Yes, it's designed as a lease.

**T. OSBORNE:** Yeah, so it's a lease. It won't be a government or a health authority facility. We're going out for a lease.

**CHAIR:** MHA Dinn.

**P. DINN:** Thank you.

Just to clarify something on previous questions my colleague had asked. I stand to be corrected. So the \$7.7 million this year and an increase to \$9.3 million next year for health care professionals who support self-



managed care in home, that's all related to the minimum wage increase?

**T. OSBORNE:** So it's \$1 April 1 and then with the increase in minimum wage in October, it's another 50 cents.

**P. DINN:** So that all comes up to that much. Okay, thank you.

Moving right along. Minister, you touched on this earlier; there's \$3 million in the budget providing residents with new ways to access cardiovascular services. I assume – well, I assume nothing, but I'll say it. Some of this is going towards the new institute over in the Health Sciences. But with regard to Heart Force One, how much is that costing us? I mean, you said there were five to six trips to date already done. How much is that costing us on an annual basis or in the budget? How does that equate into how many trips and how much staff requirements?

**T. OSBORNE:** I'll get Chad to answer the dollar amount. Right now, we're doing it by just chartering a flight. That was done as a pilot program to see if it would work. So the first five or six flights were based on a pilot to see if it worked in terms of the health professionals, the cardiac unit at the Health Sciences Complex; if it worked well with the receiving hospitals, when individuals were brought back in terms of the referring physicians and the cardiologists or the specialists at the Health Sciences and feedback from patients.

So it's been overwhelmingly positive. We're moving out of a pilot phase and going to an RFP. We won't know exactly what the RFP will be, but it will give us a more consistent, scheduled flight. In terms of the one-offs, they were obviously more expensive because we chartered a flight. We anticipate significant savings once we go through an RFP.

Do you have the numbers on the –?

**J. MCGRATH:** So the estimate based on the pilot program to date is about \$30,000 or 40,000 per flight for each one. I think, right now, they've done between four and five flights, so as we firm up that pilot program and roll into this fiscal year, that's administered through the new Provincial Health Authority but the estimated cost is about \$30,000 or \$40,000 per flight.

**P. DINN:** And related to that, how many patients would we take per flight on average? I don't know if you use the same size plane or not.

**T. OSBORNE:** So I think the last flight, if memory serves me correctly, we had 16 passengers. I had indicated in a previous answer. Once we have these on a more scheduled basis, we can take advantage of the other seats on the flights for other outpatient services. Once they're scheduled and we have other outpatient services, we can coordinate with the attending physician, the outpatient service at the Health Sciences Complex, and the hope is that we'll be able to fill these flights with a variety of services, not just the cardiac cath.

**P. DINN:** Just to clarify, when you say 16 passengers, are they 16 patients or are they –?

**T. OSBORNE:** Yeah, I think it was 16 –

**P. DINN:** Or are they patients plus staff?

**T. OSBORNE:** No, I think it was 16 patients I believe.

**OFFICIAL:** That's right.

**T. OSBORNE:** Yeah, 16 patients.

**P. DINN:** Thank you.

So I'm looking as well then at the travelling orthopedic teams, and I know the budget has \$1.8 million allocated to that. I guess I'm asking similar questions in terms of what

are we looking at in numbers – the number of flights and costs per trip.

**T. OSBORNE:** So we can get you that as well. Those teams are going to areas where the area wouldn't support a full orthopedic team of specialists but, once a month, we're able to send a team there and do scheduled patients in the area. Ordinarily, St. Anthony would not be able to support a full team of orthopedic specialists. So by bringing the specialists to the community, we're able to provide the service as opposed to having individuals have to make their way to St. John's. But we can get you the numbers in terms of the costs.

**P. DINN:** Is that currently a pilot moving to long term or where are we in that respect?

**T. OSBORNE:** No, we've outfitted St. Anthony to do this on a permanent basis and we're outfitting Carbonear to do it on a permanent basis as well.

**P. DINN:** I'm looking at \$500,000 put towards improving access to midwifery services. But I have another question on that related. I didn't see anything in the budget in relation to IVF, outside of what's currently being offered. I know you're offering a subsidy and looking at it more closely. When will we see something a little bit more permanent here in the province, so to speak?

**T. OSBORNE:** So we put an RFP out in December. There was only one bid on the RFP. The RFP didn't give us what we were looking for. It wouldn't have satisfied. So there are two doctors. Both are Murphy; I don't believe they're related.

**P. DINN:** They're not related, no.

**T. OSBORNE:** So the Dr. Murphys are being consulted on the development of another RFP that we will have out for a longer period of time and hopefully advertise it a little bit better and maybe get more responses. But they're engaged in

and consulted in the new RFP and we'll have a better understanding of costs once the RFP comes back. Once the RFP comes back and gives government a look at what services can be and should be provided locally, we'll have a better understanding.

**P. DINN:** Thank you for that.

There is \$5 million allocated for a new virtual care program to ensure physician coverage – and I know that is where we're headed, towards that, and certainly it has been working.

**T. OSBORNE:** The RFP you mean? Or, sorry, recruitment?

**P. DINN:** I am just reading from your Budget Speech: "A new virtual care program that will ensure physician coverage in emergency departments" and so on. Of course we all know our Internet in places is something to be desired; I am just curious of what the \$5 million is going towards?

**T. OSBORNE:** There was an RFP put out. The RFP is going through the final stages of approval and that will provide a virtual physician to anybody in the province who doesn't have access to a primary care provider. It will also provide virtual oversight in emergency departments to help avoid the diversions in those emergency departments.

As opposed to going on diversion, hopefully the emergency department if it were without a physician for a period of time can operate the emergency department with virtual physician oversight. So that is the intent of the RFP.

**P. DINN:** Okay.

**T. OSBORNE:** Virtual can mean in terms of –

**P. DINN:** The phone, I know.

**T. OSBORNE:** Yeah. So we have virtual physician coverage currently, up to a

maximum of 40 a day, that can either be by Skype or FaceTime or telephone, whatever the case may be.

**P. DINN:** Just looking at the Family Care Teams, and there have been eight that are currently operational at different phases, I'm assuming. There are 10 more that have been announced. Of the eight that were earlier announced, are all of those fully staffed and operational?

**T. OSBORNE:** No, so there are a number of them that are fully operational now. There are a couple of them that are open, still staffing up to the full complement. Correct if I'm wrong, but I believe there are three that are not open yet and they're about to start staffing up.

**P. DINN:** So very quickly, what ones are fully operational?

**G. SWEENEY:** The Family Care Teams in St. John's, there are three; Southern Avalon is fully operational; as is the Family Care Team in Stephenville - Bay St. George.

**P. DINN:** Thank you.

**CHAIR:** The Member's time has expired.

MHA Evans.

**L. EVANS:** Thank you.

Just another general question that came out of one of the minister's answers there. First off, I want to say that I really like the idea and the initiative you've taken with Heart Force One for Labrador, including Western. I'm hoping to see a reduction in wait times and improvements in treatment for people who have cardiac issues. That being said – and I've talked a lot to the former CEO of Labrador-Grenfell Health and I've been encouraged to be patient – I get a lot of constituent calls of people waiting more than 23 days after having a heart attack and getting really concerned about their health.

I'm really encouraged to see you moving out of the pilot phase, but you said there's going to be an announcement for an RFP, or you're formulating an RFP. I'm just assuming that the RFP will be for the charter aircraft and medical team to go with it, that's needed. I was just wondering will the aircraft and the medical team be private.

**T. OSBORNE:** Well, no, the medical team will be public.

**L. EVANS:** Public?

**T. OSBORNE:** Yeah.

The aircraft may be EVAS or PAL, which are private, but any nurses or other medical professionals that may travel with the patients would be public.

**L. EVANS:** Okay, thank you.

Just moving to the line item there, 3.2.03, Building Improvements, Furnishings and Equipment, just looking at the monies there.

What improvements or renovations are slated to be completed this year? How many projects will this money pay for?

**P. MORRISSEY:** So we do have a list from the Provincial Health Authority based on facility condition index, so it really depends on the condition of the equipment and the building. I could probably get you that list. It's something that we can take away.

**L. EVANS:** Okay. Thank you.

What types of equipment are you looking to purchase with the money? Is there a set list that's already been approved or will the funding decision come as a result of applications from the Health Authority?

**J. MCGRATH:** So we would replace that equipment based on a priority basis, useful life and we would look to the Provincial Health Authority for guidance on that, as Patrick alluded to.

**L. EVANS:** Okay. Thank you.

Just going down to the Grants and Subsidies there. I'm in the last section in 3.2.03, Grants and Subsidies. Last year's revised amount was \$200,000 under budget and this year's estimate has increased by \$275,000.

Can we have a detailed explanation for that?

So 3.2.03.10, Grants and Subsidies.

**J. MCGRATH:** So are we looking at the '23-'24 estimate of \$51.5 million increased from \$37 million?

**L. EVANS:** Yes.

**J. MCGRATH:** Okay. Perfect.

So that \$14.5 million increase is due to a \$5 million increase in building improvements allocation. There was also a \$5 million increase for capital equipment allocation and there is also a \$4.5 million parked in there related to the road ambulance integration as well.

**L. EVANS:** Under revenue for federal, last year's revised amount was \$100,000 under budget and this year's estimate is now increased by \$137,500.

**T. OSBORNE:** So that's 3.1.02, I think. Is it?

**L. EVANS:** 3.2.03.

**C. ANTLE:** That's under the Low Carbon Economy?

**L. EVANS:** Yes, I had the numbers mixed up, 3.2.02, sorry.

**C. ANTLE:** So that revenue is associated with the expenditures at 50 per cent and the expenditures were down this year due to delays in completing design and issuing

tenders. So there was less construction occurring than initially anticipated.

**L. EVANS:** Okay. Thank you.

Sorry for the mix-up there in the numbers.

That's the end of it for this section.

Oh, sorry, we have an additional one based on our previous questions.

What will the approximate final cost of replacing Meditech MAGIC be?

**T. OSBORNE:** So the health information system?

**L. EVANS:** Yes, Meditech.

**T. OSBORNE:** So that's the \$15 million, I believe is the number?

**J. MCGRATH:** Yeah, so there's a \$15 million budget allocation in this year's budget for '23-'24. The final cost right now, where that's still going through a procurement process, we don't know at this time. I wouldn't be able to give you a final, firm number at this moment.

**L. EVANS:** That's the end of my questions.

**CHAIR:** Okay.

MHA Dinn.

**P. DINN:** Thank you.

We're looking at the same page here now. I'm looking at 3.2.03, Grants and Subsidies. We see a fairly substantial increase of \$14.5 million.

Can we get a breakdown of how much is for building improvements, what building improvements and how much is for Property, Furnishings and Equipment?

**T. OSBORNE:** So I know generally the second and Third Party don't listen to each other, but we just –

**P. DINN:** Was that asked? Oh, I'm sorry.

**T. OSBORNE:** But we could give it again.

**P. DINN:** No, if it's already done, I'm good with that. Only at the dinner table do we talk, right?

So let me move along here then. We know for the Family Care Teams, that they're now referred to as, it costs – I'm ballparking this – about \$2 million per team. You've allocated \$21.2 million for another 10 teams.

What does the amount cover? That \$21.2 million, is that covering just obtainment of a building and leasing or is it the lease, the team? Is it the full package? What's included in that \$21 million, or \$2 million per team?

**T. OSBORNE:** Yeah, so it would be the interdisciplinary team. It would be securing the space, the equipment and supplies required for the space, utilities.

**P. DINN:** And salaries? No. Yes, the whole works. Okay.

Let me move this to the urgent care centres. What is the plan in terms of how many urgent care centres would be established, and what is the cost per urgent care centre?

**T. OSBORNE:** The urgent care centre is going out on an RFP, so we won't know the exact cost until we get the RFP back. We anticipate, once we get the RFP, we'll be able to provide that number.

**P. DINN:** How many urgent care centres are we looking at?

**T. OSBORNE:** We've only announced the one at this stage for the metro region. We will be looking at other areas as well.

**P. DINN:** Now, I stand to be corrected, but Whitbourne hospital is currently an urgent care and it's expected that it'll be back to its normal operation as an emergency centre. Is there a timeline on that as to when we may see that back to an emergency centre?

**T. OSBORNE:** We started at three days a week, eight hours a day. I think we're up to four days a week now. What we'd indicated to the community is that we are able to recruit – it's easier to recruit for urgent care than it is for emergent. It's two different scopes of practice. We had not been able to recruit for the emergent care centre, which is why we opted to at least get the doors open and see the majority of patients that would be required to be seen.

We started off at three days a week, based on staffing allocation. We're now up to four days a week. We're going to continue to recruit until we get to five days a week, eight hours a day and then we'll move to seven days a week, 12 hours a day. Then we'll start looking at getting into more of the evening hours. There's no date on a calendar schedule, but we have been successful in moving from three days a week to four.

**P. DINN:** Okay, thank you.

Not everything in the budget's bad, I got to say. I'm sure you'll quote it tomorrow, but anyway.

**T. OSBORNE:** I won't quote it; I'll wait for the vote, though.

**P. DINN:** One thing that, although I'm not diabetic and I know very few people who are diabetic, but it's been something that people in my district and across have asked for since I've been here, four years. That was the continuous glucose monitoring devices, which, from my research, I believe will make a difference and I believe will save money in the long run. It'll reduce people going to emergency rooms, it'll reduce those

greater illnesses, heart attacks, strokes, amputations, the whole works.

I know our government has announced it as a pilot. I'm just curious as we haven't been given a dollar amount for that other than the sugar tax – I don't know if all or part of the sugar tax money will go towards that.

My question is how much is going towards the pilot and how many clients would we utilize in the pilot and, you know, basically some details of when we'll see this roll out?

**T. OSBORNE:** So we're looking at \$800,000 to \$1 million. It is for individuals aged 18 and under at this particular stage. We'll evaluate the benefits and so on of the pilot and make a determination as to whether or not the program changes next year.

**P. DINN:** So if I did the math backwards, I'm not going to try it, but my understanding is that these devices and the patches for it – they last a couple of weeks – is about \$6,000. Someone can tell me if I am wrong or if I am off a bit.

**T. OSBORNE:** That is if you're looking at an individual glucose monitor but there is a hybrid system where it is a monitor/pump. I think the pump is about \$5,000 per person, so the combined is about \$7,000.

**P. DINN:** Okay.

**T. OSBORNE:** So as individuals up to the age of 18 require a replacement pump, we're going to replace it with the pump/monitor.

**P. DINN:** So that will be part of this?

**T. OSBORNE:** Yes.

**P. DINN:** Good thing to do.

Again, I guess the details are to come out – as Mike Critch would say, "Details are scanty." I guess they'll come out on the age

groups. You've just said that, under 18, which I think is a good thing to focus on. Also in terms of assessment, will there be a needs assessment on this? The only reason I ask is, of course, some may have insurance to cover some of this and others may not. Will there be a needs assessment to get a greater uptake?

**T. OSBORNE:** Insurance would be the payer of first resort. Government would be the payer of last resort. I don't believe there is any needs assessment on the program, is there? If insurance covers it, it does; if not then province does. So this would be the same thing.

**P. DINN:** Okay. Just curious on that.

Bear with me, I mean, you staff have done such a wonderful job because you've covered off so much more than – you've gotten a head of me on a lot of things here.

**T. OSBORNE:** Can we quote that?

**P. DINN:** Oh yeah, it's in *Hansard*. It's those people who make you look good, right?

**T. OSBORNE:** It's true. It's true.

**P. DINN:** There's no doubt about it. And, of course, there are people who are not even here tonight that I know behind the scenes that do quite a bit of work. I can tell you from experience when I was a little bit younger than I am today, preparing Estimates was always a stressful time. I don't know if it still is. I guess it depends on the minister, but it was always a stressful time.

**T. OSBORNE:** I'm a warm and fluffy guy.

**P. DINN:** That's right.

We're talking about the new agreement with the NLMA and the blended capitation approach to this. Another thing in the budget which I was glad and I spoke up on behalf of the nurse practitioners is to see the increase in seats in nurse practitioners

from 20 to 40. But as we move to this blended capitation process, is there any thought to allowing nurse practitioners to bill MCP?

**T. OSBORNE:** If you knew the number of complaints on fee-for-service from physicians, it is a complex system. So the focus right now is salaried nurse practitioners. I think the desire of both the NLMA and government was to look at a blended capitation model as opposed to fee-for-service. It is voluntary, you won't get everybody perhaps going fee-for-service to blended cap, but I understand from the NLMA today that the uptake is quite significant.

**P. DINN:** Okay.

There is also the move towards physician assistants.

**T. OSBORNE:** Yes.

**P. DINN:** To the layman looking at it, and looking at what both do, they're fairly comparable. I stand to be corrected. If I would look at it, I would think the nurse practitioners would probably have a little bit more responsibility, for lack of a better word. So why would we not focus on increasing even more seats in nurse practitioner faculties than coming with physician assistants?

**T. OSBORNE:** Well, we are.

**P. DINN:** I know, but I mean more again, right?

**T. OSBORNE:** So we have increased the number of seats for nurse practitioners. We can only increase them based on the ability of the Centre for Nursing Studies to grow, no different than we've been putting an extremely high amount of pressure on Memorial to increase the number of medical seats, but they can only grow at a certain pace. So having homegrown nurse practitioners is part of the solution, recruiting

is part of the solution, but we have a much greater need for nurse practitioners than there is an availability of nurse practitioners.

So there are two reasons we've looked at physician assistants. One is there's a shortage of health care professionals. The other is, while the scopes of practice are similar, they are also different. Physician assistants can assist with surgical. They can assist with physicians' paperwork, for example. Nurse practitioners don't do either of those things. So there are similarities but there are differences as well.

Right now, this is a pilot program to determine how they will fit into the system, but we need health care professionals. So I'm not going to be shy about looking at every avenue possible to get more.

**P. DINN:** (Inaudible) no stone unturned.

**CHAIR:** MHA Dinn, your time has expired.

Do you have additional questions?

**T. OSBORNE:** Let him go, I'm enjoying it.

**CHAIR:** He's going to get up again on the timer.

MHA Evans?

**L. EVANS:** Yes.

**CHAIR:** Okay.

**L. EVANS:** Yes, I had time to go back and I did miss a couple.

I just wanted to bring your attention now to section 3.1.01, Provincial Health Authority and Related Services on page 207 in the Estimates book. When you go down to line 09, Allowances and Assistance, you go right over on that line to budget, it's \$4,726,500, correct? You see the number there?

Last year's Estimates, when we were looking at it, that number was \$14,530,000.

So I was just wondering could you explain the differences for that as well.

**J. MCGRATH:** So that is related –

**T. OSBORNE:** You guys have to start listening to each other.

**L. EVANS:** Well, a lot of times when you're looking at stuff and you're going through your notes –

**J. MCGRATH:** That's no problem. That is related to the restatement of the Medical Transportation Assistance Program and the Income Support Medical Transportation Assistance Program. That's now moved over to the Department of Labrador Affairs. That has been restated through this year's budget. So that's the difference between those two numbers.

**L. EVANS:** Yes, because I did ask it for another section and it was a part of the movement so we just wanted to confirm that that was related to the same thing.

**J. MCGRATH:** Yes, that is the same thing. This would be the actual financial assistance piece that's paid to recipients. I think previously we were speaking to salaries of employees who were related to that program that moved over. It would've been in those two sections.

**L. EVANS:** Yeah, because I don't think he asked that. I think I asked that on another subsection. That's the point. We weren't repeating it.

I did just want to qualify a question because I just went back through and found out, because it's been a while, what my exact question was when I asked about the 2022 budget announced funds to review the 911 system, the road and air ambulance. Correct, those funds were announced?

When we went into your flyer there for health transformation, there's only mention of the \$9 million to consolidate the 60

separate road ambulances. We were wondering if there was any money allocated for reviewing the air ambulance. It might be mentioned somewhere else where we didn't see it.

**J. MCGRATH:** You're correct. The allocation that's there, I believe what you're looking at speaks to the \$9 million allocation for the road integration only. (Inaudible) where the Health Accord does recommend looking at air services as well.

I think during the beginning of this session we talked about the Health Accord implementation. I think that's something we would look at throughout the year as well.

The focus – I shouldn't say the focus, but the \$9 million allocation is related to the integration of the road ambulance system.

**L. EVANS:** Yeah, so will you be looking at the air?

**T. OSBORNE:** We are looking at air. We're ready to move forward with the integration of road ambulance. There's still work being undertaken on air. Any changes we make to air would obviously be with the intention of having a better service for the people of Newfoundland and Labrador. We're looking at both fixed and rotary wing in terms of air.

But the work is still ongoing for air ambulance. We do anticipate, hopefully, in this fiscal year having more work done and maybe looking at next year's budget in terms of air ambulance.

**L. EVANS:** Thank you.

I won't ask you a third time because I realize I asked you twice about the medical team, whether it was going to be public or private and you did answer public, twice. So thank you for reaffirming.

I think that's the end of my questions.

**CHAIR:** MHA Dinn.



**P. DINN:** Thank you.

I was trying to find questions that haven't been asked before, but no.

So the budget does talk to mental health, which is hugely important, and it talks about \$5 million for community-based wraparound mental health and addiction services.

What is that \$5 million utilized for and essentially what are we talking about when we talk about wraparound mental health and addiction services?

**G. SWEENEY:** So what that speaks to is the move from the Waterford to the new adult mental health facility. A big part of that is increasing capacity within the community, increasing beds out there. So that \$5 million will go towards some of the planning and rollout of that plan.

**P. DINN:** So you talked about increasing capacity in the community, what are we talking about there?

**G. SWEENEY:** So with the number of beds that are going to be at the new adult mental health facility, we are going to increase the number of beds that we have out in the community. So that's what that funding will go towards.

**T. OSBORNE:** When the new mental health facility was announced, Paul, I don't know if you recall, that might have been before your time, I'm not sure.

**P. DINN:** I'm only new here, yeah.

**T. OSBORNE:** When it was announced, the intention was to also enhance services at the community level so that people could stay closer to home. So the intention is to – I mean, if you're from the Burin Peninsula where your support network is, we want to keep you on the Burin Peninsula. If you're on the Northern Peninsula, we want to keep you on the Northern Peninsula. Unless there's a need for you to be in the metro

region, having your support network and your family, your friends, whatever around you is sometimes very advantageous to your mental health as well.

**P. DINN:** Thank you for that.

Still on the mental health in the budget here, \$4.4 million annually for Flexible Assertive Community Treatment teams within existing system of community-based programs and services for individuals with mental health needs. What are we looking at in terms of number of teams and what's the makeup of a team?

**G. SWEENEY:** I'm just going to pull up the sites for the teams because I have that information for you. Sorry.

**P. DINN:** Don't apologize; the ministers do the same thing.

**G. SWEENEY:** So as I said earlier, there are 13 teams that are throughout the province. They are serving upwards of 1,800 patients with complex mental health needs in the community. They were launched in 2020 and these funds will help to sustain those teams.

**P. DINN:** Okay, thank you for that.

I'm looking at \$200,000 for regional Early Psychosis Program in Labrador-Grenfell Health region, along with the support of expansion of rotational mental health counsellor model to all communities in coastal Labrador. From someone on the outside looking in on it, I would look at if you're doing that, then you're getting a lot for \$200,000. But I also had calls in the past on psychiatric nurses and I understand there's no certification here in the province. Have we looked at putting money and that towards encouraging more psychiatric nurses here in the province or at least some kind of way to certify them or approve them?

**T. OSBORNE:** That is something that we've had discussions with the college on, so those discussions will continue. I will say that our regulatory bodies have been very co-operative and collaborative in terms of finding solutions for the province. In fact, we saw one announcement today and one yesterday that were brought about as a result of the collaboration with the regulatory bodies.

**P. DINN:** I think I'm good.

**CHAIR:** You're good?

**P. DINN:** Yeah.

**CHAIR:** MHA Evans?

**L. EVANS:** Yes, I'm good.

**CHAIR:** You're good?

Okay, I will ask the Chair to recall the grouping.

**CLERK:** 3.1.01 to 3.2.03 inclusive.

**CHAIR:** Shall 3.1.01 to 3.2.03 inclusive carry?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, 'nay.'

Carried.

On motion, subheads 3.1.01 through 3.2.03 carried.

**CLERK:** The total.

**CHAIR:** Shall the total carry?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, 'nay.'

Carried.

On motion, Department of Health and Community Services, total heads, carried.

**CHAIR:** Shall I report the Estimates of the Department of Health and Community Services carried?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, 'nay.'

Carried.

On motion, Estimates of the Department of Health and Community Services carried without amendment.

**CHAIR:** The next meeting is Wednesday, April 5, at 6 p.m. to consider the Estimates of the Department of Children, Seniors and Social Development and the Newfoundland and Labrador Housing Corporation.

Now I will call for a motion to adjourn.

**P. DINN:** If I can just have a comment.

**CHAIR:** Sure. I'm so eager to get out of here.

**P. DINN:** I just can't emphasize enough how I thank the staff for coming here and doing this. I know you have better places to be than here. Although this is very invigorating but, having been on the other end, I know the effort and it's appreciated.

Thank you so much.

**CHAIR:** Okay.

Can I call for a motion to adjourn?

Minister, go ahead.

**T. OSBORNE:** First of all, thank you to my staff as well. They have worked very hard

on this. I'm proud of this years Health budget and very proud of the staff that have put it together. Also, I want to thank all Members opposite, especially the Member for Topsail and the Member for Torngat Mountains because they weren't overly difficult on us, so I appreciate that.

**P. DINN:** We'll leave that for the House.

**T. OSBORNE:** We'll leave that for the House.

I just wanted to thank everybody as well and I will vote nay in my traditional fashion of not wanting to leave the House.

**CHAIR:** He's the only one.

Can I call for a motion to adjourn?

**G. BYRNE:** That would be my pleasure.

**CHAIR:** It has been moved by Minister Byrne.

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, 'nay.'

Carried.

Thank you.

On motion, the Committee adjourned.