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Speaker: Honourable Ross Wiseman, MHA

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MR. SPEAKER (Wiseman): Order, please!

Admit strangers.

Before we start today's proceedings, I want to acknowledge some special guests in our gallery. Today, we are joined by three individuals who are on the executive of the Association for Early Childhood Educators: Mary Walsh, Helen Sinclair, and Joanne Morris.

Welcome to the House of Assembly.

SOME HON. MEMBERS: Hear, hear!

Statements by Members

MR. SPEAKER: Today we will have members' statements from the Member for the District of St. Barbe; the Member for the District of Conception Bay East – Bell Island; the Member for the District of Bellevue; the Member for the District of Bonavista North; the Member for the District of Burgeo – La Poile; and the Member for the District of Kilbride.

The hon. the Member for the District of St. Barbe.

MR. J. BENNETT: Thank you, Mr. Speaker.

I rise in this hon. House today to recognize and congratulate the Dredge family on providing seventy years of mail service to Black Duck Cove, Forrester's Point, St. Barbe and Pigeon Cove, communities in the District of St. Barbe.

Three successive generations of Dredges have been Postmasters. Abraham Dredge Sr. was Postmaster for four years, from 1943 to 1947. Mr. Dredge was a businessman who agreed to provide this service when nobody else was available.

His son, Abraham Dredge Jr., next served as Postmaster for forty-six years from 1947 to 1993. Often away, he was backed up by his wife, Gladys, nee Stephens, from Eddies Cove East. On his retirement in 1993, their son, Abraham George Dredge III, became Postmaster.

Affectionately known as Abey George, the third Postmaster Dredge still carries on the family tradition from a home-based post office in Black Duck Cove, providing postal service to four communities for the past twenty-one years – a combined milestone of seventy years of service.

Mr. Speaker, I ask all members of the House to join me in recognizing and congratulating the Dredge family on this unprecedented service in the District of St. Barbe.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Conception Bay East – Bell Island.

SOME HON. MEMBERS: Hear, hear!

MR. BRAZIL: Thank you, Mr. Speaker.

I stand to recognize Raymond (Ray) Will, a resident of Portugal Cove-St. Phillips. Ray, originally from the United Kingdom, moved here in 1977 and had a reputation as being a great distance runner, and he quickly proved it.

From 1978 to 1982, Ray competed in the Masters age group, ages forty to forty-four, never defeated provincially and was the top-ranked Masters runner during 1978 and 1979 in the 1,500, 3,000, 5,000, 10,000 metres and marathon categories in all of North America.

Ray was voted as Track and Field Athlete of the Year in 1979, and became a volunteer coach that spanned some thirty-five years. He coached at the local, provincial, and national level. He was head coach of MUN Cross-Country Team, coach of Canadian Women's Cross-Country Team, and coach of Newfoundland and Labrador's Canada Games entry. Ray attended the Olympic Games, the World Track and Field Championships, Commonwealth Games, and the Pan-American Games.

Athletes coached by Ray set almost all current provincial records between the 400 to 10,000 metre categories in all age groups. Ray's achievements led to his induction into the Newfoundland and Labrador Sport Hall of Fame this spring.

Honourable colleagues, please join me in congratulating Ray Will for a deserving recognition.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for the District of Bellevue.

SOME HON. MEMBERS: Hear, hear!

MR. PEACH: Thank you, Mr. Speaker.

Mr. Speaker, I rise in this hon. House today to recognize all of the 2014 Grade 12 graduates from the five high schools in the Bellevue district. They are: Crescent Collegiate, Tricentia Academy, Swift Current Academy, Fortune Bay Academy, and St. Joseph's All Grade.

All of the hard work and dedication has paid off for the graduates. I had the pleasure of attending the graduation ceremony at Swift Current Academy, Fortune Bay Academy, and St. Joseph's All Grade, while my assistant attended the graduations at Crescent Collegiate, and Tricentia Academy.

There were four students graduating from Swift Current Academy, ten from Fortune Bay Academy, eleven from St. Joseph's All Grade, sixty-nine from Crescent Collegiate, and twenty-seven students from Tricentia Academy.

The graduations had different themes to make for memorable nights for the students, parents, teachers and special guests. The themes ranged from "Around the World" to "A Night in Hollywood". We had a wonderful time at all five of the ceremonies.

I ask all members to join me in congratulating these graduating students of 2014 on their accomplishments and wish them all the best in their future endeavours.

Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Bonavista North.

MR. CROSS: Thank you, Mr. Speaker.

I rise in my turn today, to recognize the many and varied individual contributions to the Salvation Army ministry in New-Wes-Valley. The Wesleyville Salvation Army got its start in a waterfront twine loft in the 19th century, as members of the Greenspond Corps missioned there in the month of May, 1894. Jesse Hann is recorded as the first soldier.

On Saturday, May 24, I have the distinct opportunity to visit the Corps and share in their celebration of 120 very active years. As their Web page states: We hold worship services weekly. We give pastoral care. We provide ministries for women, men, youth and children. We donate funds for overseas missionary activities.

As a boy, I remember my mother driving to Wesleyville from Badger's Quay with some of the other Anglican ladies after our short service concluded. They visited the Salvation Army to hear testimonies and to share in the livelier and much longer service. Both of my sons were involved in the Cubs and Beavers growing up as part of the Salvation Army ministry in their sponsorship for youth through Scouts Canada.

When citizens of the north side of the bay get involved it is usually a total commitment. Together here today, let all of us salute the Hanns, Sturges, Keans, Tillers, Kelloways, Barbours, Bests, and all the others in that area. One hundred and twenty years, Mr. Speaker, and still growing strong.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Burgeo – La Poile.

MR. A. PARSONS: Mr. Speaker, I rise today to pay tribute to the late Elizabeth Bragg of Port aux Basques, known to all as Bette.

Bette was born at Port aux Basques on January 19, 1946, the daughter of the late Wilfred and Patricia Gillam and the eldest of six children.

For approximately thirty years Bette volunteered with many organizations on the southwest coast. She was a long-time member of the Dr. Charles

L. Legrow Health Care Centre and relentless when it came to fundraising for this group. She was a board member of the Port aux Basques Employment Corporation, a Lioness, served on the Executive of the Chamber of Commerce, the Come Home Year Committee, Roman Catholic Women's Guild, Raise the Bruce Committee, John Cabot Celebrations, Viking Celebrations, the Mariners Marinettes, and was both a team and committee member of various winter carnivals.

She will be deeply missed by her husband, Nathan Bragg Jr., her two daughters and their spouses, four grandchildren, and one great-grandchild, two sisters, three brothers, as well as a wide circle of family, friends and associates.

I ask all members of this House to join with me in paying tribute to the late Bette Bragg, a true credit to her family and community and to extend condolences to her family on their loss.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for the District of Kilbride.

MR. DINN: Mr. Speaker, I rise in this hon. House today to recognize and pay tribute to one of the largest sheet metal shops in the Province. Jenkins Power Sheet Metal located in the Goulds is celebrating its twentieth anniversary.

With twenty qualified sheet metal workers currently on staff, Dave Power and Rod Jenkins lead a team involved in delivering a number of services including customized sheet metal component designs, manufacture and installation. They provide industrial, commercial, and institutional ductwork. They design and install for hospitals, hotels, commercial kitchens and more.

This company has built an enviable record for competitive pricing and on-time completion of projects.

Jenkins Power is a hands-on service where the two owners handle all sales activities, tenders, and on-the-job project management. This company is always upgrading.

The co-owners of this business have strong family backgrounds in sheet metal work, as do many of those on the team. Dave Power's father, Pat, worked for many years as a tinsmith and Rod Jenkins' grandfather and uncle were well known in the trade. Today, Dave's son, Stephen, is in training in the trade.

I ask all hon. members to join me in congratulating Jenkins Power on its twentieth anniversary.

Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Statements by Ministers.

Statements by Ministers

MR. SPEAKER: The hon. the Minister of Transportation and Works.

SOME HON. MEMBERS: Hear, hear!

MR. MCGRATH: Mr. Speaker, day in and day out public works professionals throughout Newfoundland and Labrador do exemplary work.

Often working behind the scenes, these women and men are the backbone of managing and maintaining all aspects of local, municipal, and provincial infrastructure. They keep our marine infrastructure operating as safely and efficiently as possible, they keep our road infrastructure in good condition, and they ensure buildings and properties are appropriately maintained. They also play integral roles planning and building infrastructure projects.

Earlier this week, I had the pleasure of acknowledging the contribution of public works professionals by officially proclaiming this week as National Public Works Week.

Co-ordinated by the Canadian Public Works Association, National Public Works Week is a way to recognize the important role of public works in our communities.

This year's theme, *Building for Today, Planning for Tomorrow*, is consistent with our government's vision.

Over the last number of years, we have invested in the development of essential infrastructure that will help shape our Province's future and serve as catalysts for economic development. This same infrastructure makes our communities more attractive to young families who want to live near modern, state-of-the-art facilities and is transforming the delivery of important programs and services throughout the Province.

Whether it is new wharf infrastructure in St. Anthony, health care facilities in Flower's Cove or Glovertown, and several educational facilities, public works professionals play key roles in bringing projects from concept to completion.

Mr. Speaker, it is exciting to see the Province's infrastructure continue to grow and progress. This year, we will be opening a new hospital in Labrador West, a new long-term care facility in St. John's, and new treatment centres in Grand Falls and Paradise.

In the coming year, we will continue to advance new health and education infrastructure, including the new regional hospital in Corner Brook, replacement of the Waterford Hospital and the penitentiary, and new schools.

Mr. Speaker, I would like to thank the public works employees for their professionalism and commitment to these initiatives and the many others that positively impact the people of the Province on a daily basis and make our Province a great place to live, work, and do business.

Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. John's South.

MR. OSBORNE: Thank you, Mr. Speaker.

Mr. Speaker, I thank the minister for an advance copy of his statement, but while the statement is full of things that government will do and promises they will undertake, and it is tempting to talk about the things they have not done, I am going to avoid that temptation and focus more on thanking our public service professionals.

The Province's public works professionals do good work and they deserve to be commended.

I will say you do not miss anything until it is not there, and if these public service workers did not do their job, the people of the Province would certainly miss it. They often go about their daily work, Mr. Speaker, without any thanks, recognition, or praise, and they deserve that praise because they help keep our traffic moving, they help keep our children going to schools, and they help keep our hospitals operating.

I would like to thank this time to thank those people, the professional people who continue to ensure our infrastructure operates.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. John's East.

MR. MURPHY: Thank you, Mr. Speaker.

I would like to thank the minister for the advance copy of his statement, as well. While we can stand here in the House and thank the professionals we have working for government in public works, there are times – and I spoke to person who is working in the public works field for government just a little while ago. They said that they felt like they were not being used to their optimum potential, for the simple reason that government's failure for some of its own policies has been shining through; and I can only point at the Auditor General's report when I say that: roads, bridges, and ferries. When it comes to the strategic planning on the part of government to maintain the important infrastructure that is out there like roads and bridges and like what I have just said, government has an abject failure there. Yes, they did great when it comes to some of the other infrastructure that is out there, like hospitals and schools and such; and for that, those employees deserve our thanks. There are others out there thinking otherwise.

MR. SPEAKER: Order, please!

The hon. the Minister of Municipal and Intergovernmental Affairs.

SOME HON. MEMBERS: Hear, hear!

MR. KENT: Thank you, Mr. Speaker.

I am pleased to rise in this hon. House today to talk about the Spring 2014 Fire and Emergency Training School, taking place in Clarenville from May 24-30.

This is the seventh year that Fire and Emergency Services-Newfoundland and Labrador have co-ordinated large-scale training that includes courses and seminars on a wide variety of topics from emergency management to fire protection.

Mr. Speaker, as we work to continually improve and update our course offerings, I am very pleased to announce today that we have added three new programs to the training school – Fire Operations in the Wildland Urban Interface, Technical Rope Core Rescue Training, and Mental Health First Aid for Youth.

The Mental Health First Aid for Youth Program was created through a collaborative training effort between the Royal Newfoundland Constabulary, the Royal Canadian Mounted Police, the Department of Health and Community Services, and the Para-medicine Association of Newfoundland and Labrador. The program was developed to help first responders provide initial support to individuals who may be developing or experiencing a mental health problem.

Mr. Speaker, the importance of prevention and training cannot be underestimated and these efforts help keep the residents of our Province safe and protected.

As one of the leaders in providing safety training programs for the Province, I am very proud of the ongoing work that Fire and Emergency Services-Newfoundland and Labrador has been co-ordinating and I am very grateful to our many partners for their support.

Training school is offered at no cost to officials and volunteers and is open to members of fire departments, municipal representatives, public works, maintenance personnel, emergency

response organizations, and non-governmental organizations. I encourage interested individuals to visit the Fire and Emergency Services-Newfoundland and Labrador Web site to register.

Mr. Speaker, once again, the provincial government will make funds available through a 50-50 cost-share arrangement for municipalities to assist with the travel and accommodation expenses incurred while attending these important training opportunities.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Bay of Islands.

MR. JOYCE: Thank you, Mr. Speaker.

I thank the minister for an advance copy of the statement. Congratulations to Fire and Emergency Services NL again for putting off this training in Clarenville. I thank Clarenville, the residents, and the fire departments for helping to put off the training for people all across Newfoundland and Labrador.

As the minister mentioned, there are three new courses being offered this year. It is great. The Mental Health First Aid for Youth program is a great initiative that was developed by four different organizations. Mr. Speaker, as you see, the Fire Operations in the Wildland Urban Interface and the Technical Rope Core Rescue Training are very vital.

Just as an example, out in Lark Harbour in the Bay of Islands, Mr. Speaker, there are a lot of hiking trails and a lot of mountain area. That will become useful to a lot of the fire departments.

I know the government supports this program. I know they give funding for it. As we all know, fire departments now have become a lot of first responders in a lot of emergencies in Newfoundland and Labrador, so anything we can do as parliamentarians to help support and train these volunteers is welcome. I commend the government for again supporting financially

the people travelling to Clarenville for this training.

As we all know, Mr. Speaker, all throughout the last number of years, our climate is changing. Disasters are changing. Our first responders need this new training. We need it, and they have to have it because they will be the first responders. So any new program that comes in will be welcome.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. John's East.

MR. MURPHY: Thank you, Mr. Speaker.

I would like to thank the minister for the advance copy of his statement here today. I am very pleased to see this announcement again today that the Fire and Emergency Services training will be going on for the seventh year, in this case in Clarenville. I would like to thank the government for their input into this to maintaining services like this.

Every day we get a stark, staring reminder, I think, of how important it is to have a first responder there and how lucky we are in cases not to be the person who is responding to some of these scenes. We have a responsibility, too, at the same time as citizens to make sure we are careful in our driving and careful when using fire so we do not have to have these people using these services they have learned and the skills they have learned in being first responders. Again, thanks to government for that.

I certainly would like to know, Minister, at the same time about the Mental Health First Aid for Youth program. Hopefully in another day he will come out with another statement on that.

Thank you very much.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Minister of Child, Youth and Family Services.

SOME HON. MEMBERS: Hear, hear!

MR. JACKMAN: Thank you, Mr. Speaker.

I rise today in this hon. House to recognize May 25 to May 31 as Early Childhood Educators Week in Newfoundland and Labrador. This week will serve to recognize child care professionals who make a significant contribution to development and care of the children in our Province.

Currently, there are more than 1,200 individuals working in the child care sector across Newfoundland and Labrador, including regulated child care centres and family child care homes. In addition, there are early childhood educators working in many other settings related to child care, such as family resource centres, post-secondary institutions, and in research and consulting.

Through *Budget 2014: Share Prosperity, Fair Society, Balanced Outlook*, an additional \$11.4 million has been allocated for child care services, bringing the Province's total child care budget to approximately \$42.5 million. Mr. Speaker, this funding is focusing on the continued implementation of our 10-year child care strategy, *Caring For Our Future: Provincial Strategy for Quality, Sufficient and Affordable Child Care in Newfoundland and Labrador*.

A key component of this strategy is promoting a system of quality child care. Early childhood educators play a vital role in the development and delivery of child care services. Our government is committed to providing a variety of supports to early childhood educators, such as early childhood education bursary programs and the Early Learning and Child Care Supplement.

Mr. Speaker, along with representatives from the Association of Early Childhood Educators Newfoundland and Labrador, I will have the pleasure of proclaiming Early Childhood Educators Week on Monday, May 26. Mr. Speaker, I say I look forward to meeting them. During the week, early childhood educators will have the opportunity to celebrate their profession and participate in professional development and networking events.

Mr. Speaker, I ask all members in this hon. House to join me in recognizing and thanking all early childhood educators for the important

work that they do for our most valuable resource – our children and our youth.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Burgeo – La Poile.

MR. A. PARSONS: Thank you, Mr. Speaker.

I thank the minister for an advance copy of his statement. I am happy on behalf of the Official Opposition to recognize Early Childhood Educators Week and the important work that ECEs do in our Province, and to welcome our special guests. ECEs, Early Childhood Educators, do play a vital role in our society as they care for our children while we work, helping them socialize, learn early literacy and numeracy, as well as to express themselves creatively.

Accessible child care is a crucial component in any society, but ours in particular. The Conference Board of Canada forecast a population plunge here in the Province to 482,000 by 2035. Whether we actually experience that much of a drop in our population remains to be seen, but the fact that the number of deaths outpaces births in our Province is a cause for concern. We must do what we can to support people considering having children, and part of that is supporting early childhood educators in reaching their goals.

With just over 7,800 regulated child care spaces in this Province and over 60,000 children under the age of thirteen, there is a considerable gap. Subsidies are one way to help child care become more accessible for some parents, however, we are hearing from some centres that they are considering denying spaces to subsidized parents because there is such a delay in being reimbursed by government.

During Early Childhood Educators Week I would urge government to please review the wait times for these centres to be reimbursed. Not only are they small businesses trying to survive, they are vital to the Province of Newfoundland and Labrador.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Third Party.

MS MICHAEL: Thank you very much, Mr. Speaker.

I too thank the minister for an advance copy of his statement. I am very happy to stand and express my appreciation and that of our caucus for the valuable contribution of early childhood educators in this Province. I welcome the representatives here today.

These highly-trained professionals are also highly dedicated and passionate about the work they do with children. I am sure that parents across the Province admire and appreciate their skill and commitment every day. Unfortunately, even with bursaries and a salary supplement, salaries for early childhood educators in this Province are among the lowest in Canada.

What we need in this Province, Mr. Speaker, is an early childhood and child care program. A seamless program under the Department of Education adding to our educational system of publicly administered and delivered child care program like the one in Quebec where it costs parents only \$7 a day to have their children taken care of.

Thank you very much, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Oral Questions.

Oral Questions

MR. SPEAKER: The hon. the Leader of the Official Opposition.

MR. BALL: Thank you, Mr. Speaker.

Teachers in our Province have been without a contract for almost two years. Yesterday, talks broke off between government – broke down again. Teachers are saying that government is taking a narrow and extreme position.

I ask the Premier: When are you going to show the teachers the respect they deserve and negotiate in good faith?

MR. SPEAKER: The hon. the Minister of Finance.

SOME HON. MEMBERS: Hear, hear!

MS JOHNSON: Thank you, Mr. Speaker.

Mr. Speaker, first and foremost, let me say how much we value our teachers, not only as MHAs, ministers, and people on the other side of the House, but as parents. First and foremost, my parents were my first educator. I am my child's first educator, but teachers come a very close second. I am sure many of us could not be in this House today without the assistance of our teachers in our learning and our upbringing. To question our value for teachers, let there be no question that we value our teachers.

I find this an unusual circumstance that I am talking about negotiating items in the public. However, given that the President of the NLTA did discuss some of the issues in public; it leaves me with no choice to do so. I know I only have a minute to answer, so upon other questions I will continue with where I am going.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Official Opposition.

MR. BALL: Thank you, Mr. Speaker.

There is no question it is an unusual circumstance, because just last month talks broke off between teachers and government. This has been ongoing now for about two years. At that point a conciliation officer was appointed. After five days of conciliation they were no closer, according to NLTA, to reaching an agreement.

I ask the Premier: You settled contracts for almost 30,000 other union members, so why –

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: Order, please!

MR. BALL: We recognize that, so why are you maintaining such an extreme position in negotiations with NLTA?

AN HON. MEMBER: (Inaudible).

MR. BALL: That is what they are saying.

MR. SPEAKER: The hon. the Minister of Finance and President of Treasury Board.

SOME HON. MEMBERS: Hear, hear!

MS JOHNSON: Thank you, Mr. Speaker.

Let me be clear, we did not break off talks yesterday. In fact, meetings were occurring up until yesterday by senior officials on both sides.

Mr. Speaker, as I said, it is an unusual circumstance. We do not believe we are being narrow. We believe we put a fair position on the table. As I said, the issues are being discussed in public. So just to lay it out for the information opposite and for people listening, and especially for teachers. I met the President of the NLTA February 13, along with his negotiating team and mine. They had five issues on the table, Mr. Speaker, family leave being one. They were looking for three days family leave; personal leave they were looking for two days. Administrators, principals, they were looking for five days. Maternity leave was on the table, an enhancement there; as well as lunchtime supervision.

At that time, our short list, we had two items – and with subsequent questions I will continue.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Official Opposition.

MR. BALL: Thank you, Mr. Speaker.

Yesterday, the Minister of Finance said that government is not looking at major concessions from teachers but the NLTA says that government is seeking significant concessions and that it will impact all teachers; concessions about issues that you just talked about. Obviously, there is a disconnect. There is miscommunication here somewhere.

I ask the Premier: The concessions you are seeking, would you consider them nothing major or significant as the NLTA says?

MR. SPEAKER: The hon. the Minister of Finance and President of Treasury Board.

SOME HON. MEMBERS: Hear, hear!

MS JOHNSON: A good point to ask the question because it leads me into the two issues we did have on the table; but, just to finish, they had five issues at that time and they removed two: the maternity leave and the lunchtime supervision. They then added seniority and inclusion.

That brings me to our issues that we had on our short list at that time, and we do not believe they are major concessions. I would be happy to explain them to you and why we do not believe they are major concessions.

Currently, in the collective agreement it states an administrator or principal has to make every effort to ensure that a teacher is replaced so that a substitute is called in. We are asking that principals have the discretion to call in. Let me be very clear, because Mr. Dinn said there could be circumstances where children would be sent home. Under no circumstance would government ever support children being sent home rather than call in a substitute teacher.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Official Opposition.

MR. BALL: Thank you, Mr. Speaker.

I really believe this gets to the root of the problem. We still have NLTA that is taking a very different position right now in this round of negotiations. They still do not understand that this has significant impact. This government does not understand the significant impact that teachers are saying this would have on them. Government and our teachers began this round of bargaining over two years ago but teachers are saying that government's position demonstrates a lack of respect and threatens to disrupt the educational system. Those are the teachers' words.

I ask the Premier: Why are you letting those negotiations drag on for over two years now and threatening to disrupt the education system?

MR. SPEAKER: The hon. the Minister of Finance and President of Treasury Board.

SOME HON. MEMBERS: Hear, hear!

MS JOHNSON: Thank you, Mr. Speaker.

I will just continue to explain our position and then the Leader of the Opposition and others can decide where they are, Mr. Speaker. Again, let me be clear, we have no intentions of ever sending home children when a substitute could be called.

The other important piece around this, Mr. Speaker, is this is current practice anyway. Principals currently do exercise discretion when calling in substitutes. So we are only asking to reflect that wording in the current collective agreement.

The other really important thing to point out here is we are not looking for any savings. There is no budgetary requirement around this. The budget for substitutes will remain exactly the same, so there is no major concession on our part. We are asking them to do what is currently happening in practice. We are not ever once suggesting that substitutes not be called in for in class instruction.

I will continue with the next question, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Official Opposition.

MR. BALL: Thank you, Mr. Speaker.

The Privacy Commissioner released a report yesterday saying the school board violated six sections of the Access to Information and Protection of Privacy Act when it inappropriately called and disclosed personal information of a teacher.

I ask the Premier: Can you explain six sections of the act that could be violated by this public body?

MR. SPEAKER: The hon. the Minister of Education.

SOME HON. MEMBERS: Hear, hear!

MR. KING: Mr. Speaker, I thank the member for the question.

As the member would be aware, school boards operate at arm's length from government. So the day-to-day operations of the school board certainly would not be in the purview of my department as minister, or any other minister.

What I would say to the member, though, is I am aware of the report and I acknowledge and accept the recommendations. I have given some very clear advice to the board that they need to move forward and they need to make sure this does not happen again. It happens from time to time.

I had a breach when I was the Minister of Justice, in my department. As I said to the person at that time, it is unacceptable. People expect public servants, whether they are government or school board officials – they expect privacy, and they expect their private information to be protected. As the Minister of Education, I expect the same. I expect the school board will uphold that and take the necessary corrective actions.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Official Opposition.

MR. BALL: Thank you, Mr. Speaker.

The privacy commissioner made four recommendations that would help avoid these breaches occurring in the future. In response, the school board would only say that it would accept the intent of the commissioner's recommendations and they are doing a review.

I ask the Premier: What does it say about a process when an unelected board can accept the intent of the privacy commissioner's

recommendations but not actually the recommendations themselves?

MR. SPEAKER: The hon. the Minister of Municipal and Intergovernmental Affairs.

SOME HON. MEMBERS: Hear, hear!

MR. KENT: Mr. Speaker, the Office of Public Engagement has developed a number of resources to help departments and agencies, even those arm's-length of government, in dealing with privacy breaches and in ensuring that measures are in place to prevent such breaches from happening. It is also important when a breach happens that a proper review is done by that department or agency. That is exactly what the school board has committed to doing.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. John's North.

MR. KIRBY: Mr. Speaker, not many years ago this government forced an underfunded inclusion model onto the schools of this Province. As a result, many of our students are not getting the attention they deserve. The underfunded inclusion model has now become a key stumbling block in the failing contract talks with the NLTA.

I ask the minister: Why is government refusing to discuss solutions to this problem with the NLTA?

MR. SPEAKER: The hon. the Minister of Finance and President of Treasury Board.

SOME HON. MEMBERS: Hear, hear!

MS JOHNSON: Thank you, Mr. Speaker.

Mr. Speaker, as I said this was one of the items that were added to their short list. This was added in April; it was not on the original short list.

Having said that, Mr. Speaker, we agree that inclusion is significant. We have said at the table that there would be no issue with the NLTA meeting with the Minister of Education,

meeting with myself, to continue discussions on this very important matter.

We believe that inclusion is critical, Mr. Speaker, and all children should be able to be taught in an environment where everybody is included. That is something we are very supportive of and supportive through this process as well.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. John's North.

MR. KIRBY: No one over here disagrees with that, Mr. Speaker. One of the NLTA's sticking points is government's refusal to establish a joint committee to review the resourcing of the inclusion model. All students are at risk of failing and at risk of falling behind because the inclusion model is underfunded. The NLTA is merely asking for a committee to be established to review the serious problem that this government created.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MR. KIRBY: I ask the minister: Why is this government still refusing to work with teachers to find a solution to a problem that you created?

MR. SPEAKER: The hon. the Minister of Education.

SOME HON. MEMBERS: Hear, hear!

MR. KING: Mr. Speaker, as my colleague, the Minister of Finance, has referenced, the philosophy of this government is we believe all students have a right to an education. That does not mean simply an academic education; it means social development and it means emotional development. There are more opportunities than not where students will benefit tremendously by being in the company of their peers in a classroom through an inclusive environment. That is our philosophy and we support it fully.

I acknowledge and I accept there are challenges in certain instances where the model creates

problems, and we have to work around those. We are committed to doing that. We are committed to resourcing the system.

I can say to the member, and through the member to the NLTA, today very clearly: You can knock that item off your collective bargaining list because I will commit now to form a joint committee to talk about inclusion in the classroom.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Carbonear – Harbour Grace.

MR. SLADE: Mr. Speaker –

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

The hon. the Member for Carbonear – Harbour Grace.

MR. SLADE: Mr. Speaker, the same government who shouted no more giveaways has allowed Nova Scotia –

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

The hon. the Member for Carbonear – Harbour Grace.

MR. SLADE: Mr. Speaker, the same government who shouted no more giveaways has allowed Nova Scotia –

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MR. SLADE: – to harvest Newfoundland and Labrador fish for the past ten years. Now that they have been exposed for not protecting our resource, the minister is saying he is willing to look at how it can be done differently.

I ask the minister: Was there anyone from our Province who approached government expressing an interest in fishing this quota; and if so, what were they told?

MR. SPEAKER: The hon. the Minister of Fisheries and Aquaculture.

SOME HON. MEMBERS: Hear, hear!

MR. HUTCHINGS: Mr. Speaker, this quota is leased to Icewater and at any time, any entity that wanted to discuss different options in regard to access to that are free to talk to Icewater. To my knowledge, no one has questioned me in regard to what the possibilities are. I have had some discussions on it. As always, it has been discussed with Icewater. If there is an option or something you want to discuss and bring back for us to review, we would certainly be happy to do it.

Again, in regard to a giveaway, the hon. member mentioned yesterday protecting Newfoundlanders and Labradorians. Let me tell him there are 180 people working in Arnold's Cove. There are small businesses in Arnold's Cove as well and the region from Southern Harbour to Clarenville that are getting rewards out of the decision we made in 2004. I will let him know they are Newfoundlanders and Labradorians and we are there to support them as well, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Carbonear – Harbour Grace.

MR. SLADE: Mr. Speaker, this is not about the workers at Icewater or Icewater itself – it is not about it.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MR. SLADE: It is about getting more into that plant so they can work longer periods of time. That is what it is about. Mr. Speaker, this is not about helping Icewater. This is about your government's failure to stop the giveaway of our fish.

A fish harvester claims he has been trying to talk to the Department of Fisheries for more than three years to access this quota, but he has been ignored. He also tried to reach Icewater and was put on to the company's resource allocations manager, who lives in Nova Scotia. The fish harvester has two boats tied up and is ready to hit the water to fish those quotas.

I ask the minister: How does he intend to make it happen for this Newfoundland and Labrador harvester and others like him? Is he prepared to talk to Icewater to fix this matter?

MR. SPEAKER: Order, please!

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Minister of Fisheries and Aquaculture.

SOME HON. MEMBERS: Hear, hear!

MR. HUTCHINGS: Mr. Speaker, in regard to harvesters, I ask him to give me the name and I will follow up. I also remind him on April 12, he was in my office and he wanted an update on CETA. The officials gave him an update. At that time, he said to me he had a lot of people who wanted information on CETA. I said to him: Give me the numbers, give me the e-mails, and I will get in touch with them, or my staff will. Since that time, Mr. Speaker, how many names do we have? Fifty? Ten? We have zero, Mr. Speaker. He never passed them on.

Again, he is here today – if you have someone here who wants to speak to the minister or wants to speak to my department, pass it on, we will deal with it, and move it ahead, Mr. Speaker.

MR. SPEAKER: Order, please!

SOME HON. MEMBERS: Hear, hear!

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

The hon. the Member for The Straits – White Bay North.

MR. MITCHELMORE: Mr. Speaker, the Minister of Municipal Affairs said on Tuesday

this government has done a great deal to improve cell coverage throughout Newfoundland and Labrador, yet this Province has the worst cell service in Atlantic Canada. Users already pay a fee for 911 and will now be double billed. Many users will not even have access to this vital emergency service.

I ask the minister: What has his government done to expand cell coverage to rural communities?

MR. SPEAKER: The hon. the Minister of Innovation, Business and Rural Development.

SOME HON. MEMBERS: Hear, hear!

MS SULLIVAN: Thank you, Mr. Speaker.

Mr. Speaker, if the member opposite had been listening, he would have heard it said that we are doing everything we possibly can to encourage providers to get involved with us, particularly through the RBI three and two, in terms of providing additional cellular coverage. In each of those calls, we have asked the providers to come in along with their broadband ask and look at cellular coverage. That is something that we are very committed to, Mr. Speaker.

My question to the person opposite there would be: What have you done? How have you encouraged those providers to do the same thing?

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for The Straits – White Bay North.

MR. MITCHELMORE: Mr. Speaker, there has been no approval for towers through the RBI at this point in time. This government has done very little to nothing. I have been working with providers and getting proposals to the table.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MR. MITCHELMORE: Mr. Speaker, the 2011 Tory Blue Book stated this government would work with service providers –

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

The hon. the Member for The Straits – White Bay North.

MR. MITCHELMORE: The Tory Blue Book stated that the government would work with service providers to develop a plan to expand cell service in the Province. Clearly, business owners, residents and visitors without cell coverage see this as an empty promise. We have been waiting three years.

I ask the minister: Will you table this plan to expand cell service as you have committed?

MR. SPEAKER: The hon. the Minister of Innovation, Business and Rural Development.

SOME HON. MEMBERS: Hear, hear!

MS SULLIVAN: Thank you, Mr. Speaker.

Mr. Speaker, as the member opposite knows, a business plan has to be made and has to be put in place for that cellular service to be provided, the same as with rural broadband. We are now incenting at a rate of about 75 per cent for rural broadband and we are seeing that happen. That is why we are able to say that at this point –

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MS SULLIVAN: – in time 95 per cent of Newfoundland and Labrador has access, Mr. Speaker. I would like to see what it is that he has brought to the table.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MS SULLIVAN: Also, I would like to hear what the Liberal plan is for how they are going to see to it that cellular coverage happens.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MS SULLIVAN: Where is there plan?

SOME HON. MEMBERS: Hear, hear!

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

If members want to have their Question Period with across the House conversations, by all means, but this is thirty minutes allocated for Question Period and I was about to acknowledge the Member for St. Barbe.

The hon. the Member for St. Barbe.

MR. J. BENNETT: Mr. Speaker, recommendation 38 contained in Decades of Darkness recommended the Department of Justice review the decision to stop providing institutional clothing to inmates. If the decision is maintained, a limit should be placed on the amount of personal clothing permitted and the number of times it can be received.

I ask the minister: Has this decision been reviewed; if so, by whom, and with what result? In particular, how many times can inmates now receive personal clothing to wear in prison?

MR. SPEAKER: The hon. the Minister of Justice.

SOME HON. MEMBERS: Hear, hear!

MR. FRENCH: Mr. Speaker, isn't it ironic? This was a policy of the former Liberal Administration of changing the clothing and the uniforms in prison. When he refers to the Decades of Darkness and request 38, he should go back to his own party's policies of years gone past.

This is a government that took the Decades of Darkness very, very serious, Mr. Speaker. We are very concerned about the state of the current penitentiary and we were a number of years trying to work with the federal government as a matter of fact. So much so that we have decided

that is it, we are about to build a new prison in this Province.

A few short months ago we did come up with Parkin Architects Limited, one of the best-known architects in North America, that are now working with two other local companies.

Thank you, Mr. Speaker, and –

MR. SPEAKER: Order, please!

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. Barbe.

MR. J. BENNETT: Mr. Speaker, it was this government that commissioned the study called the Decades of Darkness. They appear to be ignoring the recommendations. Decades of Darkness also recommended that an employment equity plan be developed, particularly for the Department of Justice, and expanded to include all four groups of employment equity including women in non-traditional roles, Aboriginal peoples, visible minorities, and persons with disabilities.

I ask the minister: Has this recommendation been implemented; if so, how many people from these groups have been hired and how many of them are currently employed?

MR. SPEAKER: The hon. the Minister of Justice.

SOME HON. MEMBERS: Hear, hear!

MR. FRENCH: Thank you, Mr. Speaker.

I would like to continue on with my answer, Mr. Speaker, concerning the new prison because obviously it is something this government believes in significantly. We have tried to work with the federal government and we are continuing on.

Right now, we have not decided on a plan. I am expecting the plan in the coming months, which will decide on a conceptual plan, Mr. Speaker, but it will also offer more programming. The Decades of Darkness talks about more and more programming in our prisons. That is one of the

things we are hoping to achieve with this new prison.

As for the specific item he referenced, whatever number it was, Mr. Speaker, I have no problem finding out that specific point he is making. I will certainly get back to him as early as this evening, if I can find it out.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for the District of St. Barbe.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

The hon. the Member for St. Barbe.

MR. J. BENNETT: Mr. Speaker, I remind the minister I wrote the same letter to him on February 20, three months and two days ago, and he has yet to answer the question. That is why I am asking today – three months and no response.

MR. SPEAKER: The hon. the Minister of Justice.

SOME HON. MEMBERS: Hear, hear!

MR. FRENCH: Mr. Speaker, as Ministers of the Crown we get all kinds of correspondence on a regular basis. I do know about a letter he wrote the previous minister with a list. If I recall correctly, I am thinking it was seventeen pages long. Rather than respond to seventeen pages of questions, I would be more than willing to offer the hon. member to come up to our board room, sit down, we can bring in officials, and respond to each one of his questions individually.

SOME HON. MEMBERS: Hear, hear!

MR. FRENCH: To send a seventeen-page questionnaire on the seventy-seven recommendations, Mr. Speaker, is just foolishness. We would be more than willing to provide whatever answers he is looking for.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. John's South.

MR. OSBORNE: Thank you, Mr. Speaker.

Mr. Speaker, as part of the 2007 Energy Plan, government committed to promoting a culture of conservation. One of its actions was to adopt a policy that, by 2011, 25 per cent of all new provincial government light vehicles purchased would be energy efficient, including hybrids.

I ask the minister: Considering the target is now three-and-a-half years old, have you met the commitment, and what percentage of government's vehicle fleet is now energy efficient?

MR. SPEAKER: The hon. the Minister of Environment and Conservation.

SOME HON. MEMBERS: Hear, hear!

MS SHEA: Thank you, Mr. Speaker.

Mr. Speaker, I will endeavour to meet with the various ministers and departments and get that information.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Third Party.

MS MICHAEL: Thank you, Mr. Speaker.

As a former teacher and school administrator, I am absolutely shocked and stupefied that this government would even think about making discretionary the use of substitute teachers when a teacher is validly absent. I know that substitute teachers are essential to the daily running of the school system.

I ask the Premier: Does this government really not know the impact on students and teachers of the concession that they are demanding?

MR. SPEAKER: The hon. the Minister of Finance and President of Treasury Board.

SOME HON. MEMBERS: Hear, hear!

MS JOHNSON: Thank you, Mr. Speaker.

I really appreciate the member asking questions about this because clearly the Official Opposition were not interested in hearing the full story. After they hear everything that is on the table, perhaps then they can tell us if they feel this is a major concession or not – we do not. We absolutely agree that substitutes are a critical part of the education system. They are absolutely needed. Under no circumstance would we ever have a child sent home because a substitute would not be called.

All we are asking for is change in the wording, which currently exists in practice today, that principals have the discretion to call in a substitute. What we are looking for is not within in-class instructional time – and I will give the member an example, which I am sure she would be familiar with. Public exam time, Mr. Speaker. Currently, right now, principals may or may not call in a substitute when public exams are ongoing. We just want the wording to reflect that.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Third Party.

MS MICHAEL: Mr. Speaker, I love the way they make it all sound so simple. I cannot imagine that the NLTA is upset over that. I really cannot get over – I cannot get over the arrogance of this government, Mr. Speaker.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MS MICHAEL: Let's go into another example of the arrogance of this government, Mr. Speaker.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MS MICHAEL: Societies are judged by how they treat their most vulnerable members, and so are governments.

I ask the Premier: Why is his government renegeing on the responsibility by placing the

care of young people with complex needs in the hands of for-profit companies?

MR. SPEAKER: The hon. the Minister of Child, Youth and Family Services.

SOME HON. MEMBERS: Hear, hear!

MR. JACKMAN: Mr. Speaker, as I have said several times. Our first priority, Mr. Speaker, is the provision of quality care for these youth. Through a process, a frame work that was set out prescribing the types of things that we want in care, the RFP process was put forth. As a result, submissions were made. Based on that criteria, a group was given the contract, Mr. Speaker.

I certainly hope the member is not saying that the service this company is providing is not up to what is required for these youth, Mr. Speaker. In fact, it very much is so.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Leader of the Third Party.

MS MICHAEL: Thank you, Mr. Speaker.

These youth were getting quality care. Now youth in the three new Level 4 residential care homes still do not know where they are going to live, who will care for them, or when they will be forced to move. That is quality care?

I ask the Premier: Why is he not stepping in to take care of this crisis, because it is a crisis?

MR. SPEAKER: The hon. the Minister of Child, Youth and Family Services.

SOME HON. MEMBERS: Hear, hear!

MR. JACKMAN: Mr. Speaker, as I have tried to explain, the type of service that is being provided – the type of care that is required is different. These homes, Mr. Speaker, once provided protective custody. These youth were there for – choice of a better word, they were placed there because of court issues. Today, what we are providing is more of a residential type foster home.

If we can get our heads around that, and if the Leader of the Third Party can get her head around that, the service is different from what was required previously. The company that has been awarded this contract, Mr. Speaker, is a reputable one and they will provide that quality service.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. John's Centre.

MS ROGERS: Mr. Speaker, these are not foster homes. Foster home children are placed with families. These are Level 4 residential care where staff are hired and paid, and rotate on schedule.

Mr. Speaker, while government was preoccupied washing its hands of its responsibilities for the care of young people with complex needs, the company they hired to do this has dropped the ball. The homes are not ready and will not be ready for the time frame. How could government have bungled this so badly?

I ask the Premier: What is the plan to ensure these children remain safe while in care?

MR. SPEAKER: The hon. the Minister of Child, Youth and Family Services.

SOME HON. MEMBERS: Hear, hear!

MR. JACKMAN: Mr. Speaker, let me assure the member of one thing, these children will be safe while in care. Never, never ever doubt that.

Mr. Speaker, I doubt very much if the hon. member has taken the time to look at and understand what has been laid out, the four levels of care that are being provided. Through the development of a new department, the development of that continuum of care, Mr. Speaker, I would invite her to sit with us and our officials to allow us to explain to her so that she may come to understand it better.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. John's Centre.

MS ROGERS: Mr. Speaker, I am fully aware of the continuum of care strategy.

Mr. Speaker, I ask the Premier: Will he ask the Child and Youth Advocate to assess whether the children who are in Level 4 residential care group homes are remaining safe in the middle of this current chaos that this government has created?

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Minister of Child, Youth and Family Services.

SOME HON. MEMBERS: Hear, hear!

MR. JACKMAN: Mr. Speaker, first and foremost, I, as the minister, know exactly what I am talking about. We provided foster care for a number of years.

The second thing I would ask the member, has she taken the time to sit with Blue sky to ask them what their provision of service is like, Mr. Speaker? Why doesn't she do that before she condemns?

She is simply not taking the fact that I have explained, that the type of care that is being offered in these settings now, Mr. Speaker, are different from what was provided before. Why doesn't she take the time to educate herself on it? She may come to understand it better.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. John's Centre for a quick question.

MS ROGERS: Mr. Speaker, I ask the Premier: Will he ask the Child and Youth Advocate to assess whether the decision to hand over their care to a for-profit company was in the best interest of the children?

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Minister of Child, Youth and Family Services for a quick response.

SOME HON. MEMBERS: Hear, hear!

MR. JACKMAN: Mr. Speaker, I would assume the Child and Youth Advocate – they feel free to investigate should they feel the need. Again, I conclude with this, I would ask the member to educate herself. She is making too many assumptions.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The time for Question Period has expired.

Presenting Reports by Standing and Select Committees.

Tabling of Documents.

Notices of Motion.

Notices of Motion

MR. SPEAKER: The hon. the Government House Leader.

MR. KING: Thank you, Mr. Speaker.

I give notice under Standing Order 11, I shall move that the House not adjourn at 5:30 p.m. on Monday, May 26, 2014.

Further, I give notice under Standing Order 11, I shall move that the House not adjourn at 10:00 p.m. on Monday, May 26, 2014.

MR. SPEAKER: Further notices of motion?

The hon. the Minister of Transportation and Works.

MR. MCGRATH: Mr. Speaker, I give notice that I will ask leave to introduce a bill entitled, An Act To Amend The Works, Services and Transportation Act, Bill 21.

MR. SPEAKER: Further notices of motion?

The hon. the Minister of Finance.

MS JOHNSON: Thank you, Mr. Speaker.

I give notice that I will ask leave to introduce a bill entitled, An Act To Amend The Income Tax Act 2000, No. 2, Bill 20.

MR. SPEAKER: Answers to Questions for which Notice has been Given.

Petitions.

Petitions

MR. SPEAKER: The hon. the Member for Bay of Islands.

MR. JOYCE: Thank you, Mr. Speaker.

I rise again today to present a petition on behalf of the residents of Corner Brook, Western Newfoundland and Labrador, concerning the hospital:

WHEREAS we wish to raise concerns regarding the recent delay of construction of the new hospital in Corner Brook in Newfoundland and Labrador;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to urge the government to commit to the planning and construction of a new hospital in Corner Brook as previously committed to and in a timely manner as originally announced without further delays or changes.

Mr. Speaker, I present a petition again here today on people from Corner Brook. There are people here from O'Connell Drive, Mount Bernard Avenue, and Webster Place. Once again, they asked me to present these petitions to ensure the hospital is done in a timely manner.

Mr. Speaker, I heard the minister today, the Minister of Innovation, Business and Rural Development, ask the Member for The Straits – White Bay North: What would you have done? What would you do? I will tell you what I have done. With the help of the Opposition and the people in Corner Brook, the action committee, we showed the need for radiation and a PET scanner in Corner Brook.

SOME HON. MEMBERS: Hear, hear!

MR. JOYCE: That is what we have done as an Opposition. That is what Opposition does.

When the minister wants to stand up and say, what have you done? I will show what I have done. We have done it so well, Mr. Speaker, we have proven our case and even the Premier jumped onside a week later. The Premier said not one unit but now we may need two units, and that is what I have been saying all along. I am glad, Mr. Premier.

PREMIER MARSHALL: (Inaudible).

MR. JOYCE: The Premier is over there saying thank you for your help. Mr. Premier, like I said, we have to work together for the people of Western Newfoundland and Corner Brook. Mr. Premier, I say I will work with you with any part of it, if it happens to be cellphone coverage, Mr. Speaker, but right now it is the hospital I am presenting a petition on. We have to ensure we have the best needs.

Mr. Speaker, before this House closes I am going to ask the Premier: Before any commitment is made on the design of the hospital, will there be a public meeting so all the residents of Western Newfoundland and Labrador who want to have a view and have their comments so they can have their input? Mr. Speaker, if the issue was not raise, there would not be a PET scanner in Corner Brook and there would not be radiation unit in Corner Brook; now we are going to have two.

I know, Mr. Speaker, and I am speaking from the heart here because I have the information, the ultrasound units will be reduced – they will be reduced. I will provide the Premier with the documentation that I had to get under freedom of information again, that 90 per cent of people in Corner Brook Hospital who used the ultrasounds were outpatients. They were outpatients, I say to the Premier. They cannot use the mobile unit, as said that they will be able to cover with the other three.

I say to the Premier: Just wait for the final report, but you can rest assured, if the minister wants to know what I am after doing, I have proved it, Mr. Speaker.

MR. SPEAKER: Order, please!

MR. JOYCE: Thank you.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. John's Centre.

MS ROGERS: Thank you, Mr. Speaker.

To the hon. House of Assembly of the Province of Newfoundland and Labrador in Parliament assembled, the petition of the undersigned residents humbly sheweth:

WHEREAS the provincial government recently announced a new framework for staffed residential care, which included awarding contracts for three group homes in the Province to the private sector; and

WHEREAS TJ McDonald Achievement Home in Burin is one of the group homes affected by this decision by government; and

WHEREAS as a result, forty-five public sector workers lost their jobs in the Province, including seventeen in Burin alone, some with over twenty years of experience and expertise in the field; and

WHEREAS the TJ McDonald Achievement Home has been offering high quality care to children with complex needs in the community for many years; and

WHEREAS the transition of the children in care at the home will, in some cases, split these children from their friends and group home counsellors – relationships which have taken years to develop. This transition has the potential to cause undue stress and harm to the children;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to urge government to reverse its decision to privatize the TJ McDonald Achievement Group Home in Burin.

As in duty bound, your petitioners will ever pray.

Mr. Speaker, I have yet again hundreds and hundreds and hundreds of signatures here of people in Burin, people in the district of the current Minister of Child, Youth and Family

Services who are very, very concerned about the well-being of the children in the group home who are in government's care.

Now, the minister said that they are sort of like a foster home. Mr. Speaker, there is no such thing as sort of like a foster home. There is a Continuum of Care Strategy that this government has established with four levels of care. The first three levels are foster care: Level 1, foster care; Level 2, foster care; Level 3, specialized training for foster care; Level 4 is residential care. It is not with families. They are staffed. Staff are hired and trained, they are scheduled, and they rotate. There is twenty-four hour care a day and there is care seven days a week. That is not foster care. That is not sort of like, something like, similar to foster care. It is totally different, and the minister knows that, Mr. Speaker.

This minister also knows that the company – the government has bungled this whole transition. The children in Stephenville were supposed to be transferred by May 19. Two days ago, on the Internet, the company that has this contract has advertised saying we need to buy a house and not buy a house in Stephenville.

Mr. Speaker, nothing is ready for these children; the children are in stress.

MR. SPEAKER: Order, please!

MS ROGERS: Thank you very much.

MR. SPEAKER: The hon. the Member for St. John's North.

MR. KIRBY: Thank you, Mr. Speaker.

To the hon. House of Assembly of the Province of Newfoundland and Labrador in Parliament assembled, the petition of the undersigned residents of Newfoundland and Labrador humbly sheweth:

WHEREAS oral health is intrinsically linked to overall health and health care is universally covered in our Province; and

WHEREAS many Newfoundlanders and Labradorians have been forced to wait for a year or longer for much needed oral surgeries; and

WHEREAS residents with emergency cases and others who need oral surgery must seek medical attention in other provinces; and

WHEREAS the cost of access to oral surgery outside the Province is prohibitively expensive for many Newfoundlanders and Labradorians; and

WHEREAS the Government of Newfoundland and Labrador covers only 50 per cent of travel costs and requires a \$400 deductible; and

WHEREAS this financial burden and the lack of adequate oral surgery services in Newfoundland and Labrador is creating a two-tier system within the health care system;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to urge government to ensure that a more adequate level of access to specialist primary care based oral surgery and oral surgical procedures is provided in Newfoundland and Labrador.

We further urge the House of Assembly to urge government to review the level of financial assistance currently provided through the Medical Transportation Assistance Program to residents who must leave the Province for oral surgeries.

As in duty bound, your petitioners will ever pray.

Mr. Speaker, on this petition today we have residents from the District of St. John's North and residents from the Town of Bonavista. This is a petition that has been signed by people across the Province.

I was not really aware of the situation with oral surgery until a constituent of mine drew my attention to it. My constituent had a number of contacts with the Department of Health and Community Services to try to get some assistance. I know that she endured significant pain and stress as a result of having to wait a long period of time to have a needed oral surgery completed.

She had to travel outside the Province; she had to go to Nova Scotia. I understand that one of

the oral surgeons here does a clinic here but the major surgery that has to be done, when they need it, is done in Nova Scotia. My constituent had to travel to Nova Scotia at a significant expense to her. To say nothing of the amount of time that she missed at work as a result of being off due to having this particular issue.

I think we can do better than this. We do have a universal health care system in Canada and supposedly in Newfoundland and Labrador. It really is not fair for people to have to travel to a neighbouring province at great expense to themselves when they have to have this surgery, one that is medically necessary.

So, Mr. Speaker, I hope members will pay some attention to this and the government will act on it.

MR. SPEAKER: Order, please!

MR. KIRBY: Thank you.

MR. SPEAKER: The hon. the Member for Mount Pearl South.

MR. LANE: Thank you, Mr. Speaker.

To the hon. House of Assembly of the Province of Newfoundland and Labrador in Parliament assembled, the petition of the undersigned residents of Newfoundland and Labrador humbly sheweth:

WHEREAS current government regulations deny busing services to students who live closer than 1.6 kilometres from school; and

WHEREAS parents have expressed concern that children living within 1.6 kilometres of school face dangers in walking to school, such as congested streets, busy intersections and no sidewalks, especially during winter weather conditions; and

WHEREAS the \$75,000 review of the school transportation system completed by Deloitte recommended that the Department of Education consider reducing the 1.6 kilometre eligibility zone for Kindergarten and elementary students; and

WHEREAS the \$75,000 Deloitte report also noted that only 10 per cent of those surveyed for the school transportation system review agree that the current 1.6 kilometre policy is reasonable for students and families; and

WHEREAS parents are continuing to demand more flexible policies to meet the current needs of school children;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to urge government to change the outdated 1.6 kilometre school busing eligibility policy in order to ensure safe travel to school for primary and elementary school children in the Province.

As in duty bound, your petitioners will ever pray.

Mr. Speaker, this is a petition I have now presented a number of times in this House, and will continue to do so on behalf of the many parents, many families, students in my district, and I know in other districts throughout Newfoundland and Labrador, particularly in the urban areas. Although I know there are issues in rural areas as well, but speaking certainly to my district and areas in the urban districts, that getting children to school safely is a concern. Particularly for families who perhaps do not have a car and so on and are forced to walk their children to school, or their children are forced to walk to school on their own.

As I said, this area in particular, the Mount Pearl-St. John's area has been growing in leaps and bounds, as we know. There is a lot of traffic congestion, a lot more than there ever was years ago, and students are forced to travel along roadways, cross, in many case, busy four-lane roads and so on. Particularly in the wintertime when the snow is not cleared from sidewalks, which happens from time to time – it depends on the area, of course – it causes a real safety concern.

Mr. Speaker, this is all about safety. As it said here, there was a report done that recommended the 1.6 kilometre rule should be changed to reflect things such as safety and so on. It was never implemented by government, and I am calling on government to do so.

MR. SPEAKER: Order, please!

MR. LANE: Thank you.

MR. SPEAKER: The hon. the Member for Burgeo – La Poile.

MR. A. PARSONS: Thank you, Mr. Speaker.

I have a petition. The petition of the undersigned residents humbly sheweth:

WHEREAS hundreds of residents of the South Coast of the Province of Newfoundland and Labrador, including residents of the communities of Burgeo, Ramea, Grey River, and François use Route 480 on a regular basis for work, medical, educational and social reasons; and

WHEREAS there is no cellphone coverage on Route 480; and

WHEREAS residents and users of Route 480 require cellphone coverage to ensure their safety and communication abilities; and

WHEREAS the Department of IBRD recently announced significant funding to improve broadband in rural Newfoundland and Labrador; and

WHEREAS the residents and users of Route 480 feel that the Department of IBRD should also invest in cellphone coverage for rural Newfoundland and Labrador;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House to urge the Government of Newfoundland and Labrador to support the uses of Route 480 in their request to obtain cellphone coverage along Route 480.

As in duty bound, your petitioners will ever pray.

Now, Mr. Speaker, this is a petition I have put in this House on numerous occasions but it has special significance today, because we actually heard today that the government has no plans whatsoever to implement their promise from the 2011 Bluebook that they will work on cellphone coverage.

The Member for The Straits – White Bay North, I have heard it all now, he actually asked questions and the responses were: Well, what would you do? Now it seems we have clearly understood that the government wants us to do their job for them, and we are happy to do that. It was done with the Corner Brook hospital where we did work, along with the committee, yeoman's work, to make sure that the right information was out there. Again, government came around and made the right decision. So, it seems now we will have to get ready to start working on cellphone coverage.

I am happy to stand here and speak for the many members of this House on both sides who are facing this issue. That is what we are going to do. We are going to work on the promise the government made, but obviously has no idea whatsoever on how to implement it. It could be, as the former Finance Minister said: Well, it is not really promises, it is a platform. That is something to keep in mind as we move forward.

This is a serious issue. There is absolutely nothing being done. We asked a question about cell service, and you talk about broadband. So we will keep working on this. We know that we will put our plan in place. When we are done with our research we will present to government, and hopefully they will do the right thing and provide this essential service.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. John's East.

MR. MURPHY: Thank you very much, Mr. Speaker.

To the hon. House of Assembly of the Province of Newfoundland and Labrador in Parliament assembled, the petition of the undersigned residents humbly sheweth:

WHEREAS the residents of the Pynn's Brook area are facing dangers in turning their vehicles safely off the Trans-Canada Highway, Route 1 highway, into their own driveways; and

WHEREAS it is common practice on TCH Route 1 to impose speed reductions for traffic travelling through communities such as Badger, Deer Lake, Bishop's Falls, Gander, Clarenville and Whitbourne; and

WHEREAS highway traffic accidents along the stretch of the Trans-Canada Highway Route 1 through Pynn's Brook have caused deaths and injuries;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to urge government to reduce the maximum speed limit on TCH Route 1 through Pynn's Brook area from the present 100 kilometres an hour to sixty kilometres an hour.

As in duty bound, your petitioners will ever pray.

Mr. Speaker, it is not unusual to see speed reductions going through communities along our highways. We know exactly how dangerous our highways are. In particular, I can speak for this section of highway through Deer Lake and Pasadena in the area of Pynn's Brook. That needs extensive rework in itself right now because of the rutting and everything that is done on the highway.

Mr. Speaker, it is pretty simple. Whenever I drive through this area many vehicles are there waiting to turn across the traffic in order to get into their own driveways. It is dangerous.

I say to the Minister of Transportation, this is an easy fix. It may be a case where there might be a little bit of bureaucracy here that is tying this up. The residents there are only looking for safety to go through.

That is not the only thing, Mr. Speaker. I have stood in this House many times on this petition with signatories on those petitions, for example, from Deer Lake and Corner Brook. It is not just the residents there that are concerned about it. It is also the people who are driving the highway in between. That is not to mention the other people who go through there every day. They all know exactly how dangerous that stretch of highway can be.

We have to recognize the fact that government last year, while it was doing work in the Pasadena area, for example, dropped the speed limit. So it is not going to be the first time for government to actually break out the brush, paint up a new sign, put it up there and give everybody proper notice that the speed limit is down. As they have done in other towns, other cities in this Province in bringing down the speed limit to ensure a safe entry into your own driveway.

Mr. Speaker, I will leave it at that. I know I am going to be getting plenty more of these petitions from other signatories in this area. I am told there is more in the mail. I will be standing once again in this House to speak on these people's behalf to drop the speed limit. It is an easy fix here. The residents are not asking for much. A drop in speed only ensures more safety for the residents and the motorists in the area.

Thank you very much.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for the District of St. Barbe.

MR. J. BENNETT: Thank you, Mr. Speaker.

A petition to the hon. House of Assembly of the Province of Newfoundland and Labrador in Parliament assembled, the petition of the undersigned humbly sheweth:

WHEREAS there is no cellphone service in the Town of Trout River, which is an enclave community in Gros Morne National Park; and

WHEREAS visitors to Gros Morne National Park, more than 100,000 annually, expect to communicate by cellphone when they visit the park; and

WHEREAS cellphone service has become a very important aspect of everyday living for residents; and

WHEREAS cellphone service is an essential safety tool for visitors and residents; and

WHEREAS cellphone service is essential for business development;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to urge the Government of Newfoundland and Labrador to partner with the private sector to extend cellphone coverage throughout Gros Morne National Park and the enclave community of Trout River.

As in duty bound, your petitioners will ever pray.

Mr. Speaker, I think I saw a glimmer of light today from the Minister of IBRD. I really think that I did see a glimmer of light. I think it was: What would you do, or what would you suggest, or what would you recommend? I think this is the type of green light that the people of Trout River are looking for on this type of an issue.

If we still had the Red Ochre Board, the Regional Economic Development Board – but it is gone. That would actually be one of the local agencies that would undertake a market survey, which they used to do, to be able to determine the market feasibility and what it would cost, the cost-benefit analysis of doing a cellphone study in Trout River.

If the minister is genuine and sincere about what members on this side can do then I would, without any hesitation, team up with the town council of Trout River, put a committee in place, and implement a survey of the people who visit the park. Also, to determine the number of people who actually have cellphones, what the usage would be, to find appropriate land, and to find a spot where a cellphone tower could be erected.

If the minister were to commit for a nominal sum to fund a cellphone study then take the results of that study which would in all likelihood be very positive to private sector companies and with a commitment from the government, we probably could have cellphones in Trout River within the next year or two. That would be a great step forward. If the minister is really encouraging members of this side of the House to work with her and extend cellphone coverage, Mr. Speaker, she can accept that as an offer from myself and the people of Trout River.

Thank you, Mr. Speaker.

MR. SPEAKER: The hon. the Government House Leader.

MR. KING: Mr. Speaker, as per Standing Order 32, I move, seconded by the Minister of Child, Youth and Family Services, that we move to Orders of the Day.

MR. SPEAKER: It has been moved and seconded that this House do now move to Orders of the Day.

All those in favour, ‘aye’.

SOME HON. MEMBERS: Aye.

MR. SPEAKER: All those against, ‘nay’.

Motion carried.

Orders of the Day

MR. SPEAKER: The hon. the Government House Leader.

MR. KING: Thank you, Mr. Speaker.

First of all pursuant to Standing Order 11, I move that the House not adjourn at 5:30 p.m. today on Thursday, May 22, 2014.

MR. SPEAKER: It has been moved and seconded that this House do not adjourn at 5:30 p.m. today on Thursday, May 22, 2014.

All those in favour, ‘aye’.

SOME HON. MEMBERS: Aye.

MR. SPEAKER: All those against, ‘nay’.

Motion carried.

The hon. the Government House Leader.

MR. KING: Thank you.

Again, Mr. Speaker, I move, pursuant to Standing Order 11, that the House do not adjourn this evening at 10:00 p.m., Thursday, May 22, 2014.

MR. SPEAKER: It has been moved and seconded that this House do not adjourn at 10:00 p.m. on Thursday, May 22, 2014.

All those in favour, ‘aye’.

SOME HON. MEMBERS: Aye.

MR. SPEAKER: All those against, ‘nay’.

Motion carried.

The hon. the Government House Leader.

MR. KING: Thank you, Mr. Speaker.

From the Order Paper, I call Order 1, An Act To Establish And Implement A Province-Wide 911 Telephone Service For The Reporting Of Emergencies, Bill 14.

It is so moved by me and seconded by the Minister of Municipal and Intergovernmental Affairs that the said bill be now read the third time.

MR. SPEAKER: It is moved and seconded that the said bill be now read a third time.

Is it the pleasure of the House to adopt the motion that the bill be now read a third time?

All those in favour, ‘aye’.

SOME HON. MEMBERS: Aye.

MR. SPEAKER: All those against, ‘nay’.

The hon. the Member for Bay of Islands.

MR. JOYCE: (Inaudible) have a few minutes, Mr. Speaker, to speak on this bill. There has been some talk about bringing in the 911 system, as in theory we are all in support of this. Some of the major concerns I want to express on behalf of the Opposition, and I think there may be other people who want to have a few words also, is that this was committed back five, six, or seven years ago and now we are getting into the basic 911 service.

It is a concern we have because to get into the Next Generation of the 911 service, this Province now, because of a lack of detail from

this government and a lack of commitment, is about three, four, or five years behind most provinces in Canada with the 911 system. When we hear about we do not even know what the cost is going to be, we are not sure if it is going to be with the fire department in Corner Brook because of negotiation, yet we have to vote on the bill. I know the Opposition supports 911 and the principle of 911, but there are a lot of major concerns we have over this.

When the former minister went and had a press conference, they were talking about one or two centres across the Province. They would be established across the Province, one or two centres. Mr. Speaker, the cost of it then was up to \$1 per phone. What happens? That was going to be a cost for a building, hire their staff in two or three different locations across the Province of Newfoundland and Labrador, but now we find out we are not going to have those construction costs. We are not going to have a lot of additional costs that were associated, but we will still see the cost up to \$1 – the cost per phone per province up to \$1.

There are some questions, Mr. Speaker, we want on the record: How about people who have cellphones six months of the year in cottages, cabins? Do they still have to pay \$1 a year when they cannot – how about where you do not have cellphone coverage, do you still have to pay for it? These are a lot of questions, Mr. Speaker, that have been brought to our attention and have been brought to my attention. These are a lot of concerns that we have raised with the minister himself. The other question we have asked, and the minister can respond: When will the Next Generation of 911 be implemented in this Province? When will it be implemented?

By standing up and saying we are going to move to the Next Generation, we are going to take all the money in, we do not know how much it is going to cost, but we are going to take all that money in. We do not know how long it is going to be before we implement the Next Generation. We do not know what the cost will be, but we are going to take in about \$7.2 million a year.

Mr. Speaker, there are some major concerns about this 911. We are in a situation whereby a lot of the municipalities will need civic addresses. It was brought up that in New

Brunswick, I believe, it is up to the householder or the homeowner to have the civic addresses; it is their responsibility. Mr. Speaker, here in this Province municipalities say yes, we agree with 911 and yes, we will help out with civic addresses; but we need the fiscal framework because we cannot afford it on our own to do this.

We are being asked again to support 911. Again, we agree with it in principle, of having an emergency number across the Province of Newfoundland and Labrador, yet we are asked to vote on it – and I will be voting for 911, but I have to put in these reservations that I have about it. Without any fiscal framework, yet we are going to implement the Next Generation and we are going to implement 911, the question is: Will the Province follow through on their fiscal framework to ensure that the municipalities have the opportunity and have the resources to bring in these civil addresses? It is a big concern.

The minister when he spoke on 911 last week, spoke about cellphone coverage. I was actually shocked today. Mr. Speaker, 911, as we all know, a lot of people depend on it – tourists travelling, with cellphone coverage. We know that there are a lot of areas that we do not have cellphone coverage.

I was absolutely shocked today, Mr. Speaker, when the Minister of Innovation, Business and Rural Development looked at the Member for The Straits – White Bay North and said: What is your plan for cellphone coverage? I am absolutely shocked that we would bring in a 911 system here and have a minister – they stood up here for years and committed to bringing in cellphone coverage and have a plan for cellphone coverage, and we hear today the minister stating in this House of Assembly to all the people of Newfoundland and Labrador that one of the integral parts of this 911 system is cellphones where people are travelling and people expect to have that service. The minister today said there is no plan to bring in cellphone coverage in this Province. I was absolutely shocked.

To look across at the Member for The Straits – White Bay North, who has been an advocate for his district and for the Northern Peninsula as others members here, all on the Opposition side,

for years now he has been asking: What is the strategy? I remember the former Minister of Innovation, Business and Rural Development saying: Yes, we are approaching the federal government, we have a strategy. We found out today there is no strategy.

The people in this Province, Mr. Speaker, with cellphones, a lot of them cannot use it when they are in their communities, and a lot of tourists. We have to have some public awareness in the campaign that when tourists come to Newfoundland and Labrador, with the lack of cellphone service we have, that they cannot use the 911 service.

Mr. Speaker, like I said before, and I say it again, this government took this initiative and did not make it a priority. Now we are trying to play catch-up to many provinces in Canada. It is shameful. It is actually shameful.

No one can disagree with having 911, a common number for everybody to phone, Mr. Speaker, but if you are going to bring in a system where everyone can use 911, we need to have a plan that all components of 911 comes into play. One of the components is: Where is it going to be located? We do not know yet. We have a good idea: St. John's is one; Lab West is another we were told; and they are in negotiation with the fire department in the City of Corner Brook. That is one.

What is the cost? We do not know the cost. We have no idea what the cost is going to be, Mr. Speaker.

We were told there were going to be different units set up across the Province, different centres. That is not true now. That is not going to happen anymore, Mr. Speaker.

Mr. Speaker, I am going to stand and I am going to say I support the concept of 911, but I urge the government to bring all the components together. If they set up a board, if we do need another board, another layer of bureaucracy to implement this program, we have to ensure the funds are spent properly.

When we were in the briefing – again, I thank the staff from the department for the briefing, it was a great briefing. What we were told: Yes,

we are going to collect all the funds. Up to \$1 for all these funds which is a potential of \$7.2 million. If you take out hiring the four or five people they were looking at, I do not know how many other people they are going to hire in Corner Brook or St. John's, that has not been – that is a lot of money.

We asked the question, Mr. Speaker, will the money be reimbursed back? They said no, we have to get ready for the next generation. How much will the next generation cost? We do not know yet. We are almost here in an area of blind faith with the government.

The other question, Mr. Speaker, that I think the Member for St. Barbe asked was, can government use any of these funds in general revenue? The minister said – we were told and the staff, yes, it can be done. I asked the minister would there be any changes brought in to ensure that cannot be put back in general revenue? If there is a surplus somehow, how can we take the surplus and then give dividends back, cut down the rates on people who are using the 911 service? If it is \$1, cut it back to seventy-five cents, eighty cents. What we see here now, we see a lot of money going in and we are not sure how it is going to be spent. There are no timelines on the next generation.

Mr. Speaker, I just wanted to have those comments on the record. I will say it once more and then I will take my seat. That in principle we agree with 911, but there are some reservations about how this is handled, about the commitments that are made by government, the cost by government, and as we found out today, the lack of planning for cellphone coverage for all the Province of Newfoundland and Labrador.

Once that is done, Mr. Speaker, you may get a much more favourable view. As the Opposition – and I am sure I am speaking on behalf of most of the Opposition members here, for the ones in rural – we understand the need for cellphone coverage. I am not sure because I know there are a lot of members over there for government from rural Newfoundland who do not have cellphone coverage; yet, there is not a word said. I am just speaking on behalf of the Opposition here, that it is very, very vital for every day. It is very, very vital for this 911 system.

I will take my seat, Mr. Speaker. There will be a lot of questions asked on this. As the critic for the department I will stay and ensure that what the minister committed to is being carried out. I will ensure that the people of the Province are kept.

Mr. Speaker, in closing, the Minister of Innovation, Business and Rural Development asked the Member for The Straits – White Bay North, what is he doing with cellphone coverage? If we have to do the government's job to ensure that 911 is going to be safe, we will start doing our job here. I am sure the Member for The Straits – White Bay North will take the lead on that for cellphone coverage for the Opposition, because we were told there is a plan. That it was part of this 911 system, but now we find out it is not.

Like the hospital in Corner Brook, if the Opposition has to step forward and bring out all the points and prove to the government it can be done, and prove a way it can be done, we will do it, Mr. Speaker. When the minister offers the challenge to the Member for The Straits – White Bay North, the challenge will be accepted. It will be met, and I can assure you before this is over the Opposition will have this 911 system improved. It will have enhancements done to it, and we will not be making vague commitments that it is going to be done somewhere in the future.

We do not know how much it is going to cost. We do not know where the service is going to be, but we are going to charge you an amount. Even though what we committed to that we needed the money for, we do not need it now but we are still going to charge you anyway. Mr. Speaker, there are a lot of unanswered questions on the 911 system.

In closing, Mr. Speaker, and in fairness to the minister, if residents are listening, because this 911 system will come in place people have to realize that this will not improve the services for emergency vehicles, emergency personnel coming to your doorstep. The minister said that before. I agree with him. It will be more of a central point now where everybody will have the same number. It is a great move. It is definitely a great move, but people must realize, Mr.

Speaker, this will not increase the speed of the service for 911.

People must not depend on that right now until the enhanced system comes in, which we are not sure when it is going to be in place, but they cannot come in. I just want to let all the residents in the Province know who are watching, and whoever looks at this later, Mr. Speaker, that do not depend on a more speedy service from the emergency personnel because of this 911.

Mr. Speaker, with that I will close on my few words, a few of the concerns we have in the Opposition. I am sure there are going to be other Opposition members speak on this, Mr. Speaker.

In closing, I will say to all of the members of the Opposition and to the government, support us in bringing in cellphone coverage to the Province of Newfoundland and Labrador. Obviously, your minister spoke today and said that there is none. I was shocked. I say support the Opposition because from now on, we are going to take the lead like we did the hospital in Corner Brook; we will take the lead, and we ask the government to support us in bringing cellphone coverage to all the Province of Newfoundland and Labrador.

Mr. Speaker, there was a person who once said to me – it was my father: Do not walk in front of me; I may not follow. Do not walk behind me because you may not follow me, but you walk with me because I am going to get it done anyway. That is what the Opposition is going to do here now. We are going to get it done and have cellphone coverage and that is going to help 911 service in this Province of Newfoundland and Labrador.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Government House Leader.

MR. KING: Thank you, Mr. Speaker.

I move, seconded by the Member for Harbour Main, that we adjourn debate on this bill.

MR. SPEAKER: It has been moved and seconded that debate be adjourned.

All those in favour, ‘aye’.

SOME HON. MEMBERS: Aye.

MR. SPEAKER: All those against, ‘nay’.

Motion carried.

The hon. the Government House Leader.

MR. KING: Thank you, Mr. Speaker.

I call from the Order Paper, Order 5, second reading of a bill, An Act To Amend The Mental Health Care And Treatment Act, Bill 4.

MR. SPEAKER: The hon. the Minister of Health and Community Services.

SOME HON. MEMBERS: Hear, hear!

MR. DAVIS: Thank you, Mr. Speaker.

Mr. Speaker, I move, seconded by the Minister of Municipal and Intergovernmental Affairs, that Bill 4 now be read a second time.

MR. SPEAKER: It has been moved and seconded that Bill 4, An Act To Amend The Mental Health Care And Treatment Act be now read a second time.

Motion, second reading of a bill, “An Act To Amend The Mental Health Care And Treatment Act”. (Bill 4)

MR. SPEAKER: The hon. the Minister of Health and Community Services.

MR. DAVIS: Thank you, Mr. Speaker.

It is my pleasure to rise before this House today to introduce Bill 4, An Act to Amend the Mental Health Care and Treatment Act. Mr. Speaker, in 2007 this government introduced the Mental Health Care and Treatment Act. Before that act came into force in 2007, the legislation had not been updated since 1971. The Mental Health Care and Treatment Act clearly lays out what an individual can expect from the health care system if detained for a psychiatric assessment

under the act, involuntarily admitted to a psychiatric unit, or placed under a community treatment order.

Mr. Speaker, involuntary admissions to hospital is not taken lightly in this Province. The act takes a rights-based approach to guide involuntary admissions to a health care facility and considers the patient's right to health and safety and the health care system's obligation to provide treatment and support services.

Involuntary admission and community treatment orders are required for a small number of persons with the most severe mental illnesses to prevent physical and mental deterioration and harm to an individual and to others. They can also assist in a mentally ill person's right to health which has been impeded by the mental illness itself.

An individual may be involuntarily admitted to a health care facility where there are two certificates of involuntary admission signed by two health care professionals who may be either a physician, a nurse practitioner, or a psychiatrist. The certificate may state that a psychiatric assessment has been conducted and the person named in the certificate has a mental disorder, which impairs the person's judgment or behaviour, impairs his or her capacity to recognize reality, or impairs the person's ability to meet the ordinary demands of life in respect of which psychiatric treatment is advisable.

Also, as a result of the mental disorder, is likely to cause harm to himself, herself, or others, or to suffer substantial mental or physical deterioration; is unable to fully appreciate the nature and consequences of the mental disorder or to make an informed decision regarding the need for treatment, care, supervision; and also needs treatment that can be provided in a psychiatric unit.

An individual may be subject to a community treatment order where he or she meets the same criteria of an involuntary admission, as I just mentioned; however, in addition, the individual must have been detained as an involuntary patient on three or more occasions in the preceding two years or has already been the subject of a prior community treatment order.

Two, the services are available in the community that the individual requires so that he or she will not likely cause harm to himself, herself, or others or to suffer substantial mental or physical deterioration. Three, a psychiatrist has developed a treatment plan for the individual which can occur in the community. Four, the health care professionals, persons, and organizations who are part of the individual's treatment must all agree in writing to be named in the plan.

If an individual does not comply with the provisions of the community treatment order, he or she may be involuntarily admitted to hospital for treatment. Mr. Speaker, it is only in the most serious of cases of mental illness that individuals are involuntarily admitted to hospital or subject to a community treatment order. The Mental Health Care and Treatment Act outlines the processes and procedures related to the certification, the community treatment orders, the patient's rights and reviews conducted by the Mental Health Care and Treatment Review Board.

As government, we conduct reviews of legislation in our Province to ensure it reflects the needs of people in of the Province, does not contain outdated provisions, and reflects modern legislative drafting principles. We also meet with stakeholders in the field of mental health to discuss the act and identify any areas of improvement.

Mr. Speaker, we have a Mental Health Care and Treatment Act Stakeholder Committee, which consists of representatives from the Department of Health and Community Services, the four regional health authorities, the Royal Newfoundland Constabulary, the Royal Canadian Mounted Police, the Legal Aid Commission, the Consumers' Health Awareness Network of Newfoundland and Labrador, commonly known as CHANNAL, the Schizophrenia Society of Newfoundland and Labrador, the Canadian Mental Health Association of Newfoundland and Labrador, and members of the Mental Health Care and Treatment Review Board.

Mr. Speaker, the Mental Health Care and Treatment Act has been evaluated by the Newfoundland and Labrador Centre for Health

Information. The results of their findings were released last fall.

In conducting its evaluation, the Centre for Health Information received input from a number of individuals and groups. They include: the mental health care providers, physicians, peace officers, provincial rights advisors, members of the Mental Health Care and Treatment Review Board, individual patients who have been subjected to the act, consumer organizations such as CHANNEL, and the Canadian Mental Health Association.

The evaluation report identified two specific issues regarding the provisions in the act related to the role of rights advisors and the requirements of community treatment orders. This finding was consistent with the feedback we have been receiving from our stakeholders.

Bill 4, that is being debated before the House today, addresses these issues through three amendments: firstly, it clarifies that a rights advisor may offer advice and assistance to an involuntary patient as defined by the act; secondly, it adds a requirement that a rights advisor follow up with the patient and their representatives within ten days of the first meeting between the rights advisor and the patient; and thirdly, it removes the requirement that a community treatment order contain an undertaking by the person who is the subject of the order.

Mr. Speaker, Bill 4 builds on the role of the Province's rights advisors to better meet the needs of patients by ensuring that they are aware of their rights under the act, and clarifies the criteria required for community treatment orders so that they are accessible to those individuals who may benefit from such orders. Being involuntarily admitted or placed on a community treatment order is a very difficult situation for an individual and for his or her family. The act ensures that individuals and their representatives are fully informed of their rights under the act. Rights advisors are tasked with the responsibility under the act.

Bill 4 clarifies that rights advisors are responsible for advising involuntary patients and those patients subjected to a community treatment order of their rights under the act.

One of these rights includes the right to make an application for review to the Mental Health Care and Treatment Review Board.

Mr. Speaker, while initial contact with patients and their representatives is very important, we know that during the first twenty-four hours a rights advisor would see patients when they are most ill and most likely distressed by the events that are occurring to them. Given the circumstances, they may not fully understand or appreciate the information being provided to them by the rights advisor. Follow-up contact is thus necessary to ensure that patients and their representatives both fully understand the patient's rights under the legislation.

Bill 4 amends the act to require rights advisors to make a follow-up contact with the patient and the patient's representative within ten days of the initial contact. This follow-up contact is to ensure that the patient is fully aware of their rights and understands all of their rights under the law.

Mr. Speaker, it is important to remember that the purpose of the act is the treatment and protection of individuals who are very ill and need treatment that is ordered for them, either in a hospital or through a community treatment order.

The Mental Health Care and Treatment Act allows for individuals to be treated in their community under a community treatment order where the individual meets the criteria set out in the act. This allows these individuals to stay in their communities under the supervision of a psychiatrist and receive treatment such as medication and other supports instead of being involuntarily admitted to the hospital.

Since the act came into force in October, 2007, this is the first time in this Province that community treatment orders have been available to individuals who meet the criteria. Mr. Speaker, not all persons meet the criteria for these community treatment orders; however, for those who do, we want to ensure that the process of these orders works well and as best as it can in the best interest of those patients.

From an evaluation of the act and the information we have received from our

stakeholders, Mr. Speaker, we have learned that the requirement in the act that the community treatment orders contain undertaking by the patient has been preventing the issuance of community treatment orders in circumstances where all other criteria have been met. This has required individuals to be involuntarily admitted to the health care facility to receive treatment instead of remaining in a community.

Bill 4 removes the requirement that the community treatment order contain an undertaking, thereby ensuring that these orders are an option for those who require treatment but who are able to continue within their communities.

Mr. Speaker, there are over 900 health professionals in our Province, including case managers, nurses, social workers, occupational therapists, counsellors, outreach workers, psychologists, physicians, psychiatrists who help deliver mental health and addictions programs and services every day to the people of our Province. These are the people who will be working with patients in health care facilities and also through the community treatment orders.

Mental health and addictions services are a priority for our government. We have made annual investments of approximately \$100 million to help support the delivery of mental health and addictions services to individuals and families in communities throughout Newfoundland and Labrador.

This bill will augment and enhance the high standards currently in place for individuals who are subjected to this legislation. Mr. Speaker, the introduction of this bill demonstrates our government's strong commitment to improving the mental care and treatment of Newfoundlanders and Labradoreans and we will continue to look for ways to strengthen our services through improved legislation, investments, and resources.

Mr. Speaker, I ask all hon. members to join me in supporting this bill. I look forward to debate in second reading. As I said, I do encourage all members to join me in supporting this bill to maintain and enhance mental health services throughout Newfoundland and Labrador.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER (Verge): The hon. the Member for Burgeo – La Poile.

MR. A. PARSONS: Thank you, Mr. Speaker.

I am happy to stand here today and speak to the Mental Health Care and Treatment Act, and the amendment.

The first thing I would like to say is I appreciate the time taken by the department to provide us with a briefing some time back. You get a lot of legislation and it is nice to be able to have the department sit down with you and explain why they are doing what they are doing, and it helps us to do a better job as the critics. Being the Health critic, it is easier for me to do my job to review these pieces of legislation and speak to them knowing their mindset and why they drafted what they did.

I made some notes on this act, and I just want to go through them. The minister today did a good job of explaining what is going on here and the purpose of this. I will just put some comments out there on my understanding of this and what may need to happen.

This act, as the minister mentioned, was amended back in 2006 or 2007 and it had been the first time in over thirty years there had been changes made. It is good to see they have kept up to their commitment. The legislation says you have to review this every five years, so it is good to see that it is being done. It is necessary to do that.

I have made it clear in this House on a number of occasions; I have some grave concerns when it comes to health care in this Province, especially around mental health care. I have made them clear. I had an opportunity in Estimates to speak to it. I will speak a little more about that as well, because I think it is pertinent to the discussion when you talk about mental health and mental health care.

When it talks about this act, we are dealing with a rights advisor. I thought maybe we should put it out there on rights advisors, maybe a little

more information on who they are, what it is they do, and their function. Rights advisors are individuals who serve people that are either (a) involuntarily admitted; or (b) have been issued a community treatment order. I guess the first thing to realize is that in many cases there are two individuals who are taken into custody, for lack of a better term.

The first is individuals who do so voluntarily. They admit themselves. In that case, a rights advisor is not necessary because they did so of their own free will. In this case, we are talking about individuals who are involuntarily admitted. My understanding, if the number is correct, is that there were 260 admissions last year in this Province. Now, that does not mean there were 260 people. Many people have multiple admissions but there were 260 of these in the last year, just so people have some context on this.

Under the current legislation, 13.(2) "A rights advisor shall not be a person who is (a) involved in the direct clinical care of the person to whom the rights advice is to be given; or (b) providing treatment or care and supervision under a community treatment plan." That makes obvious sense. You are not going to have someone who is involved in the care advocate for this person and speak for their rights. That would be an inherent conflict.

These individuals are speaking for those who are involuntarily admitted and need assistance and need advice. Now we have four in this Province, just so people know. There two in St. John's, one in Grand Falls-Windsor, and one in Corner Brook. Normally their background is they have some sort of post-secondary education, a social science degree whether it be psychology or sociology, something along those lines.

My understanding is the caseload at any given time for one of these individuals is twelve to thirteen patients. They talk to their patients and they advise them of their rights and chat with them about what is happening and what needs to be done moving forward. Again, this is information that I have, is there are normally no more than ten community treatment orders at any one time and it is usually a lot less than that, but ten would be the maximum.

I feel it is good to put this information out there because it is one thing when you speak to a bill that is new and being created and you can give a backdrop to it, but when you are talking about an amendment to a bill oftentimes you are not speaking about the purpose of the bill. You are speaking to why you are changing it. It is nice for people to have an understanding of what this bill stands for, what it means.

When you look at the actual legislation, the sections that are being done here, under 14(1) we are talking about the functions of a rights advisor. I think the wording is being changed from, "The rights advisor may offer advice and assistance in accordance with this Act to (a) a person who is detained in or admitted to a psychiatric unit". The wording is now changed to: (a) a person who is an involuntary patient.

That takes into account the voluntariness versus involuntariness when it comes to the rights advisor and who they will handle. You may have a person who, of their own accord, checks in for their own wellness versus a person who is taken in not of their own accord. That is who we are dealing with here.

That is a fairly simple change but it means a lot because there is obviously a big difference between anybody, anywhere, at any time doing something of their own free will versus not of their own free will. The wording is simple but it is pretty substantial in what we are covering off here.

Subsection 14(2) is being changed as well when we talk about the functions of a rights advisor. Now what we are talking is they will "meet in person or by other means as soon as possible... and in any event within 24 hours of... becoming an involuntary patient...". That one is more of a change to reflect the overall change that is being made, just to change the wording there, simply reflecting we are talking about detained or admitted to simply involuntary.

The big thing for people to remember here is that there must be a meeting within twenty-four hours of being admitted. That is the big thing to remember here. There has to be that meeting.

Now, I am going to talk a bit further about one of the follow-up provisions here, which I think is

crucial and necessary. I will get to that now, actually. When you go to subsection (2) when we talk about the functions of the rights advisor, there has to be another follow-up. Often within the twenty-four hour period, people are still unwell. They are not well enough to discuss their case.

What we are talking about now is a change will be made to the legislation to reflect this and say that you will meet then, and then you will meet again within ten days. I think that makes all the sense in the world. Again, you meet with somebody within twenty-four hours, depending on their state of mind – and if we are talking about an involuntary admission, we are talking about someone who has a severe mental health issue, and therefore in that twenty-four period they are probably quite agitated and not in the right frame of mind, we will say, for lack of a better term, to discuss their case.

You have that initial consultation, and you have to have it, but now within ten days you are going to meet again. Hopefully the individual is in a much better place to be able to discuss the matter and, more importantly, what we do going forward. That changes here. It is legislated in now to say within ten days, and that is great. It also allows the rights advisor an opportunity to review the certificates so they can do a better job of representing the rights of their client, we will say, the individual. I think that is good. That makes sense. It is a smart change to the legislation.

There is another small change, still in subsection (2), where the word “and” is added. Again, that is simply housekeeping, a very small change there.

When we talk about this bill and, I think, when you talk about the Mental Health Care and Treatment Act, we are talking about an issue in this Province, and not just this Province, but this country is getting more attention and that is a great thing. Mental health care and mental illness is something there has been a huge stigma attached to for way too long, and it is only now we are getting the message out there that it is common. The statistics that I have seen are one in five. That is a staggering statistic when you think about it.

I know the minister mentioned this in the House – I think it might have been yesterday, and I was actually at the same announcement, when we talked about the new ad campaign that is being unveiled by the Province, I think it is: understanding now. I might have it wrong, but there are a lot of commercials, you will see them during the hockey games and you will see them at various times. The purpose of these ads, and I believe there are three different ads, is that when we talk about mental health, mental illness, and substance abuse too because that is also a part of this program – when we are talking about this, we are going to do better if we all understand and we make a better effort at understanding.

As I said to the minister here in the House, I said it in Estimates, and I have said it on numerous occasions, it is a good move. We had a little joke during the Estimates because I have said at various times that some of the advertising that happens by this government is pure propaganda. He asked: Was this propaganda? I said: No, no, this is a good one. This is good stuff. Some of the stuff that gets put out is beyond belief, but this is a good one. This is good, it is necessary, and let us get more people talking.

You take someone like Clara Hughes who many of us had the opportunity when she came here to the Province to meet with her and talk to her. This is somebody who is a world-class athlete, a true hero, who would seemingly be at the top of the world winning Olympic medals in the Summer Olympics and Winter Olympics, it is hard to believe, and she was suffering.

For someone like her to come out and speak, it makes a big difference. I really think it does do a lot to know someone like this who you look up to and you think has it all was suffering and has depression. I think this campaign that she has is great. Coming here to the Province, I got an opportunity to meet her. I still do not know how she does it, paddling across some of our terrain. It is absolutely amazing.

On the flip side when we talk about someone like Clara Hughes and what she has done, we also have to talk about the shortcomings. It was in the same House here that I talked about the mobile crisis unit in Eastern Health when it comes to their response periods. It is five days a week. Five days a week you can call in and this

mobile crisis response unit will respond. The problem is mental health is seven days a week.

MR. SPEAKER: Order, please!

I would ask the member to make his comments relevant to the principle of the bill.

MR. A. PARSONS: Okay, Mr. Speaker. I will be relevant when I talk about mental health and how it is seven days a week, and again I will get back to it. I thought I was being relevant, but I will defer to you.

I will not talk about Clara Hughes and the great work that she is doing; I thought that was great work. Anyway, I am going to talk about the mental health care act and mental health, which I thought was part and parcel altogether, but I will not talk about the shortcomings that are there and that the minister knows. It is not the minister's fault. He is new to it. He is walking into this.

I am glad that the minister while he is here talking about this act – which is a good thing, because that is his job and he is like many of us. We come into these portfolios, whether you are the minister or whether you are the critic, and there is a lot to learn, a lot to take in, and so he has come in and this is one of the first pieces of health care legislation that he has talked to and it is a good one; but he has also acknowledged the shortcomings that exist there. If we are going to talk about the good stuff, we have to talk about the not-so-good stuff. Again, it is not the minister's fault. He is coming in and his job is to see this – and I know he knows the issues that are there. This is an issue that it is nobody's fault. It is nobody's fault, but I think the first thing is the acknowledgement of the issue and if we can acknowledge it, then we can start working to fixing it. It is going to take time.

When we make changes to legislation like this, that is an acknowledgement of we are moving in the right direction. Again, it is a very small piece of legislation, but it is a necessary one. When we talk about mental health in this Province, we need all the help we can get, legislative or otherwise.

There are more health pieces of legislation that are on the Order Paper here and we are going to

get a chance to talk about it. I am glad that the first one that came this session, if I recall correctly, is one dealing with mental health, so that is a good thing. I think it is necessary when we talk about mental health that we have to talk about the legislative agenda that is there, but we also have to talk about the realities. The reality is that mental health, seven days a week twenty-four hours a day, it is there.

We are talking about individuals here who again are involuntarily admitted, and that is a very serious thing when you talk about an individual that against their will is taken into custody. That is a very serious thing. When they find themselves in that position, we have to talk about the system which is what I think I am getting to and I think I am in the right spot here to talk about it. We are talking about individuals whose mental illness is of such a severe nature that they have to be involuntarily admitted for their own good or the good of those around them.

When we talk about that, I think we have to talk about the system. If this individual cannot call on Monday and Tuesday because there is nothing there, that is an issue.

MR. SPEAKER: Order, please!

I would ask the member once again to make his comments relative to the bill. A discussion of what the member feels is right or wrong with mental health in the Province is not the substance of this bill, and it is not part of the principle of this bill. Again, I would ask the member to make his comments relevant.

MR. A. PARSONS: I will, thank you, Mr. Speaker.

Maybe I will save this for Committee, but maybe the rights advisor – I am hoping they are available seven days a week. I am hoping that the rights advisor under this legislation is not available only five days a week. The rights advisor I am hoping is available seven days a week. Mental health is seven days a week, 365 days.

I am hoping the rights advisor – who has a very important job, and they are based in four spots – is available at all times to speak to these

individuals, as they should be, because this issue is here all the time. I hope that these rights advisors are not like the crisis unit that is only available five days of the week. I am just putting that out there.

There is not a whole lot else to say about this particular amendment. Given the fact that it is very specific, it is kind of tough to talk about why this act was put in place. I think it is relevant, because when I did the briefing for this bill – and again, I thank the staff that took the time – we talked about the stakeholders. The stakeholders are the people who were consulted to help formulate this piece of legislation and this subsequent amendment. There are a bunch of different stakeholders there: the regional health authorities, there is a stakeholder committee, there is a CHANNAL, there is RNC, RCMP, Canadian Mental Health Association, and legal aid.

The other important thing that we did as well – not we, I say we, but the department did – was talked to patients. That is one of the things we have to do. We cannot just talk to the advocates. We have to talk to those individuals who are afflicted and their families. They play a large role, obviously, because this is about them. This legislation deals with these individuals, so we should talk to these individuals.

One of the things about an involuntary admission for mental health concerns substance abuse, because sometimes that can contribute to the involuntary admission. Substance abuse can contribute to the involuntary admission, which instigates the need for a rights advisor. If we do not have a substance use strategy that was put out there in 2008 where millions were spent, people talked to, and the document written up – it has mysteriously disappeared, never been done, it is scrapped, then I think that plays a role. If the individual who is involuntarily admitted because of a substance use issue and cannot avail of a substance use strategy that was bought and paid for but just tossed to the wayside, I think that is important. That is an issue that was brought up here in the House because it is relevant.

If you have an individual who is taken against their rights – and let me be very clear when I say this, that I am not speaking negatively about an

involuntarily admission. It is a necessary thing; in many cases, it is necessary. I am not speaking about that. What I am speaking about is the greater concept of an individual who is against their will, taken into custody, we will say. That is a big thing. That is not something that is lightly done, but in many cases it is necessary.

When we speak about that, I think we have to speak to the root cause of why they are involuntarily admitted, and in many cases that has to do with substance abuse, which is a huge issue in this Province. It is getting worse. We all see it. It is on the news virtually every day because it is contributing to a lot of the crime we see. People are out basically looking, they are robbing stores, they are robbing individuals, and we are seeing a lot of stuff based on individuals with substance use problems and we are having trouble addressing this.

The reason there is trouble addressing it is because the strategy is not there. If the strategy is not there, it is hard for them to get the help they need to avoid becoming involuntarily admitted. I come back to that – involuntarily admitted – which I think is pertinent.

I think I have put a number of issues out here on the table. The bill is good and the amendment is good, but when we are drafting these pieces of legislation and talking about all this, we have to come back to the reason we are there in the first place. It is because somebody was involuntarily admitted because of a mental illness. If they are being involuntarily admitted because of a mental illness, then we have to do more to figure out how we can help these people because involuntarily admission is not a great thing.

If we can reduce the number of people – it is not even so much reducing the number. That is difficult to say. If we can help those who have it, work with them, and work with their families to reduce them from coming to that state where they must be taken against their will and confined, then we need to work on that. We need to work on that; there is no doubt in my mind.

Obviously, when you have 260 admissions, that is a lot. If these individuals are being admitted more than once, which is the case, that means we have repeat offenders, we will say. I use

offenders in the sense that it is just a word I use. We have individuals who are going in, and in some cases it might be over and over and over again. If that is happening, shouldn't we be working on how to combat this issue? When we have missing strategies, and strategies that are only working five days of the week, and we are obviously not putting what we need into the system when it comes to mental health as it is woefully inadequate, then I think that is the root cause of why we end up with a piece of legislation like this.

Again, I appreciate the opportunity to speak to the very important piece of legislation and the greater issue that surrounds it which is mental health, mental wellness, the treatment of it, and this government's failure to deal with it and to make sure that the services are there. I urge government, because we are all on the same page here – we need to work together because this is affecting every single one of us in this House. Let's work together and address these issues.

I think I have commended the department for the good things they have done, such as their advertising. You are not going to increase understanding unless you actually work on it and educate people, especially at a young age. I have commended them on the good things, but there are shortcomings. They are acknowledged, we have to work on them. Only by doing that will we end up in a situation where we might be able to reduce the number of people using this piece of legislation, and the rights advisors who go with it.

Thank you, Mr. Speaker, and I look forward to asking questions in Committee.

MR. SPEAKER: The hon. the Member for Bonavista North.

SOME HON. MEMBERS: Hear, hear!

MR. CROSS: Thank you, Mr. Speaker.

It is indeed a great time today to stand in my place as the member representing the people from Bonavista North and have a few words on this piece of legislation today, the amendment to Bill 4, An Act To Amend The Mental Health Care And Treatment Act.

A couple of comments to the previous member who spoke, I thought he had taken my notes when he stood up at first. Most of the things he was saying and commending some of the actions we are doing in this piece of legislation and the amendment is indeed good. It is good to hear good news coming from members on the opposite side.

A couple of things when we look at this is that the hon. member referred to the fact that this was a review of a bill and it was coming in a timely fashion just five or six years after the new act was enacted in 2007. That is pretty good and appropriate. This government, in five or six years, is bringing in, improving, and amending acts on a very timely basis.

The last time the old act was even discussed or talked about was in 1971, which was like thirty-five years previous to the new act coming in place. Within the five-year cycle most of our legislation does get a review, Mr. Speaker, and it does get around to it, that we do look at review; and I guess, to add to what that hon. member said, and he was talking about how things are changing, then that idea that we are constantly changing now is the only constant there is. That we are changing so much in our society in all areas, then it is there; and I agree with him in the sense that the stigma and everything that is attached to mental health, not only in our Province but in most corners of the world. It is great to see that we can actually work on this and we can alleviate this.

One thing I did refer to, and I just sort of want to clarify one point because I did have it in my area to look at, as he was talking about section 41(2) and he referred to just the idea of a housekeeping, taking out an "and"; but I think there is also a section in that 41(2) between (f) and (g) that says there is also a paragraph being repealed. That paragraph that is being repealed, paragraph (g), is the requirement of the patient who is detained, once they are referred, that they cannot sign themselves out, which a lot of people would do in the past, Mr. Speaker. They would just say: I am not staying here. If they have the ability to sign themselves out, then they cannot get the care that they actually need.

I move back to the flow of how I was going to approach this; I do want to talk about the three

sections that this addresses in this bill. These refer to specific sections of the bill, the old bill, and the amendment is brought in to clarify to whom a rights advisor may offer advice and assistance. That is one thing these rights advisor would need is that we would clarify who can actually receive the advice of these people.

In sections 14 and 15, we had a requirement for rights advisors to contact a person who is an involuntary patient within the twenty-four hours, but also the second stipulation of ten days. That ten-day period is a maximum. It is not that the person has to wait ten days. What this really means if you look at the intent of how this wording is in there, is that within twenty-hour hours of being involuntarily hospitalized or given treatment then the person would have the access to a rights advisor; but then if that person can understand, they can request the advisor to be in again much quicker than the ten-day period.

Mr. Speaker, when we think about that, we know that the person still has some governance over their care to the point that if they need that rights advisor, they request the rights advisor, they can do so again before the ten days is up; but if the ten days expires, the rights advisor would automatically revisit this patient, provided they are still in care. So, it is a nice to know in a sense of how this reading goes.

Also, the member opposite referred to that there are four rights advisors in the Province, people who can give advice to patients. Two of them are in the greater St. John's area, one in Grand Falls-Windsor, and one in Corner Brook. The significance of the location of these is that they are near the psychiatric units that we provide for care for people. There may be more spread out if there were a few more of these around the Province. That is right now where the psychiatric units are located and that is, in essence, why these people are sort of centralized there.

Mr. Speaker, it is a very hard thing for us to think about, but there are times when someone in our society needs to be detained, or detained and treated in clinical settings. They are there because of a mental disorder. As the minister said, the treatment of mental care in this Province is not taken lightly. What we do for

people who do suffer this disorder – and that is what it is, Mr. Speaker, is a disorder.

For what we do for these, some of these people are unable to appreciate the circumstances of their illness. They are unable to appreciate that they may cause and do cause harm to themselves to others. Or that they are suffering a mental ‘de-stability’, which means they are unstable at this point, Mr. Speaker, and they are unable at that point to give consent for themselves. In this case they are involuntarily admitted to a clinical setting and they are given all of the rights, care, and treatment as best for them and as respectful as possible for them as individuals.

The Mental Health Care and Treatment Act focuses here, Mr. Speaker, on providing protection and treatment to individuals dealing with severe mental illnesses. Amendments to the act, just to repeat, this is going to ensure that not only are patients but also some of our caregivers as well as our rights advisors are enabled to use these facilities and this act appropriately for the use that is intended.

The amendments to this act are clarifying that people have the right to advice; they have the right to be in contact with someone who has the information, has the training, and has the necessary background to be able to advocate, to be able to advise them, and to work with them through this ordeal they are suffering through.

The other part of this act, Mr. Speaker, the third section, is where it removes the requirement for community treatment orders for people in communities. The member opposite, again, used a statistic and talked about there are about ten community treatment orders in the Province. This is for when people are able to receive care in the community outside of a treatment centre. With medication and with supports, these people can survive and function in their community. They would have these orders and there are a few of these around the Province. It is a way to give dignity and respect to people who suffer through the troubles of their mental illness.

There is also a statistic of 250 involuntary hospitalizations in the run of a year in our Province. Even though it is not a huge number, it is a number we would love to see far less than that. It is a number for any illness in our

Province, Mr. Speaker, no matter what it is. We strive to have the healthiest population we have and we can. Whenever we see any numbers, they are merely statistics; they are challenges to us to reduce the numbers in each of the categories. There are challenges there for us as a government and for everyone here in our health care facilities and our professionals in health care to challenge to make these numbers reduce such that we have the healthiest population possible. Whether that is a physical illness or a mental illness, there is no difference and we talk about this together.

These amendments in this amendment, the two or three amendments we are making, even though they seem short and they are not all that long, they are there that we are improving, adapting, and making our health care facilities the best they can be. We are also putting in protections whereby some of our people who require people to speak on their behalf have access to that, Mr. Speaker, in a timely fashion and are able to function and return to functioning properly in our communities. These amendments are going to ensure that the health professionals are available to provide that treatment and also protect the rights of the patients.

It is for that reason I support this amendment and these amendments, Mr. Speaker. I wish everyone in this hon. House would support these amendments.

Thank you for your time.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for St. Barbe.

MR. J. BENNETT: Thank you, Mr. Speaker.

As the Member for Bonavista North said, it is a short bill, but it is an important bill. It appears to be well thought out and I would have no reluctance to support this bill.

By way of background, Mr. Speaker, background is really important in legislation for sure, but critically important in legislation that deals with people's rights, particularly people who may have mental health issues who may or

may not understand their rights, who may or may not be competent to make decisions. They may be competent one day and not the next day. They may be competent when they are receiving medication and then they may go off the medication.

By way of background, there were representatives in a stakeholder group that includes the regional health authorities, the Department of Health and Community Services –

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MR. J. BENNETT: – the Royal Newfoundland Constabulary, the Royal Canadian Mounted Police, legal aid, CHANNAL, the Schizophrenia Society, the Canadian Mental Health Association, and the Mental Health Care and Treatment Review Board.

Mr. Speaker, even though it may seem like a short piece of legislation, it has been well-vetted by a large number of stakeholders who have not only an interest in the legislation, but have expertise and a broad range of experience. One of the reasons it is vitally important is that it is very complicated to deal with mental issues. With mental health issues, it is not one particular health issue; it is not one particular item. It may be bipolar, it may be schizophrenia, it may be depression. A whole range of mental issues may be present with a person, some diagnosed and some undiagnosed.

What this bill does – and from my view I am satisfied that it does it well – is first of all narrows the role of a rights advisor to deal with people who are involuntary patients. That makes perfect sense. If somebody turns themselves in, if someone admits themselves, then they are there voluntarily, and then obviously can leave at any time they want, they are free to go. If somebody is an involuntary patient, they have been committed, or maybe they were admitted voluntarily and after admission they were deemed that they ought to be detained involuntarily.

If a person could imagine a worse fate than to either be arrested on the street, turned in by a

family member who is really concerned about the person's well-being – for example, you might even have tourist here who knows nobody and all of a sudden is becoming completely incompetent. What do we do for a person like that who, within a matter of a few days or a few hours with appropriate treatment will be back to themselves again and maybe no longer a risk to themselves?

What do we do with somebody, for example, who is maybe a university student who is here and has no natural family contacts, very few friends, and that person all of a sudden has become suicidal for reasons that people immediately around them do not know? A person like that can be involuntarily detained. Well they could be, anyway. However, what happens to them then? Mr. Speaker, it is a fate that many people would not want to experience to be involuntarily detained for mental health reasons and have nobody to speak to, not know when you are going to get another telephone call, not know what is going to happen to you, and not be very capable of coping.

The person who then is available – and not only available, this legislation will mandate that the rights advisor is mandated to deal with the person who is involuntarily detained. That is 14(1)(a). The legislation says, "The rights advisor shall" – that means it is mandatory – "meet in person or by other means as soon as possible with a person referred to in paragraph (1)(a) or (b) and in any event within 24 hours..." That was in the previous act, and that is fine.

Within twenty-four hours of the person becoming an involuntary patient or the issuance of a community treatment order – there are many occasions when people are arrested for something and the judge will send them off to see if they should be properly assessed. Is this person fit to deal with court proceedings? Maybe the person has been arrested and charged for something, and they may have no idea what it is all about. They may have been arrested. Maybe they did crime downtown and broke windows. Our system needs to be able to deal with that person if they have mental health issues. If they are sick, it is no different than anybody else who would be sick, but it is much more complicated to deal with. This provides a mechanism.

The second half of this paragraph is critically important in my view, and it says, after "...becoming an involuntary patient or the issuance of a community treatment order". They may be, in ordinary street talk, scooped, and they are detained and admitted. It says, and meet with that person at the request of the person referred to in the paragraph or as required by this act or regulations.

Then it goes on to say the rights advisor shall "contact a person referred to in paragraph (1)(a) or (b) and his or her representative within 10 days..." That means that a person is not going to languish for too long of a period of time. In fact, I have seen occasions when people have had a short committal, longer committal, time rolls over. All of a sudden many days have passed, maybe weeks, maybe a few months and the person is only now beginning to come around or understand their rights.

The rights advisor must see them within ten days, or within twenty-four hours and then within ten days. Then it is even shorter, it says, unless the person or the representative contacts the rights person first. The way I read this is that the representative of a person who may be travelling here, who contacts the rights representative and says my mother, brother, cousin, father, or whatever is there and has been detained, I want you to go and see that person, the rights representative then will go and see that person immediately and not necessarily wait for the ten days. Even though it is a short bill, it introduces more precision. It advances the rights for people who are involuntarily detained for mental health reasons, because this is the way that we would want to be able to protect people.

There is something which has been deleted, and initially I thought that it probably was not a very good thing, but I think now I do not mind so much. What has been taken away, it says that the rights of the person or the representative accompanying the person to a board hearing, and then that is taken away. However, maybe the rights advisor may not have legal training. That person may expect or be required to attend tribunals, hearings, and not have the qualifications to do so. It would be hoped that if the person is detained on a mental health order then that person, instead of depending on the

rights representative who may have lots of a social science background – because that is what is implied here – and may have lots of a psychology background, but may not understand the intricacies of coming to agreement on mental health issues that may have some criminal consequences, or may not, and be able to advise properly.

I am not as concerned about this part being deleted as I would have been. The person clearly would have the same rights as anybody else. If they are destitute, cannot afford legal counsel they can apply through the Legal Aid Commission. Legal aid lawyers are very capable in this Province. They may be overworked sometimes, but they are very capable.

Mr. Speaker, I have no reservations with this bill. I think that it advances rights for people who need them at a time when they are most desperately needed. They do not need them if they show up and say I want to check myself in and get some treatment, now what are my rights, because they are free to leave at any time. They can seek a normal course of treatment.

This is for people who are involuntarily detained, who may or may not be competent, who may have any one of a range of mental illnesses. It may be substances; it may be some other type of mental illness. For sure we would want to protect their rights, and for sure we would want those rights to be protected as soon as possible. Mr. Speaker, I have no hesitation to support this bill.

Thank you.

MR. SPEAKER: The hon. the Minister of Tourism, Culture and Recreation.

SOME HON. MEMBERS: Hear, hear!

MR. S. COLLINS: Thank you, Mr. Speaker.

It is a pleasure to rise today to speak to this legislation. I would like to echo the initial words from the Member for Burgeo – La Poile with regard to thanking staff who provided great briefings to all members on both sides. It is a great division to have over there with regard to mental health and addictions. The folks who

work in that division are passionate, they are informed, and they are great to deal with.

I spent two-and-a-half of my past years in health and I dealt with them on a daily basis. I just wanted to thank them for the work they do on behalf of the people of the Province. It is from that great work that we get sound legislation and amendments like this today.

I want to begin first by reading into the record once again the amendments and what these amendments are because there are three. They are as follows: clarify that a rights advisor may offer advice and assistance to involuntary patients as defined in the act; secondly, add a requirement that a rights advisor who must already meet with a patient within twenty-four hours of being involuntarily admitted will have to follow up with a patient and patient's representative within ten days to ensure the patient fully understands their rights; and finally, removes the requirement that a patient provide an undertaking before receiving care through a community treatment order. Once a patient comes under a community treatment order, they can receive care, treatment, and medication outside of a hospital setting under the supervision of a psychiatrist.

I want to focus my time – I will not take up too much time because I think we all are in agreement with this. They are sound amendments, as I had said before. They are important and I do not think we will have much opposition to it. I just want to talk a little bit about the community treatment orders as it were.

The Mental Health Care and Treatment Act clearly lays out what an individual can expect from the health care system if detained for a psychiatric assessment under the act, involuntarily admitted to a psychiatric unit, or placed under a community treatment order.

Mr. Speaker, involuntary admission and community treatment orders are required for a small number of persons with most severe mental illnesses to prevent physical and mental deterioration and harm to an individual and to others. We are talking about very serious cases here. They can also assist in a mentally ill person's right to health which has been impeded by the mental illness itself. Again, these are

very vulnerable persons we are looking to make sure that they are taken after and sometimes not under their own accord can they do that, so they need the help of others.

The Mental Health Care and Treatment Act outlines the processes and procedures related to certification, community treatment orders, patient rights and reviews conducted by the Mental Health Care and Treatment Review Board. The provisions in the act related to the role of the rights advisors and the requirements of the community treatment orders have been identified as requiring change by our stakeholders and in the Centre for Health Information evaluation report.

This bill, Bill 4, addresses the issue related to community treatment orders by removing the requirement that a community treatment order contain an undertaking by the person who is the subject of the order. The Mental Health Care and Treatment Act allows for individuals to be treated in their community under a community treatment order where the individual meets the criteria set out in the act. So, Mr. Speaker, this allows individuals to stay in their communities under the supervision of a psychiatrist and receive treatment, such as medications and other supports instead of being involuntarily admitted to a hospital.

With the coming into force of this act, this is the first time in this Province that community treatment orders have been available to individuals who meet the criteria. Again, this is something that is so very important. Not all persons meet the criteria for these community treatment orders; however, for those who do, we want to ensure the process for these orders work well.

From the evaluation of the act and the information we have received from our stakeholders, because we did do consultations around this, we have learned that the requirement in the act that the community treatment order contain an undertaking by the patient has been preventing the issuance of community treatment orders in circumstances where all of the other criteria have been met. This has required individuals to be involuntarily admitted to a health care facility to receive treatment. Bill 4 removes the requirement that

the community treatment order contain an undertaking, thereby ensuring these orders are an option to those who require treatment but who are able to continue living in their own community.

Mr. Speaker, like I said, I will not belabour this much because I think from all sides, from the comments we have heard thus far on this amendment, I think everyone is in agreement. It is something that is very important. I think if you look, the introduction of this bill demonstrates our government's strong commitment to improving the mental health care and treatment of Newfoundlanders and Labradorians. Certainly, we will continue to do that in different legislation that we either bring forward in the House or amending legislation.

This legislation had been on the books for quite some time. The last time it was updated, before the previous one, was in 2007. In 2007, I believe, was the last time it was updated. Of course, we are now doing amendments to that. Prior to that, I think it was 1971 that it had been status quo with this legislation without any amendments.

It has been on the books for a long time, and as times change, certainly legislation has to be amended to suit those times. So, I think that is what this is today. It is a simple amendment, but it is something that is needed and it is very important. As I said, from the comments we have heard thus far, I think everyone would be in agreement with that.

Anyway, with that I will take my seat and allow for the next speaker.

Thank you.

MR. SPEAKER: The hon. the Member for Signal Hill – Quidi Vidi.

MS MICHAEL: Thank you very much, Mr. Speaker.

I am glad to stand and speak to Bill 4, remembering well our discussion when the act that this bill is amending came into this House in October of 2007. I had great interest in that act when it was brought in at that time. It was

actually a new act, and went a lot further than what had been in place.

I would like to point out that one of the things the act includes is a provision for a review every five years. The changes we have here today are not the result of a review, but I think it is important that we point out that reviews to this act are called for.

In 2011, the Department of Health asked the Newfoundland and Labrador Centre for Health Info to conduct an evaluation which consisted of a review of administrative data, a survey of discharged patients and focus groups/interviews with key informants. That really was not a review. People involved in the mental health community have pointed out to us that the spirit of what is in the act is a review that would be something that would have public hearings involved around the Province so that government can hear from people how the act is working, how the things in the act are working.

While we are dealing with amendments today, we are dealing with pretty minor amendments – they are important, they are really important – it is really important to have the language changed. I think the language change to talking about somebody who may be admitted into a facility involuntarily, that the language then in the act very simply says that the person is an involuntary patient. It is much cleaner, simpler language than what was in the act. It is important to do that.

I think this is also more neutral kind of language to call the person an involuntary patient. There are two places where that language is inserted in the act. They are amendments, but that amendment is a pretty small one. I wonder what amendments we would need if we did what the act says, if we did have a full review.

It was October 2007 that the act came into effect. We are basically six-and-a-half years down the road and that provision for a review really has not happened. As I said, the review of just administrative data and a survey of discharged patients is certainly not a full review of the act. I encourage the minister to be looking at the fact that a review is really called for and if it were, what would come out, what would we hear.

When we look at the clause 2 in the bill that we are discussing, it asks that a paragraph be taken out of the act. I want to read that section because I think it is important for people to understand what is being taken out. I want to ask some questions and hope that the minister will be able to give me some level of comfort with regard to why it was taken out.

The section in the act that we are talking about is section 41 which is talking about the community treatment order. It says, “A community treatment order shall be in the approved form and shall be signed by the attending psychiatrist who issues the order.” That is very simple.

Then section 41(2) talks about what a community treatment contains: a community treatment order shall (a) set out the date on which the examination referred to in the previous paragraph took place; (b) set out the facts on which the psychiatrist has formed the opinion referred to in the previous paragraph; (c) identify the psychiatrist who has issued the order and who is responsible for its general supervision and management; (d) describe the community treatment plan referred to in the previous paragraph; (e) identify the person who has agreed to accept responsibility for the general supervision and management of the community treatment plan and set out the reporting obligations of that person; (f) identify the health professionals, persons and organizations referred to in the previous paragraph who have agreed to provide treatment and support services and set out the reporting obligations of those persons.

There is a paragraph (g) and this is the section that is being removed and I want to read it. Paragraph (g) says that the community treatment order should “contain an undertaking by the person who is the subject of the order to (i) attend appointments with the psychiatrist who issued the community treatment order, or with another health care professional, person or organization referred to in the community treatment plan at the time and places scheduled from time to time, and (ii) comply with the community treatment plan described in the community treatment order.”

That section, which says the patient, the person, who is the subject of the community treatment

order agrees to the community treatment order. In the briefing, I was not there myself – and I do thank the department for the briefing. I know our researcher attended and she found the briefing very, very helpful. My understanding from that briefing is that the explanation for removing (g) is that it made people feel uncomfortable. People became fearful with regard to signing an undertaking. I would like a bit more explanation on that from the minister when he stands.

I think I can understand a person maybe feeling uncomfortable with the undertaking. Maybe they have a fear it is something that would have a bit of a punitive nature to it. It certainly is not implied at all, as I read it, but for somebody who is in the situation of having a treatment or a community treatment order put in place, maybe to them it gave a sense of: If I do not do this, if I sign it and I do not attend an appointment, is somebody going to get angry with me? Is there going to be a punishment because I do not attend an appointment with the psychiatrist or with anybody else the person was supposed to have meetings with? If they fell down on the job with regard to complying with the community treatment plan, were they afraid somebody would punish them? Maybe that is the reason for this section being taken out.

I would like some sense from the minister around that. It seems to me that my concern is with this taken out, if the person just stops seeing people, the person is in the community, and there has been a community treatment order, but they just decide they are no longer going to see anybody and they are just going to be on their own – and I know that is their right. I know we have that right; we all have the right to self-determination. If by doing that the person may be hurting him or herself, is there any way for people in the community to be able to meet with the person, if the person has stopped meeting with them, to just work with the person to determine: Do you feel safe; do you feel that your decision is a right decision; or has the person put him or herself in danger by not keeping the agreements of the community treatment order?

I know it is complicated, but I would like to know from the minister how much discussion has gone on with people in the mental health

community with regard to this particular piece. I just feel that we do not have enough information on it. I would like to have more information on it because we will be voting on taking this section out of the act. There is nothing going in to replace it. I think that is my concern that there is nothing going in to replace it. If the person decides just to stop being connected to any of the supports that are out there in community and just decides to cut him or herself off, is there no recourse to make sure that what they are doing is good for their health?

I know that on any health issue, it does not matter if it is mental health or physical health; we all carry the responsibility for our own health. We all carry the responsibility for getting treatment if somebody tells us we have been diagnosed and through that diagnosis treatment is prescribed. We still have to choose to get the treatment. From that perspective of human rights, that might be the reason why this has been taken out; but if it is, I would like to hear that from the minister. I would like to know if this was something that was dictated by human rights rather than just by – my understanding is – what was said in the briefing that people were just afraid of it.

I think I would be more comfortable if I thought that the reason for it was because there was an in-depth discussion; this was based on human rights. I am asking the minister to come up with a more in-depth answer for us on that one.

With regard to the community treatment order, one of the things that concerned me back in 2007 when this act was first brought to the floor was making sure that all community supports were in place when somebody was coming back in to the community. This bill is not dealing specifically with the community treatment plan; it refers to a community treatment order. I do want to note that in 2007 we actually – I was the only member of our party as an MHA at the time, but I was able to work with the Minister of Health and Community Services at the time. He agreed with me and it happened that we made an amendment to section 42 of the act which was to make sure that in putting together “a plan of treatment for the person subject to the community treatment order that describes the necessary medical and other supports”, and added was, “including income and housing,

required for the person to live in the community". There is a concern in the act around the person being completely supported in the community and the person having everything that is needed, including financial resources and housing.

This is something that I think does require us to take seriously the call for the review that is part of the act. What we have here today are amendments that change in one case something very small, which is the language to use the term involuntary patient, which is very small, and we have the amendment with regard to what I just read, the whole paragraph (g) of subsection 41(2) of the act, to have that removed, which is rather substantive as I have been trying to point out. This is why I want an answer from the minister on it.

I think this is an indication to us that may be there are other things that do need to be reviewed. I think it would be very important to have a review done to see if things that are called for in the act are actually happening. Obviously, with regard to the section that is being repealed that must not have been happening. That is my guess, or people were resisting it, and because they were resisting, it stopped being used and that would be a cause for repealing.

It should also be a moment for saying, what else can be done to help somebody? If a family, for example, notes that the person whom they love has decided to not have any treatment at all, to not go see the people who are referred to in this section that we are repealing, has stopped going to the psychiatrist or the other health care professionals, whatever, and the people who are part of that person's support, whether it is family or friends really observe that the person is getting sicker because they are not keeping their community treatment order, they are not doing what is agreed to in the community treatment order, do they have the ability to at least advocate on the part of their loved one to say that he or she is getting sicker?

For example, again, going back to a physical let us say that I have somebody in my family who is diagnosed with a fatal disease and the person decides I am giving up, I am not going to get the treatment, I know the diagnosis, I am not going

to get the treatment. That is his or her right to make that decision. I might also want – as the person who is part of the group who loves that person – to be able to at least speak to somebody and say can you reach out and make sure that he or she fully understands the decision they are making with regard to their care.

I really do think this is important. I think we do need to have a more extensive review of the act that we are amending here today in order to see what are other things that might need to be amended, or things that may not need to be amended, but we need to see are they operative. The issue of the rights advisors, which these amendments cover here today, is extremely important. Are there rights advisors, for example, based in the community, or are the rights advisors just in the four centres where people get diagnosed?

Maybe, if there were a rights advisor on the community team as part of the support – and maybe there is, I do not know. I guess that is something I am asking the minister too, are there rights advisors everywhere, or are they just at the four centres where people go in terms of crisis and where the diagnosis happens, et cetera? That is not clear at all and it is something, I think, that needs to be discussed. It is something that we do need to find out. People continually need advice. Are they getting the advice they need? Do they have rights advisors when they go back into the community? That is something, as I said, I would like the minister to give me some answers on.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: Order, please!

MS MICHAEL: Thank you, Mr. Speaker.

That helps.

We do community programs that are there for people, some of which are working very well. We have the assertive community treatment teams established to help people discharged from hospital to get on their feet. Again, the question: Do they include a rights advisor?

I think I have put two or three key questions out to the minister. I am sure his staff are noting

those and that when the minister does stand to speak he will have some answers for me with regard to the points I have made.

Thank you very much, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Humber West.

SOME HON. MEMBERS: Hear, hear!

MR. GRANTER: Thank you, Mr. Speaker.

It is a pleasure to stand this afternoon and take three or four minutes just to summarize some of the things that have been said on the floor of this House about the important bill that is being debated here this afternoon and the amendments to the bill that is being debated this afternoon. I think it is important that we look at the bill holistically. Although some of the amendments as discussed on the floor of the House may be minor, I think we need to look at the intent of the bill and the intent of the amendments, Mr. Speaker.

Mr. Speaker, the Mental Health Care and Treatment Act clearly lays out, as has been discussed here on the floor by the minister, what an individual can expect from the health care system if detained for a psychiatric assessment under the act, involuntarily admitted to a psychiatric unit or placed under a community treatment order. I just want to remind the people at home that the act takes a rights-based approach to guide involuntary admission to a health care facility and considers the patient's right to health and safety and the health care system's obligation to provide treatment and support services.

I think when we look around the Province, no matter what profession you are involved with, Mr. Speaker, and we look at all of our communities, it is important. I think the people of the Province want the best health care system. When we are dealing with psychiatric issues individuals may have, it is the health of the community, but more importantly it is the health of the individual that we are all here on the floor debating, and the health of the individual and the community that are in the hearts of all

Newfoundlanders and Labradorians. That is a point I want to reiterate and remind all people listening at home this afternoon. That is the intent. That is the global intent of this particular bill.

Mr. Speaker, people in our communities always find themselves in difficult and challenging situations. Involuntary admission and community treatment orders are required for a small number of persons – as the minister talked about earlier this afternoon, and I believe as agreed to on both sides of this House – with some of the most severe mental illnesses to prevent physical and mental deterioration and harm to the individual, but also to protect others in our communities. It can also assist in a mentally ill person's right to health, which has been impeded by the mental illness itself, and that is critically important.

An individual may be involuntarily admitted, Mr. Speaker, to a health care facility where there are two certificates of involuntary admission signed by two health care professionals, who may be a physician, a nurse practitioner, or a psychiatrist.

This certificate must state that a psychiatric assessment has been conducted and that the person named in the certificate has a mental disorder which impairs the person's judgement or behaviour, impairs his or her capacity to recognize reality, or impairs the person's ability to meet the ordinary demands of life. We all know people in our communities who fall into these categories, Mr. Speaker, and the hope of this act and the amendments to this act is to provide the services to these people who desperately need these kinds of services in our communities throughout the Province.

As a result of a mental disorder, Mr. Speaker, he is likely to cause harm to himself, or herself, or to others, or to suffer substantial mental or physical deterioration; is unable to fully appreciate the nature and consequences of the mental disorder or to make an informed decision regarding the need for treatment on his or her own; their own need for treatment, care and or their own supervision, and needs treatment that can only be provided in a psychiatric unit in the Province.

An individual may be subject to a community treatment order where he or she meets the same criteria of involuntary admission, as I just mentioned, Mr. Speaker. However, in addition, as the minister talked about earlier, and as was spoken to by other members of the Opposition, the individual must have been detained as an involuntary patient on three or more occasions in the preceding two years, or has already been the subject of a prior community treatment order.

The services are available in the community which the individual requires so that he or she will not likely cause harm to himself or herself, or to others, or to suffer substantial mental or physical deterioration; a psychiatrist has developed a treatment plan for the individual which can occur in the community, and the health care professionals, persons, and organizations who are part of the individual's treatment must all agree in writing to be named in the plan.

Mr. Speaker, there has been a lot of good conversation taking place here on the floor of this House. These are, as someone would say, minor adjustments to the act. Mr. Speaker, the holistic approach that the act is trying to make, and the amendments to the act, is to provide the services necessary for individuals who are facing psychiatric issues in the Province and to provide the best possible care we can for these individuals, and to protect them, first and foremost, but also to protect the communities in which they live.

Thank you very much.

SOME HON. MEMBERS: Hear, hear!

MR. SPEAKER: The hon. the Member for Mount Pearl South.

MR. LANE: Thank you, Mr. Speaker.

It is certainly a pleasure to speak to this bill, An Act to Amend the Mental Health Care and Treatment Act.

Mr. Speaker, I will be supporting this piece of legislation. I think it is a good piece of legislation. It makes a whole lot of sense to me at least. I think this speaks to a case of spending

our resources wisely, allocating our resources wisely.

One of the things I have said many times in this House of Assembly, regardless of what side of the House I have been on, is we have to be responsible in the way we spend money. We cannot spend money we do not have. It is the taxpayers' money.

Mr. Speaker, what we are seeing here, and it has been said now by a number of people, is we have an act here that is put in place to help and protect people who have mental illness. I am sure we all have someone in our life or someone we know and so on who is affected by mental illness in one way or another, some people more severe than others. This particular piece of legislation is really reflective of the people who would have severe mental illness, people who would be I guess involuntarily detained under the Mental Health Act by the authorities, generally I guess the RNC, RCMP and so on, and then somebody becomes certified.

Mr. Speaker, all that is being said here, and it has been said a number of times so I do not want to belabour it, but basically a person who is involuntarily detained, to have a resource available to that person, an advocate if you will, someone to explain to that person what their rights are. Because we all value, I think in our society, human rights and everybody has to be protected in that regard.

Basically, we are allocating the required resources to persons who are involuntarily detained, who have severe mental illness. We are allocating those resources to them so they can be explained what their rights are and so on. By the same token, we are removing the section to require it for somebody who would not be involuntarily detained. If somebody can actually go seeking help for themselves, it would not be mandatory. They are there of their own accord.

Mr. Speaker, when you look at taking – because there are limited resources. I believe I heard there are two or three in St. Johns, one in Grand Falls, and maybe one on the West Coast, people who deal with this. I think quite often we hear about professionals in the field, whether it be in the field of social work or this particular field,

who have extreme caseloads that they have to juggle.

If we can lessen the caseload to these particular people so they can concentrate their time and efforts so we can allocate those resources towards the people who truly need those resources, then to my mind that is a good thing, to free up their time to deal with the people who actually require it. That is really all this is doing, is freeing up these resources to the people who truly require it. That is what it is all about. To my mind it makes a lot of sense.

The other thing here that is being amended is currently under the act within twenty-four hours that person would be contacted by the advisor advising them of their rights. It says as soon as possible or within twenty-four hours. As has been indicated, Mr. Speaker, quite often if somebody is detained because they have some sort of a severe mental illness, while it is important to have an advisor there as soon as possible within twenty-four hours to be able to give advice to this person, the problem that has been identified, and I can understand how it could happen, is perhaps maybe within that twenty-four hour period that person may still be very confused and having issues around their mental illness, or perhaps they are not necessarily truly comprehending and understanding the advice that is being given to them at the time.

What is being suggested here is in addition to that person receiving the services of a rights advisor within twenty-four hours, the rights advisor is now within ten days going to make further contact with that person to follow up. I think in many things we do, follow up is very important. Certainly when it comes to this particular issue and someone with a serious mental illness, I think it is critical that we have follow up.

This now requires, within ten days, for the advisor to follow up with this person to ensure they are quite clear on what their rights are and that they are being treated fairly and equitably, and so on.

Again, I think that is positive. By eliminating the need for these advisors to be dealing with people who are voluntary, who would not

require this particular service, then that is freeing up their time so that they can not only respond within a short time frame to when the person is initially detained, but also to have that time now available to follow up within ten days as well, then I think that is a positive thing.

I will applaud the government on this particular initiative. I think it makes a lot of sense. It is making the best use of the resources that we have, and it is directing those resources to the people who truly need them. It is also being mindful, of course, of the limitations we have on resources. I think it accomplishes all of those things. I think it is a good piece of legislation, and I support this piece of legislation 100 per cent.

Thank you, Mr. Speaker.

MR. SPEAKER: If the minister speaks now, he will close debate.

AN HON. MEMBER: (Inaudible).

MR. SPEAKER: The hon. the Member for St. John's Centre.

MS ROGERS: Thank you very much, Mr. Speaker.

I am very happy to stand and speak in support of this bill. I particularly would also like to thank all the relevant groups and organizations who work in the area of mental health issues, mental health advocacy, for constantly pushing us in terms of our understanding of issues of mental health; who constantly push us in terms of the services and the needs of people with mental health issues that are required; who constantly push us to ensure that any legislative changes that we make or also legislative changes that we do not make are done with full knowledge of issues of the needs of people with mental health issues, which affect all of us, Mr. Speaker. They affect everybody in the Province.

What I particularly would like to speak to is about the issue of the rights advisor. I think that we have come a long way in our understanding of mental health issues and how the state responds to mental health issues, how the law responds to mental health issues.

I would like particularly to look at in the 1950s, there was a movie star by the name of Frances Farmer. Frances Farmer was committed to a psychiatric treatment hospital by her family. She was definitely an involuntary patient. Mr. Speaker, that was done so because she was a lesbian. What happened in the 1950s is that parents with gay or lesbian children could push to have their children committed to psychiatric institutions where they underwent shock treatment and even more so than that, they were lobotomized.

Imagine, perhaps –

MR. SPEAKER: Order, please!

I would ask the member to make her comments relative to the bill.

MS ROGERS: Absolutely, Mr. Speaker.

I think what this shows us is how important the issue of a rights advisor is, and we certainly have come a long way. Also, there was a Dr. Phyllis Chesler who wrote a book in the 1970s called *Women and Madness*, and that book looked at the psychiatric treatment of women throughout the ages. Again, it points so much to the need for us to update any legislation that deals with mental health issues, and it also points very much to the issue of people who suffer mental health issues and their basic human rights. Again, it points to the important role the rights advisor has in this legislation.

Another issue is to be able to clearly identify a patient as an involuntarily patient, but then I also very much support paragraph 14(2)(a) where involuntary patient is substituted again here and where the rights advisor is required to meet the patient within twenty-four hours. We know, Mr. Speaker, that so often what happens is if someone is committed and is an involuntary patient, it is because they are going through a crisis. Consequently, often the way to deal with that crisis is through intervention by a psychiatric facility or a facility that can provide psychiatric support.

Then section 14(2)(a.1), the rights advisor will also be required to meet the involuntary patient a second time within ten days. That is because oftentimes when a person does end up being an

involuntary patient, for the first twenty-four hours because they are in such crisis they may not be fully aware of what the role of the rights advisor is nor may they be fully aware of any information that has been given to them. I think that kind of safeguard is so very, very important, again, because we are talking people's basic human rights, and particularly because in the area of mental health issues, in terms of the history of how we have seen people committed to psychiatric facilities, how very, very important it is that we be so cautious and that we constantly update our understanding of mental health issues, our understanding of current best practices in mental health treatment.

I think that, Mr. Speaker, is why this is so very, very important, because we know the injustices that have been done through the ages. Injustices based on intolerance, injustices based on cultural misunderstandings, injustices based on misogyny or injustices based on homophobia. It is very, very important this role of the rights advisor and particularly for certain subsections of our society.

I am very happy to see again that the term involuntary patient is clearly identified, and also the role of the rights advisor. Not only must a visit take place in the first twenty-four hours, but a subsequent visit has to take place within a ten-day period.

The other thing, Mr. Speaker, that I would like to take a look at is the issue of the community treatment order which also goes hand in hand as well with the rights advisor. It is absolutely imperative that (a) involuntary patients have access to a rights advisor who is specifically trained and able to fulfill that role, and whether or not that rights advisor will be in one of the four main treatment centres in the Province. What happens if somebody is involuntarily admitted in another part of the Province? Will there be a trained rights advisor available to that person?

We know that the rights advisor's role is not per se actively as an advocate, but that the role of the rights advisor is to give information to a patient about what advocacy is available to that patient. In order for the rights advisor to be able to do their job thoroughly, we have to ensure that the services that patients need are there, that

a rights advisor can actually offer advocacy opportunities, offer services to an involuntary patient.

As well, with the community treatment order, I also very much support the removal of the requirement of an undertaking. I understand how that can be intimidating to people, particularly if you are in a phase where you are not well, where it is very hard to understand very complex information or information that you are not usually used to, if it is legal information. How important it is for people not to be intimidated by a bureaucratic process that they may not fully understand or that is frightening because they are worried about the ramifications if they cannot fully understand what the ramifications are. That is very important.

I think that what this bill also points to is how important it is that we fully understand the best practices in the area of mental health treatment, that it is constantly changing and evolving. Therefore, we have to make sure that our laws evolve and change according to those best practices. The services we need in order to be able to enact our laws, for instance, like the community treatment order, if the services are not available in our communities, then it is not possible to execute community treatment orders. Those services have to be backed up in order for this legislation to be able to be fully enacted.

Mr. Speaker, I have no more to say at this point except to support this. I do have some questions specifically about the backup services that allows for this legislation to be fully enacted.

Thank you very much.

MR. SPEAKER: If the hon. the Minister of Health and Community Services speaks now he will close the debate.

The hon. the Minister of Health and Community Services.

MR. DAVIS: Thank you, Mr. Speaker.

I would like to first of all thank all members of the House who participated in debate this afternoon. I thank them for their support as

commented by all members on both sides of the House.

This piece of legislation is an amendment to the act that was enacted in October 2007. It is a result of a review by the Newfoundland and Labrador Centre for Health Information and also by work with community stakeholder groups that have an interest in the legislation and those who work with the legislation. A consultative process occurred with them as well, and, Mr. Speaker, as a result of that these amendments were brought forward today.

There were some questions earlier and comments by members opposite regarding rights advisors. One of the questions was pertaining to their availability and would they be available seven days a week. I want to advise the House and the member opposite that yes, they are available seven days a week. They are available in person at hospitals which have psychiatric units included in them. That would be the hospitals in St. John's, Grand Falls-Windsor, and in Corner Brook. For people who are not close to those locations, rights advisors are available by telephone. They do work seven days a week and they work after hours, not just during normal working hours as well.

As well, I would like to point out that rights advisors will attend review board hearings on the request of a patient. If a patient has requested a review board hearing, rights advisors will attend with them. I should like to point out that legal counsel is also available to a patient who is attending a review board hearing if the patient would normally be eligible for legal aid services. They can have the rights advisors and a lawyer in that circumstance attend with them.

Also commented this afternoon was some discussion I think by the Leader of the NDP. She had asked about the requirement of an undertaking for the community treatment orders. I would just like to point out to her that the community treatment orders, when they were introduced into law in 2007 with this new law, it was a new piece of legislation for Newfoundland and Labrador.

It was intended so that people who are ill, people who were suffering from a mental illness could continue to live their lives in the community if

they felt, and if the health professionals – those certifying and two physicians, nurse practitioners, or psychiatrists have to issue certificates in a case. If they felt that the person could be best served by continuing to function in the community, then that community treatment order would provide that opportunity for that to take place, instead of requiring the person to be in the hospital. This bill removes the requirement for the person, the patient, having to sign an undertaking on the order. The undertakings were being confused as consent in some cases.

I would like to point out the member opposite, this is a result of input we have received from psychiatrists, and also from rights advisors, who, in their experience have found that patients sometimes interpret an undertaking to be a form of consent. Also, a concern raised that when a person is ill, there may be challenges as to their ability to form consent. Therefore, the requirement for the consent was lifted. The requirement for that undertaking was lifted.

This is something that we wanted to do. It is something that has been advocated for by psychiatrists, as I said, and rights advisors. As well, when I met yesterday with the mental health advisory council I had asked very early – when I came into the department I had asked for a meeting to be set-up as soon as possible with them. I appreciate them coming in yesterday and having an opportunity to meet with them.

This was a matter they raised yesterday as well in their first formal meeting with me. This is a matter of importance that they raised with me as well. It is reflected here in the steps that we are taking. All stakeholders believe this is in the best interest of the patients, of the person, and allows them to return to the community.

I think I have mostly answered some of the concerns that were raised. I know when we go to Committee we will have an opportunity to have a more in-depth discussion. I know the Member for St. John's Centre has raised a couple of issues that I am pretty sure that I can articulate at this point in time, but I think I will wait to make sure I confirm some further details for her. I will be glad to entertain those questions further in Committee when we get to that particular stage.

Those are my comments in closing, Mr. Speaker.

MR. SPEAKER: Is it the pleasure of the House that Bill 4 be now read a second time?

All those in favour, 'aye'.

SOME HON. MEMBERS: Aye.

MR. SPEAKER: All those against, 'nay'.

Carried.

CLERK: A bill, An Act To Amend The Mental Health Care And Treatment Act. (Bill 4).

MR. SPEAKER: This bill has now been read a second time.

When shall this bill be referred to a Committee of the Whole House?

MS SHEA: On tomorrow.

MR. SPEAKER: On tomorrow.

On motion, a bill, "An Act To Amend The Mental Health Care And Treatment Act", read a second time, ordered referred to a Committee of the Whole House on tomorrow. (Bill 4)

MR. SPEAKER: The hon. the Deputy House Leader.

MS SHEA: Thank you, Mr. Speaker.

I would like to call from the Order Paper, Order 6, second reading of a bill, An Act To Amend The Health Professions Act, Bill 7.

MR. SPEAKER: The hon. the Minister of Health and Community Services.

MR. DAVIS: Thank you, Mr. Speaker.

Mr. Speaker, I move, seconded by the Minister of Municipal and Intergovernmental Affairs, that Bill 7 now be read a second time.

MR. SPEAKER: It is moved and seconded that Bill 7 be now read a second time.

Motion, second reading of a bill, "An Act To Amend The Health Professions Act". (Bill 7)

MR. SPEAKER: The hon. the Minister of Health and Community Services.

MR. DAVIS: Thank you, Mr. Speaker.

I rise again now before this House this afternoon to introduce another bill relevant to my Department of Health and Community Services and that is bill 7 entitled, An Act To Amend The Health Professions Act. Mr. Speaker, this bill amends the Health Professions Act in two ways: firstly, it clarifies who may be elected as chairperson of the Newfoundland and Labrador Council of Health Professionals; and secondly, it permits the election of a secretary-treasurer of the council from all the members of the council including public representatives.

Mr. Speaker, the focus of this bill is the composition of the council, which is the regulatory body established under the Health Professions Act mandated to regulate multiple health professions that are designated under this particular act. Each health profession covered by the act has its own regulations that sets out registration, renewal, and continuing education requirements specific to that profession. The act also establishes a professional college for each of the designated health professions.

Health professionals are registered by the council and once registered become members of their profession's college. The council is responsible for registering health professionals, dealing with allegations and complaints regarding the conduct of a health professional, disciplining the health professional where required, and conducting quality assurance activities.

The college provides professional expertise and guidance to the council in the areas of registration, entry to practice, standards of practice, scopes of practice, codes of ethics, and continuing competency and education of its members. The council consists of the chair of each college established under the act, one other member elected from and by each professional college, and public representatives appointed by the minister. The council currently has eighteen

members and we have appointed six people to the council to represent the public interest.

Mr. Speaker, the council is responsible for the regulations of over 1,000 health professionals in six different health professions. The council has an annual operating budget of \$350,000 which is funded through fees paid by its members. Three individuals are currently employed by the council. These are the council's registrar and two administrative staff. The council is an organization that is in a relatively short period since its establishment in 2011 and is proven highly capable of exercising its duties under the act.

As with other health professional regulatory bodies, my department has a good relationship with the council, and officials in my department meet and communicate regularly with the council. As part of that regular communication, the council has shared its experience working with the Health Professions Act and has noted a number of provisions which require clarification and change. As a result of this consultative process, we are bringing this bill before the House today.

Mr. Speaker, the first amendment to the act is to clarify who may be elected as chairperson of the council. In practice, Mr. Speaker, the council has considered the chairpersons of the colleges to be elected members from who the council chairperson may be elected. However, the council has informed my department that the language in the act has led to confusion as to whether or not the elected members of the council indeed include the chairperson of each college.

To address this confusion and for greater certainty, the bill amends the act to specifically refer to the elected chair of each college as it pertains to the composition of the council so that it is clear that the elected chairperson of the colleges may also be elected as chairperson of the council.

The second amendment to this act addresses who may be elected as secretary treasurer of the council. Mr. Speaker, the secretary treasurer has a very important role on the council. As set out in the council's bylaw, the secretary treasurer is one of only four individuals who may sign

official correspondence of the council. The other three are the chairperson, the registrar, and the deputy registrar. He or she is also only one of four individuals who may sign for the council's financial transactions. The other three are the chairperson, the registrar, and the Chair of the Finance Committee.

The secretary treasurer is one of three people who can act as official spokesperson for the council and who is responsible for reviewing all publications and statements issued on behalf of the council. The other two are the chairperson and the registrar.

The council's bylaws also set out the following specific responsibilities of the secretary treasurer: To review draft minutes of council meetings for completeness prior to circulation to council members, serve as a member of the finance and human resource committee, and perform other duties which may be requested by the council from time to time.

Currently, only elected members – in other words, the health profession's representatives – may be elected as secretary treasurer. Public representatives are not elected members and therefore may not currently be elected as secretary treasurer. The council has informed officials in my department that in many cases public representatives often possess the skills and background that are most suited for the role of secretary treasurer.

For example, Mr. Speaker, public representatives on the council currently include both a lawyer and a chartered accountant. In their respective professions these individuals are used to work with financial information and preparing and analyzing various kinds of reports. The skills that these people use in their everyday work are well suited to carry out the duties of the secretary treasurer.

The bill amends the act by providing that the council shall elect a secretary treasurer from among all its members and not just the elected members. This means that a public representative can now be elected as a secretary treasurer. The council will still be able to elect a secretary treasurer from among the elected health professional representatives. The choice

would become that of the members of the council.

In the event that a public representative in fact possesses the skills and qualities that are best suited for this role, it will now be possible for that person to be elected as well. This proposed amendment will assist the council to carry out its responsibilities to its greatest potential.

Mr. Speaker, these two amendments to the Health Professions Act will assist the council of health professionals in its mandate to protect the public by ensuring that competent health professionals are providing quality health care to the people of the Province.

Mr. Speaker, I look forward to debate, and I ask all hon. members to join me in supporting these amendments to the Health Professions Act.

Thank you, Mr. Speaker.

MR. SPEAKER: The hon. the Member for Burgeo – La Poile.

MR. A. PARSONS: Thank you, Mr. Speaker.

I am happy to stand here and speak to the second piece of health legislation brought here today, this one being the Health Professions Act. This is a very, very short piece of legislation, an amendment to clear up some confusion that had existed previously. I think the minister did a good job of explaining what this is all about, the background to it.

We have the Newfoundland and Labrador Council of Health Professionals, referred to as the council, an independent body that was created by the Health Professions Act in 2010. They govern seven health groups: acupuncturists, audiologists, dental hygienists, medical laboratory technologists, midwives, respiratory therapists, and speech-language pathologists.

We have this regulating body, we have the professionals it regulates, and what they wanted was simply to clarify the chairperson position as well as allowing the secretary treasurer to be elected from all members, whether they are a practicing member or not. What we are hearing here is they may have someone who is a lawyer

or an accountant who is able to fill that role. They may not necessarily be a hygienist or a midwife, but they should be allowed to do that.

The legislation itself is very simple. What we have under section 8, "The council shall consist of (a) the chair of each college established under this Act..." Now it says: the council shall consist of the elected chairperson of each college established under this act. It is a very simple change in terms of the wording going from chair to elected chairperson. From what I gather, this was driven by the members of this council.

You like to see responsiveness and that is indeed the case here. It is an issue that you create this legislation and it is all done with good intentions, but sometimes you require in practice to see if there are issues that arise or not. This is one that came up. The council notified the department and the change is here before us today.

Obviously we will be supporting this. This is more housekeeping. If it does anything to improve the efficiency of this council and make their lives easier, then obviously we are all for that.

The other thing is it allows the secretary treasurer position to be filled by people who sit on the council. Right now, it is only health professionals who can do that, but there are other public representatives who should be able to be considered. Again, the council itself, the professionals who form this council, are the ones saying, yes, we would like to extend it to somebody else and so we need the legislation changed to allow for that. That is obviously a necessary thing and it is not a bad thing when you can bring other expertise in; it will help the council in performing their functions. I like the fact that it is not forced on them. They asked for it and it has been delivered.

I am very happy to speak to this. I am glad to hear that there is a good relationship between the council, its members, and the department, as there should be.

I am happy to speak to this. I do not have any other comments right now. There may be some questions in Committee stage, but we will leave it for that at that point.

Thank you for the opportunity to speak to this. I do not normally like to be too brief on this, you like to give them due consideration. I think in this case to speak any longer may just simply be belabouring what is supposed to be a very simple point.

I will leave it at that. I appreciate the opportunity.

Thank you.

MR. SPEAKER: The hon. the Member for Bonavista South.

SOME HON. MEMBERS: Hear, hear!

MR. LITTLE: Thank you, Mr. Speaker.

I am delighted to rise in the House today to speak to Bill 7. As the previous speaker said, there are two amendments to the Health Professions Act which assists the Council of Health Professionals in its mandate to protect the public by ensuring that their competent health professionals are providing quality health care to the people of the Province of Newfoundland and Labrador.

This piece of legislation and the amendments that are being brought forward certainly are very clear and understanding. These amendments are in response to the request from the Newfoundland and Labrador Council of Health Professionals and support its ability to make better use of its internal resources and operate more effectively and efficiently, Mr. Speaker.

The proposed amendments to the Health Professions Act will clarify that college chairs are considered elected members from which the chairperson of the Newfoundland and Labrador Council of Health Professionals is elected. Also, Mr. Speaker, these amendments will also broaden the pool of individuals from which the council elects a secretary-treasurer to include the public member representatives on the council and not just the health professional representatives.

Mr. Speaker, this proposed amendment will benefit the council as it will provide greater certainty as to who the elected members of the council are from which the council's chairperson

is elected. It will enable the council to better benefit from the broad range of skills and backgrounds that public members bring to the council, which often they will be suited to the role of secretary-treasurer.

Also, Mr. Speaker, the proposed amendments will not impose any burden on the council or impact the professionals covered in the Health Professions Act. The council also successfully developed registration and registration-renewal procedures for the health professionals it represents. It has also developed disciplinary policies and procedures.

Mr. Speaker, with any voluntary board there is attrition and the department always moves quickly to ensure the council has the appropriate number of individuals in place. This is a very key issue that needs to be dealt with in due diligence. There are currently twelve health care professional representatives and six public health representatives, which is a very comprehensive group of professionals within the body of the council.

Health professionals have responded favourably to the council and the Health Professions Act. Each health care professional has made submissions to the government in support of self-regulation prior to the introduction of the act, and they all seem to be pleased now to be regulated professionals. The council and the respective colleges have worked hard on developing registration, continuing education, and quality assurance.

Mr. Speaker, I would like at this point in time to thank the members who actually provided a briefing from the Department of Health and Community Services. I am delighted to stand in this House today to support the amendments to Bill 7, which certainly will provide clarification in the future.

Thank you very much, Mr. Speaker.

MR. SPEAKER: The hon. the Member for Mount Pearl South.

MR. LANE: Thank you, Mr. Speaker.

It is a pleasure to take an opportunity here now to say a few words about Bill 7, An Act to

Amend the Health Professions Act. Mr. Speaker, like the bill before we had on health, this is another piece of legislation I certainly have no problem with whatsoever. As has been said here, basically we are going to put clarification around the position of chairperson because there was some confusion there.

We are also going to put in an amendment that will allow one of the public representatives to actually serve as secretary-treasurer. As has been said, it only makes good sense if you have a public representative who may be on this particular board and that person has a certain skill set – whether it is some kind of an accounting background, as by way of example, or commerce or something and they have that skill set to fill the role of secretary-treasurer, perhaps even fill the role more effectively than one of the other members from the medical professions – then why not utilize that expertise?

Mr. Speaker, one of the main questions I had, as I have with all of these bills, quite frankly, when they come through, was did you consult with the industry, or in this case, did you consult with the health care professionals who are involved? The minister has indicated they did indeed consult with this organization. As a matter of fact, it was this organization that came forward to the government recommending these particular recommendations.

As my colleague, the Member for Burgeo – La Poile, indicated, anything we can do as legislators in this House to make their life easier, providing that it is also adhering to the principle of protection of the public, then I think we should do it. As was indicated by the minister, I believe, when he spoke that while this amendment may be considered minor, maybe while it may be considered housekeeping, I think the role this particular Newfoundland and Labrador Council of Health Professionals play is critical in ensuring they have persons within their profession who are fulfilling their positions ethically, responsibly, and adhering to all of the codes of practice. That is the type of public protection I think that we all expect.

They do have an important function in terms of our health care system, which we all value. Anything we can do to strengthen this particular board or organization so that they operate more

efficiently, more effectively, which ultimately is in the best interests of all citizens of Newfoundland and Labrador in terms of our health care system, then I think we should do it.

With that said, Mr. Speaker, I will just conclude by saying that I support this particular piece of legislation 100 per cent. I will be voting for it.

Thank you.

MR. SPEAKER: The hon. the Leader of the Third Party.

MS MICHAEL: Thank you very much, Mr. Speaker.

I am glad to have the opportunity to stand and speak to Bill 7. I think it is important when there is a bill on the floor to always stand and speak to it, first of all to indicate whether or not one is for or against, and I will be supporting this bill. It is a bill that just clears up some important things actually. It is a little bit more than housekeeping. It makes some issues clear that were not clear before.

This is a bill which is An Act to Amend the Health Professions Act, an act that covers seven groups of health professionals; although at the moment, of those seven groups, only six of them have colleges. The act this bill is amending and the bill itself refers to colleges, and the colleges are the bodies of the professions. The professions that are covered are: acupuncturists, audiologists, dental hygienists, medical lab technicians, respiratory therapists, speech language pathologists, and midwives.

Midwives are actually the group that do not yet have a college. They are named in the act and do not yet have a college; however, in 2014 government commissioned a study, which was released actually in 2014, which set out a blueprint for re-establishing midwifery. This was discussed when the act itself was first put together. There was old legislation with regard to midwives and that legislation, in actual fact, was removed from the books and midwives were then put into the Health Professions Act.

We, as yet, do not have a college for them. The study that was done and the report that came out is called Implementing Midwifery in

Newfoundland and Labrador. The government has committed to an implementation co-ordinator and advisory committee. Maybe the minister can give us information on this today. Have they, as yet, started working on the regulations for the midwifery college?

People are saying they are not hearing anything yet, but I think it is really important because, number one, of the fact that midwives and midwifery are covered in the act, yet we do not have a college. The report that was released in March recommended that midwives be covered by MCP in order that all expectant mothers, no matter what their income, would have access to them.

It is important that this piece of work get done soon. I am hoping that the minister will be able to use this as an opportunity to give us a bit of an update on what is happening with regard to the formation of the college of midwives and that includes, of course, regulations being put together, et cetera. I would like to know if the implementation team is in place, and have they begun their work. If they have not yet started consultations with the midwifery community and the public, when is that going to happen?

I think it is important because if we are going to be voting for this bill and referring to the colleges that are in the bill, I think we need to make sure that everything is being done to make sure that every college that is supposed to be part of the council is in place. I look forward to hearing what the minister has to say about that.

With regard to the changes that are being made, I am going to start at the bottom, the last one, which is, "Section 8 of the Act is amended by adding immediately after subsection (3) the following: (3.1) The council shall elect from among the members of the council a secretary-treasurer." I think what is significant here is the recognition that for a secretary-treasurer, you want somebody with certain skills to perform that role and to be in that position.

If, in fact, the secretary-treasurer was only being chosen from the elected members of the council and not from the full council which also includes appointed members, you might have a harder time coming up with somebody. I do not know if that is the reason why this has been put in, but

that for me sounds like a logical reason so that when it comes to positions, “The council shall elect from among the elected members of the council a chairperson.”

It is only the chairperson who will be elected only from the elected members. The chairperson elected and elected from the elected members. The secretary-treasurer will be elected from the whole body of the council, which includes appointed members as well as elected members. I think it is more than housekeeping. I think it is an important distinction and it gives a wider field from which to choose the secretary-treasurer.

I think these were the main points I wanted to make, Mr. Speaker. Obviously the slight changes are important. The fact that, “the elected chairperson of each college established under this Act and one other member elected from and by each college in accordance with the council’s by-laws” will be members of the council. I think that is why it is important as well to get the midwifery college in place as soon as possible. In actual fact, until they have a college in place with an elected chairperson they really are not part of the council. That is my understanding. If I am wrong on that, the minister may correct me; but according to this until they actually have a college, I do not see a place for them in the council, per se. So, again, if I am wrong, the minister can correct me.

I think with those points being made, Mr. Speaker, I shall take my seat.

Thank you.

MR. SPEAKER: If the hon. the Minister of Health and Community Services speaks now, he will close debate.

The hon. the Minister of Health and Community Services.

MR. DAVIS: Thank you, Mr. Speaker.

Again, I thank members for their debate and input, and also support for Bill 7, An Act to Amend the Health Professions Act. I will just take a couple of brief minutes to address a couple of the matters that the Member for Signal

Hill – Quidi Vidi has just raised in particular to midwives and the progress on midwives.

First of all, I would like to point out there are two representatives who now sit on the council that actually represent midwives. So even though they do not have their regulations and their formal college established as of yet, there are two members there. As well, there has been some work underway internally in regard to midwifery. There will be various stages of implementation. We have appointed an implementation co-ordinator, and we are putting together an advisory committee. We anticipate that in June month there will be a meeting held at the Association of Midwives of Newfoundland and Labrador, as well as representatives of midwives outside of the Province to work on drafting the midwifery regulations.

So there is some progress being made, and we hope in the next month or we will see that. I think that addresses, essentially, the questions of the member opposite. Again, I thank members for their input in debate today and look forward to the opportunity to pass this bill.

Thank you.

MR. SPEAKER (Wiseman): All those in favour of the bill?

SOME HON. MEMBERS: Aye.

MR. SPEAKER: All those against, ‘nay’.

Motion carried.

CLERK: A bill, An Act To Amend The Health Professions Act. (Bill 7)

MR. SPEAKER: This bill has now been read a second time.

When shall the bill be referred to a Committee of the Whole?

MR. KING: Now.

MR. SPEAKER: Now.

On motion, a bill, “An Act To Amend The Health Professions Act”, read a second time,

ordered referred to a Committee of the Whole House presently, by leave. (Bill 7)

MR. SPEAKER: The hon. the Government House Leader.

MR. KING: Thank you, Mr. Speaker.

At this time I move, seconded by the Minister of Fisheries and Aquaculture, that the House resolve itself into a Committee of the Whole to consider Bill 7.

MR. SPEAKER: It has been moved and seconded that the House do resolve itself into Committee of the Whole and that I do now leave the Chair.

All those in favour, 'aye'.

SOME HON. MEMBERS: Aye.

MR. SPEAKER: All those against, 'nay'.

Motion carried.

On motion, that the House resolve itself into a Committee of the Whole, Mr. Speaker left the Chair.

Committee of the Whole

CHAIR (Verge): Order, please!

The Committee of the Whole will now consider Bill 7.

A bill, "An Act To Amend The Health Professions Act". (Bill 7)

CLERK: Clause 1.

CHAIR: Shall clause 1 carry?

All those in favour, 'aye'.

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay'.

Carried.

On motion, clause 1 carried.

CLERK: Be it enacted by the Lieutenant-Governor and House of Assembly in Legislative Session convened, as follows.

CHAIR: Shall the enacting clause carry?

All those in favour, 'aye'.

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay'.

Carried.

On motion, enacting clause carried.

CLERK: A bill, An Act To Amend The Health Professions Act.

CHAIR: Shall the title carry?

All those in favour, 'aye'.

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay'.

Carried.

On motion, title carried.

CHAIR: Shall I report the bill without amendment?

All those in favour, 'aye'.

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay'.

Carried.

Motion, that the Committee report having passed the bill without amendment, carried.

CHAIR: The hon. the Government House Leader.

MR. KING: Thank you, Mr. Chair.

I move, seconded by the Minister of Fisheries and Aquaculture, that the Committee rise and report Bill 7.

CHAIR: The motion is that the Committee rise and report Bill 7.

All those in favour, ‘aye’.

SOME HON. MEMBERS: Aye.

CHAIR: All those against, ‘nay’.

Carried.

On motion, that the Committee rise, report progress and ask leave to sit again, Mr. Speaker returned to the Chair.

MR. SPEAKER (Wiseman): The hon. the Member for the District of Lewisporte.

MR. VERGE: Mr. Speaker, the Committee of the Whole considered the matters to them referred and have directed me to report Bill 7 carried without amendment.

MR. SPEAKER: The Chair of the Committee of the Whole reports that the Committee have considered the matters to them referred and have directed him to report Bill 7 without amendment.

When shall the report be received?

MR. KING: Now.

MR. SPEAKER: Now.

When shall the bill be read a third time?

MR. KING: Tomorrow.

MR. SPEAKER: Tomorrow.

On motion, report received and adopted. Bill ordered read a third time on tomorrow.

MR. SPEAKER: The hon. the Government House Leader.

MR. KING: Thank you, Mr. Speaker.

Order 2, I move, seconded by the Minister of Fisheries and Aquaculture, that An Act To Amend The Revenue Administration Act And The Tax Agreement Act, 2010, Bill 17, be now read a third time.

MR. SPEAKER: It is moved and seconded that the bill now be read a third time.

Is it the pleasure of the House to adopt the motion?

All those in favour, ‘aye’.

SOME HON. MEMBERS: Aye.

MR. SPEAKER: All those against, ‘nay’.

Motion carried.

CLERK: A bill, An Act To Amend The Revenue Administration Act And The Tax Agreement Act, 2010. (Bill 17)

MR. SPEAKER: This bill has now been read a third time and it is ordered that the bill do pass and its title be as on the Order Paper.

On motion, a bill, “An Act To Amend The Revenue Administration Act And The Tax Agreement Act, 2010”, read a third time, ordered passed and its title be as on the Order Paper. (Bill 17)

MR. SPEAKER: The hon. the Government House Leader.

MR. KING: Thank you, Mr. Speaker.

I want to thank members for their contribution to the debate on a number of bills today.

Given the hour, I move, seconded by the Member for Port de Grave, that the House do now adjourn.

MR. SPEAKER: It has been moved and seconded that the House do now adjourn.

All those in favour, ‘aye’.

SOME HON. MEMBERS: Aye.

MR. SPEAKER: All those against, ‘nay’.

Motion carried.

The House stands adjourned until 1:30 p.m. on Monday.

On motion, the House at its rising adjourned
until tomorrow, Monday, at 1:30 p.m.