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Department of Health and Community Services

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Honourable Derek Bennett, MHA

SOCIAL SERVICES COMMITTEE

Department of Health and Community Services

Chair: Sherry Gambin-Walsh, MHA

Vice-Chair: Chris Tibbs, MHA

Members: Perry Trimper, MHA
Lucy Stoyles, MHA
Scott Reid, MHA
James Dinn, MHA
Paul Dinn, MHA

Clerk of the Committee: Evan Beazley (A)

Appearing:

Department of Health and Community Services
Hon. Tom Osborne, MHA, Minister
John McGrath, Deputy Minister
Jeannine Herritt, Assistant Deputy Minister, Regional Services
Fiona Langor, Assistant Deputy Minister
Patrick Morrissey, Assistant Deputy Minister, Corporate Services
Gillian Sweeney, Assistant Deputy Minister
Chad Antle, Departmental Controller
Brian Scott, Director of Communications
Susan Elliott, Executive Assistant

Also Present
Hon. Steve Crocker, MHA, Minister of Tourism, Culture, Arts and Recreation
Hon. Pam Parsons, MHA, Minister Responsible for Women and Gender Equality
Hon. Siobhan Coady, MHA, Minister of Finance and President of Treasury Board
Barry Petten, MHA
Lela Evans, MHA
Craig Pardy, MHA
Eileen Anderson, Government Members' Caucus
Annie McCarthy, Government Members' Caucus
Darrell Hynes, Official Opposition Caucus
Scott Fleming, Third Party Caucus

Pursuant to Standing Order 68, Steve Crocker, MHA for Carbonear - Trinity - Bay de Verde, substitutes for Scott Reid, MHA for St. George's - Humber.

Pursuant to Standing Order 68, Barry Petten, MHA for Conception Bay South, substitutes for Chris Tibbs, MHA for Grand Falls-Windsor - Buchans.

Pursuant to Standing Order 68, Pam Parsons, MHA for Harbour Grace - Port de Grave, substitutes for Perry Trimper, MHA for Lake Melville.

Pursuant to Standing Order 68, Siobhan Coady, MHA for St. John's West, substitutes for Lucy Stoyles, MHA for Mount Pearl North.

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 9:05 a.m. in the House of Assembly Chamber.

CHAIR (Gambin-Walsh): Okay, we're going to call the meeting to order.

We'll start out with the substitutes. Substituting for Grand Falls-Windsor – Buchans, we have Conception Bay South. Substituting for Lake Melville – we don't have her yet – we have Harbour Grace - Port de Grave who is on the way. Substituting for Mount Pearl North, we have St. John's West. I'm here – why is this saying there is a substitute for me? There is not.

CLERK (Beazley): That was a mistake.

CHAIR: Minister Crocker is here also, substituting for St. George's - Humber. St. John's Centre, Torngat Mountains is substituting for. And we have everybody.

So we'll break probably about 1½ hours into it, or depending where we're to after the first clause. Just some reminders, please wave if your light doesn't come on. Also, I may say your name if your light doesn't come on but wait for the light to come on before you speak. If you could introduce yourself first, it would be great for the people behind the scenes who are recording.

Don't make adjustments to the chairs, but if you have, I just say oops. And there are water coolers on both ends right here.

I'm going to start with the introductions of the Committee Members and the substitutes and then we'll move over to departmental officials. We'll start with the minister. I'll adopt the minutes. We'll read in the subclause and then we'll start.

So we're going to start right here.

B. PETTEN: Barry Petten, MHA for Conception Bay South.

D. HYNES: Darrell Hynes, Researcher, Official Opposition Office.

L. EVANS: Lela Evans, MHA for Torngat Mountains.

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

CHAIR: Minister Crocker.

S. CROCKER: Oh, sorry.

Steve Crocker, MHA for Carbonear - Trinity - Bay de Verde.

S. COADY: Siobhan Coady, MHA, St. John's West.

A. MCCARTHY: Annie McCarthy, Researcher, Government Member's Office.

E. ANDERSON: Eileen Anderson, Government Members' Office.

CHAIR: Thank you.

Minister.

T. OSBORNE: Tom Osborne, Minister.

J. MCGRATH: John McGrath, Deputy Minister.

CHAIR: To my left ...

C. ANTLE: Chad Antle, Departmental Controller.

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

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

F. LANGOR: Fiona Langor, ADM, Programs.

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

B. SCOTT: Brian Scott, Director of Communications.

S. ELLIOTT: Susan Elliott, Executive Assistant to Minister Osborne.

CHAIR: Okay, thank you.

So the Committee has a copy of the minutes. Can I ask if there are any errors or omissions?

I ask for someone to approve the minutes.

B. PETTEN: So moved.

CHAIR: The Member for Conception Bay South.

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, minutes adopted as circulated.

CHAIR: Okay, I'll ask the Clerk to read in the first subhead.

CLERK: 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, Executive and Support Services, carry?

Minister Osborne.

T. OSBORNE: Thank you.

I won't take a lot of time, I guess, on the introduction. I just wanted to thank all of our staff, Members and staff opposite as well for attending Estimates. There is a lot happening in health care, with the consolidation of the four health authorities into one, ambulance integration, Family Care Teams and so on. So it's been a very busy couple of years, especially coming off the heels of COVID.

With that, I will certainly open it to questions; I do anticipate there are lots.

CHAIR: Thank you.

The Member for Conception Bay South.

B. PETTEN: Thank you very much.

What subheadings did you call?

CHAIR: 1.1.01 to 1.2.02, so that's Executive and Support Services.

B. PETTEN: Okay, sounds good.

So I don't have a lot in the way of line items in those, but I probably have some routine questions, Minister.

Briefing binder – can we get a copy of the briefing binder? I'm assuming you've got the drives.

Any errors in this Estimates book that you're aware of?

T. OSBORNE: Not that I'm aware of.

B. PETTEN: Okay.

The attrition plan: Is this being followed and are there any changes from last year to this year?

J. MCGRATH: We have met our attrition targets and there's no change.

B. PETTEN: How many employees in the department?

J. MCGRATH: The total current position control numbers that we have in the department, there are 241. As I said, we did meet all our attrition targets. We have 185 permanent employees, 11 temporary employees and 45 contractual employees.

This year, we did have two retirements. The number of vacancies in the department as of March 2024 was around 35 vacancies. Again, that fluctuates – it's at a point in time.

B. PETTEN: Okay.

Did you say how many contractual and short-term employees were employed?

J. MCGRATH: Yes, we have 11 temporary employees of the 241, and there are 45 contractual employees.

B. PETTEN: Okay.

Did you receive any funding from the contingency allowance this past year?

J. MCGRATH: No, we never.

B. PETTEN: Okay.

I had some general questions we could probably go with, because I think I have a lot of general questions outside of line by line. I have some line-by-line stuff, too.

I guess, in fairness, the first question I'll ask – it's the most recent thing. As recently as yesterday, I want to talk about the Health Sciences Centre. Is that contracted out? Is the cleaning service at the hospital contracted out, or is that eastern health employees?

T. OSBORNE: I believe it is. I can find out for sure from Dave Diamond, but I believe, that's – is that the Compass Group?

J. MCGRATH: No, if you're speaking of the facility's management and the cleaning staff, I believe, those are employees. I can certainly take it back and just confirm for you, though.

B. PETTEN: I've been hearing two conflicting stories on that, actually. Yeah, it would be nice to know.

Minister, it come to my attention recently the Change Healthcare that was announced a couple of years ago for savings within the health care. There was an announcement made. I'm not sure when that was Darrell, two years, last year? $35 million or something; it was about the change. It was about trying to find savings within the health care in the regional health authorities.

For some reason, no one knows what happened to that. There's never been anything on it since. Do you have any –?

T. OSBORNE: Is that –?

B. PETTEN: It was called Change Healthcare. It was about finding savings.

OFFICIAL: The health authorities hired them.

B. PETTEN: Yeah, it was hired by the health authorities.

T. OSBORNE: Okay.

J. MCGRATH: I believe that's the Integrated Capacity Management self-scheduling system. That's the $35-million

investment that is being rolled out. That is operational now within the Eastern zone.

I'm not sure if you have any other details on that to share.

J. HERRITT: We can provide further information.

J. MCGRATH: Yeah, it is the self-scheduling system. It's called the Integrated Capacity Management system. I believe Change Healthcare might have been the vendor. It was $35 million and it should result in savings down the road.

B. PETTEN: But isn't there a penalty portion within that contract that if the regional health authorities didn't meet certain – the initiative was that they would have to pay a penalty if they never met the targets. Have they been met?

Someone brought it to my attention that they were investigating. I had forgotten about it myself to be quite frank with you and when they said it, we did recall. Our former leader actually spoke out on it at the time. Dave was the critic; I guess he was shadow minister for Health at the time.

I read through the articles and we did speak at the time, question it or whatever on the angle. We wondered what the spending was for and questioned it in general, but for some reason there has been very little of anything. I even tried to research myself and there's not much. It's one of them that when I found out, it was only a couple weeks ago, and well, here I am today.

J. MCGRATH: I believe you're correct, it was a value-based contract.

The system is a self-scheduling system and what it is intended to do is to provide guidance to the staff on the floor. That should result in savings. So as a value-based contract, I believe the way that that was structured, some of the savings would then be flowed as revenue to the contractor, but we're happy to take that away.

T. OSBORNE: There has been no penalties to the health authority as of yet.

J. MCGRATH: No, not to my knowledge. There have been no penalties incurred by the regional health authority as of yet, but I'm happy to take it away and provide further detail.

B. PETTEN: Yeah, it would be nice to know if there has been any savings achieved or any job loss as a result of that. It's one of them ones you spend money and make an announcement, and then we don't – so it's a fair point when it was brought to me. Anyway, I would appreciate that.

Wait times: I know there are benchmarks and what have you, but I guess it's ironic that I got an email last night from a lady, not in my district actually, but she has to wait until 2026 and the request went in in 2023 for an MRI. The letter was sent from – so it's not fictitious – Eastern Health, she copied that to me.

Reviewing this last night, actually, it was the opportune time, I was going to mention it anyway. I understand there are all kinds of factors and we can be political about it all and beat it around here all day. I could ask the minister that question every day in the House, but I understand. But that's not acceptable either. You're waiting three years. I know there are backlogs, I get all that. But someone is pleading – we get the pleas, and I know you do too in the department, obviously. Three years is not satisfactory for someone to wait for an MRI. Where are the benchmarks to?

I know the minister announced a new MRI coming next year and you've increased weekend and times on doing the MRIs, I get all that. Where are we to, I guess that's the question.

CHAIR: Excuse me, John, can I ask you to turn your mic in towards you?

Thank you.

T. OSBORNE: Yes, so the wait times are not acceptable. Government and the department has recognized that. There is a second MRI machine funded for Corner Brook for the new Western Memorial hospital. That is part of the plan for the opening of that hospital, which should be opened in the next six or seven weeks. There's a new machine for Gander to replace their existing machine, which will give greater flexibility in the types of patients they can serve. As you said, we've increased the evening and weekend hours for the MRI machines and we've announced another MRI machine for the Northeast Avalon. So that will go under the same tender as the Gander machine.

B. PETTEN: Yeah, thanks for that.

I guess the question that comes up is what's the time frames and staffing. What is the (inaudible) time frames on staffing? I know staff and they're questioning where are we going to get the staff. There are some conversations about your staff in the city not going to Corner Brook. So do you have to come up with new staff for the Western Memorial hospital?

Again, that's not idle chatter, that's factual stuff coming right from those health professionals themselves. I know that recruitment and human resource issues are the issue, and I'm not bellyaching on that. I mean, realistically, it's just as well to be frank, and I try to be frank as I can, that's the bottom line. Where are we getting the people to put into those?

Right now, what we got, we can't keep up with now. You have your main crew in St. John's, professionals that can run those machines, that are telling me that they are in unison that they have no intention of going to Corner Brook. So I guess that's the question that requires attention because it's too late when it's all up, ready to roll and there's no one to operate the machinery.

J. HERRITT: To comment on staffing, the personnel that is required to operate an MRI machine is an MRI technologist. In the province, we currently have one vacancy for the MRI technologist. It's in the Central Zone for a temporary, call-in position. We understand and realize that there will be more human resources required for the additional capacity that is being created over the next several months.

So as a part of that, the provincial health authority has a plan in place to up-skill existing staff. So it is a part-time or a full-time enrolment in MRI technologist course in certain areas across Canada. They have people in the pipeline to adjust to the additional capacity, as well as creating the domestic supply, there are opportunities for external recruitment as well.

B. PETTEN: Thank you. Hopefully the work comes together.

Cardiac care, Minister: Are we still at 200 on the wait-list? Are there any updated time frames when it comes to cardiac care wait-list?

T. OSBORNE: I mean, with the cardiac cath flights, or Heart Force One, we've put that in place, I guess that's close to a year now that that's been put in place to help with cardiac care. We've announced a new Cardiovascular and Stroke Institute. In part, because of that institute, the health authority has been able to recruit and for the first time – I'm not sure the first time ever, but certainly the first time in decades – they are fully staffed in terms of cardiac surgeons. The new institute was part of the attraction for recruitment of cardiac surgeons.

Similar to the travelling orthopedics now, they have surgeons that will be travelling throughout the province, the different locations, which will certainly help, not only

reduce the wait-list, but make it easier on patients. There is a new cardiac cath lab going into the Health Sciences complex as well. That's the fourth, is it?

OFFICIAL: That's the fourth, correct.

T. OSBORNE: Yeah, so it will be a fourth cardiac cath lab.

There are plans in place to work on reducing the wait-list. In addition, about a year and a half ago, I guess, government put in place a surgical wait-list task force.

They provided, if memory serves me, 32 recommendations. Government indicated that all recommendations were accepted and asked the health authority to put a dedicated staff in place solely to oversee the implementation of those recommendations.

So that won't just be cardiac wait-lists. It will also look at other surgical benchmarks and how we can improve wait-lists.

B. PETTEN: I guess the concern is, last year, it was 200 and we're still at 200. I guess the number never changed. Is the percentage of people that come down with heart conditions every year – there's no tracking that, but the numbers are not moving. We're doing a lot of announcements. Announcing improvements is still not resulting in the wait-list changing much, right? I guess that's the crux of my question, but I appreciate your answer.

This may go into my next lot of time. Teladoc: Are there any updates on that, the uptake or usage, or is there any data on what Teladoc is or the number of patients – just any details on it. I know it's fairly new.

T. OSBORNE: We can get you the latest – I know that they're adding patients to that on a monthly basis. They're looking at additional sites as well in terms of emergency department virtual coverage to assist. We're also looking at other potential initiatives where they can help with wait times and so on.

B. PETTEN: Another thing included in that is, like, the cost per call, it'd be interesting to know how much each call costs. Is there any way of costing that? I don't know. It's $11 million a year and I guess you've got to have the number of calls before you can figure out the actual cost, but it'd be curious to know. I mean, it was a fair point: What's the cost per call?

T. OSBORNE: I think once we're fully up and running it will pan out.

J. MCGRATH: There is a $10-million allocation in this year's budget for it. For your point on cost per call, I can certainly take that away and have a look and we can circle back and get that you that information.

B. PETTEN: I appreciate that.

CHAIR: The Member's time is expired.

The Member for Torngat Mountains.

L. EVANS: Thank you, Chair.

I guess, while the question was already asked, you'll provide us with the binder.

T. OSBORNE: I got to get my earpiece. For some reason, Lela, I can never hear you. I know Lela is never mad at me because she never shouts.

Lela Evans 2.0.

L. EVANS: 2.0, I'm still on one.

Thank you, Chair.

I'm just going to start of with some general questions. Of course, we'll have a copy of the binder. Okay.

How many people are currently employed in the department and how many positions are currently vacant? Are there parts of the

department with more vacancies than others? I was wondering if the vacancies are also broken down by region and if we could have that information.

J. MCGRATH: The total current position control numbers in the department is 241; 185 of those are permanent; 11 are temporary; and 45 are contractual. The total number of retirements were two. We do have 35 vacancies in the department; those are fairly dispersed evenly across the department.

We do have offices in Grand Falls-Windsor for MCP and we do have our NLPDP office in Stephenville as well. I don't have the information on broke out vacancies in those right now. But I can certainly circle back and get that by office or site, if you like.

L. EVANS: Thank you.

Are you continuing to use zero-based budgeting?

J. MCGRATH: We are continuing with our zero-based budget initiative.

L. EVANS: Thank you.

Has a final cost been tallied for the damage that resulted from the cyberattack for Centre for Health Information back in 2021. And, last year, it was mentioned that the preliminary cost was roughly about $16 million, but that wasn't the final tally. Since we see that they've had funding approved, related to the incident, but it hasn't yet been spent.

J. MCGRATH: I don't have a final cost, per se, on hand but I think, to your point, there are continued investments in this year's budget when it comes to cybersecurity. Cybersecurity, it wouldn't be a one-time investment. There are continual investments so, as we work our way through the line-by-line budgetary items in this year's Estimates, you will see an allocation there for continued enhancements for cybersecurity.

L. EVANS: Thank you.

So you don't have the final cost, or the final cost has not been tallied yet?

J. MCGRATH: I don't have it on hand. I could take that away and get back to you.

L. EVANS: Okay.

Would you be able to provide that to us and maybe to the Official Opposition as well because I'm sure they would like to look at it as well?

J. MCGRATH: Yes.

L. EVANS: Next question: Could we have an update on the statutory review of the *Personal Health Information Act* and when can we see the amendments presented in the House?

J. MCGRATH: The review is complete. I believe it's posted online. I think it was released fairly recently, over the past few weeks or month. I'll just confirm if it's been posted.

As far as statutory amendments, that is a process that is ongoing. I don't have a timeline on that right now.

L. EVANS: Thank you.

Could we have an update on the Long-Term Care and Personal Care Home Review?

J. HERRITT: The Long-Term Care and Personal Care Home Review is nearing completion. The report is currently being vetted with the expert advisory panel who is overseeing the Long-Term Care and Personal Care Home Review. We expect the final report in the coming weeks.

L. EVANS: Thank you.

Are there any particular items from the Health Accord blueprint that we can expect to see rolled out in the upcoming year?

J. MCGRATH: Certainly, in this year's budget, there are funding allocations for the continued ambulance integration. There are funding allocations for Family Care Teams. As the minister alluded to, there are continued efforts to reduce surgery backlogs.

It is a 10-year Health Accord. I think we will be doing continued implementation. As we do the policy work and are prepared to implement those, we will continue to.

T. OSBORNE: The Seniors' Well-Being and (inaudible).

J. MCGRATH: That's right. So the child-youth model, there's money allocated this year as well for that. Also, there's a Seniors' Well-Being Plan and continued investment in seniors' centres of excellence.

L. EVANS: Thank you.

That goes into my next question. How much money will the integrated road and air ambulance service cost, once it's completed, and how will that cost compare to what's currently being spent?

F. LANGOR: The final cost of the implementation, what it's going to look like once it's fully rolled out, is yet to be determined. We are in the process right now of hiring a managed service company that will be responsible for helping us design and implement the program.

Once that managed service provider is in place, that's when the changes will happen. So until we get to that point, we do not have a firm indication of what the final cost of the total rollout will be.

L. EVANS: Thank you for that answer.

I'm going to speak a bit louder now, because I realized how difficult it is to pick up on the low tones in people's voices.

How was the decision made to assign the integration and future management of the ambulance services to a private contractor? Could it have been done in-house? Like, why couldn't we have actually done it through the department?

T. OSBORNE: So we did hire advisors who have worked on similar projects like ambulance integration, whether it's road, air – fixed wing or rotary wing – so the advisors had put together the criteria that should be followed, in terms of having the best possible road and air ambulance system for the province, based on our geography, how the population is dispersed, the rural and remote communities, to ensure that service to areas that are not currently well serviced will be better serviced.

So the road ambulances are becoming public; they're currently private. The employees that operate the private services will become public servants. The air ambulance is made up of seven different providers currently; one of those is public, being a government air service. The others are private because it's so fragmented, and I guess in particular in your region of the province, you've seen some difficulties and inefficiencies. So the integration of air ambulance is intended to deal with many of those challenges that are felt on the northern part of the Island and in the Labrador region of the province.

L. EVANS: Thank you, Minister.

Just following up with your last comments there about my region and the air ambulance to my district. So would this integration actually increase the number of flights for patients who have to actually go out for hospital services that are non-medevac related, like chemo, surgery, MRIs, specialist appointments?

T. OSBORNE: I'm going to ask Fiona to answer the technical aspect of that, but Heart Force One, which has been cardiac focused, primarily on cardiac cath patients, as we expand the Heart Force One, I'm not sure if we'll keep the name Heart Force One because it will then be intended to provide services in other disciplines or other procedures.

So it is likely that, you know, if there are seats that are not being used for cardiac cath on a plane, that patients, whether it's a same day outpatient sort of service or same day surgery, where we can return the patient back closer to home and receive follow-up services in a hospital closer to home or whether it will be transporting patients that are looking for diagnostics and so on.

We are calling for better coordination of those flights. Once the contract is in place, their schedule can be better coordinated to ensure that those sites are utilized to the maximum possibility and try and reduce the number of vacant seats.

So the short answer is that there will be possibilities with that particular service that procedures such as diagnostics and others that we may be able to actually transport people from regions of the province where those services are not provided.

CHAIR: That good?

Fiona is –

T. OSBORNE: Do you need to add anything?

F. LANGER: The only thing I would add would be from the medevac, schedevac perspective, both of those aspects. So it's your emergency plus your routine transports will be incorporated as part of the air ambulance process. The details, again, are pending, having the managed service company in place and doing a review and making recommendations on the ultimate design. But the intent is to improve the flow of patients and the efficiencies of the system.

CHAIR: Thank you.

The Member's time is expired.

Just before we move on, I just need a gentle reminder not to touch the mics. They're all pre-set and when you touch them, they interfere with the – don't touch it, John. I'm coming over and putting a sticky note on it. The broadcast are running into trouble with it.

All right.

The Member for Conception Bay South.

B. PETTEN: Thank you, Chair.

You just mentioned on the Heart Force One, Minister: Do you have any usage, I guess, and cost per trips for the Heart Force One? Has there been any breakdown done on that or anyone have any data on that?

T. OSBORNE: We are putting that to an RPF. Once the RFP is done, we'll be able to give you the cost per flight. They have been intermittent up until this particular point, but the RFP is actually going through the final stages, Patrick, of –

J. MCGRATH: Yeah, it is in the final stages of evaluation right now with NL Health Services. We do expect that to be closed very shortly.

We also do have the information on the number of trips. Jeannine, do you have that there?

J. HERRITT: Yes, so there has been 16 Heart Force One flights. There are approximately eight patients being transported per flight at present. At this point in time, there are stops which include Western Zone, Central Zone and, of course, for patients from Labrador as well.

As the work continues with the RFP, there will be additional components added in, as the minister has mentioned.

B. PETTEN: Thank you.

Minister, to go back to another issue. If one looks at this list, there are a lot of issues that we talked about, isn't it?

With GPs, the virtual as opposed to the in-person care, we know that there is a cost difference in both of those. I think it's 37 for in-person and 47 for virtual, I stand to be corrected. I know that you put a cap on it, and I know that you proudly told me one day that it was negotiated, and I respect that, but that aside, my question, and it has always been: Why are we capping?

If a doctor takes the initiative that they want to see the appointments, some of those appointments can run pretty quickly, right? I've had virtual appointments. They can go pretty quick. If someone took the initiative and is legit, and they want to work extra hours and they want to do Saturdays and Sundays to get a backlog done, it's very realistic that they could do more than 40, so they're capped, which is fine, if that's what's agreed upon.

But your public commentary at the time was you wanted more in-person care. I'm a fan of in-person care and I've been public about that as well. The crux of my questions has been, we're forcing doctors then to do more in-person care, even though they may never do 40 virtual care, but it's less money because less payments for in-person care.

I always question the two variations: Why we're not giving more for in-person care, which is much more costly. There's overhead: it's a clinic, staff, you're going in there.

But you could sit in your own home, a doctor can, at the kitchen table with a coffee and a tablet in front of him and do calls and get $10 more per pop. Realistically, you can do five or six calls an hour. I'd say you could do more than that, depending on what the call is about. I've never been able to rationalize the two.

We get those stories of 811 and the cost per call. None of those – and I'm sure you can agree; you might not agree here now, but you can see those numbers are all over the place. When you're looking at it from the common-person approach, which I do a lot of, what I can't rationalize – and I don't expect anyone out in my district or within the province to be able to make sense of it. I hear this constantly; I'm sure you do too. I guess I'm asking a big, wide question, but why is all this like this?

I mean doctors tell me this too. There's always been a question of the billing piece. I don't understand it and I guess that's my question: why such variations and fluctuations because there's no rationale for it. I could see giving $37 for virtual care and $47 for in-person, because it's much more costly overhead to have a doctor take you in their clinic; there's lights and heat, overhead costs and staff and what have you.

I don't get it, so I guess I'm throwing it out there. It's a broad question but I'd like to see your views on it, because I think it's an important question.

T. OSBORNE: Because I like you, Barry, I didn't correct you in the public, but I didn't put a cap on it. The cap was negotiated before my arrival.

B. PETTEN: But that doesn't matter, really. That's irrelevant.

T. OSBORNE: Yeah. I know you said publicly that I put a cap on and I shouldn't have, but …

B. PETTEN: You were interviewed. You never corrected anyone. You said there's a cap on it.

T. OSBORNE: Yeah.

B. PETTEN: And you like me. I'll leave it at that.

T. OSBORNE: So the cap was negotiated in the last MOA, as far as I understand. So we are going through negotiations with the NLMA currently, no different than NAPE. I mean, I can't comment on a wage that a clerk II gets and say that it's fair or it's unfair; that's been negotiated. Whether we may personally think that it makes sense or doesn't make sense, it was negotiated through the NLMA.

We're currently going through another MOA negotiation process. The virtual piece versus in-person piece and that pricing is all part of the discussion.

B. PETTEN: Yeah, I know it's an important issue. It's irrelevant as to who negotiated it. I mean, fair enough, but my comments at the time and even now, I still stand by them.

I guess, Minister, like yourself, you go out in your district and you go out in your community and the supermarket and people are stopping and talking to you and you can't give them a really rational answer, we've got a problem, right? So I think we all can agree there. But we need to – yeah, all of that.

That's what I'm curious about, to be frank with you: Teladoc and 811 and what have you. We have doctors calling you from Ontario, they could be from anywhere across the country, but if we can do it here and we can be fair to our doctors, I think – anyway, compensation and benefits go a long way. A lot of family doctors tell – I'm sure you hear it too, but I mean, we hear a lot too. The cost of running their practice is not cheap. They don't feel that they're getting fair compensation.

Virtual is fine but still at $47 – 811 are getting $80-some-odd dollars per call or whatever it worked out to be. That was recently. I stand to be corrected on that but in the last year that came out, or recently, before my time as the Health critic. Anyway, I appreciate your response. It's an important issue.

I'm looking now for an update on the topic that they didn't like talking it about, personally, but it had to be brought up. The bodies: what's the latest on the situation with the storage units at the Health Sciences Centre? Are they still there? Are they moved? What's the latest with that?

T. OSBORNE: So the health authority is putting in place a more respectable site. That was in the plans before the media covered the outdoor storage aspect of it. There's a more permanent site being put in place. The health authority is responsible for holding or keeping the remains until either a next of kin can be located or a next of kin accepts the remains.

Outside of that, I guess, any issues as to whether or not Income Support is providing the appropriate amount – I know the minister had answered questions on that in the Legislature – that is outside of the scope or the responsibility of the health authority. Their job is to ensure that the remains are held in a respectful manner. That's the reason that they're looking at a more permanent site so that it is a more respectful and dignified holding of the remains until they are either claimed, the Public Trustee deals with it or whatever through the process.

B. PETTEN: So they're still in the coolers?

T. OSBORNE: Well, until – I'd like to be able to say, Barry, that I can point at them and say create a space today and tomorrow the space is there, but they have to build that space so …

B. PETTEN: There's got to be something better than those coolers though.

T. OSBORNE: I agree.

B. PETTEN: I don't know.

AN HON. MEMBER: How many are there?

B. PETTEN: How many are there, do you know? Any idea of that? Is there a number?

T. OSBORNE: I don't know. Staff may know. It fluctuates really from day to day, week to week.

B. PETTEN: Yeah, I find it very disturbing, to be quite frank with you. Your life means nothing. That was my first instinct when I read the first story. I didn't even want to ask questions on it because I find that stuff really sad. It hits home for a lot of people. It's unfortunate.

Minister, for this part – and this will probably trip into the next one – I just want to know your thoughts on the national pharmacare program that's being proposed or being worked on. What are your thoughts on that? That's going to work here, I guess, or what's the …?

T. OSBORNE: I'd like to be able to answer that as well, but the federal government are still compiling the details to provide to the province. We don't have the actual details in principle. We like a pharmacare program, but I will reserve that because if it comes out and it's not what the province likes and I say, well, we don't like that, somebody is going to say, well, you said you liked it.

We'll reserve comment until we actually get the details from the federal government. But in principle we support a national pharmacare program.

CHAIR: The Member's time has expired.

The hon. the Member for Torngat Mountains.

L. EVANS: Thank you, Chair.

Just following up with where we ended off there, Minister. Your comments about utilizing space on air force one or whatever the name will be put on the flights for the specialized, I guess you'd call it, treatment, as you expand that from cardiac. The flights I'm talking about, you know all about it because I bring it up in our petitions there, about patients on the North Coast having to go out for their specialized doctors appointments or their surgeries or their treatment or their diagnoses. They have these appointments either in Goose Bay, St. John's or in Corner Brook. What happens is they get bumped off a flight.

Taking the example of a patient that was supposed to go out to Goose Bay. They were supposed to have IV treatment. That's actually a structured treatment that they have to have every so many weeks. It's structured. If that schedule is interfered with it impacts their treatment.

In actual fact, in the morning when they were supposed to leave, the patients in Makkovik were told the flight wasn't coming in because there were only three of them. They were bypassed. So he lost that ability to go out and get his treatment. We've had chemo patients bumped off flights.

So that's the flights I'm referring to. We don't have enough flights. We don't have enough seats on the planes for everybody to get out to their appointments and then coming back home, they don't have enough seats. Some of it is weather but a lot of times it's not weather. Something like Heart Force One would help, that type of flight, but the flights I'm looking for are structured.

The reason why I'm taking a couple of minutes out of my budget Estimates to just mention that is we have the people here in the room. It is an issue.

T. OSBORNE: If I could on that, Lela. There are two different services. I mentioned Heart Force One because that will provide some additional capacity, but Fiona had answered on the schedevac and that will be part of the integrated air ambulance system. I know she provided an answer that that is going to be part of the RFP, which is now under

evaluation, and it is hoped that the medivac/schedevac type of service, that will become part of the integrated air ambulance system that will be a more efficient service providing a better service.

Fiona, did you want to ….

F. LANGOR: I can speak to what's in place today in terms of scheduled flights to the North Coast.

Currently, we do, through the Lab-Grenfell Zone, have a contract in place with Air Borealis that provides that service. Currently, there are three flights that fly each week: Monday, Wednesday and Friday. There's also a provision in the contract for additional flights to be added on Tuesday and Thursday, if they're required.

Sometimes, of course, there are things that happen, weather, for example, and there are reasons when they can't fly. The intent would be to certainly, at a minimum, maintain that and try to improve on any efficiencies there to ensure that any patients that need to leave the coast to get to Goose Bay or St. Anthony or wherever are able to do so in a timely fashion.

L. EVANS: Thank you for the answer.

My next question: Has there been any further work towards allowing nurses and other health professionals to bill MCP for their services?

T. OSBORNE: So we've been clear on that our responsibility is to provide services to the public system, not the private system. While there is a shortage of nurse practitioners – because it is nurse practitioners that are looking to be able to bill MCP – but while there is a shortage of nurse practitioners in the public system, we can't introduce a policy that would further erode the number of nurse practitioners in the public system by making it attractive for them to go private.

L. EVANS: Thank you, Minister, for your answer.

My question was in no way in support of privatizing health care or expanding that, so I thank you for your answer.

Just moving over now to a question that we were originally going to have when we did the Labrador Affairs, but I was told it was more relevant to your department.

Has the department seen improvements in public health as a result of harm reduction efforts undertaken by the Action Team in Happy Valley-Goose Bay, and are you able to quantify this for us?

CHAIR: Gillian Sweeney.

G. SWEENEY: I'll take that away.

L. EVANS: Okay, so you'll get back to us?

G. SWEENEY: Mm-hmm.

L. EVANS: Okay, thank you.

This was another one relating to Labrador: How is work progressing with the Town of Happy Valley-Goose Bay to build a new facility that will bring together health, housing and supportive services under one roof, and once the grant is approved, when can we expect to see the facility up and running?

G. SWEENEY: We continue to have discussions about that facility. I don't have a date to provide you with, but Health is certainly engaged in the planning and design of the new facility.

L. EVANS: Thank you.

Last year, Indigenous leaders themselves sent flights to Happy Valley-Goose Bay to pick up members of their community and bring them home – this is dealing with transient homeless issues. When the people arrived back into their communities, was

your department involved in providing added supports for them to help them deal with their issues and needs?

J. MCGRATH: That's something I can certainly take away and get you some further information.

L. EVANS: Thank you for that answer.

The reason why I'm asking Health is because the supports, the wraparound services, when you get them back to the communities, if they're lacking, then they end up back and we're just having that cycle going through. I've witnessed myself the chief of the Innu Band Council express just sheer frustration and worry about this and he's expressed it directly to me but also publicly. So I look forward to getting that information and maybe following up with the minister.

Last night in Labrador Affairs Estimates, we heard the reason amputees travelling for prosthetic-related appointments were not covered was because of MCP. We didn't have the details. It wasn't provided, but the prosthetic services are not categorized as specialized services due to how they are categorized in MCP.

Can you provide more information on this issue and will the department look into making the necessary changes to allow amputees to avail of MTAP?

I just want to acknowledge that last night in Labrador Affairs, that was asked by the Official Opposition, Lloyd had brought that up.

J. MCGRATH: We are aware of that issue and we are looking into that. That is something that is ongoing right now.

L. EVANS: Yes. So are you trying to actually bring that service under MCP or are you going to ensure that they do have the supports through MTAP?

T. OSBORNE: I think it's premature to say whether it would be MCP or MTAP, but when the issue was brought to light – I think you brought it to light last week maybe or the week before – officials in the department are looking at that and they will be looking through MCP and through MTAP to see if there's a way, we can better service those individuals. Once they make a recommendation to my office for consideration, we'll be able to make a decision on that, but right now the work is ongoing.

L. EVANS: Thank you.

CHAIR: The Member's time is expired.

The hon. the Member for Conception Bay South.

B. PETTEN: Thank you, Chair.

Minister, I know my colleague from Torngat asked you this question and I had it on my list, but your answer provoked me to ask this question, I guess, about nurse practitioners: You're saying you wouldn't let them direct bill because they are private and you wouldn't want to be treating them – where they're private, competing with where we're dealing with a public system.

But realistically, the only difference between a nurse practitioner and a doctor is a doctor is permitted to bill MCP and a nurse practitioner isn't. They're still dealing with Newfoundlanders and Labradorians, so the private and public pieces is a moot point really. Why isn't a nurse practitioner permitted to bill MCP and become part of the public system? Again, I've seen nurse practitioners; they're as good as most doctors, actually. So why wouldn't we include them as a means of filling the gap with the people without doctors? I mean, to me, it's a low-hanging fruit.

The question, though, is the Medical Association against nurse practitioners being able to bill MCP or is the government

against it? Because somewhere along the way, it doesn't – again, another one of the ones that don't rationalize. It sounds like a lot of things don't rationalize today, but it's true. When you listen to that, that concept don't make sense. Why wouldn't we just permit them to bill MCP like a doctor and add them to our list of medical professionals that will help deal with the backlog and inpatients looking for permanent care?

T. OSBORNE: Yeah, I guess it's a two-pronged answer. First of all, physicians will tell you the fee-for-service system is not working well. The NLMA have been looking for a solution. Government has been looking at it. Government and the NLMA have brought in a blended capitation to try and work on some of the issues that physicians have with fee for service.

The fee-for-service program, doctors tell us they're not happy with it, that it's not working well. One of the concerns is you're adding more of a burden to a system that people say is not a great system.

The other aspect of it is we are bringing primary care to communities through the Family Care Teams. At some point, if we have Family Care Teams and they're fully staffed and we're able to provide primary care, including through nurse practitioners – because some of these Family Care Teams will be nurse practitioner led. We have community clinics and emergency departments where we are crying out for nurse practitioners to do just what you said: provide primary care to individuals.

At this particular stage, there are two concerns. The fee for service is a system that we get lots of complaints about. It may need an overhaul, I'm not sure. But that's something that has to be worked on and negotiated. The other aspect is – my responsibility is filling the public system. There's a global shortage of health professionals, making that decision would only compound our issue of getting public health professionals in the public system. We don't have enough right now. Two years from now or five years from now, we may not be in the same situation but Nova Scotia, Ontario, Manitoba, everybody is facing a shortage.

So our job, my role, is to complement the public health care system. What I'm being asked to do is complement the private health care system or private clinics. We don't have enough nurse practitioners in our Family Care Teams or our emergency departments or our hospitals at this particular stage.

B. PETTEN: That was a long answer, but I'll leave you alone on that one.

I think I get some of where you're coming from. It's still an issue and I think nurse practitioners have concerns.

Minister, again, following up on what my colleague from Torngat Mountains asked about, it was about ambulatory integration. I know that's moving along. We've got some concerns raised by some small ambulance operators on the valuation for their businesses. I know there are processes in place for valuing the equipment they have and what have you. I guess that's done on market value, but some small ambulance operators are questioning – there is no consideration for the value of their business.

Any business that operates for 10, 20, 30, 40 years and, some of them, are even in excess of that, just to come in and buy their equipment, it upsets them because they feel they should be given something. Their business has been taken from them, essentially, and government are integrating it. So, basically, then it's a forced retirement, a forced shutdown of your business. They feel that there should be some consideration given for the valuation of their business, which I tend to agree, it's not unfair. It's no fault of theirs.

So is there any consideration being given to looking into that component as opposed to

just buying out the equipment? I know the big operators will probably be fine to come in and buy their equipment and what have you. They're going to go off to the race, but these smaller operators, it's pretty paltry what they're going to be getting compared to this was their livelihood. I don't know if that's something you're aware of or something that you could provide some commentary on.

T. OSBORNE: So that's under active negotiation and I guess no different than, you know, when we're negotiating with NAPE or the RNU. The advice provided to me by officials and so on, we don't negotiate in public, so that's the best answer I can give you at them moment.

B. PETTEN: No, that's fair enough; you're in negotiation. These owners have made a valid point. They're not in my district; they've come from smaller areas, my colleagues, and I'm sure you're aware of those as well and I thought it was a fair point, so it was a good time to bring it up.

Just to wrap back to out of the body situation; is there any way you could get me the number of bodies that are over there? Is there anyway we could get that number?

T. OSBORNE: Yes, we'll request it.

B. PETTEN: Okay.

Minister, the PET scan –

T. OSBORNE: Keeping in mind that it changes –

B. PETTEN: Oh, I know, that changes by the minute. I get that but it would just be nice to know; I don't think we've ever really landed exactly – some while back there was a number of 27, I think.

The PET scanner in Corner Brook, has that been purchased? Is there staff? Is there space? I know, Minister, your predecessor, Minister Haggie, at the last election there was $2 million put aside until the construction was complete. But what is that status of the PET scanner for the Western Memorial Regional Hospital? The staffing and equipment, I guess.

T. OSBORNE: The $2 million is with the regional health foundation and, similar to what's been said publicly, the recommendation will come from the health professionals on when and if a PET scanner is needed. The commitment was put there by putting $2 million there to say that if it is needed, the money is there.

But if I told you today, we were going to put a PET scanner out there, it would be a political decision as opposed to a decision based on fact. So the health professionals responsible will provide the advice to the department through the provincial health authority on whether or not the PET scanner is required and when.

B. PETTEN: When you look over and you see me and Darrell – we've been around a long time, but I am smiling. It's not you, because you weren't there. But, ironically, the last election, that was the announcement that was made: the promise of a PET scanner. And you never made it, so it is nothing to you, but I am smiling because after you've been around this stuff for a long time. So now we don't know if we're actually ever going to have a PET scanner at Corner Brook hospital, but it was announced that we were having one. But that's fair – again, it's not on you but I think if you were sitting here, you'd smile too.

So there's no guarantee. It's been an issue that's like a hot potato. The Member for Humber - Bay of Islands brings it up on a regular basis.

T. OSBORNE: Yeah. I don't know what might have been said out in the area, but the commitment by government is the money is there, the space is provided in the hospital for the unit should the unit be required. The unit may very well be needed

out there, but if a unit is needed out there, that advice will come to the department through the provincial health authority, based on sound review and facts.

So the money is there, the space in the hospital is there. It's in the health authority's hands to determine when and if that unit goes out in the hospital. But the space has been designed as part of the building and the money is there.

B. PETTEN: Okay, thank you.

CHAIR: The Member's time has expired.

The Member for Torngat Mountains.

L. EVANS: Thank you, Chair.

Section 1.1.01, Minister's Office, just under the line there for Transportation and Communications, last year's Revised value was $10,000 under budget and this year's Estimate also decreased by $15,000. Can we get a brief explanation of that?

T. OSBORNE: Besides the fact that I'm frugal?

Patrick, go ahead.

P. MORRISSEY: So from budget to budget, the department has adapted to the less travel requirements, given the availability of virtual technology. Travel has been reduced by $15,000 to align with anticipated requirements. That's based on a five-year average.

When it comes to the projected Revised to Budget, the ministerial travel can be difficult to project, given travel plans arise on short notice. So based on this, and prior actuals, projected Revised was reduced by $10,000. The amounts were higher in '23-'24 than anticipated in '24-'25 due to some recruitment missions for health care professionals.

L. EVANS: Thank you for that answer.

1.2.01, Executive Support, Salaries: This year's Estimate has decreased by $54,000. Can we just have a brief explanation?

P. MORRISSEY: So the decrease in Executive Support is related to anticipated savings with the secretary to assistant deputy minister, a position currently being vacant. Funding was reprofiled to Departmental Operation salary allocation to cover that increase in that activity.

L. EVANS: Thank you.

Still under Executive Support, for Purchased Services last year's revised value was $4,000 under budget.

P. MORRISSEY: There's an overage in the allocation due to increasing practising fees due to the Law Society for the departmental lawyers on staff, as well as charges related to some recruitment and retention missions.

L. EVANS: Thank you.

I'm just moving on to 1.2.02 now, Departmental Operations. Just a couple of questions there.

Agency nurses: Could you provide a breakdown by regional health council of the number of nurses currently employed through an agency? How many agencies provide these contract nurses? Two questions in one.

J. MCGRATH: We can certainly request that information through Newfoundland and Labrador Health Services.

L. EVANS: Okay, thank you. You'll provide that to us?

OFFICIAL: (Inaudible.)

L. EVANS: Perfect.

Okay, I'm still under Departmental Operations. This one is on recruitment and retention programs currently in place for

physicians and registered nurses. There have been many announcements on this, so could you provide a quick summary and the budget of each?

Recruitment and retention for physicians and registered nurses.

T. OSBORNE: Do you have that at your fingertips?

J. MCGRATH: We do have a list of the number of recruitment and retention programs available. It's quite a lengthy list. I'm happy to read it out or we can certainly provide it if you'd like.

L. EVANS: You could provide it. That would be good.

Also, does that include the budget for each?

J. MCGRATH: There is a $10-million allocation appropriation in this year's Estimates for recruitment and retention initiatives.

L. EVANS: How much was spent last year on recruitment and retention? Is that in your binder broken down? Maybe you could provide that to us. Is that possible?

J. MCGRATH: Yes, it is.

L. EVANS: Okay, perfect.

I'm still under Departmental Operations. What's the status on the provincial Health Human Resource Plan?

J. MCGRATH: That is going through the final stages. I believe the consultant has prepared a draft that we currently are providing some feedback on, and it's in the final stages of being finalized.

L. EVANS: Thank you.

My next question is about the agency nurses, the contractors. How much did agency nurse contracts cost the health authorities over the last year? What's the cost to our system per agency nurse? The third part of the question is what's the difference in payment that an agency nurse receives when compared to a nurse working full-time for the provincial health authority?

J. MCGRATH: We can certainly take that away and get you that information.

L. EVANS: Okay, perfect. Thank you.

Have there been any significant efforts to reduce the number of cancelled health appointments? If so, have they been successful?

T. OSBORNE: We have undertaken with the health authority an automated reminder system. In one of the health care action updates, we announced that we were putting that in place. It would be put in place across a number of procedures, outpatient and others, throughout the system to remind people of missed appointments. So it is an issue; it's not only in terms of staffing but increasing wait-lists.

Just to give an example, a Holter monitor, which is one of the higher areas, was at about 24 per cent, which means essentially shutting that service down one in every four days because of missed appointments. There are a variety of reasons for missed appointments: somebody may have forgotten; somebody may have determined that they no longer need the appointment; there may be issues at the health authority where a physician runs over time in a surgery and doesn't get to an outpatient service, whatever the case may be. But missed appointments are costly to the system and create a backlog in terms of wait times.

So it is something that the health authority is working on; the department is engaged in those discussions. The automated reminder will remind people of an appointment, cut down on the number that are missed

because of people forgetting, for example. So there is work underway.

It is one of the recommendations in the Surgical Backlog Task Force, as well, one of the 32 recommendations to work on the cost of missed appointments and reduce the number of missed appointments. So it's something that's being taken seriously.

L. EVANS: Thank you.

Those automatic reminders actually work because I'm just speaking personally, I had an appointment but I never was informed of the appointment. I don't know if it was sent to the wrong address or to the wrong phone or whatever. I knew about it because I got the reminder the day before. So it does work, because that would have been a missed appointment and had to be rescheduled.

T. OSBORNE: When I think about this, if you book a ticket on an airline, very seldom do you miss it. So if you book an appointment at the hospital, there's a lot more missed because people forget and I wonder why that is. But part of the automated appointment reminder – and no different, I mean, if you book an airline ticket you get a reminder a couple of days before that your flight is coming up and that maybe part of the reason people don't forget their flights.

So the automated system should have a significant impact on reminding people of appointments, just as you'd pointed out. I mean, there are a variety of reasons, it's not just people forgetting or people deciding not to go, there are other reasons as well. But it is something that we have to look at all of the reasons and work on all of the reasons to cut down – like I said, just the Holter monitor basically shutting that service down one in every four days, make no wonder there's a wait time.

L. EVANS: Thank you, Minister.

CHAIR: The Member's time has expired.

L. EVANS: Okay.

CHAIR: The hon. the Member for Conception Bay South.

B. PETTEN: I guess we're on – what section did you say?

CHAIR: We're still on the first section, 1.1.01 to 1.2.02.

B. PETTEN: We have questions on the next section that's not been called yet.

I don't know if my colleague wants to move ahead.

CHAIR: We can't move on until you're finished with this section.

B. PETTEN: But a lot of these are just general questions anyway, so we can go to – we can ask general questions in any section, right?

CHAIR: Yeah.

B. PETTEN: So I'm saying can we move to the next section? There are some questions pertaining to the heading.

CHAIR: No, we can't, so you have to check with the minister. You can ask general, but you can't ask specific to a section beyond this section until I call it back in.

Sorry.

B. PETTEN: We can move on.

L. EVANS: (Inaudible.)

CHAIR: Lela just indicated she has more questions in this section.

B. PETTEN: I can ask questions all day and stay in this section, we'll never get to the other sections.

CHAIR: Yeah, but I can't move on until I close this section.

B. PETTEN: Well, I'll keep asking questions.

CHAIR: Well, you can let Lela go and she can just finish up the section and then I can close it.

B. PETTEN: But she's not asking questions on this section either. I'm just trying to move on to the next section. I mean, I'm not giving up my time.

CHAIR: You can ask general.

T. OSBORNE: If I could just intervene for a second.

Lela, did you have more questions on this section?

L. EVANS: Yes, I do.

T. OSBORNE: Okay.

CHAIR: So it's your choice.

B. PETTEN: I'll just stay asking questions. She hasn't asked questions on this section yet, sure.

CHAIR: The hon. the Member for Conception Bay South.

B. PETTEN: Minister, the Corner Brook cancer centre. Any update on the staffing? An update on the Corner Brook cancer centre, any word on the staffing or –?

T. OSBORNE: Yeah, so is that the –

B. PETTEN: Pardon me?

T. OSBORNE: In what regard, Barry?

B. PETTEN: What's the status of the Corner Brook cancer centre? Is it staffed?

T. OSBORNE: In the new Corner Brook hospital?

B. PETTEN: Western Memorial, yeah.

T. OSBORNE: So my understanding is there's a position that's still being recruited and most of the other positions have been recruited there, right? Yeah, so there is one position they're still recruiting for. I think the other positions, to my understanding or my recollection, have been filled. So recruitment efforts are ongoing for one particular position.

B. PETTEN: Okay.

The new ER redevelopment at the Health Sciences Centre, when are we expecting to see that – what are the timelines on completion for that because it's quite the chaotic mess over there?

T. OSBORNE: It is. I remember Tony Stack, when I was Minister of Education, he said: If we're going to fix this, it's going to get messy while we're fixing it. You can't make an omelet without breaking eggs. So, unfortunately, the footprint of the Health Sciences complex is the footprint. If we're going to redesign and redevelop the emergency department and make it better, there will be detours and there will be changes during the process. But once the process is completed, it will be a much, much better, more capacity, more beds, more service areas, a senior-friendly waiting area. There are a number of enhancements that will help improve the flow and keep people from waiting in hallways and so on.

That work is ongoing. It's progressing well. I did speak recently with Dick Barter, who is responsible for the emergency department over there, and work is progressing well.

My understanding is – is it later this year or early next year?

P. MORRISSEY: Yeah, so it's two phases. The first phase, which includes the

expansion and the psychiatric unit and the ambulance entrance, is set to be complete in November 2025.

B. PETTEN: Okay.

The mental health and addictions centre, is that still on schedule and on budget?

T. OSBORNE: The new hospital?

B. PETTEN: Yeah, the new mental health facility.

T. OSBORNE: It is, yes. That is set to open. There is another step-down unit that is being built in the city as well. I believe, Gillian, that's a 10-bed unit?

G. SWEENEY: Yeah.

T. OSBORNE: Yeah, so there is an additional unit going to be built in the city as well, a step down so when people are released from the mental health and addictions hospital transitioning back to the community, there will be a step-down facility there as well.

B. PETTEN: Okay. Sounds good.

The national dental program, I got that there too, but I want to follow back on the national pharmacare program. With the Newfoundland and Labrador Prescription Drug Program, would we see savings under a national pharmacare program?

T. OSBORNE: Under the dental program you mean?

B. PETTEN: No, no, under the national pharmacare. Well, I suppose, both of them really, but more so under the NLPDP. I'm just curious, wouldn't we see savings or would we not? Would that have any impact if that program rolls out? Would that create savings for the province under that program?

T. OSBORNE: I hope so.

B. PETTEN: Dental, too, right? Both of them would be – seniors dental.

T. OSBORNE: Yeah, well on both, we certainly hope that it will have some savings.

Generally, when the federal government gives you a gift, there's an expiry date on the gift and then the province is fully responsible. So whether the savings are perpetual or whether the savings are for five or 10 years and then the responsibility falls back on the provincial government, we don't know those details until they are presented. We know that they've announced that there's a program coming but they haven't provided us with all of the details yet.

B. PETTEN: Okay, perfect.

Minister, yesterday you announced down to Costco for the urgent care or the ambulatory care, what have you. Where is the staff coming from? A lot of these places being announced, which is fine, if they're going to help the bigger picture, but where are we getting the staff? I think that's the challenge here.

You say it's an issue every time and, fair and rightly so, but where are we getting the staff? Realistically, where do we get the staff? We are short now and we're opening up new buildings – and these are not like opening new hospitals because you're taking existing staff at St. Clare's and you're going to put them in the new St. Clare's, but these are new buildings. I am curious where they come from.

T. OSBORNE: I mean, we continue to recruit, and we have the Indian nursing mission, for example, where we expect a steady flow of nurses there. That slowed down because of the diplomatic rift between the two countries for a period of time, but there are over 100 internationally trained nurses now, working in the province, that came in as PCAs, went through the bridging program and are now working.

Based on demographics and the largest population band are the people that are eligible for retirement, it has been a problem where there were more people leaving the system because of retirement than coming into the system. We had more people leaving than we were graduating nurses for a while. Because of recruitment, we have finally gotten ahead of that curve where we are starting to see, you know, a reduction in the number of vacant positions.

When we talk about vacant positions, that is very complex because every time we add a new Family Care Team, we're adding positions. Every time we add a new service, we're adding positions. So if you say there are 715 positions vacant today, you can't really compare that to the fact there were 500 vacant positions two years ago, because we've added a number of extra positions through Faily Care Teams and other services.

So it's not as clear and cut and dry as saying, well, if you look at the number of vacant positions two years ago, because there are a number of extra services that have been added for example. Getting ahead of the curve and having fewer vacancies, while we're adding extra positions, while we have people retiring, requires recruitment. So recruitment has been working and we continue to focus on that.

Just like the Cardiovascular and Stroke Institute, when we announced, we now have a full complement of cardiac surgeons in the province. That's the first time in decades that we've had that and one of them has come here to lead the new Cardiovascular and Stroke Institute and the development of that – one of the leading cardiac surgeons in Canada has come here.

We hear from physicians who do site visits before they accept a job. When they come to St. Clare's, for example, a lot of them say no, they want to work in a more modern facility with more modern equipment. So having an old facility makes it difficult to recruit as well. Having more modern facilities, more modern equipment makes it easier to recruit. The Cardiovascular and Stroke Institute is a prime example where we now have a full complement of cardiac surgeons.

We do fully anticipate, with the new emergency department at the Health Sciences complex, it will be a lot easier to recruit there. These new facilities will be a lot easier to recruit. People want to work in new facilities with new equipment.

CHAIR: Okay, the Member's time has expired.

The Member for Torngat Mountains, and we're still in Executive and Support Services.

L. EVANS: Thank you, Chair.

Just looking at recruitment of radiation therapists. How many are there currently on staff, and how many positions are vacant? And if you don't have it, if you can provide it.

J. MCGRATH: We'd be happy to take that away.

L. EVANS: Perfect, thank you.

The Health Accord mentioned the cost of frailty in our province, both to the health care system and the quality of life of those experiencing the condition. What initiatives have been undertaken in the past year to address the prevalence of frailty and working towards its prevention?

T. OSBORNE: So we announced in this year's budget the Seniors' Well-Being Plan, which is a $10-million plan. For example, we are doing the review of long-term care and personal care homes, which will create improvements there and provide recommendations on improvements.

We've also announced the centres of excellence in seniors and aging, which was a recommendation of the Health Accord. The new emergency department at the Health Sciences complex will have a senior-friendly area and amenities, for example. When the new St. Clare's is built, that will have a centre of excellence in seniors and aging.

Obviously, it takes time to put bricks and mortar in place, in some areas, but the investment is there and the concept is part of the new hospital, part of the new emergency department, for example. There will be an announcement forthcoming on the Well-Being Plan and what's included in that in the coming weeks.

L. EVANS: Thank you, Minister, for that answer.

I just want to add, too, is we've seen a lot of great work done by the Seniors' Advocate, travelling the province talking to seniors, getting impacts on quality of health, cost of living and things like that. I'm sure the Seniors' Advocate could be a good resource to your department, with her outreach and the information she's getting from seniors all across the province.

Moving to the next question: When can we expect all the regional well-being networks to be functioning in the province?

CHAIR: John McGrath, deputy minister.

J. MCGRATH: There is a funding allocation in this year's budget for that. Timing-wise, we don't certainly have it on hand. I think that's something we would look to prioritize. I just don't have dates right now.

L. EVANS: Thank you for the answer.

How has work progressed on creating the new MCP codes, required for the blended capitation?

CHAIR: Fiona.

F. LANGOR: We've made significant progress in that regard. We are working very closely with the NLMA to finalize the details on the rollout. In terms of uptake, that's something that we can take away and get that information for you.

L. EVANS: Thank you. I am just making a note.

What work has been done in the last year on examining the expansion of IVF services by the province?

T. OSBORNE: There's a consultant that has been hired through an RFP. We anticipate their report any day now, really. They've worked with stakeholders, with the medical professionals. They've done jurisdictional scans and they've looked at the population and the demographics, those who present with fertility issues. They've looked at a number of areas and will be making recommendations on how we can improve fertility services in the province.

L. EVANS: Thank you for that answer, Minister.

When can we expect a report on the recommendations? Will that be public?

T. OSBORNE: Yeah, so we anticipate receiving that, really, any day now.

L. EVANS: Thank you, Minister.

When can we expect to see the new clinic in Portugal Cove?

T. OSBORNE: So that was announced, I think, as part of this year's budget. The provincial health authority will identify a location and will identify staff and so on for that clinic. We anticipate that it will be this fiscal year that they'll move forward with it.

L. EVANS: Thank you.

My next question is on Flexible Assertive Community Treatment teams, that's the

FACT teams. How many FACT teams are currently in operation and where are they located throughout the province?

G. SWEENEY: We have FACT teams: In St. John's there are two teams, Rural Avalon and Burin Peninsula; Clarenville, Bonavista, Gander, Grand Falls-Windsor; Deer Lake, Corner Brook, Stephenville, Flower's Cove; St. Anthony, Happy Valley-Goose Bay and Labrador West.

L. EVANS: Thank you for that answer.

Can we have an update on the work of the provincial advisory council on mental health and addictions. What work has it done in the past year?

G. SWEENEY: We will get back to you on that and provide you with an update.

L. EVANS: Perfect, thank you.

The healthy eating in schools program: This has been something the Auditor General flagged in a report regarding incomplete recommendations from a review in 2019. What work is left to do in order to meet those outstanding recommendations from the Auditor General?

T. OSBORNE: I think I would defer to the Minister of Education on that. That would fall more under her portfolio.

L. EVANS: Okay. Thank you.

That's good because we collect those as we move along, so then at the end of the day we don't have questions that are not answered. Thank you, Minister.

Okay, what I'll do is I'll ask a related question: What action is the department taking to meet the recommendations from the outstanding 2019 Auditor General report on provincial wellness priorities?

J. MCGRATH: We have provided responses to that. I can certainly take that away and get you the most up to date where those recommendations are, whether they'll fully implemented, implemented or ongoing.

L. EVANS: Okay, perfect. Thank you for that answer.

Just looking at some line items now; I'm still under that subsection. Looking at Salaries, last year's Revised value was $800,000 under budget. This year's Estimate is increased by $354,900. Can we just get a brief explanation for that?

J. MCGRATH: Sure.

So looking at the Salaries in Departmental Operations, going from budget to budget there is an increase of $354,900. It's related to the $259,100 to staffing for five new positions for the well-being networks which we just talked about.

There's also a $401,000 increase that is related to our zero-based budgeting exercise. So that includes incremental salary increases, step assignments and so on and so forth. Then there's $305,000 that was transferred to Labrador Affairs Secretariat that's related to the Medical Transportation Assistance Program.

L. EVANS: Okay, thank you.

Purchase Services: last year's revised value was $94,500 under budget. This year's Estimates decrease by $85,000. Can we just get a brief explanation of that as well?

P. MORRISSEY: Budget-to-budget decreases. The result of the rightsizing of the allocation through the zero-based budgeting exercise, which can be mostly attributed to our block that was held for unanticipated COVID-19 expenditures.

CHAIR: Okay, the Member's time is expired and we're going to take a 10-minute break now.

So it's 10:38.

Recess

CHAIR: Okay, just a couple of things.

We are just asking to make sure you raise your hand because Broadcast is having a little bit of difficulty identifying the lights.

We have to have a hard stop at 12:30 because there are Estimates at 1 o'clock; however, 12:22 is your time for three hours. So when we hit 12:22, it will be three hours.

I believe the Member for Torngat Mountains is finished with the first section. Are you finished with the first section, Barry?

B. PETTEN: You can go to the next section, yeah sure.

CHAIR: Yes, okay

So I'm going to ask the Clerk to recall the first subheads.

CLERK: 1.1.01 to 1.2.02 inclusive.

CHAIR: Shall 1.1.01 to 1.2.02 inclusive, Executive and Support Services carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, subheads 1.1.01 through 1.2.02 carried.

T. OSBORNE: That's a sigh of relief, Chair, I actually get paid next week.

CHAIR: I ask the Clerk to call the next subhead.

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

CHAIR: Shall 2.1.01 to 2.3.01 Client Services and Support carry?

The hon. the Member for Conception Bay South.

B. PETTEN: Thank you, Chair.

I'm going to continue on with my questions. Like I said, I have some pertaining to that and I'll get to them momentarily.

Minister, you made reference to the cyberattack and the cost when my colleague asked that question. We asked that question last year and the figure was unknown for the cost of the cyberattack last year, but a year later it's still unknown. So a year later we still don't know how much the cyberattack costed.

J. MCGRATH: I don't have that information on me at this time. I'm happy to take it away.

I think what we were referring to is the ongoing investment and appropriations for cybersecurity moving forward. So there is an appropriation in this year's budget for it, for a total cost of the attack, I don't have that information on me and I will certainly take that away.

B. PETTEN: Okay.

Family Care Teams, Minister, myself and you have spoke about this on numerous occasions on the status of a Family Care Team of some sort in Conception Bay South. I know that there are a lot getting announced everywhere outside of CBS and I won't get into belabouring, rationalizing the reasons why CBS needs one. I think that's pretty well an obvious when you look at the circumstances: no public transit and the distances and what have you and the population and the needs.

Are there any plans going forward to expand out into CBS because I know we're focused a lot in the city, these urgent care

centres and the new hospitals and the ambulatory care centre. You have the one on Topsail Road now and a Family Care Centre going down in Portugal Cove-St. Philip's. Topsail Road can look after a lot of the Paradise area and what have you and they actually have public transit, but in CBS it's been a rally cry. I've been at it for a lot of years now. I still got three private blood collection clinics.

Over to you.

T. OSBORNE: There are eight funded in this year's budget; four have been announced and the other four will be announced throughout the course of the year. So the health authority obviously needs to recruit for these and secure locations and so on.

They're doing it in a methodical way, so over the course of the next several months the other four will be announced.

B. PETTEN: Do I have to wait for an election or wait in anticipation, or do I got to do both? Well, I guess, I'm doing both indirectly anyway.

Okay, fair enough.

T. OSBORNE: You want me to announce the next four now, don't you?

B. PETTEN: Just one.

I just want to tie into the ambulatory piece. It's something else we've talked about and just while it's on my mind, the rapid response unit that was supposed to be coming for the CBS area, to come in January. Is that on the ground yet? Has that been deployed?

T. OSBORNE: Yeah, Fiona, can you give an update on that?

F. LANGOR: There have been a number of rapid response units that have been announced for the province, including one on the Southern Shore and one for the CBS area.

It's my understanding that the one in CBS is operational, but I will confirm that.

B. PETTEN: Okay, appreciate that.

That's a tie-in with my CBS unit. Unfortunately, my area is not as –

T. OSBORNE: Now you can't say in Question Period we don't give you anything.

B. PETTEN: It has settled down a fair bit, but I know Holyrood up there, there are always ongoing issues which kind of ties in because the two units serve both areas. You got CBS and Holyrood with Fewer's so it's a bit of a tangle, so I appreciate that.

An update on the geriatric health care centres – I'm not sure when that was announced, last year? What's the status of those?

T. OSBORNE: The centres of excellence for aging and seniors?

B. PETTEN: I guess, yeah.

T. OSBORNE: Yeah, there is one going in the new St. Clare's. I believe there's one in Western, which will be tied into the long-term care facility out there. I think they're looking at and working towards one in the Central region. There will be a satellite operation in Labrador. It also includes the redevelopment of the emergency department and seniors-friendly spaces in the emergency department at the Health Sciences complex, as well as the new Western Memorial Regional Hospital will have a seniors-friendly location within the emergency department.

Am I missing anything, John?

J. MCGRATH: I don't think so.

B. PETTEN: Under the Drug Program, can we get a list the new drugs that have been approved and any drugs that have probably been dropped off the program since last year?

T. OSBORNE: Yes, we'll get you that.

B. PETTEN: I appreciate that.

MCP question – how many MCP audits undertaken in the last year? Do you have any idea on that? Like comprehensive ones or for misbilling or chronic – has there been any, I suppose, generally, what types and what kind?

P. MORRISSEY: Yes, there had been around 61 that's between preliminary and comprehensive audits completed in the last year.

B. PETTEN: Did you say comprehensive and misbilling?

P. MORRISSEY: And preliminary.

B. PETTEN: So that includes, obviously, misbilling.

P. MORRISSEY: It would, yes.

B. PETTEN: Okay.

Is there any money to update the MCP software system in the budget?

J. MCGRATH: There was the $1-million allocation in last year's budget to upgrade the MCP system in preparation for the blended capitation model to make upgrades there. That money was expended, and that work is ongoing and expected to be finished shortly, in conjunction with the OCIO.

B. PETTEN: Okay.

One other one – physicians being paid by MCP, what's the timeline? Compared to other years, has that improved?

P. MORRISSEY: Yes, it's around the same time frame.

B. PETTEN: Same time frame?

P. MORRISSEY: Yes.

B. PETTEN: Okay.

Minister, without getting back into our topic that we've been at for a long time now, the travel nurses, there is one question tied to that – because we can debate in here and in the media, I guess, and whatever, and in person on the bigger issue. The piece about nurses being able to rejoin on our public system when they leave the agency, that one year – was that a negotiated thing between NL Health Services and the agency or was that something that the province put in place?

I guess, in a roundabout way, is there any way we could alleviate or eliminate that to permit these nurses to go into the system shorter than a year? Anyway, I'll leave it to you. I'm sure you got an answer but curious as to why we have that year that they have to wait to come back in the public system.

T. OSBORNE: So that's not our own nurses, Barry. I think the nurse that was looking to come here was from another province. I wasn't at the table, but my understanding of when the health authority wanted to use agency nursing and consulted with the Registered Nurses' Union, that there was discussion around the fact that we needed to protect our nurses so that the agencies didn't poach our nurses. That the nurses that they were using were coming in from the Mainland.

So there was a desire to put a clause in, as I understand – again, these contracts predate me; the discussions predate me. But my understanding is there was a desire to protect our own nursing staff so that they weren't poached, so that we didn't have an agency taking a nurse out of the Health Sciences complex and putting them at G. B.

Cross Memorial, for example, and simply just moving our nurses around the province.

When that clause was put in, those clauses are generally reciprocal. You don't poach our nurses; we don't poach yours. So that's part of the reason for that. My understanding is there were three nurses from out of province that were looking to come in. It doesn't impact the nurses from our province; it impacts a nurse from Ontario or from Saskatchewan who, when they finish their contract, say now we want to work with the provincial health authority of Newfoundland and Labrador.

I also understand that the health authority is working with the agencies, working with the nurses to try to find a workaround for those three individuals. It is not an intentional poach, for example; it is somebody who has said that they want to move here from another province.

B. PETTEN: Okay, thank you.

T. OSBORNE: Probably they found a partner here, probably like it here or whatever, but I believe there are three individuals – or the last count that I had – that were considering moving here that came here as agency nurses.

CHAIR: The Member's time has expired.

The hon. the Member for Torngat Mountains.

L. EVANS: Thank you, Chair.

Under section 2.1.01, Provincial Drug Programs, how many people are currently enroled in each of the five streams offered through the Newfoundland and Labrador provincial drug programs?

J. MCGRATH: I just got that information there. Just give me one moment.

The Foundation Plan, there are 58,700 eligible clients. In The Access Plan, there are 10,612 clients who are eligible. In The Assurance Plan, there are 6,540 clients who are eligible. In The 65Plus Plan, there are 50,659 clients who are eligible, and then The Select Needs program there are about 110.

L. EVANS: Thank you.

Has there been a review of the income eligibility thresholds for the provincial drug card program under The Access Plan?

J. MCGRATH: There has been no review.

L. EVANS: No review.

Are you planning to look at that?

J. MCGRATH: We have had some discussion, in consultation with other departments, around income thresholds in general, but that work is ongoing.

L. EVANS: Okay, thank you.

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

F. LANGOR: There were none.

L. EVANS: None? Okay, thank you.

I think you did say you were going to provide us – we were going to ask some questions on new treatments being added to the list covered under the Newfoundland and Labrador Prescription Drug Program. You can provide us with that information as well? Okay.

Is there any consideration being given to making insulin available at little or no cost, or at least to make it more affordable?

T. OSBORNE: So we have, under the continuous glucose monitoring program, we put investment in last year's budget as well as this year's budget. While it doesn't directly answer the insulin issue, it is an

investment. Last year, I believe the age went up to 18, Gillian, and this year is 25?

Last year, we provided continuous glucose monitors up to the age of 18. This year, we're providing them up to the age of 25.

In terms of coverage under NLPDP, Gillian, did you want to take that, what may be covered?

F. LANGOR: Actually, based on the limited information that we do have on pharmacare, insulin is one of the medications and drug therapies that is contemplated under the new pharmacare program. We don't know the details; however, the intent would be to make it universally available at no cost.

L. EVANS: Thank you for that answer.

It sounds like you're waiting for the pharmacare to be rolled out?

CHAIR: John McGrath.

J. MCGRATH: That is something that has been indicated by the federal government under their pharmacare program. We are waiting for details on that, we just don't have them at this time.

L. EVANS: Okay, thank you for that answer.

Under Allowances and Assistance: Last year, the revised value was $8 million over budget. This year's estimate has increased by $9,104,500.

J. MCGRATH: Yeah.

Looking at from budget to budget, there is an increase of about $9.1 million; $7.9 million of that is related to new drug therapies for '24-'25. I can give you a breakout: $881,000 is for new oncology therapies and $7 million is for non-oncology therapies. There is a $2.5-million reduction that we do anticipate savings from the Biosimilars Initiative that was put in place last year and there's also the $3.6-million annualization of new drug therapies approved in '23-'24.

Going from projected revised to budget, the deficit in the program last year of $8 million, we did continue to see increased spending from the previous year. Those were predominantly due to cancer therapies, respiratory drugs, cardiovascular drugs, anti-infective drugs and nervous system drugs.

L. EVANS: Okay, thank you.

Section 2.2.01, Physician Services, under Professional Services: Last year, it was mentioned that there was $2-million reduction under Professional Services. Since they increased the scope of practice for nurses and others, it meant that fewer physicians were using this funding, but now when nurses and pharmacists and others perform these services, don't the clients have to pay out of pocket?

T. OSBORNE: Just give us a second.

MHA Evans, I know that question was asked in the House a day or so ago. Last year, we did reimburse individuals who had gone to a nurse practitioner and provided an invoice to the department so we're looking at that again. I had indicated that to the Member who had asked in the Legislature a couple of days ago.

So last year when individuals provided an invoice and we provided reimbursement, we did indicate that if there was a physician or access to a physician in the area for this – so we're looking at that and we'll provide further details in the coming days.

L. EVANS: Yes, and just clarification for the audio here, under Professional Services, like you said, there was a reduction of $2 million because the physicians weren't billing. But when the services are provided by nurse practitioners, pharmacists and others, then the residence have to pay,

right. But you're saying that they are being reimbursed.

T. OSBORNE: For the driver's medicals, do you mean?

L. EVANS: No, I'm talking about –

J. MCGRATH: So for nurse practitioners, for example –

L. EVANS: Yes.

J. MCGRATH: – those in the public system, they would be covered. For pharmacists who work in the public system, they would be covered as well. When we did the expanded scope of practice last year, things like prescription renewals were publicly funded as well. The idea was with the $2-million reduction in physician services last year, where people would have increased access to pharmacists and nurse practitioners, you should see a reduction in this appropriation, this vote.

L. EVANS: Okay. Thank you.

Just looking at Professional Services, I'm still under 2.2.01, last year's revised value was $15 million over budget. This year the Estimates have increased by $5,648,300.

J. MCGRATH: So looking from budget to budget this year, the $5.6-million increase, $5.5 million of that is a forecast provision that we have in the fiscal framework that is related to fee-for-service utilization. There's also approximately $150,000 of an annualization of the *Budget 2023* initiative related to the coverage of drivers' medicals as an insured service.

L. EVANS: Okay.

Moving on to Allowances and Assistance: Last year, the revised value was $2 million under budget. This year the Estimates have increased by $500,000.

J. MCGRATH: So the $500,000 variance looking from budget to budget is again related to an annual forecast provision that's baked into the fiscal framework for out of province increases due to increased utilization and cost of service increases.

CHAIR: Okay, the Member's time has expired.

The hon. the Member for Conception Bay South.

B. PETTEN: Thank you, Chair.

I don't have a lot of line by line in this section. A couple of things, though. Could we get a breakdown of the number of physicians in the province who are salary versus fee for service, by speciality?

J. MCGRATH: We can take that away and endeavour to get that.

B. PETTEN: Okay.

In 2.2.01, Grants and Subsidies, why the discrepancy in the amounts?

J. MCGRATH: So looking from budget to budget, there was a $7.6-million decrease. That is essentially the removal of the short stay program for family physicians at primary care in Category B sites. That was one-time last year and that really should've been coded up into a different appropriation. So it's really been reprofiled.

Looking at the projected revised to budget number, the $17-million decrease, this is our salaried physician budget. So what you've seen is an increase in the fee-for-service budget, but we do have vacancies for salaried physicians across the province. So the savings there are predominantly due to that.

B. PETTEN: Okay.

Under provincial revenue, revenue is down $500,000 as compared to last year. Any reason for this?

C. ANTLE: Yeah, the revenue was less than anticipated in ’23-’24. It’s demand-driven and highly dependent on the number of reciprocal billings we receive throughout the year.

B. PETTEN: Okay.

Under 2.2.02, Dental Services, Operating Accounts, I’m wondering why that amount was $1.5 million less than was budgeted last year?

J. MCGRATH: The $1.5 million in saving, it is due to a lower-than-expected utilization of the Children’s Dental Health Program. It is partially offset by the increase in the adult dental health plan.

B. PETTEN: Okay.

Under 2.3.01, Memorial University Faculty of Medicine, I just have a couple questions there. How many physicians have graduated from the facility in the last five years? Do you have that number?

CHAIR: Patrick Morrissey.

P. MORRISSEY: Yes, so when it comes to undergrad, for 2024, there are 76 anticipated; 2023, there were 77; 2022, there were 81; 2021, there were 80; 2020, there were 81; and 2019, there were 76. When it comes to post grad: 2023 is 84; 2022 is 74; 2021 is 75; and 2020 is 76.

B. PETTEN: Perfect.

Do you have any idea how many collectively are practising in our province from that number? No?

P. MORRISSEY: So we checked with the College of Physicians and Surgeons and there is no, I guess, way to know how many are actually practising. But we do have the current number of licensed physicians that was provided to us, and that is 680.

B. PETTEN: So you do the numbers, do you have a retention rate that you feel – I know you’d like to have 100 per cent retention, so is there any idea what the retention rate is from the school that stay here in the province?

P. MORRISSEY: So from the faculty, they provided about 47.5 per cent practice in NL upon graduation.

B. PETTEN: Okay.

Under Salaries, there is a big difference in the salary amount – I was asking about the Salaries, but I got papers hauled out of my book everywhere and I’m not sure – I have my own self confused now. It doesn’t take much. I have a discrepancy with Salaries, but anyway, that’s fine.

I’m going to wrap up on this section, but I’m going to ask one more question on it anyway, seeing I’m on that issue of students. I know this is talked about many, many times in the public. Are these students, when they were enroled, when they’d get into med school, being offered positions within the province? Is that a practice or is something that you try to attain to? Are they being offered positions within the province upon enrolment?

T. OSBORNE: They are. So, in previous years, we had heard from students – I know when I became Minister of Health, we made it a practice of going to visit the students. Myself and the Premier had visited a number of the classes, not just the graduating class, but the earlier classes as well, as well as the residents. The common theme we heard was that the health authority or government, historically, had not done a good job of getting in and visiting the classes.

Maybe part of the reason – if you look at the total number of students, not all of the

students are from this province. I think there were 60 out of 80 students from this province. So about 75 per cent of the students were from this province. The other students would have been from outside the province. So we didn't anticipate necessarily retaining those that had come here to practise medicine, as much as we would a student from our own province.

Students from Newfoundland and Labrador who study in Newfoundland and Labrador have a higher likelihood of staying in Newfoundland and Labrador. But the answer is yes, we've seen a higher ratio last year than in previous years of students staying and accepting work in the province. That is, in part, because of the recruitment efforts of government and the health authority getting into the classes several times a year talking about opportunities in this province, recruiting physicians. Doing social nights with the physicians to talk about opportunities in this province.

So that has been a constant thing with our medical students over the last two years, and we have seen an increase of the number of Newfoundland and Labrador students who have stayed. We've heard anecdotally of our own students that have been recruited by other provinces, without much recruitment effort from this province. So there's been a huge shift in the recruitment efforts of our own students, as opposed to just assuming, well, they're from here, they're going to stay.

B. PETTEN: Thank you.

Those are my questions for that section, Chair.

CHAIR: Okay.

The hon. the Member for Torngat Mountains.

L. EVANS: Thank you, Chair.

Going on to 2.2.02, Dental Services. By the end of this year, the federal dental program will be complete and this is, of course, driving up demand for services by dentists and dental technicians. What's the department doing to ensure we have enough dentists, hygienists, et cetera, to meet the anticipated spike in demand?

T. OSBORNE: I guess, that's a good question, MHA Evans. These are private fee-for-service operations. They're not directly employed by either the department or the health authority. So it is a good question but I'm not aware, other than pockets of the province, where there's a significant shortage of dentists.

L. EVANS: Thank you.

I'd just like to also raise another issue regarding my District of Torngat Mountains. More times than not, when people have to access dental care, they have to fly out to Goose Bay. Unfortunately, they are among the lowest priority. So people are consistently bumped off flights for dental. In actual fact now, some of the dentists won't take an appointment unless the person is physically in the community and it's really difficult to get an appointment, so access to dental care in my district is really difficult. Anyway, I just wanted to add that while everyone was here in the room.

My next question is, it would be like a preamble, at Question Period, Minister: Could we have a breakdown of the expense on services to the certain age groups? In particular, what funding is split for procedures for children versus adults? Out of the adult proportion, how many are seniors?

CHAIR: Chad Antle.

C. ANTLE: So in fiscal '23-'24, there were 33,517 children, that's the number of patients; under adult there were 506 for dentures and 4,809 for adult basic.

L. EVANS: Thank you.

Next question: How will the rollout of the federal dental program effect funding here in the province? Will the money be reprofiled for others in need of dental care or will the money be reallocated elsewhere in the department?

CHAIR: Minister.

T. OSBORNE: Once we have the full details of the federal program, we'll better be able to answer that. We'll have a better idea of what, if any, savings that will be to the provincial program and how that money will be utilized.

L. EVANS: Thank you, Minister.

Looking at section 2.3.01, Memorial University Faculty of Medicine: Have there been any concrete decisions made yet regarding the potential expansion of the faculty of medicine?

T. OSBORNE: There has. We have increased the number of seats for Newfoundland and Labrador students by five. That was about a year and a half ago. We've also indicated our desire to increase by another 10 seats for Newfoundland and Labrador students. We've been working with the faculty of medicine on that. The faculty of medicine hired a consultant to provide oversight into what resources would be needed, space-wise, human resource-wise and otherwise in terms of expanding the number of seats to 10.

We do have money in this year's budget allocated to increase the number of seats in our medical school by 10 students, as well.

L. EVANS: Thank you, Minister.

Just looking at Grants and Subsidies, I'm still under 2.3.01: Last year's revised value was $5,100,000 over budget. This year's estimate has increased by $17,985,200. Can we just get a breakdown?

J**. MCGRATH:** Sure.

So looking at the budget-to-budget increase from last year, the breakout of that is $7.6 million, approximately, related to the request from the faculty of medicine to provide necessary internal and family physician faculty positions, as we're asking them to do more, including providing tenure-track positions and increasing practice-ready assessment capacity.

There's $2 million, as the minister alluded to, appropriated to fund an additional 10 seats. There's approximately $4.4 million in the annualization of *Budget 2023* initiative that's related to the expansion of the Care of the Elderly Training Program and also establishing a geriatric medicine fellowship at the faculty and $4.3 is also related to salary increases.

The variance with last year's projected deficit, you might recall that year over year the faculty does project a deficit and funding was appropriated from internal savings within the department to cover that off.

L. EVANS: Okay. Thank you.

That's the end of my questions for this section.

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

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

CHAIR: Shall Client Services and Support, 2.1.01 to 2.3.01 carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, subheads 2.2.01 through 2.3.01 carried.

CHAIR: I ask the Clerk to call the next subhead.

CLERK: Health and Community Services, 3.1.01 to 3.2.03 inclusive.

CLERK: Shall 3.1.01 to 3.2.03, Health and Community Services carry?

The Member for Conception Bay South.

B. PETTEN: Thank you, Chair.

Under 3.1.01, Purchased Services: Why the increase of $8 million from last year's budget to this year's?

J. MCGRATH: So this appropriation is broken out amongst the health line, air ambulance program and interpreting services contracts. The $8.7 million increase from budget to budget, that includes funding for the fixed wing air ambulance component, the Coastal Labrador schedevac component and the helicopter program component as well.

Essentially, the budgetary increase is the amount that's been appropriated for integrating those services under the ambulance integration.

B. PETTEN: Okay.

Under Professional Services, it's not a big amount but I'm curious it went up, it went from $811,000, it's back to $811,000, so the budget never changed, but the revised went up to over $1,056,000. I'm just curious what drove that up?

J MCGRATH: Approximately $250,000 increase from budget to revised: The previous year we transferred the lab accreditation contract to Newfoundland and Labrador Health Services. We did incur an expenditure this year, I think it was around a month or so where there's a bit of a timing difference. So we paid it at the department as opposed to the Health Services.

B. PETTEN: Okay.

Under Debt Expenses, there's nothing in this year's budget but there was $4.3 million last year, and it was $1.3 million in the revised and this year there's nothing. Can you elaborate there, please?

J. MCGRATH: Those were the lease payments for the province's health centres in Burgeo, Port Saunders and St. Lawrence. Those were tied to an amortization schedule, so from year over year you would have seen the funding allocation or the appropriation go down. This year they were paid off and those assets were transferred to government.

B. PETTEN: Okay.

Under Allowances and Assistance: Can you give a breakdown? I guess, a two-part question, there's a discrepancy of $3 million less than what was budgeted. It went from $12 million; it went to $9 million; now we're down to $7.9 million. It's really almost $5 million when you compare it to last year's budget.

J. MCGRATH: So you're looking for the budget to budget?

I can't hear you, sorry.

J. MCGRATH: (Inaudible.)

B. PETTEN: No problem.

Yeah, so basically it went from $12 million in the budget and in the revised it was $9 million.

J. MCGRATH: Yeah.

B. PETTEN: Now we're down to $7.9 million. So, yeah, the explanation of that drop and breakdown.

C. ANTLE: So the drop there is more of a reallocation. Last year, we had funding in there for recruitment and retention initiatives and we thought that would be more properly allocated under Grants and Subsidies. So that was transferred over to another line object for '24-'25.

B. PETTEN: Can I get a breakdown of the health care worker vacancies by facility and, I guess, class of worker?

T. OSBORNE: We can certainly request that from the health authority for you.

B. PETTEN: Thank you.

Did your RHAs report any deficits last year?

J. MCGRATH: So their fiscal year ends March 31. Their statements are audited by the Office of the Auditor General. That takes some time for them to go in and do their audit work and do their financial close. They were projecting a deficit at fiscal year end, but projecting what that is, I think we have to wait until the financial statements are closed off, audited and an opinion put to those.

B. PETTEN: Okay.

So do you have any figures on what the total debt of the RHAs are to date, acknowledging that this year's is under audit there right now? I guess that's all combined now and it's inherited by NL Health services, I assume, but is there a running deficit right now within the health authorities going into this current budget?

T. OSBORNE: There is. We put some funding in this year's budget and next year's budget, just over $500 million to deal with their lines of credit and help them to reconcile their lines of credit. So we've recognized and we're working with the health authorities on their accumulated deficit and their lines of credit.

B. PETTEN: Okay, thank you.

Minister or deputy, travel nurses, how many are currently in the system right now? Do you have the number on that?

T. OSBORNE: That fluctuates as well. I know the last time I met with Debbie Molloy she had indicated that in St. John's there are two locations, I think the surgery – and I forget the other location where there are still travel nurses in the metro area. They were down to less than 20, for example, in the metro area. But if somebody retires unexpectedly or somebody passes away, they may need to fill that. So it does fluctuate, but we can ask for the latest numbers for you.

B. PETTEN: Another thing, too, we've talked about this here in the House obviously, we know $80 million was what came back through ATIPP, I guess, or whatever, on the travel nurses, but do you have an idea of what the actual figure is? That was based on nine months. You must have an idea what the last year's expenditure was on travel nurses, do you, as the total?

T. OSBORNE: Yeah, once the health authority signs off on their year end, we'll have the exact figure, but I would extrapolate the same as you would that, if five months was $35 million and the next four was $40 million that we're going to be –

B. PETTEN: In excess of $100 million.

T. OSBORNE: Would be my guess. I can't confirm that until we get the numbers, but –

B. PETTEN: I alluded to that figure the other day, I think.

T. OSBORNE: Yeah.

B. PETTEN: And you never corrected me so I'm assuming that's a form of agreement.

T. OSBORNE: I can't correct you until I get the numbers, but if you extrapolate the

number of months by what they've spent, I would guess that they'll be in that range.

B. PETTEN: Okay.

How many locums were employed last year by type? Do you have an idea of that figure, that number?

T. OSBORNE: We can get that as well.

J. MCGRATH: We can endeavour to get that for you.

B. PETTEN: Okay.

One other question on the travel nurses. I know you're going to say you're waiting for the AG review and that, but do we wait 18 months though before you try to work on getting some of the monies back, because I'm sure there was some monies that was misappropriated. I think that's pretty obvious to everybody. Do we have to wait the full 18 months before there are some efforts taken on trying to recoup some of that or deal with that ahead of time or is the plan to wait for the AG to complete her report, then act? That's a long period of time.

T. OSBORNE: We've asked the health authority to have a look to ensure that the letter of the contracts were followed. I mean, if the contracts allowed for furnishings to be bought, then how do you say that they didn't live to the letter of the contract? If the contracts didn't allow that. Well then, it's a different story, but we've asked them to look at the different contracts that they have with the 10 agencies to determine whether or not the spending was appropriate and, if it wasn't, to take mitigating measures.

I know that they are putting a plan in place, and I think Mr. Diamond is going to speak to that in the coming days, to reduce the reliance on agency nursing. He had indicated to me that they'll be in a position to speak to that plan in the very near future on how they reduce the reliance on agency nursing.

I would anticipate, based on discussions with the health authority, that they're also seeking legal advice on the appropriateness of the contracts and whether or not an employee of the health authority may have signed off on an appropriation that didn't meet the letter of the contract.

That work is ongoing. That doesn't have to wait until the review of the Auditor General, but the Auditor General will give an absolutely independent, arm's-length overview of the contracts, whether the spendings were appropriate or whether an employee made a discretionary judgment.

B. PETTEN: Thanks for that, Minister.

CHAIR: The Member's time has expired.

The Member for Torngat Mountains.

L. EVANS: Thank you, Chair.

Section 3.1.01, Provincial Health Authority and Related Services: What work has your department done on working towards legislation to ensure senior couples aren't separated in long-term facilities, if any?

T. OSBORNE: That is a part of the review of personal care homes and long-term care homes to give us advice on how to best deal with that.

I know that we've had people say: Well, why don't you do what Nova Scotia's done? But they consider a couple to be together if they're within close proximity from one facility to another. We would be: Well, a couple is together if they're in the same facility.

We've asked, as part of that review, for advice and recommendations on how we can better manage a couple so that they are not separated and to provide advice to us on how we do that.

L. EVANS: Thank you, Minister.

What work has been done in the past year to create, expand and improve programs to help seniors age in place? I mentioned before the work that's being done by the Seniors' Advocate, especially in her two reports.

T. OSBORNE: We look at the recommendations of the Seniors' Advocate seriously; in fact, one example of a recommendation is the higher dose flu vaccine. A higher dose flu vaccine is covered in this year's budget for seniors, as was recommended by the Seniors' Advocate. I believe she was consulted on the type of vaccine that is being put in place.

So there are recommendations from the Seniors' Advocate in a number of areas and we look at those. The Seniors' Well-Being Plan, which is about $10 million; part of the focus there is having seniors age in place. We're working with our home support agencies to help ensure seniors are able to age in place better, and what supports are needed to keep a senior living in their own home, as opposed to having to go to congregate living.

The details of the Seniors' Well-Being Plan will be rolled out in the near future, but it does include allowances, for example, for seniors to be able to hire somebody to help out around the house. Or if they have a caretaker that's not currently being subsidized, looking at how we can subsidize those individuals.

There's been a great deal of work put into it. Like I said, I look forward to being able to share the details once they're finalized.

L. EVANS: Thank you, Minister.

Has there been any progress made in reducing the number of patients in hospitals who are deemed alternate level of care simply because there is no bed available in long-term care facilities?

T. OSBORNE: There has been a great deal of work done on that. We've had discussions with our personal care home industry being able to assist with rehabilitation of individuals. I believe there's a pilot program in place to get people from hospital back to their own home, staying at a personal care home in the interim.

Personal care homes are looking at taking higher level acuity patients, where there has been a wait-list for long-term care. We've also been able to open up more long-term care beds; for example, the wing at the Pleasant View Towers, which was closed. We've been able to get that open, for example.

So there are more long-term care beds open now than there had been in previous years. The health authority has done a good job in reducing the number of ALC patients that are staying in our hospitals.

L. EVANS: Thank you, Minister.

Just a question now for Labrador, in terms of supports for seniors aging in their communities or close to the communities for not only their physical health, but their mental health. In Labrador-Grenfell region right now, the personal care homes are only located in Southern Labrador or on the Northern Peninsula for all of Labrador. Is there any work being done to actually try to get one in a more central region? Say, for example, Happy Valley-Goose Bay?

We have people in Northern Labrador now who have loved ones gone out and they never see them. We've had people in Southern Labrador for years and they only are seen by their loved ones – well, they're not seen by their loved ones. Their loved ones only get to see them again when they're brought home to be buried. So that's very tragic and that's actually very stressful for families.

I was just wondering is there any work being done to sort of expand the service up into

Labrador, Central Labrador or even Lab West?

T. OSBORNE: Personal care homes are private industry, but recognizing that there was only one personal care home in Labrador, we consulted with the industry on why that was. It was because of the rates paid in Labrador made it less profitable, more challenging to operate a personal care home.

We have come to an agreement with the personal care home associations where we've increased the subsidy in Labrador in the hopes that it would make it more attractive for the industry to establish personal care homes in Labrador. That agreement was just recently, over the past number of months, reached and put in place. So we'll look forward to hopefully that being successful and attracting the industry to Labrador.

L. EVANS: Thank you, Minister.

Also, with the service provided by personal care homes, they do a lot to help with the overall quality of health of individuals, extending their lives and just giving them quality of care, quality of life, right? There's a lot of help in personal care homes in terms of being assisted with medications, access to help if someone falls, those types of things, that really improves the quality of life and the lifespan of the individual.

Personal care homes are private. Has there been any work done on looking at maybe bringing the personal care homes under the system so that it would be able to access services and funding and be able to expand throughout the province?

T. OSBORNE: Other than Labrador, where there is a shortage of personal care homes, there is a 25 or 30 per cent vacancy factor in personal care homes. Occupancy or beds in personal care homes on the Island portion of the province, other than in certain areas where there is a lack of personal care homes, but there is overcapacity currently in personal care homes.

We've worked with the industry on standards, improving standards, looking at standards, where we can start looking after some level 3 patients in the personal care home sector. They are one of the solutions to the shortage of long-term care beds in the province; for example, if they can get into looking after higher acuity patients because of the vacancy factor.

So we're working with them on the standards, on how we get higher acuity. There is an ALC pilot program that we're going to unveil this year in the personal care home sector. We've looked at the adult day program for, I guess for lack of a better phrase, where people can stay in their own homes longer because they go to an adult day program in personal care homes. There's a pilot program for that. There's a pilot program for dementia care in personal care homes.

We've been working with the personal care homes on ways that we can expand services in personal care homes and improve the standards.

L. EVANS: Thank you, Minister.

You referenced the personal care home in Southern Labrador. What level of service is that personal care home ranked at?

T. OSBORNE: They look after level 1 and 2 and probably enhanced care as well, Jeannine? Yeah.

L. EVANS: Enhanced care as well.

J. MCGRATH: We can confirm that for you and get back to you.

L. EVANS: Would you be able to confirm that? Thank you.

CHAIR: The Member's time has expired.

The hon. the Member for Conception Bay South.

B. PETTEN: Thank you, Chair.

I was going to tell the minister, I have about another couple of hours left but I don't.

T. OSBORNE: Did you really want that Family Care Team?

B. PETTEN: Minister Coady, I promised her I'd be done by 12, so I stick to the clock, right. I wouldn't backtrack on my word.

Under 3.1.01, provincial revenue, why is it $4 million less than previous years?

C. ANTLE: We had less revenue for recoveries from other provinces through the reciprocal billing process in '23-'24 than we originally anticipated.

B. PETTEN: Could you elaborate on that reciprocal billing process?

C. ANTLE: That's when other people from other provinces come here.

B. PETTEN: Okay and they're reimbursed back –

C. ANTLE: And get services and –

B. PETTEN: Okay, sounds good.

Grants and Subsidies, under 3.1.02, Support to Community Agencies: Could we get a list – they might be the same as the previous years, I'm not sure – of the monies that were paid out in '23-'24 and what's planning to be spent out of the amount in '24-'25? Is it the same?

T. OSBORNE: Hang on now, we need a drum roll because it's only been said once this year, in fact, I'm not sure.

CHAIR: Chad Antle.

C. ANTLE: It's on the stick.

B. PETTEN: Oh it's on the stick, is it?

C. ANTLE: Yes.

B. PETTEN: Very good. Good job.

A couple more final questions. Do you have a number today – are you tracking the number of people in the province without a family doctor? This is always a public debate. There are two or three numbers floating around, but what's your number?

T. OSBORNE: I know that the NLMA have a number that they've used. We do look at other numbers. So CIHI, for example, which has a much larger sampling, they sample a much larger number than – it's a very small size used by other individuals or other groups, but CIHI estimates, I think, that there's about 12 per cent of people in the province without a family physician. That number is also reflected by Stats Canada. We also look at Patient Connect and the number of people. So we've advertised well: If you don't have a physician apply to Patient Connect.

We also have, through MCP renewals, we will have – it'll be five years before we have everybody renew their MCP, because it's been more than 20 per cent a year. But based on MCP renewals, we have a very, very large sample size there where one of the questions when you renew your MCP card is if you have primary care coverage. Based on that, we are also in around the 12 per cent range.

I don't want to get into a public dispute with the NLMA, but our numbers show a much different number. Twelve per cent is still too high, way too high, which is why we're putting in place Family Care Teams and so on and so on. But our numbers are similar to CIHI's numbers, similar to Stats Canada numbers, and I trust those numbers.

B. PETTEN: Final question, Minister, and this might be the most political one I'll ask, but it's a fair question, because it was

publicly announced. Fogo Island hospital extension and the Change Islands doctors, the rotating doctors going to Change Islands, is there money in the budget for the expansion and the doctors for Change Islands, is that still happening? Is it in the works? Just following through on the commitment.

T. OSBORNE: Yeah, so the doctors from Fogo Island will be doing rotation in Change Islands. We have spoken with them and they've indicated their desire to do that. We are looking at supports for Change Islands to ensure that, not only are they able to do a rotation, but they may be able to provide virtual care with the proper supports in place on Change Islands as well.

B. PETTEN: Okay. What about the expansion on the hospital?

T. OSBORNE: Yeah, so that's currently being worked on, what is needed and the figures required. So that's currently being worked on.

B. PETTEN: Okay. I thought that was my last question, but I realize I missed one. This will be quick.

3.2.03, under Building Improvements, Furnishings, and Equipment: Why is the budget increasing by $124.738 million?

T. OSBORNE: That's not furniture in my office, I can assure you.

B. PETTEN: No, not in mine, either.

T. OSBORNE: I think it's the same furniture in my office when I was there 17 years ago.

B. PETTEN: Jerome bought new stuff, I think, didn't he? Or old stuff?

J. MCGRATH: So I just want to confirm, you're looking at 3.2.03?

B. PETTEN: Yeah, Building Improvements.

J. MCGRATH: Building Improvements.

B. PETTEN: Yeah.

J. MCGRATH: Are you looking for budget to budget?

B. PETTEN: Yeah, it has gone from $51 million to $176 million.

J. MCGRATH: Yeah.

The vast majority of that increase is a $99.5-million allocation for the health information system transformation, so that's the new HIS. This is the capital allocation portion of that. That would be hardware and various other capital requirements.

There is also a $3-million increase for the capital equipment allocation through this year's budget. There is $10.1 million that's annualized in *Budget 2023* related to the road ambulance integration. There are some other things there as well. There is $1 million allocated for the step-down mental health facilities and the wraparound community-based supports. There is $500,000 allocated for step-down mental health facilities in Labrador-Grenfell. There is $358,000 allocated for mobile X-ray services, capital. There's $646,000 allocated for virtual care, capital money as well. There is $3.2 million that's related to integrated youth services sites. There is about $1.7 million –

T. OSBORNE: Hang on now, say it's on the stick, John. It would be a lot easier.

It's on the stick.

J. MCGRATH: It's all in your binder.

B. PETTEN: Best kind, I appreciate that. Thank you very much.

I'm good with that.

CHAIR: Okay.

The Member for Torngat Mountains.

L. EVANS: Thank you, Chair.

I'm looking at the release of the *Dementia Care Action Plan*. What new initiatives are being launched? What are they and how much money is being budgeted for them?

J. HERRITT: Under the *Dementia Care Action Plan* there are 35 actions, which are in various stages of development and implementation.

The *Dementia Care Action Plan* also has a steering committee, a council that leads the work. We can certainly provide a further update on work to date, as well as initiative underway.

L. EVANS: Okay.

Regarding the deadline for public bodies to comply with the *Accessibility Act*, did NL Health Services publish their accessibility plan?

T. OSBORNE: We'll find out for you.

L. EVANS: Okay.

Are there plans to expand funding or the availability of family planning and safe abortion sites in the province?

T. OSBORNE: Yeah, I think I just signed off, literally, yesterday or the day before, on additional funding.

L. EVANS: Can we get an overview of that or a breakdown of the additional funding? You can send it to us.

In the media your department stated that recommendations to purchase a third plane for the air ambulance system is now irrelevant. Would you be able to elaborate on that? What new information or technical changes have rendered it irrelevant or are you contracting it out?

T. OSBORNE: I'm not sure of the statement you're referring to, actually, Lela.

L. EVANS: Well, there was talk of purchasing a third plane. Then, during an interview, you said: That's now irrelevant. So are we getting a third plane or …?

T. OSBORNE: So with ambulance integration, the proponent will be providing aircraft and consolidating air ambulance services in the province. Again, I'm not sure of the particular interview or the statement, but that may be what we were referring to; the fact that under a new proponent they will be providing the aircraft.

L. EVANS: Yes. I think that explains it.

Just looking at the backlogs now, I'm not going to ask you about the hip and knee replacement surgeries, but I will ask: Can you give us an update on the backlog for cataract surgeries? Is there anything being done to reduce the backlog so people are not actually going to a private service?

T. OSBORNE: Last year and the year before, we provided additional funding to help look after the backlog and I believe that we did see an impact. Just as an example, I think the Western region of the province had largely looked after their backlog. Am I correct?

Yeah, so the Western region of the province, for example, largely looked after their backlog. I think there is still some backlog in the Eastern region of the province, but we are continuing to work with the ophthalmologists and the non-designated or out-of-hospital facilities that provide the service. We're also looking at the services provided in hospital to make sure they are maximized.

L. EVANS: How long will it take for the new health information system to be operational? The budget mentions a $620-million spend here, but it's spent over 10 years.

T. OSBORNE: So the life of the contract would be 10 years. That spending would be over the life of the contract. There was an RFP put out. I believe the proponent has been decided and work has started now on – there are a number of systems in the province currently. The vast majority of them are antiquated; I think some of them are probably still using MS-DOS.

One hospital can't speak to another hospital. It is an issue, which is the reason for the health information system. The work has started on that now, so full implementation should be in 2025, I think, John?

J. MCGRATH: I would venture to say between two to three years. I think as they get further along in the project, that date will be firmed up for a go-live date. So it's not 10 years, it's a 10-year project plan, as the minister referred to.

L. EVANS: Yes, thank you.

I think Labrador-Grenfell Health can talk to Eastern Health, correct? Their systems?

T. OSBORNE: Pardon me?

L. EVANS: Labrador-Grenfell Health can talk to Eastern Health. Their systems are –

T. OSBORNE: Yes, I believe they can.

J. MCGRATH: Some of their systems are compatible, I believe that's what you're referring to, yes.

L. EVANS: What sort of security initiatives have been undertaken in the last year at the provincial health authority?

T. OSBORNE: That work has been significant and they continue every year. I think the fact that they had a cyber breach certainly highlighted the need for enhanced services on a continuous basis.

What they put in place this month could be outdated in a month or two, really, as the people who look to breach systems are constantly upgrading as well. So there's a continuous upgrade at the provincial health authority.

L. EVANS: Okay. Thank you, Minister.

Section 3.1.02, Support for Community Agencies: Under Grants and Subsidies, the 2023 Estimate book that we were looking at – the 2023 budget for Grants and Subsidies was at $4,843,000. This year's Estimates, the book says for the same 2023-24 budget was $2,624,300. Is this an error or was the Estimate revised?

C. ANTLE: We moved Kids Eat Smart and the School Lunch Association to the Department of Education.

L. EVANS: Perfect, thank you.

The Revenue - Federal, just along the line items: Last year, the revised value was $2,015,000 under budget. This year's Estimate is decreased by $2,166,700.

J. MCGRATH: Sorry, could you repeat which line you're referring to there?

L. EVANS: It's under Revenue - Federal.

T. OSBORNE: Is it 3.2.01?

L. EVANS: No, I'm on 3.1.02, Support to Community Agencies.

OFFICIAL: It's 3.2.02, Low Carbon Economy.

L. EVANS: Okay, sorry. That's 3.2.02, Low Carbon Economy, Capital. Sorry about that.

J. MCGRATH: So looking at budget to budget, the decrease in revenue is tied to actual anticipated expenditures. So the change in expenditure there is equating to the corresponding change in the expected revenue, so it's kind of a bit of a wash.

L. EVANS: Okay, thank you.

3.2.03, Building Improvements, Furnishings and Equipment: What improvements or renovations are slated to be completed this year on health care facilities, given that the facilities are related accordingly to their condition, which ones would be the highest priority on that list?

J. MCGRATH: So we would work with Newfoundland and Labrador Health Services. We go through a process every year where they would submit their priority items. Again, as you referred to, that's based on facility condition index and various other needs when it comes to capital equipment. So that's a process that we would uptake in the upcoming weeks and months.

L. EVANS: Thank you.

CHAIR: The Member's time has expired.

It's 12:12, 12:22 brings us to three hours.

Does the Member for CBS have anymore questions?

B. PETTEN: No, I don't, thank you, Chair.

I'll just say this quickly. Thank you very much, Minister, and all your officials, I appreciate the answers.

T. OSBORNE: I think that's the first time you've thanked me in months, but I appreciate it.

B. PETTEN: I know, I know, I don't know who's listening to this, yeah, but anyway, I'll see you next week in APC. Thank you very much. I'll see Gillian I think, too.

So thanks very much and I appreciate your time and your energy and your answers.

Thank you.

CHAIR: Okay.

Does the Member for Torngat Mountains have additional questions?

L. EVANS: Yes.

No, I'm just joking. Sorry.

I'd like to thank you for your time and being here and your answers, thank you very much. I look forward to receiving the extra information that you guys said you'd send over.

Thank you, Chair.

CHAIR: I'll ask the Clerk to recall the subhead.

CLERK: Health and Community Service Delivery, 3.1.01 to 3.2.03 inclusive.

CHAIR: Shall Health and Community Service Delivery, 3.1.01 to 3.2.03 inclusive carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Motion carried.

On motion, subheads 3.1.01 through 3.2.03 carried.

CHAIR: I'll ask the Clerk to call the total.

CLERK: Total.

CHAIR: Shall the total carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Motion 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.'

Motion carried.

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

CHAIR: The next meeting for this Committee is Tuesday, April 23 at 6 p.m. to consider the Estimates of the Department of Education.

The meeting is adjourned unless the minister has anything additional to say.

T. OSBORNE: I just wanted to thank those who asked questions and staff, as well, for answering questions. To all of our colleagues here, we definitely have the best department and staff.

CHAIR: All right, thank you very much.

This meeting is adjourned.

On motion, the Committee adjourned.