

PRINCE EDWARD ISLAND LEGISLATIVE ASSEMBLY



Speaker: Hon. Colin LaVie

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The Legislature sat at 2:00 p.m.

Matters of Privilege and Recognition of
Guests

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

It's a pleasure to be here again today. Welcome to everyone here in the gallery. I see Judy Butler's joining us from down in District 4, great to have you here.

Hello to everyone watching online and on EastLink. It's another beautiful summer day, lots of tourists around.

I'm sure every one of us are going to have a very busy weeks coming ahead, especially in the tourist season, and I hope that each and every one of us get the opportunity to go out and visit our constituents.

I hope that everyone has a great day.

Thank you very much.

Speaker: The hon. Leader of the Opposition.

Leader of the Opposition: Thank you so much, Mr. Speaker.

Welcome back for another beautiful day on the Island. A couple of people in the gallery I'd like to mention: Bethany Collicutt-McNab is back again as she often is; and George Hunter, of course, is with us once more. I see Marie Burge has just come in also.

I was at a meeting last evening with the Leader of the Third Party – a community meeting at the West Royal Community Centre about the proposed asphalt plant here. A very big crowd and a very vocal crowd bringing a lot of passion to their concerns surrounding that.

I wanted to thank the organizers, Jamie and Cathy and the others who put that meeting together, and all of the residents of the area who came out to express their concerns.

Thank you, Mr. Speaker.

Speaker: The hon. Leader of the Third Party.

Mr. Mitchell: Thank you, Mr. Speaker.

Always a pleasure to rise and welcome a very full gallery to the Legislature today. I see many familiar faces, one that I think the member from Hazelbrook will reference a little later on, but I'll welcome her to the gallery as well.

I, too, have a couple of special people in the gallery today that I'd like to mention. Two of my sisters are with us today; Judy Hughes and Michele Mitchell who are avid workers for me for the last 20 years and a big reason of why I am sitting in the chair that I am today.

I, also, I, too, want to reference George Hunter who has been – I don't think George has missed a day in this Legislature this session; thank you George for always attending and your great comments in the too, in the hall.

It's a wonderful day obviously and as I always do, as I always start the day, it was great to be at Tim Hortons this morning to talk to a lot of people that are there and are very excited about taking the opportunity to exercise their democratic right to vote tomorrow, the last day of the advanced polls in the deferred election in Hillsborough Park. They've indicated to me they're very happy to be going tomorrow to support Karen Lavers and the Liberal team and very happy to drive there with their free licenses and reduced registration on their vehicles.

Some Hon. Members: Hear, hear!

Mr. Mitchell: With that, to all that are viewing in from home I'd like to wish them well and to watching today's proceedings as well.

Speaker: The hon. Member from Mermaid-Stratford.

Ms. Beaton: Thank you, Mr. Speaker.

It's a pleasure to rise; I want to say hi to all my constituents in District 5 Mermaid-Stratford. I'd like to say a special hello Santana Beaton who's here in the gallery with us, Santana's pretty special to me and

she's a great ambassador for our farmers on the Island and she's joined with Carleigh MacLeod and Carleigh MacLeod is a summer student working with Santina who is the coordinator of the Food and Farm Care PEI with the PEI Federation of Agriculture and Carleigh was actually a Page here in 2016-2017, so it's nice to have her back, thanks for joining us.

I just want to plug a great initiative that they're working on, it's the second annual Breakfast on the Farm, it's going to be located at Vanco Farms in Mount Albion and that's on Saturday, August 3rd from 8:00 a.m. to 11:00 a.m. It's a really great opportunity for non-farmers to get out and try an all PEI breakfast. Everything is local and just a really great opportunity to get out for some education; they get to see an actual working farm where their food comes from. I'm a really big advocate to make sure that Islanders understand that farmers are hardworking and providing us food every day.

So thanks for joining us.

Speaker: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: It gives me great pleasure to rise today and welcome Ron Casey here today to the gallery who is the Executive Director at Stars for Life and as well as everyone else who's joined us too. It was a great morning in Charlottetown-West Royalty this morning; I went for walk in the area at Upton Farms and was able to dip my toes in the water, yeah.

It was a wonderful morning and there was a lot of dew out so that was a great morning. As well, I was at the public meeting last night about the community coming together in support of a cause and it's to look at the asphalt plant on the Sherwood Road and they voiced their opinion and they made it loud and clear. That'll be something that – it was a good democratic process we attended last night.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Cornwall-Meadowbank.

Mr. MacDonald: Thank you, Mr. Speaker.

Shout out to the constituents in Cornwall-Meadowbank and I also want to shout out to my dad who had a knee replaced two days ago and seems to be doing fine and then I realized just down the hall – he stood for Alex MacPhee who broke his femur so they're both in the hospital together and they're both recovering. Marie Burge, I commented on Marie's outfit the other day, she had an all red outfit on and she's been neutral ever since, so I'm not going to do that again.

I also said to the hon. Leader of the Third Party, if I could acknowledge his sisters and he said: no way, they'd kill me. So I said all right. And Carleigh MacLeod is my first cousins daughter so welcome back Careligh, you did a great job as a Page.

Thank you.

Speaker: The hon. Member from Evangeline-Miscouche.

Mr. Gallant: Thank you, Mr. Speaker.

I, too, want to give a shout out of all the constituents of Evangeline-Miscouche and also welcome everyone to the gallery and the hon. Leader of the Third Party's sisters, nice to see you here.

Rowan Casley, who I met out in the hallway, he said it was the first time he was ever here, welcome.

Last night, I had the privilege with the hon. Minister of Social Development and Housing to attend the opening evening at the *Centre Expo* in Abrams Village for their dinner theatre. It was a very enjoyable evening and I wish them all the best.

It was a great evening of cultural tradition and Acadian music and dance.

Je veux leur souhaiter bonne chance cette saison.

Merci monsieur le président.

I want to wish them good luck this season.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Statements by Members

Speaker: The hon. Member from Summerside-Wilmot.

Summerside Lobster Carnival

Ms. Lund: Thank you, Mr. Speaker.

Today is the first day of the Lobster Carnival in Summerside. Since 1956, visitors have come to Summerside to join in the celebrations of excellent food, harness racing, and entertainment.

As always, there will be lots going on to get involved with and opportunities to enjoy our world-class lobster, take in the races, and appreciate great local talent.

The three day program is jam-packed with something for all ages and budgets. My Summerside caucus mates and I will be spending much of the weekend taking in the various activities and, in fact, tomorrow evening the Member from Tyne Valley-Sherbrooke and I will be volunteer servers for the lobster suppers.

Saturday afternoon is the Lobster Carnival Parade, which my colleagues and I have taken part in for the last number of years. On Saturday evening, the Member from Tyne Valley-Sherbrooke and I, for better or for worse, will be testing our skills in the cardboard boat races.

The Summerside carnival is organized by Culture Summerside and I thank them once again for their hard work.

I'd encourage everyone to come out and enjoy what's happening in Summerside this weekend.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Charlottetown-West Royalty.

Stars for Life

Mr. McNeilly: Thank you, Mr. Speaker.

Again, it's a great pleasure to welcome Ron Casey here from Stars for Life.

The Stars for Life Foundation was established in 2001 to help families whose children with autism spectrum disorder leave the school system. Once out of the school system, there is a void in terms of daily support.

In 2011, the Stars for Life Home and Resource Centre was opened in Charlottetown-West Royalty. The Foundation provides day programs for clients plus housing with 24-hour care for five full-time residents.

Last fall, it was reported to this House that there were over 400 children with autism spectrum disorder in the school system. Once these children leave the school system, families look to Stars for Life for support.

This has been ongoing process for many years. There is nowhere to go after high school. The relative costs would be far greater to government and social implications devastating to individuals and families.

The government in this year's budget has allocated the foundation just under \$156,000. This small increase this year is basically an adjust to inflation.

While the foundation appreciates this grant, it is unable to cover its annual expenses despite the organization's robust fundraising efforts and dedication to these amazing young people.

Last fall, this House unanimously voted for the *Autism Secretariat Act* sponsored by the Member from Morell-Donagh and current Government House Leader.

In doing so, the Legislature made a unanimous commitment to offer coordinated and determined leadership for families dealing with autism spectrum disorder.

Stars for Life provides much needed service for those with autism and their families.

It is time to act on this commitment and provide the Stars for Life Foundation with sufficient core funding so that it can continue to provide badly needed services to the autism community.

I call on the government through the Minister of Social Development and Housing to sit down with the Stars for Life Foundation and develop a sound fundraising model for this organization. We're all in this together.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Morell-Donagh.

Morell Sportsman's Dinner and Cole MacLaren

Mr. MacEwen: Thank you, Mr. Speaker.

What a great statement from the member. I expect Question Period should be interesting today, too, and I encourage him.

I rise to talk about the Morell Sportsman's Dinner today. It's coming up next month on August 25th, and I'd like to quickly talk about Cole MacLaren, as I do that.

Cole MacLaren has recently been signed to the Detroit Tigers minor league organization, after successfully graduating from the University of Pittsburgh playing as catcher for the Pittsburgh Panthers on their college league team.

Cole has become nothing short of a star in the PEI baseball community, and, as a coach myself, I'm very proud that he's from and of his accomplishments in this sport.

Times like this make you realize that our little Island, and more specifically in Morell-Donagh, they can produce star power that sports leagues require at the highest level.

This sense of community accomplishment is exemplified and demonstrated at an event like the Morell Sportsmen's Dinner. The money earned from this event, of course, goes towards continuing our renovation process at the Morell Community Rink.

The North side communities initiative have made a fantastic effort to keep this event going and have been able to attract great celebrity guests over the years. This year's guest is former MLB player and Canadian Baseball Hall of Fame inductee, Matt Stairs.

Tickets can be purchased from anybody from the North side communities' initiative, myself, Mr. Speaker, I'm hoping to see you there as well and I hope to see a great crowd at our new venue this year the Rodd Crowbush.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Responses to Questions Taken as Notice

Speaker: The hon. Minister of Economic Growth, Tourism and Culture.

Mr. MacKay: Thank you, Mr. Speaker.

The hon. Member from Charlottetown-Brighton yesterday had some questions and here's the response I'm taking back today:

Cleantech has been identified as a subsector of advanced manufacturing in IPEI's work plan. The subsectors are Cleantech Marine Technology and Engineering Services.

Cleantech includes initiatives such as renewable technology and wind and solar that reduces the negative effects of our environment. This could also cover LED lighting, electronic motors, biomass, bio fuels and more.

Cleantech has its own five-year cultural action plan and they are in year two of this plan and also there currently is no strategic plan at IPEI, each division has its own work plan.

Thank you, Mr. Speaker.

Speaker: The hon. Minister of Agriculture and Land, Justice and Public Safety and Attorney General.

Mr. Thompson: Thank you, Mr. Speaker.

I would like to provide information back to this House on the third option. We all agree sexual violence is unacceptable and that we need to find ways to eliminate it. We also know that sexual assault happens and it happens in PEI. Victims of sexual assault need immediate supports to help them in the aftermath of their personal trauma. It's complex and requires collaboration between

several departments, agencies, law enforcements and community organizations.

Like other jurisdictions, third option can be challenging to implement for many reasons. The largest challenge relates to storage of the evidence kits, by the extension, their integrity and the chain of evidence.

An interdepartmental committee of members from PEI Rape and Sexual Assault Centre and the law enforcement agencies have been working for a number of years on the best ways to support victims of sexual violence when they arrive at the emergency rooms.

One of the outcomes of this work has resulted in the enhanced emergency sexual assault response services protocol.

This hospital emergency department protocol outlines how hospital staffs can support the victims while gathering evidence.

The protocol has been developed in such a way that the third option could be included if we find evidence storage solutions.

The committee's research on evidence storage solutions they found varied from one jurisdiction to another. Some store evidence in policing agencies and others in hospitals or rape crisis centers.

To roll the third option out in our province we need to determine what makes sense for us, bearing in mind the critical factor of chain of integrity of evidence.

I recognize that this is part of the PC platform. I stated Tuesday, the staff across the departments are working diligently on this and they are and they are doing it with the community as well.

There is no denying that being a victim of sexual assault is very traumatic, the victims are front of mind and we consider implementing the support programs for them.

Government has a responsibility to provide supports that will help them.

I want to stress again that they need to be the right ones, sometimes getting it right means more time. We need to continue to work

together within and outside of government so we can strike the balance of holding a victim-centre approach addressing the evidence storage challenge. Today, I can't provide a definite date.

What I can say is through the staff of the departments of health and justice and public safety – and other departments are continuing to look at the storage issues so that the third option can be implemented.

Thank you, Mr. Speaker.

Questions by Members

Speaker: The hon. Leader of the Opposition.

Leader of the Opposition: Thank you very much, Mr. Speaker.

CBC news reported this morning that earlier this year the Ontario Teachers' Pension Plan as well as the Canadian Pension Plan and the Alberta Crown Corporation in that province that is responsible for their provincial investments invested millions of dollars in GeoCorp and CoreCivic, private prison companies that own, among other questionable facilities, several immigrant detention centres in the United States.

These companies have come under fire for various practices that are, quite frankly, horrendous,

Investments in private prison companies

A question to the Minister of Finance: Does the PEI government have any investments in private prison companies?

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

Thank you for the question.

I have absolutely no idea if we do or not, but I'll be happy to look into that.

Speaker: The hon. Leader of the Opposition.

Leader of the Opposition: Thank you, Mr. Speaker.

I appreciate the answer, minister.

I'm sure also I'm glad that you're going to look into this.

Is the minister prepared to put an end to any unethical investments that she might uncover in any investigation that might happen?

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

There is quite a long list of investments and investors that we have in the pension funds. It's definitely something that our government will look into, and see what can be done.

You know, if it's part of a mutual fund or a conglomerate of investment, we'd have to see how we could do that, but it's definitely something we'll look into.

Speaker: The hon. Leader of the Opposition.

Leader of the Opposition: Thank you, Mr. Speaker.

Indeed, there is a very long list of places where government has invested money in terms of pension plans and other places.

A couple of years ago in response to a question in this Legislature, I found out from the Premier's Office, the premier at the time of course, that this province had about \$155 million invested in fossil fuel companies as of December 2015.

Government dollars invested in fossil fuels

Could the minister provide this House with an update on how much the province still has invested in fossil fuels?

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

I will take that on notice and bring back the figure to you.

Speaker: The hon. Leader of the Opposition.

Leader of the Opposition: Thank you, Mr. Speaker.

Many of government's policies outside the direct realm of climate policy actually have an impact on climate, and we need to be absolutely sure that all of these policies are working together and not across purposes. They need to be integrated.

If we have a new commitment to meeting our climate targets, we need to make sure that we're not investing in something which is going to work counter to that somewhere else.

Government funds divest from fossil fuels

A question to the minister: Will the minister commit to ensuring that all provincial government funds divest from fossil fuels?

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

I will not commit to that, unless you're willing to drive a bicycle to work every day. I mean, we have to have fossil fuels. It's as simple as that.

Mr. Myers: (Indistinct)

Ms. Compton: Everyone in this place, except for maybe the hon. Minister of Environment, Water and Climate Change, have fossil fuel vehicles, so it's pretty hard for me to say that we could do that when everyone in this place is driving a vehicle that needs a fossil fuel.

Speaker: The hon. Leader of the Opposition.

Leader of the Opposition: Thank you, Mr. Speaker.

I should perhaps clarify this is not about the personal choices we make. Indeed, I own a fossil fuel car as well. –

Mr. Myers: (Indistinct)

Leader of the Opposition: It's about the value of those investments and what the potential future value will be as more and

more fossil fuel investments become stranded assets.

There are a number of places, both jurisdictional and private companies that are divesting in fossil fuels strictly for financial reasons. I'm not talking about any sort of ethical issue here at all, although there may be something attached to that. I'm talking purely from a financial point-of-view for the wellbeing of the finances of this province.

The province invests a significant amount of money and these investments have an influence on developments within and even beyond this province, private prisons and fossil fuels are just two examples of investment practices that are not socially or environmentally responsible, and increasingly acceptable.

A question to the minister: Does the province have a policy to ensure its investments are done in socially and environmentally responsible manners?

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

I cannot say a definite yes to that, but I would be assuming that we would have looked at ethical reasons. I never really thought of fossil fuels as being something that's unethical, but I guess we have to change the lens that we look through.

It's very hypocritical for all of us to say we're going to say 'no' to everything involving fossil fuels when we're all still using fossil fuels on a daily basis.

Thank you, Mr. Speaker.

Speaker: The hon. Leader of the Opposition.

Leader of the Opposition: Thank you, Mr. Speaker.

Clearly, I don't think I stated that there was anything unethical about the use of fossil fuels, indeed I own a car. Hybrid car, but it's still a car and it burns gas.

A question to the minister: Does the – oh, I'm sorry I've already been there.

Clearly, if we're investing in oil and gas, and potentially detention camps – we don't know that, probably not, but it would be nice to know. This policy needs to be looked at and it needs to be updated.

Review of policy

A question to the minister: Will you commit to reviewing this policy?

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you very much, Mr. Speaker.

I would have to say that the investors that look after the purses of the government, if they're worth their weight they would have known that all fossil fuel companies have been down in value for a number of years so they probably are looking at that, if we're looking at just dollars.

I would be more than happy to bring back what our policy is and what the investment is, to my very best ability, in fossil fuels.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Thank you, Mr. Speaker.

The Coalition for Women in Government is a non-partisan organization dedicated to advancing women's leadership in the political, civic and democratic life of PEI. They do crucial work and have been a valued support network in this province over the years. We often reference their work as we continue efforts to grow diversity in this House and throughout the province in general.

In the throne speech, there was an announcement of \$100,000 worth of funding. After some digging, it is clear that this is not new spending, but rather maintenance of current spending levels. Official opposition specifically sought operational funding support for the PEI Coalition for Women in Government.

Funding support for PEI Coalition for Women in Government

A question to the Minister Responsible for the Status of Women: Can you advise why that wasn't included in the budget this year?

Speaker: The hon. Minister Responsible for the Status of Women.

Ms. Compton: Thank you, Mr. Speaker.

The \$100,000 was already committed but it is in this budget, so we do have to make account for that. We've also promised going forward \$100,000 each year for the next, I believe, three years. That's the commitment we've made.

We made choices. We've talked about it with every department about where the choices need to be and what is important. I'm not saying it's not important. It's very important. Health is important. Education is important. We made the decisions we made in consultation with both the opposition and the third party and I stand by those decisions.

Speaker: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Thank you, Mr. Speaker.

The following two things I'm going to say are quotes: I observed that it was much more difficult for women, especially if they had children. Women tended to enter politics, a lot of them later, or not at all, because they waited until their children were older.

These quotes are taken directly from the coalition's 2009 report *Who's Job is it Anyway? The Life and Work of an MLA*. And may suggest that it is more important for women to have no care giving responsibilities before they say yes to running for office than it is for men.

Question to the minister: As the Minister Responsible for the Status of Women, could you explain to this House how the projects to the Coalition for Women in Government inform your work?

Speaker: The hon. Minister Responsible for the Status of Women.

Ms. Compton: Thank you, Mr. Speaker.

I just didn't catch the last part of that question.

Ms. Bernard: I'm just wondering how the projects through the Coalition for Women in Government inform your work.

Speaker: The hon. Minister Responsible for the Status of Women.

Ms. Compton: Thank you, Mr. Speaker.

Well, first of all, when you started that quote I thought maybe it was my quote, but I appreciate that.

We all know in this Legislature it's very, very difficult to get women to run and we're encouraging women to do that and care giving is both – it should be provided by both partners and as far as the Coalition for Women in Government, they report to the Women's Secretariat, the work that they do, and it's very important work and we'll continue to work with them.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Thank you, Mr. Speaker.

The work of the coalition is pertinent, important and in danger. For sustainable, productive, long-term outcomes, the current funding model is short sighted and unproductive. Project-based grants have short-term goals and themes determined by the federal funding agency. The coalition does not receive provincial funding other than the occasional small-project grant via the Interministerial Women's Secretariat.

For an organization doing consistent work, this funding model is precarious and there is no way that we can rely on people to take on those roles within the coalition as volunteers.

Funding to provincial organizations

A question to the minister: Do you believe it is important to provide operational funding to a provincial organization doing such crucial work?

Speaker: The hon. Minister Responsible for the Status of Women.

Ms. Compton: Thank you, Mr. Speaker.

It's very important work and there needs to be funding. There are a number of asks across the province. As the Minister of Finance, we decided where the funding should go and what the priorities are. We talk health. We talk education. Everything is important and I will stand by that. We will do our very best to fund all the NGOs that we possibly can.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Thank you, Mr. Speaker.

There was a leadership course offered through the Coalition for Women and Government and Winding Path funded through a federal project grant, and I was one of the participants. In that course, I learned that every reason I provided for not running was a barrier to why all women who would like to run and don't face.

When I did decide to run and was sharing the news with family, friends and community members, they had a hard time getting passed the idea of what this would do to my family. It was through the coalition that I found the support necessary to navigate this fear and doubt.

Question to the minister: What will your government do to support the continuation of this critical and evolving work?

Speaker: The hon. Minister Responsible for the Status of Women.

Ms. Compton: Thank you, Mr. Speaker and thank you for the question.

This government will work with the Coalition for Women in Government through the secretariat to help them with the work that they do. As a woman, I understand the barriers that are there, perceived barriers in some ways in my mind, but barriers none the less for some people. It takes a different person to do what we're doing and everyone in this House can agree to that and you have

to be a strong individual who can stand up for your rights. We all need to do that. You have to do it for your constituents and for yourself.

We will work, we will continue to work with the coalition on the important work that they do.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Mr. Speaker.

I've spoken with two mothers in my district who have children requiring accessibility supports. Both of these mothers expressed concern over how infrequently they are contacted by their support worker.

Special needs child and support workers

Question to the Minister of Social Development and Housing: Minister, how often would you expect a family with a special needs child to have appointments with their support workers?

Speaker: The hon. Minister of Social Development and Housing.

Mr. Hudson: Thank you very much, Mr. Speaker and thank the hon. member for the question.

From my time when I did work in government and it was in a different department – but individual clients if you like – contact with them would be made on a variety of schedules. It would depend to a certain extent on just what the individual needs of those clients are. I would assume that it would vary from client to client, hon. member.

Thank you.

Speaker: The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Mr. Speaker.

The mothers I've had conversations with have both indicated to me it's not uncommon for them to have to wait more than a year between appointments. When

support workers themselves are overworked, everyone suffers.

Review of accessibility support workers

Question to the Minister of Social Development and Housing: Will you review the current caseload of accessibility support workers and look at expanding the complement if they are overloaded?

Speaker: The hon. Minister of Social Development and Housing.

Mr. Hudson: Thank you very much, Mr. Speaker.

Again, I do thank the member for the question that she has brought forward. Frontline staff in my department, I give them a tremendous amount of credit because they do on a day-in day-out basis work with situations that I'm sure are extremely emotionally draining, challenging and the like.

With regard to the members specific question, I will always frontline services, our frontline workers and if any type of a review, information, what have you, coming forward to me, shows that yes, indeed, that we are understaffed that we are not able to be providing the service to the community, to the most vulnerable, then, yes, I will take it under consideration and review it.

Thank you.

Speaker: The hon. Member from Summerside-Wilmot.

Ms. Lund: I've learned that as children with special needs reach school age, they age out of certain supports within the system, despite the fact that their needs for those supports haven't changed.

Access to therapy for school-aged children

Question to the Minister of Social Development and Housing: Minister, can you explain to me why school-aged children can no longer access physiotherapy and occupational therapy?

Speaker: The hon. Minister of Social Development and Housing.

Mr. Hudson: Thank you very much, Mr. Speaker, and thank the hon. member again for the question.

I have to be completely honest I was not aware of that. I will look into it and I will take the question under notice and bring it back to the Legislature.

I don't know whether this is appropriate, but it does concern me to some extent when I stand here and I provide an answer that is completely honest and upfront and to see a member on the far side shaking their head, that to me is inappropriate.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Mr. Speaker.

I appreciate the fact that you'll look into this, minister, because I've emailed your department about it about two months ago. I can table that for you.

Minister, when children who require these services don't have access to them, it makes it very difficult for their families. Without a physiotherapist these children do not have professional support for their exercises or to watch for muscle stiffness on a regular basis, but they also don't have a physiotherapist to write the referrals required for wheelchairs and various necessary equipment.

As it is the process for waiting for supplies can be lengthy as parents first need to find a physiotherapist themselves to write the referral, fill out the forms to get them approved within the department and then there's still an ordering process.

One mother told me a story of waiting for a year for a wheel replacement.

Expand age range for accessibility needs

Question to the Minister of Social Development and Housing: Will you expand the age range in which children with accessibility needs can access these necessary medical professionals so that school-aged children still get the care they require?

Speaker: The hon. Minister of Education and Lifelong Learning.

Mr. Trivers: Thank you, Mr. Speaker.

Within the school system, school-aged children do have some supports for this and I do appreciate the members concern.

There are, there is a school therapy – occupational therapy program and according to my information it received over 450 referrals in the 2018-2019 school year and 120 requests for small group sessions and whole class observations; 325 students will be seen individually and approximately 100 small group and classroom observations have been completed.

This may not completely fit exactly the service that the member is talking about over there but rest assured there is at least some support, occupational therapy support, within our school system for these students.

Speaker: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Thank you, Mr. Speaker.

Occupational therapy support is provided to the Public Schools branch in kindergarten and in Grade 1. I might have seen them in my classroom to work with five or six students once, maybe twice, throughout the year. So the support is offered in kindergarten and if you're lucky and there's a little bit of time left over, you may get some support in Grade 1. I'm just curious if this is what you would consider support.

Mr. Trivers: Thank you, Mr. Speaker.

Again, based on my notes you may be minimizing the amount of support provided. There's no doubt that more support is needed. I just wanted to make sure that it was brought out here in this House today that in fact there is some occupational therapy support provided.

I'm sure that the Minister of Social Development and Housing would love to expand the supports available, but this is what we're working with today and we will work together to see what we can do.

Speaker: The hon. Member from Summerside-South Drive.

Mr. Howard: Thank you, Mr. Speaker.

The leases on our current fleet of SUV's for ministers is up this fall.

Number of vehicle leases

Question to the minister: How many vehicle leases are up this year?

Speaker: The hon. Minister of Transportation, Infrastructure and Energy.

Mr. Myers: I'm not aware that we have any leased, but if we do, I'll bring the answer back to the House.

Speaker: The hon. Member from Summerside-South Drive.

Replacement of government vehicles with electric

Mr. Howard: Considering that plug-in hybrid electric SUV's are available locally at a much lower price tag than the existing vehicles cost and that government should be leading by example, will the fleet be replaced by hybrid electric or all electric vehicles?

Speaker: The hon. Minister of Transportation, Infrastructure and Energy.

Mr. Myers: Thank you, Mr. Speaker.

That's a really good question, it's a conversation that I had with the people over in the energy wing of the department about what we're going to do with some of the vehicles.

I talked to the fleet management people. We have a very big fleet of vehicles across government, various employees have them for various reasons and I do think it's important to start having that conversation, particularly now that we're going to be able to provide charging services right across Prince Edward Island once our project comes to an end with our charging stations.

Yeah I do think it's important that we do start leading by example. That said, it's not going to be a fit for absolutely every job

function across government and that's why we are studying through the ones that it doesn't make the most sense to, the ones that travel at a daily range that is under the limit of what an electric vehicle would be, so that we can make sure that we're putting electric vehicles on the road using the appropriate people to use them.

That said, also if that's the direction we're going to go, we're going to need to notify some of the local car companies because they're going to have to ramp up the original six that we ordered, one of which the Minister of Environment, Water and Climate Change drives. It took us six weeks I think to get it.

We got three of the five or six that we ordered. I think we have two more coming in, so we're like 12 or 13 or 14 weeks since we first asked for them.

We're going to need to find a way to get those in quicker; in order to do that, we're going to have to talk to the car company.

Speaker: The hon. Member from Summerside-South Drive.

Mr. Howard: Thank you, Mr. Speaker.

Well, you know, I have my electric car in at the Mitsubishi dealer right now, and they've got a bunch of hybrid plug-in electric Outlanders there that they can bring in all sorts for you. So I'd suggest you have a conversation with them.

To encourage greater use of electric vehicles, it would show leadership to install charging stations at all government office for staff and public use.

Charging stations at government offices

Will the minister commit to taking the actions required to enhance our public charging network by having charging stations at government offices?

Speaker: The hon. Minister of Transportation, Infrastructure and Energy.

Mr. Myers: Yes, Mr. Speaker, so you're really testing my memory here of where we agreed to put them, but we did have that discussion.

There's one in the basement of the government complex, which of course isn't open to the public. We did have somebody in the other day that was asking to charge a vehicle and they had come in for working (Indistinct)

We're quite aware that there's concern with the complex down there, but we have government buildings spread right across Prince Edward Island.

It's hard for me to commit to cover every single building in this run of charging stations, but I do think it's very important and I will commit to starting, moving forward to getting charging stations at all places – primarily, we'll start where public interacts with government first, and then we'll spread them out to all government buildings.

Speaker: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: Thank you, Mr. Speaker.

My question is for the Minister of Environment, Water and Climate Change.

In regards to the carbon reduction policy, yesterday the minister said and I quote: "I think I've stated a number of times on the floor during budget estimates and other times, the funds that were allocated to free driver's licenses and discount on registration are not actually really helping achieve our goal of mitigation or adaptation."

Elimination of free driver's licenses

Minister, you indicated you are open to changing this policy, are you really considering eliminating free driver licenses for Islanders.

Speaker: The Minister of Environment, Water and Climate Change.

Mr. Trivers: Well thank you, Mr. Speaker.

The member has a good question, and just to clarify, yes, I don't think they are contributing to either climate adaptation or climate change mitigation and so I think it's something we really do need to consider.

Just to clarify, when decisions like this are made, this is just not me sitting at a desk somewhere making the decision. This is why standing committees are so important. This is why consulting with the public is so important.

And that's why I'm looking forward to having those discussions and really talking about exactly what changes should be made on that front, and potentially where the money should go to actually make a difference helping adapt to climate change and mitigate climate change.

Speaker: The hon. Member from Charlottetown-West Royalty your first supplementary.

Mr. McNeilly: Well you made a decision on Grade 3 assessments, license fees are going up, no food program for children. Islanders are struggling. This additional fee, that a lot of them live paycheck to paycheck

Some Hon. Members: (Indistinct)

Mr. McNeilly: We can't take these fees or the waffling that's going on on the other side.

The official opposition seem to be in agreement that the policy should change, and both Conservatives and Greens seem to be in favour of restoring fees to driver's licenses.

Allocation of fees from licenses

Minister: If you take action to eliminate free driver's licenses, where will the revenues from the driver's licenses fees be allocated?

Speaker: The hon. Minister of Environment, Water and Climate Change.

Mr. Trivers: Thank you, Mr. Speaker.

There's a variety of approaches you can take to this topic. There's a number of programs within government, the member's probably familiar with them, that are means-tested.

You know, when it comes to driver's licenses, maybe that's something we can consider some sort of means-tested programs for people who may be able to

afford a car but are having trouble getting the driver's license and registration.

That's something we would consider.

When it comes to where that money should go to help either adapt to climate change or mitigate climate change, there's also a wide variety of options.

We talked today – there were questions on installing electrical vehicle chargers, but there's probably other, maybe even better ways again – to ensure that all Islanders would have access to those funds to help them mitigate climate change or adapt to it.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Charlottetown-West Royalty, your second supplementary.

Mr. McNeilly: Thank you, Mr. Speaker.

To quote the minister from yesterday's proceeding: "There was a decrease in the excise tax on gasoline that was really presented in an offset through the climate tax that was added that would be other monies that potentially should go back towards these clean initiatives."

Increase on excise tax on gasoline

Minister: You seem very open to this, are you considering an increase on the excise tax on gasoline?

Speaker: The hon. Minister of Environment, Water and Climate Change.

Mr. Trivers: Well thank you, Mr. Speaker.

I want to thank the member over there for raising some of these issues. It was indeed the former administration that decided to cut the excise tax to offset the carbon tax they put on.

I think that there would be almost nobody that you could find that would argue that that in any way helps with climate change adaptation or mitigation.

This is what it's about when you have fulsome conversations and you work in standing committees and you work together

with the opposition, to decide what kind of changes are needed.

Now, I'm not going to say here today whether I think that tax should be removed or not, but let's just say that I would like to hear their input. I would like to hear input from the public and the official opposition as to what they think we should do with it.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Evangeline-Miscouche.

Mr. Gallant: Thank you very much, Mr. Speaker.

My question today is to the Minister of Economic Growth, Tourism and Culture.

During the most recent election, the PC leader pledged, according to media reports, to stepping in and regulating the short-term rental market also known as Airbnbs.

Regulations and consultations for Airbnbs

Minister, has your department began the process for preparing regulations and if so, will there be public consultation on these regulations?

Speaker: The hon. Minister of Economic Growth, Tourism and Culture.

Mr. MacKay: Thank you, Mr. Speaker.

Thank you, hon. member, for the question.

This has been a topic that continues to come up. There are a lot of short-term rentals on Prince Edward Island – Vrbo, Airbnb, Home Away – the message I delivered in my department is to follow how many people are not in compliance, that are licensed. If they're not licensed, follow up with them; work with them to get them licensed. If they continue not to be licensed, we will be putting out a fine.

Speaker: The hon. Member from Evangeline-Miscouche.

Mr. Gallant: Thank you very much, Mr. Speaker.

Question to the same minister; during a recent public meeting in Charlottetown on short-term vacation rentals, there were concerns raised by long-time bed and breakfast operators that Airbnbs are negatively impacting their business.

I am getting similar concerns from bed and breakfast owners in my district.

Impact on tourism from Airbnbs

Minister, would you agree that Airbnbs are impacting tourism accommodation operations across the province and not just here in Charlottetown?

Speaker: The hon. Minister of Economic Growth, Tourism and Culture.

Mr. MacKay: Thank you, Mr. Speaker.

Thank you, member, for the question.

I can't speak on the impact. All I know is that there are 2 million visitors a year come to Prince Edward Island that are looking for accommodations.

The big message I want to get out to all the short-term rental accommodations out there is: You need to be licensed. You have to follow the rules like everybody else, whether it's a bed and breakfast, a cottage somewhere – there are rules in place. You need to comply with the rules and if not, we will be knuckling down on it.

Speaker: The hon. Member from Evangeline-Miscouche.

Mr. Gallant: Thank you very much, Mr. Speaker.

Non-certification and charges from tourism

My second supplementary kind of alluded to that so I guess my question to the minister is: Are you willing to charge any of these people that are not certified and have permission from your tourism department to operate?

Speaker: The hon. Minister of Economic Growth, Tourism and Culture.

Mr. MacKay: Thank you, Mr. Speaker.

Yes, hon. member, we certainly are. Compliance officers right now are looking into the short-term accommodations now that are being advertised to make sure they are following the rules.

The problem we are running into as we get a hold of some of them that aren't licensed, they're coming off the sites. They're getting harder to track.

But the message I am delivering to the department is if, after we issue a warning, basically, to be licensed and if they don't follow through with it we will be issuing fines for sure.

Speaker: The hon. Member from Morell-Donagh.

Mr. MacEwen: Thank you, Mr. Speaker.

I need some common sense. I want to read an email.

This is from a non-profit seniors club in the district: We applied for a 50/50 license starting May 1st, 2019. We did not know we needed a license as no one from the department had informed us. It was quite by accident we found out.

According to the terms and conditions of the license, the treasurer is required to keep the proceeds from the 50/50 separate from the other funds and keep records to show the proceeds. Not only does the treasurer keep a weekly record, but must submit a quarterly report. Again, more work for this volunteer. Our club is a great asset, not only to the seniors in our area, but to also the community.

We don't receive any funding to help run the day-to-day operation of the club. At a time when government should be helping seniors stay active in their own community, we're getting nickel and dimes.

Do you know what they submitted last week for their 50/50 lottery? .57 cents. That's all that work went towards, .57 cents.

Fees for non-profit clubs

Will the Minister of Finance commit to bringing some common sense and getting rid of this ridiculous fee?

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

I'm glad that the member called on me for common sense. I appreciate that.

I wasn't aware of this particular instance, but I know it's something that I've heard about from community groups.

It's too bad that all those groups are put in the position where they have to be the fundraisers for their communities to keep rinks and halls alive.

It's just too bad that the previous government cancelled the Island Community Fund, which was a huge asset to all rural communities.

Some Hon. Members: Bring her back.

An Hon. Member: Good for you.

Ms. Compton: We just might do that.

Some Hon. Members: (Indistinct)

Ms. Compton: I appreciate the question from the member, and I will be happy to get back to you with whatever they would like done.

Just let me know.

Speaker: The hon. Member from Morell-Donagh your first supplementary.

Mr. MacEwen: Thank you, Mr. Speaker.

We've got all kinds of organizations across PEI that are doing this, right?

There's a ton of them that don't ever have to submit anything, they just do their 50/50.

This was a volunteer that happened to be on the phone with a representative of the department, and they happened to mention 50/50 in passing. They said what, wait? You have a 50/50. Then all of this work for 57 cents.

Changes to 50/50 policy

When will the minister commit to changing this?

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you very much, Mr. Speaker.

I'm assuming that there'll be policy implications to changing this, and that would go through justice I believe.

Right now, I want to apologize to that senior's club. It's totally not appropriate and I will commit to making sure that we change that rule. I will work with the department of justice to make sure that that happens.

Thank you.

Speaker: The hon. Member from Summerside-South Drive.

Mr. Howard: Thank you, Mr. Speaker.

So the minister's response to my question about chargers, he mentioned that he was having trouble remembering where all of them were going, but I'd like to drill in on one in particular.

There are six high-speed chargers going in across PEI this summer. Most of the locations make sense to me as they have some sort of amenities around them. However, the station in Summerside is to be installed at the Maritime Electric service centre.

If this is the Maritime Electric location on Highway 2, there is nothing around there for a vehicle owner to do while they wait for the car to charge.

Locations of electric vehicle chargers

Should we not be trying to get these chargers, particularly the expensive high-speed chargers, into areas where drivers will be wanting to stop anyways?

Speaker: The hon. Minister of Transportation, Infrastructure and Energy.

Mr. Myers: Yes. So yes, we should.

I don't disagree with anything you said. I'm not 100% sure if that's the location. If it is, you know, that's probably not the best place for it.

But the thing that we're trying to deal with right now, once we have a bunch of them going in this summer and we have to negotiate with all – if it's not a government spot, we have to find people who are willing to take them.

I came on board and this project was well in hand, a lot of the decisions were made. As I said in this House, we have another round of it coming next summer. I'd be more than happy to open up the conversation wider.

I don't know how we do it in a cost-effective manner that we can spread them right across Prince Edward Island and give everybody exactly what they want.

But I'd love to be able to work with communities and community groups to help decide where are the best locations and where necessary we might need some help negotiating with the owners of the facility that we're setting up in front of to make sure that they're going to be okay with it and they understand the stipulations that kind of go along with it.

As we move past this first stage of it, we're going to have more of them and I'd be more than happy to take any help that people have to offer.

Speaker: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Mr. Speaker.

The Speech From the Throne discussed more health services being delivered at a community level.

Delivery of health services in communities

Question to the Minister of Health and Wellness: Can you tell us more about what these services will be and when they will be implemented?

Speaker: The hon. Minister of Health and Wellness.

Mr. Aylward: Thank you very much, Mr. Speaker.

We're going to be taking this summer period to go out and consult with various community groups and communities in general to discuss just this.

Certainly there's a particular need areas with regards to rural family physicians, and while recruitment and retention is still working hard to recruit those particular positions, some of the measures that we are putting in place and we have put in place already are nurse practitioners. So nurse practitioners and physiotherapists are just two examples of what this government would like to include and implement into some of these community hubs as we roll forward.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Mr. Speaker.

In addition to providing services at a community level, one of the most effective ways to promote health and mental health and wellbeing is for individuals to feel included and involved in their local communities.

This means encouraging and supporting active involvement in a range of activities.

Encouraging active engagement in communities

Question to the Minister of Health and Wellness: Will your department be providing supports for individuals to more effectively engage and connect within their local communities as a means to promote wellness?

Speaker: The hon. Minister of Health and Wellness.

Mr. Aylward: Thank you, Mr. Speaker.

Certainly when we get our budget on the floor, you're going to see a long list of wellness grants that the government is working with specific communities.

We made an announcement the other day around two initiatives where groups, whether its communities or organizations can apply for different grants. I think that this government has already exhibited our willingness to do just that.

I had great conversations with the hon. member across the floor from the third party with regards to wellness. I'm looking forward to, again, bringing the budget to the floor so we can have even a more fulsome and wholesome discussion on wellness because I am a huge advocate for wellness, wellness and proper wellness and the health of Islanders will eventually decrease our health budget and that's my goal as the Minister of Health and Wellness.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Mr. Speaker.

Social prescriptions that link patients to non-medical community supports or programs have been shown to be effective for promotion and prevention of mental and physical health issues.

Social prescriptions to promote wellness

Question to the Minister of Health and Wellness: Has your department considered using social prescription as a means to promote wellness?

Speaker: The hon. Minister of Health and Wellness.

Mr. Aylward: Thank you very much, Mr. Speaker.

As I said, we're going to be doing a lot of consultation over the summer period and meeting with different organizations, I'd love to have the opportunity to sit down with the hon. member as well to discuss just that topic.

We're open to everything, we're willing to sit down to look at all options when it comes to the health and wellness of Islanders, this government is listening.

Speaker: Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Mr. Speaker.

Social prescription pilots in the UK have shown that positive health changes can be measured within as little as 18-24 months. In addition to improving wellbeing, the long-term cost benefits of these types of community based interventions would be significant.

Social prescription pilot project

Question to the Minister of Health and Wellness: Would you support a social prescription pilot project here on Prince Edward Island?

Speaker: The hon. Minister of Health and Wellness.

Mr. Aylward: Thank you, Mr. Speaker.

What I would be willing to commit to today is what I just said, is to sit down with the hon. member to have a robust conversation around this and perhaps she could educate on the topic. Freely admit, I don't know everything about it.

You probably know more than I do at this time because you've done the research so let's get together, let's sit down and let's figure this out.

Thank you very much, Mr. Speaker.

Speaker: The hon. Member from Mermaid-Stratford.

Ms. Beaton: Thank you, Mr. Speaker.

Finance PEI provides short-term operating to those in the agriculture industry to cover almost all related expenses for annual crop including your seed, fertilizer, fuels etcetera.

This type of credit is repayable in full on a yearly basis. This is a valuable service and as the timing of cash receipts for varies, so this is used by farmers to get the crop in the ground and then it's paid back when the crops are harvested.

Operating credits to cover annual crop insurance

Question to the Minister of Agriculture and Land: What percentage of farmers used this sort of operating credit to cover annual cropping expenses?

Speaker: The hon. Minister of Agriculture and Land.

Mr. Thompson: Thank you, Mr. Speaker. It is an important service that we offer; timing of stress on the finances on farming is very important and every year there is a new stress. It's important that we offer this service and I don't know the exact numbers today but I will take that as notice and get back to you.

Thank you.

Ms. Beaton: Thank you, Mr. Speaker.

I'm thinking we can say it's high. So AgriInsurance states were all extended this year due to the poor spring and the difficulty the farmers had to get on the land. This is the second late spring in a row, all planting was delayed and it was cold which is not conducive to strong growth.

Weather re: impact on crops

Question to the minister: Does the department anticipate the late planting and cold spring to have an impact on crops this year?

Speaker: The hon. Minister of Agriculture and Land.

Mr. Thompson: Thank you, Mr. Speaker.

To the member opposite, yes there could be an impact but fortunately the weather has turned around and things are prospering right now but to furthermore, the crop insurance, there's certain dates that they have to have their crops planted by and we've asked the federal government to look into changing those dates and they are. So they're going to get back to us on whether the dates can be changed.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Mermaid-Stratford, your final question

Ms. Beaton: Thank you, Mr. Speaker.

Yes the dates were changed and grateful for that to happen.

So part of the issue is in order to get an operating credit, in order to get the plants in the ground, a farmer has to get AgriInsurance. They can't get that operating loan unless they have it.

Earlier when we were going through budget statements, when I asked about what's the risk plan, risk assessment plan, the minister stated and I quote: It's on uptake and maybe the prices will become too high for farmers.

But, it's not a maybe. It is. Farmers are already opting not to insure some crops and they're insuring the crops that are most valuable to them.

Risk assessment plan re: crop insurance premiums

I come back to the minister. Question to the minister: Does this government have a risk assessment plan to deal with impact on crop insurance premiums in the event of multi-year crop losses and will they table that plan in the House?

Speaker: The hon. Minister of Agriculture and Land.

Mr. Thompson: Thank you, Mr. Speaker, and to the member opposite.

I understand where you're coming from. I acknowledge the struggles that farmers are having and with the crop insurance, it is under review all the time and I will take this back and get some information for you and whatever I can table, I will.

Thank you, Mr. Speaker.

[End of Question Period]

Statements by Ministers

Speaker: The hon. Minister of Education, Lifelong Learning.

Summer Programming for Students

Mr. Trivers: Thank you, Mr. Speaker.

School is out for the summer. And while most students are enjoying their freedom, hundreds of Island students are taking programs in July and August to support their well-being and academic achievement when regular classes begin again in the fall.

L'année scolaire est terminée et la plupart des élèves se reposent et profitent de leur liberté.

We have two summer sessions underway to help newcomer students boost their language skills. These three-week sessions offer both functional language and experiential learning for students who are entering or re-entering school in September.

More than 80 students are registered in sessions for students in Grades 1-3, Grades 4-6, and Grade 7-9.

Classes are held at Spring Park Elementary in the morning and students go on outings in the afternoon to become familiar with their new community.

Over at Colonel Gray, we have another 140 students taking summer courses in English, English-as-an-Additional-Language and Co-op education.

These are students who are trying to improve their grades and language skills and explore career interests.

For the first time this summer, mental health walk-in clinics are being offered by Student Well-being Teams at schools throughout the Island.

At the clinics, students and their families can get help with mental health challenges such as anxiety, depression and relationship building.

A variety of other programming is also offered daily by the teams in such areas as coping and social skills, distress tolerance, and emotional regulation.

I'd like to thank the teachers and staff who coordinate these excellent value-added programs that make such a difference for our children and families.

Bravo aux élèves qui suivent des cours d'été, leur permettant de mieux réussir pendant l'année scolaire.

I commend all the students who are taking summer programs that will undoubtedly help them achieve greater success throughout the school year.

Thank you Mr. Speaker.

Speaker: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Thank you, Mr. Speaker.

I'm very pleased to hear both of those things. In 2015, I was fortunate enough to be randomly selected to help write the Mental Health Action Plan for Canada for Ottawa.

One of the things that stuck out to me – one of my learning's I have taken with me – is how immigrants come here from other countries healthy and happy, and after being here for not a very long period of time, their mental health declines significantly.

So, in doing something like this where you're giving children skills to communicate, you are contributing to their health. Because being able to communicate and having community around you is a social determinant of health.

So, anything that we can do to be building community is a win-win. Along with the Student Well-being teams working throughout the summer on mental health, they're a valuable asset to our schools and just a small piece of the work that we have to do towards mental health, so I am thrilled to hear both those things.

Thank you, Mr. Speaker.

Speaker: The hon. Leader of the Third Party.

Mr. Mitchell: Thank you, Mr. Speaker.

Certainly, I'm pleased to hear about these two programs over the summer months for our new immigrants that are trying to improve their English and improve their educational math and learning. I think it's a really great program to bring forward.

Obviously, it will give confidence to those students as they return to school in the fall.

I have to say kudos to those staff that are stepping up and writing these programs over the summer and I'm sure that success for these students will be imminent.

Certainly, I'd like to see you bring back results just how important this program is as these students move forward.

Obviously, with the mental health of students and the student well-being teams, that's really encouraging to hear that was a program that was brought in by the government – for the former government – that we really saw that as an important investment to put in those needs for our students to catch things early, to intervene early.

And obviously with new immigrants, that's a big thing for them as well; and any other student that may find summers off from their friends and things very difficult.

So it's very encouraging to hear that those both programs will be stringing along over the summer, and I look forward to hearing how they both went.

Thank you, Mr. Speaker.

Presenting and Receiving Petitions

Tabling of Documents

Speaker: The hon. Minister of Education and Lifelong Learning.

Mr. Trivers: Mr. Speaker, by leave of the House, I beg leave to table responses to questions during budget estimates from July 10th that includes responses about civics education, pre-k consultation, number of children with autism and early childhood programs at schools, the autism coordination committee and some really good information about the Confederation Centre Library relocation, which is moving ahead very well it seems like that the member from Charlottetown will probably be happy to hear and I move, seconded by the Honourable Minister of Social Development and Housing, that the said document be now received and do lie on the Table.

Speaker: Shall it carry? Carried.

The hon. Member from Mermaid-Stratford.

Ms. Beaton: Mr. Speaker, by leave of the House, I beg leave to table a question to the Minister of Transportation, Infrastructure and Energy regarding traffic accidents on the Hillsborough Bridge and I move, seconded by the Honourable Member from Charlottetown-Belvedere, that the said document be now received and do lie on the Table.

Speaker: Shall it carry? Carried.
The hon. Member from Mermaid-Stratford.

Ms. Beaton: Mr. Speaker, by leave of the House, I beg leave to table a question to the Minister of Agriculture and Land regarding funding for holding ponds and I move, seconded by the Honourable Member from Charlottetown-Belvedere, that the said document be now received and do lie on the Table.

Speaker: Shall it carry? Carried.

The hon. Minister of Economic Growth, Tourism and Culture.

Mr. MacKay: Mr. Speaker, by leave of the House, I beg leave to table the Lucy Maud Montgomery Foundation fiscal yearend report and I move, seconded by the Honourable Member from Morell-Donagh, that the said document be now received and do lie on the Table.

Speaker: Shall it carry? Carried.

The hon. Minister of Economic Growth, Tourism and Culture.

Mr. MacKay: Mr. Speaker, by leave of the House, I beg leave to table question responses from the budget that was a couple days ago on the floor and I move, seconded by the Honourable Member from Montague-Kilmuir, that the said document be now received and do lie on the Table.

Speaker: Shall it carry? Carried.

The hon. Minister of Education and Lifelong Learning.

Mr. Trivers: Mr. Speaker, by leave of the House, I beg leave to table some information about the school therapy occupational therapy program, there are five FTE for occupational therapy position in the school systems working in conjunction with the student wellbeing teams and two of these are bilingual positions and school-based occupational therapy is offered in the Westisle, Montague, and Colonel Gray family schools, as well as at French schools in the Queens and Kings counties, also receiving services are Glen Stewart, Westwood and Souris and Morell Family of Schools and I move, seconded by the Honourable Minister of Economic Growth, Tourism and Culture, that the said document be now received and do lie on the Table.

Speaker: Shall it carry? Carried.

The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

I present herewith a message from Her Honour, the Lieutenant Governor, which said message is signed by Her Honour.

Speaker: Hon. members, I will ask the Clerk to read the message from Her Honour.

Hon. members, please stand while the message is being read.

Clerk: Honourable Colin LaVie, MLA
Speaker of the Legislative Assembly
Province House, Charlottetown
Prince Edward Island

Dear Mr. Speaker,

Her Honour, the Honourable Antoinette Perry, Lieutenant Governor of the Province of Prince Edward Island, hereby transmits the Supplementary Estimates of Expenditure of the Province of Prince Edward Island in support of the *Supplementary Appropriation Act 2019* that we're required to carry out the public services of the Province for the fiscal years ending March 31st, 2018 and March 31st, 2019.

In accordance with the provisions of *The Constitution Act 1867*, the Prince Edward Island Terms of Union, 1873, and the *Financial Administration Act*, Her Honour

recommends the same to the Legislative Assembly.

Commended by,
Pamela Trainor
Clerk Assistant of the Executive Council

Also signed by,
Honourable Antoinette Perry
Lieutenant Governor
At Charlottetown, Prince Edward Island
11th July, 2019

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you.

Mr. Speaker, by Command of Her Honour the Lieutenant Governor, I present herewith the Supplementary Estimates of Expenditure for the Province of Prince Edward Island in support of the *Supplementary Appropriation Act 2019* and I move, seconded by the Honourable Minister of Health and Wellness, that the said document be now received and do lie on the Table.

Speaker: Shall it carry? Carried.

The hon. Minister of Finance.

Ms. Compton: Mr. Speaker, I move, seconded by the Honourable Minister of Health and Wellness, that Consideration of the Supplementary Estimates in Committee of the Whole House be added to the orders of the day until such time as they are dispatched.

Speaker: Shall it carry? Carried.

Reports by Committees

Introduction of Government Bills

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

Mr. Speaker, I beg leave to introduce a bill to be intituled the *Appropriation Act (Current Expenditures) 2019* and I move, seconded by the Honourable Minister of Health and Wellness, that the same be now received and read a first time.

Speaker: Shall it carry? Carried.

Clerk: Bill No. 11, *Appropriation Act (Current Expenditures) 2019*.

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

The *Appropriation Act (Current Expenditures) 2019*, this bill seeks approval for Legislative authority to spend the monies allocated in the budget.

I look forward to the support of this House in passing this bill.

Speaker: Shall it carry? Carried.

The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

Mr. Speaker, I beg leave to introduce a bill to be intituled the *Supplementary Appropriation Act 2019* and I move, seconded by the Honourable Minister of Health and Wellness, that the same be now received and read a first time.

Speaker: Shall it carry? Carried.

Clerk: Bill No. 15, *Supplementary Appropriation Act 2019*, read a first time.

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

The *Supplementary Appropriation Act 2019* contains the amount of special warrants approved under the authority of the *Financial Administration Act*, and I look forward, as well, to the support of the House in the passing of this bill.

Motions Other than Government

Speaker: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Thank you, Mr. Speaker.

Mr. Speaker, I move, seconded by the hon. Member from Charlottetown-Victoria Park, that the 15th order of the day be now read.

Speaker: Shall it carry? Carried.

Clerk: Order No. 15, *An Act to Amend the Climate Leadership Act*, Bill No. 102, ordered for third reading.

Speaker: The hon. Member from Summerside-Wilmot.

Ms. Lund: Mr. Speaker, I move, seconded by the Honourable Member from Summerside-South Drive, that the said bill be now read a third time.

Speaker: Shall it carry? Carried.

Clerk: Bill No. 102, *An Act to Amend the Climate Leadership Act*, read a third time.

Speaker: The hon. Member from Summerside-Wilmot.

Ms. Lund: Mr. Speaker, I move, seconded by the Honourable Member from Summerside-South Drive, that the said bill do now pass.

Speaker: Shall it carry? Carried.

This is a bill introduced by leave of the House, read a first time, read a second time, committed to a Committee of the Whole House, reported agreed to without amendment, read a third time and it is now moved that the bill do pass.

All those in favour say 'aye.'

Some Hon. Members: Aye!

Speaker: Contrary, 'nay.'

Some Hon. Members: Nay!

The bill has passed.

Some Hon. Members: Hear, hear!

Mr. Myers: (Indistinct)

Speaker: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Mr. Speaker, I move, seconded by the hon. Member from Charlottetown-Victoria Park, that the 16th order of the day be now read.

Speaker: Shall it carry? Carried.

Clerk: Order No. 16, *An Act to Amend the Employment Standards Act*, Bill No. 104, read a third time.

Speaker: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Mr. Speaker, I move, seconded by the hon. Member from Charlottetown-Victoria Park, that the said Bill be now read a third time.

I think we might have done that.

Speaker: Shall it carry? Carried.

Clerk: Bill 104, *An Act to Amend the Employment Standards Act*, read a third time.

Speaker: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Mr. Speaker, I move, seconded by the Honourable Member from Charlottetown-Victoria Park that the said bill do now pass.

Speaker: Shall it carry? Carried.

This is a bill introduced by leave of the House, read a first time, read a second time, committed to a Committee of the Whole House, reported agreed to without amendment, read a third time and it is now moved that the bill do pass.

All those in favour say 'aye.'

Some Hon. Members: Aye!

Speaker: Contrary 'nay.'

Mr. Myers: Nay!

Speaker: The bill has passed.

The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Mr. Speaker, I move, seconded by the hon. Member from Charlottetown-Belvedere, that the 17th order of the day be now read.

Speaker: Shall it carry? Carried.

Clerk: Order No. 17, *An Act to Amend the Rental of Residential Property Act*, Bill No. 105, ordered for third reading.

Speaker: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Mr. Speaker, I move, seconded by the Honourable Member from Charlottetown-Victoria Park, that the said bill be now read a third time.

Speaker: Shall it carry? Carried.

Clerk: Bill No. 105, *An Act to Amend the Rental of Residential Property Act*, read a third time.

Speaker: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Mr. Speaker, I move, seconded by the Honourable Member from Charlottetown-Victoria Park that the said bill do now pass.

Speaker: This is a bill introduced by leave of the House, read a first time, read a second time, committed to a Committee of the Whole House, reported agreed to with amendment, read a third time and it is now moved that the bill do pass.

All those in favour say 'aye.'

An Hon. Member: Aye!

Speaker: All those contrary, 'nay.'

Carried.

Some Hon. Members: Hear, hear!

Speaker: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Thank you, Mr. Speaker.

Mr. Speaker, I move, seconded by the hon. Member from Mermaid-Stratford, that the 14th order of the day be now read.

Speaker: Shall it carry? Carried.

Clerk: Order No. 14, *Government Advertising Standards Act*, Bill No.101, ordered for third reading.

Speaker: The hon. Leader of the Opposition.

Leader of the Opposition: Thank you, Mr. Speaker.

Mr. Speaker, I move, seconded by the Honourable Member from Charlottetown-Victoria Park, that the said bill be now read a third time.

Speaker: Shall it carry? Carried.

Clerk: Bill No. 101, *Government Advertising Standards Act*, read a third time.

Speaker: The hon. Leader of the Opposition.

Leader of the Opposition: Mr. Speaker, I move, seconded by the Honourable Member from Charlottetown-Victoria Park, that the said bill do now pass.

Speaker: Shall it carry? Carried.

This is a bill introduced by leave of the House, read a first time, read a second time, committed to a Committee of the Whole House, reported agreed to with amendment, read a third time, and it is now moved that the bill do pass.

All those in favour say 'aye.'

Some Hon. Members: Aye!

Speaker: Contrary 'nay.'

Carried.

The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Mr. Speaker, I move, seconded by the hon. Leader of the Opposition that Motion No. 36 be now read.

Speaker: Shall it carry? Carried.

Clerk: Motion 36.

The hon. Member from Charlottetown-Belvedere, moves, seconded by the hon. Leader of the Opposition the following motion:

WHEREAS poverty is the primary social determinant of health;

AND WHEREAS poverty is a complex issue and requires bold and creative approaches to understand and address the real causes and consequences of poverty in Prince Edward Island;

AND WHEREAS there is a need to establish clear definitions and measures of poverty in PEI, so as to set appropriate legislative and policy targets;

AND WHEREAS there is significant expertise available from community organizations that have studied this issue and can provide invaluable insights, analysis and data;

THEREFORE, BE IT RESOLVED that a Special Committee of the Legislative Assembly, consisting of two representatives to be named by the Premier; two to be named by the Leader of the Opposition; and two to be named by the Leader of the Third Party, be created to consult with members of the public and community groups across the province;

THEREFORE BE IF FURTHER RESOLVED that the Committee report back to the Legislative Assembly within twelve months with recommendations to establish clear definitions and measures of poverty, and a living wage for Prince Edward Island;

THEREFORE BE IT FURTHER RESOLVED that the Committee report back to the Legislative Assembly within twelve months with recommendations regarding the creation of a Basic Income Guarantee pilot for Prince Edward Island.

Speaker: Now I'll ask Member from Charlottetown-Belvedere to start debate.

Ms. Bell: Thank you, Mr. Speaker.

I just have a very short opening remark as I understand that there are others who wish to speak to the motion.

I am so pleased to rise today to move this motion for a special committee of this Assembly, specifically to discuss poverty in PEI. This is a cross party motion negotiated with government and the third party and specifically with the support and

endorsement of the Premier who is unfortunately not able to be with us today to see this motion on the floor.

While there is a poverty action plan and a poverty reduction council, this committee specifically will be tasked to define poverty and measures of poverty in the PEI context. It will be tasked with establishing a framework for a living wage and tasked to create a basic income guarantee pilot, all key data and tools to better inform legislators and the work that we do on behalf of Islanders.

I'll conclude my comments there, Mr. Speaker.

Speaker: Anyone else?

The hon. Minister of Social Development and Housing.

Mr. Hudson: Thank you very much, Mr. Speaker.

I would like to thank the hon. member from bringing this motion forward and also in his absence, thank the Premier for promoting such a motion to be brought forward.

I don't think anyone in this Legislature could disagree with the need to address the complex issue of poverty, and as I have said in this Legislature, it is important to choose deliberately the measures of poverty that we currently use and I do think we need to look seriously at how we define and measure poverty in our province going forward.

People living in poverty must often make hard choices. They must regularly decide between basic needs. As a society, as a government, we need to work together to help out those that are struggling and we need to make decisions based on facts and having all the facts.

In November 2018, the provincial government released a Poverty Reduction Action Plan. That document was developed after extensive consultation with community organizations and Islanders with lived experience during a public engagement process. This took place between March 2018 and June 2018 and allowed Islanders to highlight barriers and challenges faced by those living in poverty, identify priorities for

actions, and explore ways to work together to reduce poverty. We all have to work together to that goal.

The public engagement process was designed with support from 60 local community groups who work with, support, or advocate for people living in poverty.

The public engagement process included public survey, a service provider's survey, 10 small group conversations with service providers and those with lived experience, and six public community conversations. In total, the public engagement process reached 1,427 people.

Besides the public engagement process, research and data analysis was also completed. These were made available after the release of the Poverty Reduction Action Plan and our public documents that provide excellent background and resource going forward.

I do believe that this information can provide valuable insight to a standing committee, and can mitigate duplication of efforts. I hope it is used to support the work of the committee.

I think it is irresponsible to come forward, though, with any recommendation without full due diligence, and that due diligence includes cost analysis. I'm not saying that cost analysis would not be a consideration of a standing committee, but, I think we need to guarantee it is a part of any recommendation that comes forward and that is why I have put forward an amendment.

I think a standing committee on poverty would be an excellent tool in our toolbox as a province, and I would support this motion with the following amendment, which I move, seconded by the Honourable Minister of Fisheries and Communities.

The amendment:

The seventh clause is amended by the insertion of the words 'fully costed' before the words 'recommendations'.

The new clause would read:

Therefore be it further resolved that the committee report back to the Legislative Assembly within 12 months with fully costed recommendations regarding the creation of a basic income guaranteed pilot for Prince Edward Island.

I do have copies of the amendment to be circulated.

Speaker: The hon. Minister of Social Development and Housing, are you done speaking?

Mr. Hudson: Yes, Mr. Speaker, I am.

Thank you.

Speaker: Is there anyone willing to speak to the amendment?

No one willing?

I'll call the question on the amendment.

All those in favour of the amendment, say 'aye.'

Some Hon. Members: Aye!

Speaker: All those against, say 'nay.'

Amendment passed.

Some Hon. Members: Hear, hear!

Speaker: The hon. Leader of the Third Party to speak to the motion, as amended.

Mr. Mitchell: Thanks very much, Mr. Speaker.

I won't take very much time.

In regards to the motion, I do want to thank the hon. members who brought it forward and the Leader of the Opposition who seconded it. The third party is very pleased to be part of the structure of this new committee.

We look forward to – once the choice has been made who will sit on the committee – to getting out and talking to Islanders and looking at everything, including income guarantees or any other possible measures that will improve the lives of Islanders that are living in poverty today.

Thank you to the members for bringing it forward, and the third party looks very forward to those discussions and making a significant difference in the lives of Islanders that live in poverty.

Speaker: Is there anyone else wishing to speak to the motion as amended?

I'll ask for the hon. Member from Charlottetown-Belvedere to close debate.

Ms. Bell: Thank you, Mr. Speaker.

Again, I have just brief remarks.

During the recent debate on the amendment of the *Employment Standards Act*, members of this House had many questions about the definitions and measures of poverty here in PEI. We discussed the difficulty inherent in addressing, reducing or eliminating poverty without a clear understanding and agreement on what and how we can do so.

This motion to create a special committee on poverty on PEI will help us not only better understand poverty, but also develop tools and recommendations to measure and affect meaningful change. This will be done in consultation with the experts already in our community. It will take into consideration the data that has already been collected, and it will be done with access to resources and data from government at the provincial and federal level.

We will be developing a number of tools, including a living wage benchmark, where a living wage sets a higher test rather than a minimum wage and reflects what earners and their family need to bring home based on the actual costs of living in a specific community. We do not currently have this in PEI. This committee will develop that framework and provide a recommendation on a living wage benchmark for PEI.

The basic income guarantee pilot is a key part of this committee recommendation. A basic income re-envisioning how we share resources so that every person has enough to live on. Basic income does not make people rich. It does as it implies; it covers the basics.

The goal of this committee will be to return to the Legislature with a fully-costed proposal for a pilot, including the criteria for participants, funding sources, and measurements of success. This committee has a mandate to generate conversation, knowledge, and solutions and will be supported with resources from the offices of the Legislative Assembly, as well as representation from all parties in this House.

I would especially like to extend my thanks specifically to the Premier, who has been clear on his support for a committee approach to work on the basic income guarantee and who has fully supported this motion.

I would also like to thank the Leader of the Opposition as seconder on the motion, but who first brought the conversation about basic income guarantee into the House for the first time in 2016.

I look forward to working with the many passionate community partners and individuals over the next year and bringing true change.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Speaker: Thank you.

Question?

All those in favour of the motion, say 'aye.'

Some Hon. Members: Aye!

Speaker: All those against, say 'nay.'

Motion passed.

Some Hon. Members: Hear, hear!

Orders Other Than Government

Ms. Bell: Mr. Speaker, here I am again.

I now call on Motion No. 37 to be now read.

Speaker: Shall it carry? Carried.

Clerk: Motion No. 37.

The hon. Member from Summerside-Wilmot moves, seconded by the hon. Minister of Education and Lifelong Learning and Environment, Water and Climate Change, and the Leader of the Third Party, the following motion:

WHEREAS the Legislative Assembly has established targets for the reduction of greenhouse gas (GHG) emissions in Prince Edward Island;

AND WHEREAS there are many options available to reduce GHG emissions;

AND WHEREAS the province should adopt emission reduction measures that are cost effective in order to reduce, as much as possible, the potential burden on Islanders and Island businesses of reducing emissions;

THEREFORE BE IT RESOLVED that a Special Committee of the Legislative Assembly, consisting of two representatives to be named by the Premier; two to be named by the Leader of the Opposition; and two to be named by the Leader of the Third Party, be created to explore the options available to reduce GHG emissions and to make recommendations on how the province can best meet its emission reduction targets.

THEREFORE BE IF FURTHER RESOLVED the Committee shall engage with the public and government in its deliberations.

Speaker: The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Mr. Speaker.

I'm pleased to be sponsoring this motion with the support of all parties in this House.

Earlier this week, our Legislative Assembly demonstrated real leadership by being the first province in Canada to adopt more aggressive carbon reduction targets, and we should be proud of that. Reaching those targets will again take leadership, and striking a committee to examine how to get there is a positive step in moving us forward.

Leading a transition to a clean energy economy requires big picture planning and we're going to need to be thinking of two

sides of this issue at once. The first side is all about government making the sort of investments in transition infrastructure that's required, and we're in the fortunate situation where there's still significant federal dollars available to support us.

As far as that goes, energy and transportation are the two areas that arguably need the largest investments and an overarching coordinated plan is necessary.

There are a number of factors that make for a successful transition that we can look to, and a great example of a jurisdiction that's reasonably similar to ours is the Danish Island of Samsø.

Large scale energy transitions require public participation and public investment, and while heat pumps, for example, are a great way to reduce oil use, I'm actually thinking significantly larger than that.

An interesting action taken by Samsø was to encourage wind turbine co-investment. Large scale wind turbines were installed through public ownership much like a co-op. A family could purchase shares in the infrastructure and as a result own a proportionate share of the output from that turbine.

As a benchmark, owning about seven shares would cover the average family's energy usage with the idea, that if you could see the turbine from your window, you could sign on as a co-investor. This approach quelled any simmering discontent over having a turbine in the area that could have arisen if only some of the communities stood to benefit.

Wind turbines are owned by a combination of private owners, investor groups, municipal governments, as well as local cooperatives.

A special committee can examine these examples and speak to experts in energy transitions. It can explore the various ways to reduce emissions and compare the reduction amount against the cost to determine which approaches will be the most cost-effective.

It's my hope that such a committee can depoliticize discussions on climate action,

and we can just weigh the evidence. I've mentioned there's two parts that we need to be planning around, and the second one is finding creative ways to mobilize communities, church groups, schools, and service clubs.

We need to get all hands on deck, let people know what's possible, and why it's necessary.

I'm excited for this work to begin, and I have confidence that we will be setting a standard for other Canadian provinces to follow.

Thank you, Mr. Speaker.

Speaker: The hon. Minister of Environment, Water and Climate Change.

Mr. Trivers: Thank you, Mr. Speaker.

As a seconder, obviously, I rise in support of this motion.

We saw an amendment to the *Climate Leadership Act* to make a stricter target, a target by 2030, of 1.2 megatonnes of carbon emissions. And the important thing is that we get there and we get there in a way that doesn't, as the motion says, put a burden on Islanders and Island businesses, but at the same time, is cost-effective.

I think the committee is a great place to have these conversations. I think this is going to be a very important committee.

But I did want to promote a small amendment, and I have copies here to distribute.

I'd like to amend the fourth clause by the insertion of the words "fully costed" before the word "recommendations".

If it's the pleasure of the House, I'd like to continue speaking to the amendment while the amendment is distributed.

Some Hon. Members: Yes.

Mr. Trivers: All right.

So that the new clause will read:

Therefore be it resolved that a Special Committee of the Legislative Assembly, consisting of two representatives to be named by the Premier; two to be named by the Leader of the Opposition; and two to be named by the Leader of the Third Party, be created to explore the options available to reduce GHG emissions and to make fully costed recommendations on how the province can best meet its emission reduction targets.

We are taking a more ambitious target to reduce greenhouse gas emissions and tackle climate change – talked about that. The 1.2 million tonnes of carbon dioxide equivalent by 2030 and this action is in support of the United Nations intergovernmental panel on climate change, which is seen as one of the de facto standard organizations, expert organizations, in the world.

So the people of Prince Edward Island deserve the opportunity to have a special Legislative committee on climate change to discuss this.

Les Insulaires méritent qu'on leur donne la possibilité de discuter la question au moyen d'un comité législatif spécial sur le changement climatique.

The people of Prince Edward Island deserve the opportunity to have a special legislative committee on climate change to discuss this.

So the current Climate Change Action Plan takes us only partway there to the new target. Now we need to find ways to reduce our emissions by 300,000 additional tonnes to meet the new target of 1.2 million tonnes – pardon me – 200,000 tonnes.

Islanders recognize climate change as an issue and they want to see action. At the same time, Islanders are mindful of their place in the world, and mindful of what it is going to take and what sort of action is required.

And we have to make sure the actions we are proposing do not place an undue burden on Islanders. If we're going to propose actions for Islanders, they have to be fully costed and evidence-based to show that action is warranted.

For these reasons, I ask the members to vote in favour of this amendment and the motion.

Thank you, Mr. Speaker.

Speaker: Hon. minister, do you have a seconder for the amendment? Maybe I missed it?

Mr. Trivers: Oh, I didn't actually say.

Mr. Speaker, I'd like to ask the hon. Minister of Fisheries and Communities to be the seconder.

Speaker: Is there anybody else wishing to speak to the amendment? No?

An Hon. Member: Great amendment, great amendment.

An Hon. Member: Question.

Speaker: All in favour of the amendment signify by saying 'aye.'

Some Hon. Members: Aye!

Speaker: All contrary to the amendment signify by saying 'nay.'

Amendment's passed.

Anyone wishing to speak to the motion as amended?

The hon. Leader of the Third Party.

Mr. Mitchell: Thank you, Mr. Speaker.

Certainly, once again, the third party is pleased to be part of the structure of this committee, an all party committee, who will speak to Islanders and others in regards to a new target, a new climate change target for Prince Edward Island.

What kind of mitigation measures can we adapt in order to achieve that?

And as former minister of environment, this is a file that's extremely close to me. I look forward to having those discussions so that we are doing this in a very effective way, a very proactive way, and I think those are goals and targets that we can achieve and show all of our nation, all of Canada, how

we can do that very well here on Prince Edward Island.

So thank you, Mr. Speaker.

Speaker: Is there any other members wishing to speak to the motion as amended?

If not, I'll go to the mover of the motion to close debate.

The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Mr. Speaker.

Once again, I'll reiterate how pleased I am to have the support of all sides of this House on working on this, and I look forward to the committee getting to work.

Thank you, Mr. Speaker.

Speaker: Call on the question.

All those in favour of the motion as amended signify by saying 'aye.'

Some Hon. Members: Aye!

Speaker: All those opposed signify by saying 'nay.'

Carried.

Matters of Privilege and Recognition of Guests

Speaker: I'm going to ask the Leader of the Official Opposition.

Leader of the Opposition: Thank you very much, Mr. Speaker.

Just for a second, I'd just like to make note of the fact that **Chris Perrera** has just joined us. Chris has been away in Halifax for some time now. His wife, Carolina, was undergoing very serious medical treatment there.

And it's so lovely to see you back on the Island, Chris, and I hope you and Carolina are doing well. Nice to see you.

Some Hon. Members: Hear, hear!

Orders of the Day Government

Ms. Compton: Thank you, Mr. Speaker.

Mr. Speaker, I move, seconded by the hon. Minister of Health and Wellness, that the 1st order of the day be now read.

Speaker: Shall it carry? Carried.

Clerk: Order No. 1, Consideration of the Estimates, in Committee.

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

Mr. Speaker, I move, seconded by the Honourable Minister of Health and Wellness, that this House do now resolve itself into a Committee of the Whole House to take into consideration the grant of supply to Her Majesty.

Speaker: Shall it carry? Carried.

The hon. Member from Tignish-Palmer Road will you Chair?

Chair (Perry): The House is now in a Committee of the Whole House to further consider the grant of supply to Her Majesty.

Request has been made to bring a stranger onto the floor.

Some Hon. Members: Granted.

Chair: Thank you.

So hon. members, we're going to start the Department of Health and Wellness on page 92.

I'm going to ask the stranger to please introduce yourself with your name and your title.

Kevin Barnes: Certainly.

Kevin Barnes, I'm Director of Health Policy and Programs with the Department of Health and Wellness.

Chair: Thank you very much.

The hon. Minister of Health and Wellness.

Mr. Aylward: Thanks, Chair.

Just a quick opening statement before we get into the bulk of the budget here, the meat.

I'm pleased to sit before the Legislative Assembly to consider it the 2019-2020 budget estimates for both Department of Health and Wellness, and Health PEI.

So the members are aware each department, as example, the Department of Health and Wellness and Health PEI, are very distinct functions.

In the health care system that we offer here on PEI, the Department of Health and Wellness is responsible to provide leadership and policy direction, to contribute to high quality accessible, affordable, and accountable health services to Islanders, as well as health protection promotion to improve the health and wellness of Islanders.

Health PEI's role in the health care system is for the delivery of health services in PEI. Health PEI operates hospitals, health centres, public long-term care nursing facilities, and community-based programs and services.

My intention is to present the budget estimates of the department first with Health PEI budget estimates consideration to follow.

So should a question arise during estimates, a review of the Department of Health and Wellness, which pertain to Health PEI, I'll ask that we defer that item until those estimates are being considered.

That's it. Thanks, Chair.

Chair: Minister's/Deputy Minister's Office.

Total Minister's/Deputy Minister's Office: 514,100.

Shall it carry?

The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

So I'm noticing there's a substantial increase in the salary line, looks like about 155,000. I

assume that's more than just one new sort of position or what is that?

Mr. Aylward: Thank you, hon. member.

When I was given the privilege of being named as the Minister of Health and Wellness, the Premier also bestowed upon me the responsibility for ministerial authority over the Greater Charlottetown Area, Charlottetown, as well as Cornwall and Stratford, of course.

So what this increase is over and above the normal cost of living increases for the existing staff, the bulk of it would be for – what's his exact title? Senior advisor responsible for Greater Charlottetown.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: That's interesting.

It's kind of surprising, I guess, because it doesn't have anything – it's not directly health-related. I guess I'm surprised to hear that and I guess we must have missed it in the estimates around economic growth, tourism, culture. I think we already did that, right?

Anyway, I'm just – I don't know what to say about that. I guess I'm just surprised. Okay.

Chair: The hon. Leader of the Third Party.

Mr. Mitchell: So minister, that's interesting and surprising, also to me.

Is that somebody that inside the department – Health PEI that transferred over?

Mr. Aylward: Not from within Health PEI. It's an individual that has been moved to my side portfolio, being responsible for the Greater Charlottetown Area that brings a lot of corporate knowledge.

This person is going to be tasked with, among other things, looking at the re-establishment of the CADC as we move forward and then, probably, will also do a little bit of work on SRDC as well.

Chair: The hon. Leader of the Third Party.

Mr. Mitchell: Okay. Thank you, Chair.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

Just kind of wrapping my head around this, so who is the senior advisor responsible for Charlottetown?

Mr. Aylward: His name is Neil Stewart.

Ms. Altass: Can I ask –

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

Is there a similar position for Summerside? I don't know if you can answer that because it's not in your portfolio, I guess.

Mr. Aylward: I wouldn't be able to answer it.

Ms. Altass: Can somebody answer – can I get an intervention?

Chair: The hon. Minister of Economic Growth, Tourism and Culture.

Mr. MacKay: I'm just weighing in in the conversation here. I'm just late into it, but you're talking SRDC and CADC, is that what you're talking?

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: I was just noticing, I had asked about the increase in salary line here, and the minister was saying that it's for a senior advisor responsible for Charlottetown because of the extra duty that he was – I was just wondering if there was a similar position for Summerside since you are the – no?

Mr. Aylward: Potentially, potentially.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: I'll ask one more quick question.

Mr. Aylward: Yes, I realize that.

Ms. Altass: Why was it decided then that just to clarify why this position was needed for Charlottetown and not for Summerside? It's for both?

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Sorry, I'm confused a little bit. So this advisor is working for – as an advisor responsible for Charlottetown and Summerside? No. Is that the case?

Chair: Go ahead, yes.

Mr. Aylward: So to clarify what I said, this person brings a lot of corporate knowledge from past files that he's been involved with with the previous administration for a number of years.

Two of those projects that are potentially being looked at, potentially, again – being open and transparent as I can be here and giving you all the facts – is that we've had a lot of requests from both Charlottetown and Summerside to go back and look at CADC and SRDC so this person could potentially be involved with looking at the SRDC file as well.

Ms. Altass: I guess that's it for now.

Chair: The hon. Member from Cornwall-Meadowbank.

Mr. MacDonald: I have nothing, but I heard the hon. member mention SRDC. So I was just saying SRDC, that's Summerside, so I was trying to make an intervention to say I think he was actually saying Charlottetown and Summerside.

Sorry, thank you.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: Are you talking about a potential review of CADC? You just said look at things about CADC. What would that –

Mr. Aylward: So hon. member, the previous administration, they actually more or less shelved – put these two organizations on the shelf.

Particularly, both cities and Cornwall is even interested in getting involved in CADC as well. We had a great conversation just a few weeks ago, myself, the Premier of course, was there, Minister of Fisheries and Communities was there, the Mayor of Stratford, Cornwall, and Charlottetown, as well as the respective CAOs.

There is a desire to bring CADC, these regional development corporations, back on stream.

Mr. McNeilly: Perfect, thanks.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: That's good, thank you.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Following on from the discussion regarding this senior advisor role, given that there's also a role for Montague – Morell – sorry, words – who is not here at the moment, who has the responsibility for Partnership for Growth, and that was also one of their requirements.

Is there any kind of cross support or collaboration for that piece of work there, minister?

Mr. Aylward: Member, I don't have that information, but I can certainly bring it back for you.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: That would be great, minister, because I said, apart from just the slightly odd thing that this sits in health, and I understand it's the role, that there is definitely a crossover in that roll in terms of the CADC, SRDC, and Partnership for Growth just having commonalities of content and negotiation.

As I said, with the member not being here from Morell-Donagh – anyway, it would just be nice to get some clarification on that.

Chair: Hon. members, I just want to remind everyone that to refrain from mentioning if a member is in or outside the House?

Ms. Bell: Right, thank you.

Chair: Thank you very much.

Ms. Bell: Okay, no I'm good there.

Thank you.

Chair: Shall this section carry? Carried.

Total Minister's/Deputy Minister's Office:
514,100.

Shall it carry? Carried.

Health Policy and Programs

Total Health Policy and Programs:
3,790,500.

Shall it carry?

Ms. Altass: Question.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

What sorts of metrics does the department gather to evaluate policies?

Mr. Aylward: Kevin, do you want to go ahead?

Kevin Barnes: I can speak to that.

In terms of health policy development, essentially in any respect when we're moving forward with the introduction of new health policy we will develop an evaluation framework associated with that and the framework will really depend upon on the nature of the area which we're developing policy for.

Certainly improvement health outcomes would be primarily an area that we would want to see, so we look at the health status of a particular population group or target a group that we're dealing with respect to the policy.

Certainly, looking at as well, the other side of the coin, financial side of things and expenditure components associated with it,

but really trying to get a look at health status as it relates to a particular policy area.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

I assume that those frameworks, description of the framework you used, the methodology, the rationale for it, would be included in any reports that are produced around all this.

Kevin Barnes: Yeah.

Mr. Aylward: I might add, as well, that quite often we receive funding directly for some of these new projects from the federal government, and with that stream, there's very intense and explicit reporting as well that they require back.

Ms. Altass: Okay thank you.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: I'm wondering if the department tracks wait times for front line services at all.

Mr. Aylward: We do track a lot of wait times. If you go to diagnostic imaging as an example, currently there's even a white board in the waiting room that shows – at the QEH, I might add – that shows how many missed appointments in a particular month that has happened.

It's an issue that we're concerned about but we do for CIHI, we have to track wait times for particularly the specialists and things like that. We are continually tracking wait times.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

You brought up the missed appointments there and of course, I've seen those signs as well, probably most people have at some point. It brings up the question of other than displaying the number of missed appointments, I guess, is there any funding or anything being done to try to alleviate that, so for example perhaps putting in place

some sort of a texting system where patients, when it's getting close to their appointment, they get a text automatically. I know that that's done with other services outside of –

Mr. Aylward: Member, that would fall under Health PEI.

Ms. Altass: Oh okay, so we'll –

Mr. Aylward: Again, there's such an intricate relationship but we're going to be getting to Health PEI here in probably 15 minutes.

Ms. Altass: All right, yeah. I can wait for that, sure.

Chair: Shall the section carry? Carried.

Community Care Facility and Private Nursing Home Inspection

Total Community Care Facility and Private Nursing Home Inspection: 554,400.

Shall it carry?

The hon. Leader of the Third Party.

Mr. Mitchell: Minister, or stranger, is there any work – there was work going on that was trying to align inspections in the private homes to be similar to those done in the public long-term care facilities. Is that work still ongoing or is there any –

Mr. Aylward: Go ahead, Kevin.

Kevin Barnes: Currently, we are continuing to kind of look at applying standards as they relate to the private facilities, looking at applying those to the public manors as well. We haven't moved forward with that or implemented that particular change, but certainly both facilities providing similar service and a single intake sort of system. So there is certain merit in looking at the application of those standards across the private and public sector.

Currently the public facilities are subject to the accreditation process, so there is a standard framework that applies there, but essentially, as I say, there has been consideration of and continues to be looking at applying the same standards for the public and private homes as well.

Mr. Mitchell: Thanks, that's great.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: Just a quick question on the health policy and programs. In line 509, where it says call centre services, so it's up from 7,000 to 51,200. Would that be your 811 and 211 services?

Kevin Barnes: Hon. member, I think within the health policy programs section there is responsibility for the gambling support program and essentially, there is some funding received through the provincial lotteries commission that supports programming in that particular area.

The expenditure as it relates to call centers in that area is around the problem gambling helpline. So that's the nature of the expenditure. Our experience to date, as actually been very successful in terms of an arrangement with the province of New Brunswick to piggyback on their service. So our expenditures to date have been fairly low and fairly modest in that respect because of the partnership.

We are anticipating though that as New Brunswick looks to move away from their current service provider that there will be an impact as well on us in terms of cost as they go forward, so we're anticipating, potentially, an increase in the expenditures in that area.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: (Indistinct) we would look at bringing that service to PEI it's always outsourced.

Kevin Barnes: In that particular area we have given consideration to having it within PEI. Certainly a 24/7 call support line is an expensive proposition in and of itself, certainly much more than what we're paying currently with the province of New Brunswick.

What we are looking at hon. member is linkage through our 811 agreement with the province of Nova Scotia to introduce or combine it under that agreement.

Currently we have a call centre agreement with the Province of Nova Scotia for Telehelp. Nova Scotia does offer the same sort of service for things like problem gambling. So the most cost-effective measure may be to look at doing something like that, to have a standalone service in the province while it has benefits obviously in terms of the local – local participation is a very expensive proposition as you can appreciate.

Mr. Aylward: Member, if you would be interested we can bring back the volume of calls received and that, I think, would give you a better indication of why we're partnering rather than providing directly.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: It would be neat to know and to see what the problem is and if we can, in this House, help in any way and promote that because gambling is very important. I was just kind of concerned is that that expenditure has gone up quite a bit. Is it because the problem has increased or the services that we are getting expanded.

Thank you.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

I'm wondering if – I did have a question under health policies and programs as well, just one more that got missed, I'm hoping we can go back to that. It's about the Triple P Parenting program, that's an evidence-based program, it's used in many other places and I know it's been used here in Prince Edward Island for at least a few years I believe.

So my question about that is I'm wondering if there's any funding for a local evaluation. I have never seen that, just to see if it's actually working here on Prince Edward Island.

Mr. Aylward: Hon. member, that actually is delivered by the Department of Social Development and Housing, but Health and

Wellness from our department, we do contribute a \$50,000 contribution.

Ms. Altass: Oh it's not the total cost.

Mr. Aylward: Oh no.

Ms. Altass: That's fine, thank you.

Chair: Shall the section carry? Carried.

Health Recruitment and Retention

Total Health Recruitment and Retention:
2,006,400.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: There's a lot of talk about a new kind of recruitment strategy. Could you talk about your vision and how that's going to affect the budget this year?

Mr. Aylward: Sure. So I mean my vision and it's not just my vision because we've actually been approached as we were starting to announce that we want to partner with the front line, the primary doctor. The medical society of PEI at the same time, virtually, there were coming to us and saying: we can work with you to help drive this.

We currently have five staff that are working extremely hard in the retention and recruitment secretariat. I'm extremely proud of the tremendous results they've had over the last period of time. Again, the vision is to for everybody that can help to get on board.

As I said here in the House many times already, doctors have networks. Doctors talk to their peers, whether they're just coming out of medical school or whether maybe they're practicing in another jurisdiction. It's just a natural fit to have the medical society partnering with recruitment and retention to achieve better goals.

I was up to Tignish last Friday afternoon as soon as the House closed. I jumped into my vehicle and drove up. I had great conversations with the folks up there at the health centre in Tignish, and they're just one shiny example of what a community can do as far as helping to recruit as well.

So they're actively out in the networks. They're actively on social media, looking at journals, magazines to see, and placing ads.

So again, it's not just recruitment and retention with Health PEI. It's not just the docs themselves, it's communities. We need to work together in a collaborative manner to get the very best results that we can.

I'm so happy that we're moving in that direction.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: And I mean, what we're kind of talking about is a hybrid model or kind of maybe a shift in that. When we look at that, I just worry that I want to make sure that the recruitment is enhanced now. I want to make sure that there's no gaps, that the programming is we're moving from this to that or harbouring it together.

Is there more than just – is there a solid commitment from the doctors? I know they'll be on board, but is there something like are we going to see – what's the funding going to be associated with the doctors coming on board to recruit?

Mr. Aylward: So I have had and my deputy has had even further conversations than I have, because I've been here and he's been able to do some of the important work outside of the House.

But with the Medical Society of PEI, in particular with the Executive Director, Lea Bryden; the past president, Dr. Kris Saunders; the current President, Dr. Dave Bannon, I attended the AGM in Victoria back about a month ago and was very well received by the medical community when I spoke about this idea and moving forward in a collaborative partnership with them.

I mean, everybody knows the end goal that we want. The health here – our healthcare system here on PEI, yes the better it is for Islanders, but the better is for our professional health care providers, too, because they're looking for life/work balance.

If they're supported by other health care professionals, their outcome will be better as well.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: Is there a model of choice that you guys are looking at throughout the country that this has worked before? Is there –

Mr. Aylward: We're not looking at another jurisdiction right now. What we are looking at is through consultation with the Medical Society of PEI, and the secretariat that's already doing tremendous work here on PEI.

We're looking at our own model, what's going to work for PEI.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: So just to recap, and just to give my colleague probably a second, is that I'm a little bit wary on the details and that's a little concerning.

I'm for anything that gets doctors to Prince Edward Island just like you are. But if you could maybe include us in some of the meetings or recaps so we can bring it back to our parties so that we know that the plan and the good people that are working in your department are involving us too, and we can get this done together.

Mr. Aylward: Yes, most definitely, and again, if I was still sitting on that side of the floor and heard a minister talking about a list, I might be a little wary, too.

After seven years being in opposition, you do become a little doubtful Thomas.

I would love to include you in those briefings as we move forward, and the reason why I can't give you a lot of details here today is because the work is just beginning. The conversations have started, but there's a lot of work to do. But I want to get it done quickly.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: Thank you, minister.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

So I appreciate the minister's statements about the importance of communities and what they can do in recruitment efforts. I'm wondering if you could just give me a little bit of a description of how this department or this section – how you're supporting communities to do that.

Mr. Aylward: One of the big ways we do that is we advise them, as we're going through the recruitment process, that we potentially have a physician that's looking to come to PEI.

But let's talk about rural practice for now, right; let's not talk about the overall Island itself.

Say we have a doctor, perfect example in Western PEI up in the Alberton area, Dr. Maloney. He's from South Africa. He was sought out and connected with recruitment and retention secretariat. There was visits done with the community.

But in advance of the community done, they were getting their own committee up there. A lot of the areas have health boards, foundations and they were given the information in advance, they scheduled an actual tour, be it to talk about the education system, their extracurricular activities, sporting opportunities. The full gamut of what that community has to offer.

They're the real ambassadors of that community, and they have a large stake in the recruitment process as well because they want a family physician; they want a primary care provider in the community.

Again, it's like I said before, it's a partnership. It's everybody getting on deck and being on the same page to make sure that we can put our best foot forward when we do have this opportunity (Indistinct) of a visit.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

So I'm wondering who initiates this sort of process then? I'll just give you an example, I mean in Tyne Valley right now we have a fantastic health facility, but we have one doctor, Dr. Montgomery, who is wonderful. He's been practicing for a long time and may eventually want to retire.

I'm wondering how that community could access some support then and what would be the steps to have this entire process sort of go through. I'm not sure what the first sort of step is to make this happen.

Mr. Aylward: Well what I would suggest first and foremost is reaching out to the Director of Recruitment and Retention, Rebecca Gill. She's very easily accessible on the government health and wellness webpage, so that would be the best place to start.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: So is that the only way then that these sort of things start moving? I mean I can just think that as a department you can look at the numbers of where you need more doctors.

Do you wait always for the communities to initiate those discussions?

Mr. Aylward: No, certainly not.

We know where doctors are needed. We know the need areas. We know that we have certain physicians that are looking to retire out over the next couple of years, the next five years, whatever.

There were questions from one of the hon. members over here the other day talking about that exact thing.

The Medical Society of PEI just recently did a survey with their membership to determine some of those stats as well with regards to planned retirements, whether it's in two years, five years or 10 years.

Physicians that you know what, they're thinking about, you know our kids are getting to a certain age now, they're finishing out school, and maybe we'd like to

go and work in a different part of the country or another country period.

So a lot of medical physicians have that ability because they're in demand. They can go to other jurisdictions and practice.

So they're being recruited as well, while we are trying to recruit here.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Yes. Exactly and I'm glad you brought up the survey done by the medical society, because that, of course as you know, didn't show that there are a lot of doctors that are planning to retire very soon.

That being said, I'm surprised to see that the grant section was under spent by \$300,000 last year. I'm just wondering why that would be?

Mr. Aylward: I'll let Kevin to speak to that; he's better versed on it.

Kevin Barnes: In terms of the grant section, and there are a variety of grants that are in that, many of them are related to physician incentives. There are some grants as well that are related to nursing and other health specialties, so there is a mix of grants there.

Certainly, part of the reason that we see the expenditures and probably the most significant expenditure in that area is for physician return in service. So, a new physician comes to the province, chooses to work in the province and make a commitment to work the province for a specific period of time. And we have a program by which we would provide, in essence, a signing bonus for lack of a better term.

We have a varying sort of schedule or program, which will provide different levels of grants depending on the length of service that a physician chooses to offer. There is a more modest grant if the physician is prepared to commit for three years and that will escalate if they do four or five, so there's a varying scale and we build the budget with an anticipation of the certain mix of physicians and their choice in that area. Clearly, we encourage the longer term

commitments, but physicians don't always choose that process.

I think our under spend in this particular area is probably a function of two things. One; there's a little bit of a change in the mix. We've had physicians choose shorter to return in service for whatever reason and so we haven't necessarily spent or committed dollars that we would for the longer term expenditures.

The other area is within the grants, we do have physician relocation grants, so we assist physicians to move to the province.

Again, that will vary depending on where they come from and the costs associated with that. We've had more success in recruiting closer to PEI in the past year than perhaps would be normally the case. Sometimes we're recruiting from across the country in the Territories and those types of things and in those years, obviously the grants and costs associated with relocation are higher.

This past year we didn't quite have that same sort of mix. I think it's primarily a mix of those two particular grants where we would have seen less expenditure in the budget in the past.

Mr. Aylward: Another example, too, is not to the scale that Kevin just referred to there but I think it's important to note. We have a very good program called health care futures, where students who are interested in the medical field for studying for a potential career can apply to this, where they actually can work in some aspect of health here on Prince Edward Island.

They are paid out of the health care futures program which is in grants, but what we've seen over the last two years, and last year even more so, was that with the new program put out by the feds for the EI program for university students that can apply for EI, the students are going back or leaving their summer jobs earlier so they can start their EI plan. So the students didn't work all the hours that we had budgeted for.

Ms. Altass: Okay. All right.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Just going back just a little bit to something that was mentioned – so the incentives for doctors and nurses come out of the same grant line, is that right?

Kevin Barnes: The grant line does include – there is an incentive program for nurses as well as physicians. When you look at the line it's not solely for physicians and I think in the tabled documents it would indicate the different program and expenditures that were there. Yes, we do have incentives for nurses as well.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you.

So I'm wondering if you have the numbers to show how our incentives stack up against the incentives of other provinces for doctors and nurses.

Mr. Aylward: We can certainly bring that back for you.

Ms. Altass: I would appreciate that.

Thank you.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: So how many – eventually you're going to be hiring new doctors, new nurses, other health professionals. Do you have any idea how many you intend to hire? What are your goals here?

Mr. Aylward: I don't know if I have that exact information here or not.

Go ahead Kevin.

Kevin Barnes: Sure. I think certainly it's a combination of items hon. member. Certainly we would have existing vacancies within the system. Positions that are empty, a physician potentially has left and so absolutely recruiting to sort of fill those vacancies.

As the minister has already mentioned as well, we become aware of physicians who have signaled their intent to retire.

So we do have some physicians continuing to work but their message to us is that: you need to find a replacement, I am going to go. So while they're still there working providing care, we are certainly looking at recruiting for those positions as well in anticipation of their retirement.

I think a third area that sort of informs the numbers is, as the work of a committee, referred to as a physician resource planning committee and this committee is a committee that really looks at requirements for physicians across the province, whether it be family practice or specialty. It's a mixed committee that consists of both, health care administrators as well as physicians and again, looks from the perspective of clinical needs. Do we need an additional physician in this practice area or this geographic area? That committee does make recommendations to the minister which he would advance to the planning process.

So, recruitment really takes into account all of those elements as it relates to physicians.

Chair: The hon. Member from O'Leary-Inverness.

Mr. Henderson: Just a few questions here just regarding this. The first question kind of, is a little bit maybe more in Health PEI.

In West Prince there is a complement there's 12 billing numbers as a complement in West Prince. How many of those are vacant? I guess the ultimate question of that: How many are you recruiting for, currently?

Mr. Aylward: In West Prince currently we have two vacancies.

Mr. Henderson: Two vacancies. That's after the two positions have been filled, right?

Mr. Aylward: Yes.

Chair: The hon. Member from O'Leary-Inverness.

Mr. Henderson: And are you recruiting for the two vacancies?

Mr. Aylward: We are.

Mr. Henderson: Or recruiting for more because like I say, I think the Member from Tyne Valley-Sherbrooke had mentioned, there's some a little bit senior in the complement there that may be looking at a retirement in the near future. My understanding is they have to give notice that they are leaving at a certain time before you can commence recruiting.

Mr. Aylward: Correct. Yes. Yeah.

So what we're doing right now is we're actively recruiting for positions that are vacant, but we always have our finger on the pulse.

You know yourself, the secretary and the staff go to networking events and they visit the various medical schools as well to meet the students and to entice them to come to PEI for work.

Chair: The hon. Member from O'Leary-Inverness.

Mr. Henderson: I would say, as a previous minister, it's a very daunting task when it comes to recruiting and retaining and keeping physicians here. You mentioned a few times about increasing the complement and things of that nature. Are there any plans in West Prince any way to increase that complement to have beyond 12 billing numbers because of maybe some of the ages that allow you that flexibility to recruit for that.

Mr. Aylward: Member, what we're going to be looking at before we get to that stage is, actually, I think we need to have the conversation around how we're delivering health care on PEI first. Is there a better model that can be place?

Again I'll go back to Tignish when I visited there the other day. Even though Dr. Fox is planning on retiring very soon, they've got a great model up there where they've got a good core group of staff that are surrounding and supporting Dr. Fox., there's a physiotherapist that comes in once a week as well.

So my vision is to have these hubs – community hubs, where we have a family physician who's supported by someone with regards to mental health specialty that's

supported by physiotherapists that perhaps has as a nurse practitioner, so there is a collaborative approach there.

The best example I can use right now is the clinic in Summerside which is working extremely well with a collaborative approach there.

Chair: The hon. Member from O'Leary-Inverness.

Mr. Henderson: What I'd say you're really describing is what the model is at the Community Hospital in O'Leary.

Mr. Aylward: Yeah.

Mr. Henderson: You've got a complete network there and you've got long-term care, you've got nurse practitioners (Indistinct) there.

Now I'm very fortunate, I represent an area that has a full complement of physicians as of Monday, but I will ask the question: Has Dr. Grimes given his notice yet?

I'm of the understanding – so the two vacancies would be Dr. Fox and there's one in Alberton, correct? So there is no other vacancies notified for the position in O'Leary?

Mr. Aylward: Not that I'm aware of at this time.

Mr. Henderson: I think you're right in that as far as that goes. You made a few statements, too, about having more physicians try to help with the recruiting.

My only comment and question to you in this is: What is preventing that physician from recruiting people now?

Mr. Aylward: Well and there's nothing preventing them other than they want to make sure that they're working in collaboration with health and wellness with the secretariat. They don't want to be off doing their own thing.

Let's take Dr. Heather Keizer for example, she's doing a phenomenal job working within her field, her specialty and communicating with her peers. She's had some tremendous success in recruiting

psychiatrists here to PEI. It's one thing to have a secretariat, which again, they're doing tremendous work, but the more people that we could have working collaboratively together, the better results are going to be, rather than having five different streams out there, one not knowing what the other is doing. We want to work together moving forward.

Chair: The hon. Member from O'Leary-Inverness.

Mr. Henderson: Oh yeah I would've said the same. Any Islander if they've got a suggestion on the person that they think might be willing to come to Prince Edward Island, let Rebecca Gill be aware and she can follow up.

Mr. Aylward: For sure.

Mr. Henderson: She's always done her – Sheila MacLean always did a good job of that.

My final question on this particular subject would be: there was a candidate I ran against in the last election, Herb Dickieson, and he had a proposal on a medical school for Prince Edward Island. Now, from my perspective I don't know how logistically possible that is, and cost effective that would be, but I'm just curious; is something that you'd even consider or is that even a possibility, as now you've learned about your new role as minister?

Mr. Aylward: Yeah, and hon. member, I have had a conversation with Dr. Dickieson on this as well. He's provided me with the one-pager I'm sure that he gave it to you too, and many other people on the doorstep.

It's a conversation I'm willing to have, but my initial thought would be it would be probably cost prohibitive to set up a medical school. And I know a lot of people would say: Well, we have a nursing school here on PEI. Yes, we have a nursing school, but to have a full fledged medical school here on PEI, I would expect would be literally cost prohibitive for us.

But, we have a good relationship with Memorial in Newfoundland. We have a great relationship with Dal over in Nova Scotia, and I think maybe some of the

conversations we need to have there is: Is there an opportunity to gain more seats?

Chair: The hon. Member from O'Leary-Inverness.

Mr. Henderson: I guess from just my past experiences on the subject, I do think we have a good relationship with Dal and Memorial.

I'd say where there may be some opportunities, though, is to provide more opportunities for foreign-trained Island students that are here in Prince Edward Island that they're foreign trained – because I think we only allow maybe one to come in and do training on Prince Edward Island for a period of time. That might be the opportunity, I think, that's more of an advantage. So, I would encourage you to look at that particular option, minister.

Mr. Aylward: Yeah, duly noted.

Mr. Henderson: Thanks for your time.

Mr. Aylward: Thank you.

Mr. Henderson: It's good to have the tables reversed for a bit.

Mr. Aylward: And every time I responded to you, I wanted to call you 'minister', hon. member.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

An Hon. Member: (Indistinct)

Ms. Altass: Thank you, Chair.

Mr. MacEwen: That was easy pay back.

Ms. Altass: I'm just wondering, as you're exploring new approaches to recruitment, I'm wondering if you're looking at new models of doctor remuneration. We have new fee-for-service and salary currently, and there are other models that are used across the country and some that – like a blended (Indistinct) model if you're considering the impact of that on doctor recruitment?

Mr. Aylward: Remuneration has to be negotiated with the medical society and through negotiations with a physician

coming in. But typically, on average, PEI ranks extremely high for physician remuneration out of all the provinces in Canada. I think we're ranked, what, number –

Kevin Barnes: Depending on the area, whether it's family or specialty, we're certainly in the top three, I think, I believe, in terms of family.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: I just say that you had said that you're in consultation with the medical society. I just was, perhaps, suggesting that that's an area that you should also consult with them on to see if they're open to the idea of different models.

I'm not sure how you would assess if you're just talking about the amount in terms of remuneration and how you would assess if PEI's higher. I think there are other sort of qualifiers there as well that might impact the choices of doctors to choose to practice in Prince Edward Island or not. But, I'll leave that for now.
I do want to ask how often the recruitment committee – how often they reassess the needs across the Island.

Mr. Aylward: Do we have that?

Kevin Barnes: I'm sorry, hon. member, in needs in terms of the positions or needs in terms of the financial grants or programs? I'm not quite sure –

Speaker: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Well, you said that part of the committee's job is to assess where we need to recruit more doctors so I'm wondering how often you reevaluate or reassess areas – how often does that come up?

Kevin Barnes: The physician resource planning committee, which I mentioned earlier, does meet regularly throughout the course of the year. Not 12 times a year but probably eight to 10 times a year, depending on the need.

Again, some of those discussions will be focused in any given meeting maybe on one

particular clinical area. It does take some time, obviously, to understand and appreciate the need, but the committee is a regularly-meeting body throughout the course of the year.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

Is this another situation then where communities have to sort of – the loudest gets attention? How do they decide which communities are assessed at these meetings that are not – less than 12 a year, I guess? Are you talking about one area at a time?

Kevin Barnes: Hon. member, I think, really, the mandate of this committee is to look at the clinical need and where there's identification of a potential clinical need in an area, then the committee will respond and actually take a look at the information, the data, to determine, again, to validate that.

If a matter comes before the committee as a suggestion or request, then the physician resource planning committee can respond to that – again, look at the data. In some cases, that review of data is clear and there's an indication that there are (Indistinct) resources required in other cases, it may be more marginal and in some cases there may not be sufficient patient demand, wait times, those types of things which, at that given time, would require a physician.

So it really is a matter of the committee responding to identified or suggested areas of need.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

I'm wondering, then, about the recruitment budget because it looks like we're exploring new ideas and all kinds of new approaches, which is great. I'm just wondering – the budget has kind of stayed the same though, more or less status quo. Do you not expect there to be any additional costs to new approaches?

Mr. Aylward: Well, I mean as we move forward, certainly.

We're just in initial discussions right now, but we have to present a budget and hopefully pass a budget so that we can get this work done. But, we're not adverse if we come up with a 'eureka' sort of scenario that I can go to Cabinet and ask for additional funding if that's the case.

We need to, first and foremost, present a budget to the House so that we can move forward in the operation of government.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: No one is going to say 'slush fund' now? No? Okay, all right.

An Hon. Member: (Indistinct)

Ms. Altass: Surprise.

Mr. Aylward: This is health – take it serious.

Ms. Altass: So rural versus urban here, just curious about how much money is spent in recruitment in rural areas versus urban in this.

Kevin Barnes: We'd have to do a breakdown, hon. member. I don't specifically have that ratio there but we certainly could bring – the minister could bring that information back. It wouldn't take long to do, but we could do that for you (Indistinct) –

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: I think that's it for now.

Chair: Shall this section carry? Carried.

Emergency Health Services

Total Emergency Health Services:
18,469,600.

Mr. McNeilly: Question.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: So I see here that ambulance services at 12 million and three, it only went

up about \$100,000, but I'm looking at the call centre at 685 to 767, so the ambulance services went up 100,000 but the call services went up 100,000 there's quite a bit less there. That's quite a difference.

Could you talk a little bit about that? Ambulance services, I think, would probably be a normal rate increase. It's not very much, but the call centre services in comparison, is there additional programming or –

Mr. Aylward: Yeah, so part of that is the telehealth that we've added on as well and presented, which there's been a very good uptake.

Mr. McNeilly: That's a good program (Indistinct)

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: It's working well.

Mr. Aylward: Yeah.

Mr. McNeilly: That's the only question I had on that section.

Thanks.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

I believe there was an extended contract awarded last year to Medavie for home care services and it was my understanding that that contract was untendered. Was that correct?

Mr. Aylward: That would fall under Health PEI, hon. member.

Ms. Altass: Oh, it's not under – okay.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: So this was an expansion of the ambulances services, right? So that's why I thought it might fall under here. I'm just wondering if there are any plans to review, I guess, this expansion of services? But

perhaps I can ask it in another section, if that's more appropriate.

Mr. Aylward: There is an evaluation protocol built into that so there will be that work done.

Ms. Altass: Just a quick question: So that will be available when it's completed to review? Because I would like to have a look at that when it's ready. Is that okay?

Mr. Aylward: Yeah, we can certainly look at that. Yeah, definitely.

Ms. Altass: Thank you.

That's all.

Chair: Shall the section carry? Carried.

National Blood Portfolio Secretariat

Total National Blood Portfolio Secretariat:
400,000.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: One quick question: Can you just explain to me, what does the national blood portfolio secretariat do? Because I'm not exactly sure and I'm just very curious.

Mr. Aylward: Sure. So, appropriations provided to support the National Blood Portfolio Secretariat: Prince Edward Island will resume responsibility as lead jurisdiction for a two-year period. They're responsible to represent all provincial and territories, except Quebec, in business dealings with the Canadian Blood Services and in relations to the Health Canada as a regulator, and appropriations are fully offset by the collaborative initiatives fund.

Ms. Altass: Oh.

Chair: The hon. Member from Tyne Valley-Sherbrooke?

Ms. Altass: All right. That's fine.

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Thank you, Chair, that's fine.

Chair: Shall the section carry? Carried.

ACCESS Atlantic Initiative

Total ACCESS Atlantic Initiative:
1,000,000.

Shall the section carry?

The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Does this include any collaboration around digital health records? Is that part of the discussion that happens around this?

Mr. Aylward: Yes.

Ms. Altass: Would there be the opportunity then, to – okay, so that is a possibility then, to collaborate across the Atlantic Provinces around something you're looking at, around digital health records.

Mr. Aylward: Yeah. So essentially, the funding was provided to each province in Atlantic Canada to develop an implementation road map in the following areas: identity management in consent, citizen access to personal health records such as medication profile and lab results, e-mental health and addictions navigation/directories, apps library and scaling of the Kids Help Phone texting service and PrescribeIT, an e-prescribing platform to ensure the secure electronic transmission of scripts from the prescriber to the patient's pharmacy of choice.

And I might add again, that this particular section is – the expenditure is a million dollars, but that million dollars is actually coming from the Canada Health Infoway, so it's completely offset.

Ms. Altass: That's good.

Thank you.

Chair: Shall the section carry? Carried.

Total Health Policy and Programs:
26,220,900.

Shall it carry? Carried.

Chief Public Health Office

Total Chief Public Health Office: 2,553,400.

The hon. Member from Charlottetown-West
Royalty.

Mr. McNeilly: Minister, when you were in opposition, one of your key priorities was vaccination (Indistinct). What is your discussion like with the Chief Public Health Officer on that?

Mr. Aylward: So, with the discussions and the briefings that I've received from Dr. Heather Morrison and Dr. Sabapathy, where we're at right now on that is there's several drugs that are being looked at – I don't have them here right in front of me at the time – and we're looking at the best outcome, the most effectiveness of the various vaccines, and the cost of them, too.

We announced in our platform that we are going to provide the shingles vaccine to seniors. We are going to do it. I stood here in the House – I stood in front of the CBC camera the other day and stated that as health minister this will happen within our mandate. I get a couple e-mails a week from seniors asking where we're at and I'm completely open and honest with them and give them the facts that I have from the CPHO, that the research is done right now. It's not going to be this year. It's not in the budget. Is it going to be next year? I'm not sure. Is it going to be the year after? I would say most likely.

Mr. McNeilly: That's a great (Indistinct). She does incredible work.

Mr. Aylward: She certainly does.

Mr. McNeilly: I know she's very health promotion active –

Mr. Aylward: Yeah.

Mr. McNeilly: – and she's a – what is her view? What will be her top three priorities?

Mr. Aylward: For the budget to pass.

Mr. McNeilly: I know.

Mr. Aylward: I'd have to go back and ask her, you know.

Mr. McNeilly: Yeah.

Mr. Aylward: Dr. Heather Morrison and her staff have so many irons in the fires. I mean, for me to sit here and pick her top three – why don't I send her a message and I'll bring that back.

Mr. McNeilly: Just say health promotion and we can move on.

Mr. Aylward: Health promotion!

Mr. McNeilly: (Indistinct)

Mr. Aylward: Definitely health promotion.

Chair: The hon. Member from
Charlottetown-Victoria Park.

Ms. Bernard: How much funding is being committed towards the implementation of the federal framework for Lyme disease prevention?

Mr. Aylward: I probably would have to come back to you for that. I know in particular Dr. German is doing a lot of work on it. He had a great interview on *Compass* the other evening in regards to collection of ticks sending them off for results from the labs. I think they're going to Winnipeg right now.

Kevin Barnes: I believe so.

Mr. Aylward: So there is tremendous work and the CPHOs office is certainly something that they're on top of. At this point in time and with what's happened here historically on Prince Edward Island particularly over the last couple years the instances of Lyme disease is not prevalent at all.

I am not saying it doesn't happen but I'm just saying that the discussion out there in the general public there's much more hype than what Dr. Heather Morrison or Dr. German, or Dr. Sabapathy would give it credence to, but they are doing their work, they are doing the research and they're having great discussions around it.

Chair: The hon. Member from
Charlottetown-Victoria Park.

Ms. Bernard: That's good to hear –

Mr. Aylward: Sorry, I might just add too, that some of the advocacy around Lyme disease is for people to be able to get antibiotics for a longer period of time. If you were to sit down with Dr. Heather Morrison, that's one of the things that she's most fearful of, to have that in people's minds: that I need to get antibiotics for a longer anybody period of time.

I think that in my mind I'm going to always take direction from medical experts and Dr. Heather Morrison and Dr. German and Dr. Sabapathy and are highly respected individuals and if they're giving me evidence-based facts – that's what I'm going to listen to.

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: The chief public health office released a strategic plan for 2019-2021 in April, I'm just wondering if there's any new funding to support the implementation of this plan?

Looking at particularly immunizations programs and maintaining the skilled workforce and a motivated workforce?

Mr. Aylward: Yeah, there are some certain things that we've discussed with that office and implemented. One great example is around smoking cessation and we're investing more into that to try to get Islanders – we talked about carbon emissions here all the time.

The thing that drives me even crazier is tobacco emissions. I hate tobacco. On record I detest tobacco.

Anyway, that aside, there are great initiatives that are being put forward. And those discussions are ongoing of course. As you said, it is a report that's based for a period of time out, so there will be certainly more advocacy from her office to have additional items in next year's budget as well, I'm sure.

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Thank you, Chair.

The immunization programs as well? Is there anything –

This report says that child, and particularly adult vaccination rates, have room for improvement.

Kevin Barnes: I think there's a couple of things hon. member in this particular area and as the minister has mentioned, the strategic plan is a multi-year plan. Ultimately there will be investments or progress made over that time period.

I think a couple of things that kind of tie in with that direction is most of the recently the CPHO has just completed a project funded through the public health alliance, our Public Health Agency of Canada really looked at adult immunization and I think that was somewhere in the neighbourhood of \$300,000 over about a 3-year period.

It was really trying to create a registry in terms of the requirements for adult immunization, database; looked at developing the educational materials around adults that do not have immunizations. So there is a lot of work that's get done in that particular area.

I think as well, there's been an investment and in terms where you'll see the budget – in terms of materials and supplies in this area has gone up \$100,000 roughly, year-over-year and I think that is a function of building up our stockpiles of anti-viral meds in conjunction with the recommendations of the CPHL.

So, I think there is some work that has actually been reflected in the budget here that ties in with their priorities. The minister has also mentioned tobacco cessation which is a separate section within this area but it is one that is very much a strategic concern and initiative of the CPHL.

There are some elements in here that reflect the direction, and again we can sort of pull them together in more of a coherent package for you. The budget does reflect some of those investments.

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Thank you, Chair. That's good.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

Speaking of smoking cessations, first of all I would just like to suggest to the minister that perhaps comparing two completely separate things and trying to rank order them might not be advisable.

But I do want to point out that smoking cessation programs in Prince Edward Island, we do have some supports available, but I think this is one of those cases where having a checkmark to say we have a program is not enough. I would tend to agree with the Canadian Cancer Society's assessment that there are not enough supports available for smoking cessation, particularly for Islanders who need to access supplements, things to – like gum and patches and all of those things that they need to try to get off smoking, but they are only able to access those for a very short amount of time, or to have that covered. That's something that extending that would probably make those programs much more effective.

I'm wondering if you've looked into expanding those programs, smoking cessation and the funding that's available for people to do that?

Mr. Aylward: We have and that's in the budget.

Ms. Altass: Okay.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Great. How much are you increasing it by?

Mr. Aylward: So 393,300 is for the entire year. So part of that would be within that program. We've had great discussions with the Canadian Cancer Society, as you have as well, and I actually served on the board recently for two terms, six years.

Ms. Altass: Great.

Mr. Aylward: I don't think I need to state any clearer what I think about tobacco, but the Canadian Cancer Society does tremendous work and in partnership with them, Health and Wellness PEI is going to move forward to support the initiatives where we can.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: So what are the policy implications then of that funding – and I'm glad to hear that there's a funding increase, that's fantastic – but I'm just wondering what does that actually represent. More people accessing it or a greater length of time that people can access supports for smoking cessation products?

Mr. Aylward: I would hope it's going to be more people for a longer period of time –

Ms. Altass: Both those?

Mr. Aylward: Yeah that's certainly our goal.

Ms. Altass: Okay, I guess I'm curious to know how you came to the number, the exact increase that you just stated that if you're not sure, you're hoping that it's going to do this and that. How did you come to that being the increase, what is your goal specifically? Whether it's to reach – like how many more people are you hoping to reach, how much longer will people – especially how long will people be able to access the supports? That's a big piece that as you're well aware, I'm sure that they'll be able to have that covered. Is that going to increase? Why that amount?

Mr. Aylward: So Kevin has some information for you on that.

Kevin Barnes: Just, as I say, the minister has sort of spoken to this initiative. It is coming up in, if not the next section, the section thereafter, we actually do have specific provision within the budget of CPHO for the new program.

It was founded based on the advice of the CPHO. The numbers that are there do represent a part-year implementation so it's not an annualized program cost. We're expecting the program to come into affect

later in this calendar year, probably; I'll suggest October, in and about that timeline.

The reach for the part-year implementation is suspected to be about 900 Islanders. It does introduce essentially, access on a universal basis, essentially to Islanders wishing to quit smoking. There's an intake process and a readiness assessment that will be done around that and essentially makes a determination of the nature of the cessation support that the individual may need and that could be medication or it could be nicotine replacement therapy, like the patch.

So there would be an assessment process or an intake process that will do that. The program is intended to follow the Ottawa model and provide, I believe, coverage, if I'm not mistaken, is the 12-week course of treatment with check-ins periodically over that so there is the ability to follow the client through that journey.

In terms of the success rate of that, we'd like to see the entire group quit smoking. I think reality would suggest that somewhere around 30% is a normal expectation. Again, hopefully with the counselling and supports that go in, we'll see more, but it does introduce, basically, a program that will be available to all Islanders to give them some support with respect to tobacco cessation.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you.

Thank you very much for that explanation.

One quick question about Lyme disease – so I had a great chat with Dr. German, actually recently at an event he was giving a presentation at and he had mentioned to me about the collecting of ticks – that's very recent, just within the past couple of months, I believe, is what he said they were starting to do that.

Mr. Aylward: We did that last year, too, didn't we?

Ms. Altass: Is that not right? That's what he said.

Mr. Aylward: They actually did tick collection last year, hon. member.

Ms. Altass: Oh, okay.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Perhaps this is a new approach? I don't know. This is what he had said, but anyway.

He had indicated that they were collecting them across the Island and tracking where they are getting the ticks from and at that time I had asked Dr. German if he would be presenting that in a map that's accessible to people across the Island so that people could see where ticks have been found and whether or not they are positive for Lyme disease.

Will that map be available publicly?

Mr. Aylward: I would have to go back and to specifically talk to Dr. German. He's doing the research. I wouldn't put myself in front of it and question what he may or may not be doing.

But again, as you said, he's very approachable. He wants to talk about this subject. He's been in the media. He's been on *Compass* several times talking about it and actually in his interview I'm pretty sure he actually even talked about where some of these ticks are coming from, and some of the ticks were actually mailed in from out-of-province from some people that were here and when they got home and unpacked and found a tick in their clothing or something like that, right?

Ms. Altass: Okay, just one last thing.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Yeah, that's great.

I just think keeping track of the fact that they are tracking location; that could be easily mapped and should be made public so people know what's going on and hopefully the news is good, as you're saying.

Mr. Aylward: For sure.

Ms. Altass: Thank you.

Chair: Shall this section carry? Carried.

Population Health Assessment and Surveillance

Total Population Health Assessment and Surveillance: 373,700.

Shall this section carry?

The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: I'm wondering about measurements around health and wellbeing. How recently has Health PEI reviewed the sorts of indicators they use to measure health and wellbeing?

Mr. Aylward: How recently has Health PEI?

Ms. Altass: Yeah.

Mr. Aylward: We're on health and wellness right now.

Ms. Altass: Aren't we –

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Oh, sorry. Okay, sorry about that.

That's fine, thank you.

Chair: Shall this section carry? Carried.

Health Promotion

Total Health Promotion: 735,500.

The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: Yeah, so the reason why I had asked before about the chief public health officer –

Mr. Aylward: Get comfortable.

Mr. McNeilly: Yeah, I'm going to stop the preamble, but the grants – can you explain why the grants are down \$25,000 in health promotion?

Mr. Aylward: Yeah, just give me one moment to flip to that there, hon. member.

Basically, we have a grant around the tobacco cessation that's actually folded in so it's –

Mr. McNeilly: So we're getting almost –

Mr. Aylward: – into the new program, yeah.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: There's more money in the grants then – it's somewhere else that that –

Kevin Barnes: Hon. member, previously there was a grant paid to the tobacco reduction alliance under this section. With the introduction of the tobacco cessation program, we've kind of folded those costs into that area and that's a distinct section within the book so you would see a decrease in this section and –

Mr. Aylward: And an increase in (Indistinct)

Kevin Barnes: Yeah.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: What's the number on that grant? Or you wouldn't –

Kevin Barnes: I think it was \$25,000.

Mr. McNeilly: Exactly the same amount.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: So in this section – well we've talked about this before. I think the minister knows that I'm a complete believer in proactive health and I think this is where it starts. I do believe that the line number in there, that's not enough funding for our province and I think probably the department might realize that, too. In a \$713 million budget, we call it health and wellness and we're talking about some \$700,000 and some odd dollars.

Would the minister agree that this is an area that we can work on?

Mr. Aylward: I think all areas when we're discussing health and in particular, wellness on PEI for Islanders, are areas we can certainly work on. I'm a firm believer in the healthier our population, the less we're going to have to spend on health care.

Maintenance and prevention are key, right?

Mr. McNeilly: Yeah.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: Yeah, because we are drastically behind our national averages on this and we need to really work on this and I think there are a lot of good ideas out there from (Indistinct) prevention, goPEI! – there are some big steps but we are way behind as a province.

So, I'm going to leave my comments short to this, but you can tell I'm pretty passionate about it, but I'm here to help you.

Mr. Aylward: Yeah, that's good.

Mr. McNeilly: We'll get our Island healthy together.

Mr. Aylward: Excellent.

Thank you, hon. member.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

Yes, I have similar concerns about the small amount of money that we are spending on health promotion. I had mentioned social prescriptions earlier that might be one thing that we can – I'm looking forward to discussing that further as one avenue to promote and prevent health issues and promote well-being.

I'm wondering if the department has ever tried to quantify the benefits of preventative approaches to health care in any way.

Mr. Aylward: Sorry, hon. member. I didn't quite catch the question. I followed your preamble.

Ms. Altass: That's okay.

I'm wondering if the department has ever tried to quantify the benefits created by preventative approaches to health care in any way.

Mr. Aylward: I'm sure there's research in that. I'd have to go back to the department and see if I can mine that out for you, but if it's there, I will be more than happy to provide it.

Ms. Altass: Again, it is concerning that the amount is so small. I hope that in the next budget we see a significant increase here. This really – thinking long term about promoting health and well-being will have positive impact on the cost to our health care system overall.

I'll just leave it there. This is a tiny amount of money to spend on that. That's it.

Chair: Shall this section carry? Carried.

Tobacco Prevention & Cessation

Total Tobacco Prevention & Cessation:
393,300.

Ms. Altass: Question.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: So, we talked about this a little bit already, obviously, but there's one piece that we didn't talk about that we really should.

The 2018 Stats Canada report revealed teenage smoking rates on the increase and we sit at the second highest of all provinces at over 15% in terms of teenage smoking rates, so what are we doing to reverse this trend?

Mr. Aylward: Well, with the tobacco cessation program, but obviously, education as well, is a big extreme there; working closely with the Canadian Cancer Society, the department of education, of course. In addition to that, we're going to be ramping

up our mystery shoppers, if you'd like – the ones that go into the retail stores to see if the retailers are selling to under age, just to give you a few examples.

It's something that is very concerning, for sure.

Chair: Hon. members, we're gone past the time allotted for this afternoon's session. Do we have unanimous consent to extend the hour?

Some Hon. Members: Yes.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: So as you know then, as I'm sure you're aware as mentioned because of your involvement with the Canadian Cancer Society that they would like to see the legal age for smoking increase to 21. I'm wondering if that's something that your department is reviewing under this section or looking at perhaps implementing in some way?

Mr. Aylward: It's something that I've certainly been discussing within my own department; just this morning I had a discussion with my deputy minister around it and it's something that I'd like to take further to potentially, Cabinet, to have that discussion there as well.

There are other considerations that we have to take into account, the age for the purchase of marijuana, the age of purchase for alcohol. I mean, they're different streams but they're all sort of interconnected to a certain degree.

Yeah no, we are having conversations within the department around it.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Yes okay. So just of course, while they are in some ways related, it's a completely separate issue, of course, the age of smoking age, particularly, because tobacco as you've heard them say the representatives of the Canadian Cancer Society state many times is: when used according to the directions it causes harm.

You can't do it in moderation; it's not in that way the same as alcohol and marijuana.

Of course they do bring their own issues and challenges as well, but it's a separate issue so I would – I wouldn't suggest linking those as that being an anchor to not making that change, but that's all I will say about that.

Speaker: Shall the section carry? Carried.

Environment Health Services

Total Environment Health Services:
967,300.

Shall the section carry? Carried.

Total Chief Public Health Office: 5,023,200.

Shall it carry? Carried.

Sport, Recreation and Physical Activity

Sport, Recreation and Physical Activity:
3,732,900

The hon. Member from Charlottetown-West
Royalty.

Mr. McNeilly: Just a quick question. Is this where we find the grants for Sport PEI?

Mr. Aylward: Yes.

Mr. McNeilly: Is there any preplanning in terms of grants? Because we're hosting Canada Games in the near future and a lot of the times in the past we've propped up the sports teams when we're hosting giving them further grants. I didn't see that here. Could you comment on that, please?

Mr. Aylward: Sure. So, yeah Prince Edward Island is probably going to be hosting the Canada games in 2023. We've already done some work around it. We've provided some initial funding for the committee and they're actually going out now to hire a CEO.

As far as propping up specific sports, that would be based on as the requests come in certainly, but the individual that we have looking after this file, John Morrison, he's very astute and on top of it and he has his finger on the pulse of all of these sporting

organizations across PEI and their wants and needs.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: That would be a priority area that we don't really have much time too – it would be because of the change in government I understand that just getting your feet wet but I note that as a concern of our party too, is to make sure the athletes are well ready and they're well-funded and that it starts sooner rather than later. Especially in Prince Edward Island, we need to get our athletes ready to go for 2023.

Mr. Aylward: 100% agree, hon. member.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Thank you, Chair.

I note that generally in this section there's a few areas that have gone down significantly in funding, while the major increase is going into grants but we don't have a detail of grants in the budget handouts.

Would you be able to sort of speak to what's happened there in the shift of the different funding envelopes?

Mr. Aylward: Are you specifically talking about one area hon. member?

Ms. Bell: Well the professional services have gone down from last fiscal year from 174,000 to 70,000. Salaries have been cut by about 50,000; there's also steep reductions in funding for materials, supplies and services, travel training, but the grant has gone up 2 million, but that we don't have anything in the handout for those, so I'm not sure as to what's happening.

Mr. Aylward: Hon. member, the biggest reason for the increase has to do with Canada Games. It's gone from, transferred essentially from the department from the bid committee to the actual hosting committee. So it's a transitional stage.

Ms. Bell: Is that hosting committee being funded by a grant then?

Mr. Aylward: Yes.

Ms. Bell: So we're seeing a cut in the core operations of sports, recreational and physical activity departmentally managed and we're seeing an increase to a non-governmental body with a \$2 million grant?

Mr. Aylward: I'll let Kevin speak to that.

Ms. Bell: Thank you.

Kevin Barnes: In terms of the preparation for the Canada Games, hon. member, going into the 2018-2019 year, there was additional funding that was identified and put into this area to prepare for the bid, and submission of the bid for the Canada Games.

You'll see the budget estimate, for example, in the area of professional services of 174, obviously it's a higher amount than it is in the current year. That funding was provided in contemplation of the preparation of the bid. So that bid process was essentially more a function or responsibility that was managed within the department.

Once the bid was accepted by the Canada Games council, it's typical of any Canada Games; it shifts to the host society and the fundraising that goes with that.

Really, I think the shift between the professional services and grants represents just a change in phase and preparation for the Canada Games. So we've moved away from the bid committee which was a onetime initiative in 2018-2019 and moving into funding the host society in the years leading up to the Games.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Thank you for that explanation.

So we have that increase of the grant. Sorry I had misspoke earlier where I said, not 2 million but 200,000 that's going as an additional grant. I think I'm right that way, yeah.

But we still don't know sort of the scope of those grants; I mean there's a 3 million dollar envelope, 3.5 and 3.25 million dollar envelope for grants. Is there anything you can give us about what those entail?

Kevin Barnes: Hon. member, I believe there is.

I believe in the tabled documents there was a list of grants and just having a look at the information that was provided to members, I do believe we gave a detailed list and again, if it's been omitted –

Ms. Bell: Okay we'll look again.

Kevin Barnes: – my apologies, but just having a look at my copy here, I think there is a detail in there under the grant section which outlines the various programs and funding that's been available. I can share this copy with you if you don't have that.

Chair: Hon. member while you're looking I'll (Indistinct) –

Ms. Bell: That would be great.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

So it's my understanding that Cornwall is currently working on a town recreation strategy that will provide planning for playground and sports field upgrades, trail expansions, is the province doing anything to assist?

Chair: Sorry, hon. member, could you repeat that question?

I've been told that Cornwall is currently working on a town recreation strategy, so planning for playgrounds and sports field upgrades, trail expansions and I'm just wondering if the province is assisting them in this effort in any way?

Mr. Aylward: Not that I'm aware of and I'm doubtful it would come under the Health and Wellness budget, it would probably come under other municipalities or TIE, depends on how they are approaching it.

Speaker: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Okay, I mean sport, recreation, physical activity that kind checks all the boxes. I don't know if they can reach out to you or what, but I mean it seems (Indistinct)

Mr. Aylward: I'll give you an example, hon. member.

When the previous administration built the tremendous trails out through Bonshaw which I'm sure you agree as far as hiking, biking and physical activity goes a long way – that would have come out of, I believe, TIE's budget.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: I do have just one more question here and it's going to sound like it's about education but it's not. Bear with me for a second.

I used to be on the provincial advisory council for my daughter's school in that area and one of the conversations that came up was around play grounds at schools and how there seems to be a gap in funding for replacing playgrounds. Parents are trying to raise money for this themselves. The municipalities are not necessarily supporting them. There's recognition that it's kids using them at school, but also it's used by the community throughout weekends in the summer and after school and all of that.

I'm just wondering if there's any provision, maybe in this area of the budget, to start looking at supporting schools to have recreation – some playground equipment outside. It seems to be a major gap.

Mr. Aylward: It's something certainly I'd be interested in talking with the other departments with as well and the various schools on specific projects.

Ms. Altass: Great.

Thank you.

Mr. Aylward: Chair, if I could? The hon. Member from Charlottetown-Belvedere, you were asking about the grants? If you go to the budgetary handouts that we provided –

Ms. Bell: Yeah.

Mr. Aylward: – and refer to page HW-147, you'll find the grants in that section.

Ms. Bell: Ah, there it is.

Chair: Hon. Member from Charlottetown-Belvedere, do you have any further questions?

Ms. Bell: I just have the one I was looking for in here – yes, please, I do, this one, now that I found the page.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Thanks for that.

Yeah. Actually, the questions are on the two premiere or primary grants, which are the Sport PEI and Recreation PEI, and it's, I guess, coming back a little bit where you're talking about, about the reduction of support for core services with the transition to the Canada Games.

Your overall envelope for grants and budgets and things has remained relatively the same. Obviously I don't have time right now to go through in every line detail where the extra money is showing up. Where these are, as my colleague mentioned, where these are so critical to sort of about health and well-being: What reassurance do we have that we're not going to see further cuts after the Canada Games is over, for example?

Mr. Aylward: Member, the Canada Games are a one-time event, and the government is committed to funding this great initiative that's going to take place in 2023. It's much like a number of things when you have a one-time event. You budget for it, and then quite often you go back to your normal funding model.

Ms. Bell: The other question around this is a lot of these are small grants in participation funding but you've got some pretty significant annual grants going out to sports organizations. What's the decision-making that goes into being comfortable providing operational annual grants to sports organizations, but not to nonprofit organizations, that provide social services?

Mr. Aylward: I couldn't speak to how social services does the grants; I'm not the minister responsible for that portfolio.

But I know within health and wellness, as I spoke before, the individual that leads that file, John Morrison, he's very well-

connected with the sporting community here on PEI. He has been for a number of years and I'm hoping he will continue for many years to come.

Again, I apologize, but I can't speak on the budget for social development and housing, but they are coming up here at some point, so perhaps you could hold that question for them.

Ms. Bell: Yeah, and I appreciate the clarification, minister, but my question is why is there a comfort level with providing annual recurring grants of a significant value to a broad range of sporting organizations and those are not up for consideration in budgeting, whereas, we're not able to support in other areas. Or are these going to be also up for consideration the next time we do budget evaluations?

Mr. Aylward: Member, there's certainly criteria around any of these associations that are asking for funding, and there are requirements for them to bring back audited financial statements as well, because they are set up as associations. Again, I can speak to health and wellness and I can speak to Sport PEI, but I can't speak to the other department.

Ms. Bell: Thank you, Minister.

So I'll look forward then, perhaps, to future conversations about the eligibility criteria for sporting organizations that are equivalent to those we see in other sectors.

Thank you, minister.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: Yeah, I'll just pick up on her questioning, because this is really important to us. Section 718, 4195, amateur sports assistance is at 443,000? It's estimated at 568. That's a huge reduction. Is there any – you know, we're (Indistinct) –

Mr. Aylward: Where are you at?

Mr. McNeilly: I'm at division sport and recreation physical activity section 718. You're on page 146.

Kevin Barnes: One-forty-six?

Mr. McNeilly: Handouts. So it's just playing on that same things, that there's some concerns around a lack of funding for amateur sports in our province, and I'm looking at that line, I'm looking at some of the grants in funding, and I just want to get your sense of what, specifically, that line is all about.

Kevin Barnes: (Indistinct) the amateur sport assistance program in particular?

Chair: The hon. Member from Charlottetown-West Royalty?

Mr. McNeilly: Yeah, I'm just – I'm still waiting for an answer, Chair.

Mr. Aylward: Yeah. We're just looking it up here –

Mr. McNeilly: Yeah, (Indistinct)

Mr. Aylward: – hon. member.

Kevin Barnes: In that particular case – I don't know, I'm just having a peek here.

Mr. Aylward: Hon. member, how about we bring that back for you?

Mr. McNeilly: Okay. I'd like that because –

Mr. Aylward: We just want to make sure that we have the accurate information, the proper answer.

Mr. McNeilly: I think you see that our trend is – we're, I know everyone's working on the same page, but the amateur athletes of all sports in Prince Edward Island, we have to get different places, we have to get to competitions, and I know there's not enough funding ever there but we have to look at this seriously.

Mr. Aylward: Yeah.

Mr. McNeilly: Thank you.

Mr. Aylward: Thank you.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

I had mentioned Cornwall developing strategy, and I just wanted to ask, actually, (Indistinct) is there any support for ongoing, any assistance for other municipalities that are developing similar recreation strategies at this point?

Mr. Aylward: For municipalities themselves?

Ms. Altass: Yeah.

Mr. Aylward: I'm not 100% sure. I could certainly ask that question and bring it back to you.

Ms. Altass: Thank you.

The other question I had was about the ongoing conversations and possibly negotiations between Charlottetown and the federal government regarding the new multiuse sports complex in the city. Is the province involved in those conversations at all?

Mr. Aylward: Well, the province certainly would be at the table with regards to discussions around it. To the best of my knowledge at this time, they are very preliminary. I know that the city is certainly advocating for it. I believe I've heard statements from MP Casey on it as well; but I don't know how far apart the two sides currently are.

Ms. Altass: Okay, so it's the province – you're going to be at the table, but there's been no allocated funding at this point around that.

Mr. Aylward: No, no.

Ms. Altass: That's good, thank you.

Chair: Shall the section carry? Carried.

Total Sport, Recreation and Physical Activity: 3,732,900.

Shall it carry? Carried.

Total Department of Health and Wellness: 35,491,100.

Shall it carry? Carried.

One down.

Mr. Aylward: Thanks, Kevin.

Chair: All right.

Mr. Aylward: Mr. Chair, I move that the Speaker take the chair and that the Chair report progress and beg leave to sit again.

Chair: Shall it carry? Carried.

Mr. Speaker, as Chair of a Committee of the Whole House having under consideration the grant of supply to Her Majesty, I beg leave to report that the committee has made some progress and begs leave to sit again. I move that the report of the committee be adopted.

Speaker: Shall it carry? Carried.

The hon. Minister of Finance.

Ms. Compton: I move, seconded by the hon. Member from Morell-Donagh, that Order No. 12 be now read.

Speaker: Shall it carry? Carried.

Clerk: Order No. 12, *An Act to Amend the Income Tax Act*, Bill No. 12, ordered for second reading.

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

I move seconded by the Member from Morell-Donagh that this House do resolve –

Clerk: Read a second time.

Ms. Compton: Oh read a second time, sorry.

Speaker: Shall it carry? Carried.

Clerk: Bill No. 12, *An Act to Amend the Income Tax Act*, read a second time.

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

I move, seconded by the Honourable Member from Morell-Donagh, that this House do now resolve itself into a

Committee of the Whole House to take into consideration the said bill.

Speaker: Shall it carry? Carried.

The hon. Member from Evangeline-Miscouche, to Chair.

Chair (Gallant): We will give way to the minister to do a brief explanation of the bill.

Ms. Compton: Thank you, Chair.

The bill is Bill No. 12, *An Act to Amend the Income tax Act* and this bill proposes three measures;

To raise the basic personal income amount to 10,000 with proportionate changes to the spouse and equivalent to spouse amounts;

To increase the threshold for the low income tax production program by 1,000 to 18,000.

These changes will provide an estimated 7.6 million annual tax savings to Islanders, these measures will reduce income taxes for approximately 85,000 Islanders and their families and eliminate provincial income tax for approximately 1,700 people.

For a single individual, these changes can result in a savings of up to \$132 for a single-earner couple, or single parent, the savings could be \$202, a senior couple could save up to \$215.

Building on the increases to the basic personal amount since 2015, the move to 10,000 will result in a near 30% increase. This is three times the rate increase when the consumer price index for just under 10% over the same period.

In addition, this government's campaign commitment to raise the basic personal amount to 12,000 will be a 55% over the 2015 amount.

The bill reduces the provincial tax rate on small business by .5 of a percentage point from three and a half to three. Reducing the tax rate will benefit approximately 2,600 Island small businesses, this will be the third consecutive annual reduction in the tax rate and result in Island small businesses paying a third less tax than they did in 2017.

Beginning in 2020, the Island small business will see annual tax savings up to 7,500 compared to 2017. This situation is possible with \$500,000 of taxable income. Each of these measures will be effective the first of January 2020.

Mr. MacEwen: Carry the bill.

Chair: Questions?

The hon. Member from Charlottetown-Belvedere.

Ms. Bell: On section one, what is the total cost of the \$1,000 increase to the basic personal amount, total cost to government?

Ms. Compton: The total cost for the province you mean?

Ms. Bell: Yes.

Ms. Compton: Good question, if I had my stranger on the floor I could (Indistinct) but I don't have one.

Chair: Wish to bring a stranger on the floor?

Ms. Compton: No I don't have one.

Chair: Oh you don't have one. I guess you don't need permission.

Mr. MacDonald: Intervention.

Approximately around 8.8, so it's 4.4 per 500 and on the small business corporation tax it's 1.4 per .5 – don't quote me but it's close.

Ms. Compton: Thank you minister – former minister.

Ms. Bell: What was the small business one?

Mr. MacDonald: For every .5 is 1.4.

Ms. Bell: 1.4, right?

Question.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: If you don't file taxes, if you're low income or no income and you don't file taxes, is there any way that you can access

this benefit or have there been any thought to how we could encourage more people to file taxes?

Ms. Compton: Well there was a program through the former government to get that word out there to file your taxes. You can't force people I guess, if they don't want to, but that's something we can continue to look at as far as getting the word out for everyone to file their taxes.

Ms. Bell: I think, you know, we know there's so many benefits that come, it sounds counterintuitive, so many benefits that come and people do do their tax filing because they can't access programs, that otherwise they could, so that would be really great.

That's probably one of the best returns we could give people, more so even than some of the other benefits, is to provide support as much as possible. That community program, it's been really impactful to increase people's access through the filing.

And so yeah, in terms of an expenditure for support, that would be very impactful.

I just have one other question Chair

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: So we've already identified the cost to government to do this, but is there – do you see a difference between in the basic personal amount and the low income tax credit?

Ms. Compton: The basic personal amount, it encompasses everyone for one thing. We all benefit from that and you know, the argument as well, all those tax dollars will go back to the province, the benefits from that will go back to the province so, you know, that's a little bit different than the basic personal matter. Depending – I guess they both benefit, you know, every individual, but the one thing that I've always said in my previous career, you know, to people who, you know, have that tax bracket where you get increase in your pay but then you don't really see that because of the tax bracket squeeze.

The more we increase the basic income exemption the better that is for all Islanders.

As far as one versus the other, I think they're both pretty pertinent to all Islanders.

Ms. Bell: One more.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Have you ever considered a more targeted benefit for Islanders? You're right, when you do that kind of increase to the exemption it doesn't really affect people who are already earning in that higher tax bracket, so you're kind of giving an expense and proving it to everybody, but not everybody needs it.

So that low income break has higher impact on low income earners. Has there been any thoughts about that more targeted approach?

Ms. Compton: Well, that's a good question.

I can't say that there has been under our government, but it's definitely something to look at. The thing I said, was raising that personal amount, people that can afford it are going to spend it anyway and they're having a tough time and it just gives them a bit more of a break and maybe to the point where they can start to saving little bit.

As with most, you know, programs again, you look at specializing and how much is involved in that and how do we actually target those people and you then you pick an amount and there's people just above that amount and why didn't you include them and it just goes on and on.

Ms. Bell: I appreciate seeing anything we can do to – we have been lower in the country and (Indistinct) we're going to bridge those gaps and level that up is a great thing to see. I am always going to advocate for something that will target and support those most in need, but leveling out towards a national average is still great a move.

So, thank you for this, minister.

Chair: I have a question from the Member from Cornwall-Meadowbank.

Mr. MacDonald: Earlier you guys were looking for – the name of that program is Be Aware, Get Your Share. That's the one you're talking about.

Ms. Compton: Be Aware, Get Your Share.

Thanks very much.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: I just had to highlight or clarifying on something that you just said around the people who can afford it are going to spend it anyway. Is that what you just said?

Ms. Compton: If you're in a bracket where, you're going to take that money and spend it you're going to spend it and it's going affect every Islander. But there are some who are much better off and have the means to – they probably are going to spend it and maybe they're not. Maybe they're going to save it; it's entirely up to them. It gives the opportunity for lower income people to have a bit of a break in their earnings.

Ms. Altass: I would just have to challenge that idea. I would agree, absolutely, that low income people who are given this break which they do spend it – this is what we're seeing because they would perhaps buy healthier food or be able to, you know, pay all of their bills.

It does go right back into the community, but the idea that higher income people are necessarily going to spend it, I don't think there's a lot of evidence to show that there's a direct correlation there.

I just – I would be careful in making that as an argument for this bill. I don't think there's evidence to suggest that's the case. If they would save, they already are saving, and that would just be additional savings.

Anyway, I had to make that point.

Ms. Compton: And I appreciate that and maybe you misinterpreted what I was trying to get at.

Ms. Altass: That's quite possible.

Ms. Compton: It's just, you know, it's not impacting higher income people the way it would lower income. I would say.

Ms. Altass: Agreed. That's it.

Chair: No further questions?

Shall the bill carry? Carried.

Ms. Compton: I move the title.

Chair: *An Act to Amend the Income Tax Act.*

Shall it carry? Carried.

Ms. Compton: I move the enacting clause.

Chair: Be it enacted by the Lieutenant Governor and the Legislative Assembly of the Province of Prince Edward Island as follows.

Shall it carry? Carried.

Ms. Compton: Mr. Chair, I move that the Speaker take the chair, and the Chair report the bill agreed to without amendment.

Chair: Shall it carry? Carried.

Mr. Speaker, as Chair of a Committee of the Whole House, having had under consideration a bill to be intituled *An Act to Amend the Income Tax Act*, I beg leave to report that the committee has gone through the said bill and has agreed to same without amendment. I move that the report of the committee be adopted.

Speaker: Shall it carry? Carried.

The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

I move, seconded by the hon. Member from Morell-Donagh, that the 1st order of the day be now read.

Speaker: Shall it carry? Carried.

Clerk: Order No. 1, Consideration of the Estimates, in Committee.

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

I move, seconded by the Honourable Member from Morell-Donagh, that this House do now resolve itself into a

Committee of the Whole House to take into consideration the grant of supply to Her Majesty.

Speaker: Shall it carry? Carried.

The hon. Member from Evangeline-Miscouche, you can chair.

Chair: Thank you, Mr. Speaker.

The House is now in a Committee of the Whole House to take into consideration the grant of supply to Her Majesty.

Would the minister like to bring a stranger onto the floor?

Mr. Aylward: Yes I would, please.

Some Hon. Members: Granted.

Mr. Aylward: So just when you're ready, we'll get you to introduce yourself.

Chair: I'd certainly like to welcome a stranger onto the floor. Could you please introduce yourself for the Hansard, please?

Kellie Hawes: Kellie Hawes.

Chair: Okay, we're at page 98, Health PEI.

Corporate Services

"Appropriations provided for operation of the Office of the Chief Executive Officer and for the provision of corporate services in the areas of planning and evaluation, policy development and analysis." Administration: 68,500. Equipment: 13,900. Materials, Supplies and Services: 26,600. Professional Services: 312,500. Salaries: 1,720,000. Travel and Training: 75,200.

Total Corporate Services: 2,216,700.

Shall it carry?

The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

So I'm noticing there's a difference of over half a million between last year's budget and the forecast. What happened there?

Mr. Aylward: Okay so hon. member, you're referring to salaries, right?

Ms. Altass: Just the total in this section, actually, I believe the total budget forecast.

Mr. Aylward: So essentially, the largest is to vacancies in salaries.

Ms. Altass: Oh, okay.

Mr. Aylward: Vacant positions that haven't been refilled yet.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: I have a question about this section – the responsibilities are under this section. So under – it says it's responsible for planning and policy development. In the department under health and policy programs, page 92, that also has a similar mandate.

Can you explain the difference between these two –

Mr. Aylward: I'll let you go ahead. Go ahead, get your feet wet.

Kellie Hawes: Absolutely.

Within the section is the chief executive officer, as well corporate planning and evaluation. The corporate planning and evaluation looks at programs and services, and develops the plans specific to how Health PEI will move forward for new initiatives. They are also responsible for the evaluation of existing programs and services throughout Health PEI.

There is a policy component, but the policy is specific to policies that relate to operations, frontline operations.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Okay is there any overlap then at all between these two areas, the health, policy and program section on page 92 and what's happening here? Is there overlap at all, or are they totally separate?

Mr. Aylward: Totally separate.

Ms. Altass: Separate, okay.

Just one more question.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: The 262,100 allocated for consulting fees. I'm just wondering what that's all about?

Kellie Hawes: So consulting fees as it relates to this area?

In relation to consulting services that may be required for the overall organization.

Ms. Altass: Okay.

Kellie Hawes: Some of those may be such as an example would be video promotion for a patient flow, strategic planning. This area is responsible for strategic planning, our business plan –

Ms. Altass: Okay. I think I understand.

All right. Thank you, that's fine.

Chair: Shall the section carry? Carried.

Is it okay to read the heading and then the amount (Indistinct)? Is that okay? All right. Financial Services: 8,391,800.

Shall it carry? Carried.

Page 99.

Health Informatics

Total Health Informatics: 1,652,700.

Question?

The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: So the province is paying \$95,000 a year membership to the Canadian Institute of Health Information. So what sorts of services or information do we get with this membership?

Kellie Hawes: So when we look at CIHI, Health PEI is responsible to submit financial, as well as statistical information to CIHI. And with that membership, we

actually receive data attributable to the information that we provide, as well then we are also provided with access to information for all other provinces and territories (Indistinct)

Chair: Further question?

The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Yes, so is it fair to – is every province a member of this, then as well?

An Hon. Member: (Indistinct)

Ms. Altass: Okay.

All right. That's fine.

Chair: Shall the section carry? Carried.

Interoperative Electronic Health Record:
18,129,500.

The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Thank you, Chair.

Could you provide a general idea of how the budget for this section is split between e-records, development, implementation and support?

Mr. Aylward: So you just – hon. member, you're looking how much we're spending in each of the information systems essentially or –

Ms. Bell: Well, this is for interoperative electronic health records. I'm just wondering where – you know, you've got a very large chunk of money in here for materials, supplies and services, and obviously salaries, but how much of this is going to development and how much of it is actually going to implementation?

Mr. Aylward: So within the envelope there – oh, sorry, go ahead. Okay. You go then. I'm on a different train.

Kellie Hawes: The delivery management for overall system operations for training and communication, administration, so when we look at it, it's for CIS, operation of the clinical information systems –

Ms. Bell: Yeah.

Kellie Hawes: – and it's a suite of the integrated information systems that support the daily functions carried out by the physicians, nurses, LPNs, ward clerks, booking clerks and registration pharmacists and the labs, technicians and physiotherapists and other health administrative professionals.

Some of the daily functions: registering and scheduling for patient visits, tracking patient diagnosis and treatments in progress, and ordering and capturing lab results and capturing diagnostic results.

Ms. Bell: I was going to say: How close are we to having Islanders who have – you know, a GP health provider having electronic health records? Are we getting closer to the point of having a fully electronic health records system?

Mr. Aylward: So you're referring to family physicians, at least?

Ms. Bell: Well, just in general, we have – whether people have a physician or not, that's one of the challenges –

Mr. Aylward: Yes, yes, yes.

Ms. Bell: – whether people have a physician or not, do they have electronic health record? So are we getting any closer to that goal of Islanders having their records fully accessible?

Mr. Aylward: Yeah, so-

Kellie Hawes: In our hospitals, yes.

Mr. Aylward: Yeah, for the hospitals, definitely yes; and for family physicians, if you're visiting a clinic or if you're visiting a GP in their office, it's the electronic medical records, the EMR we refer to it as. We did a pilot. It wasn't exactly what we were looking for. The physicians didn't receive it well. We got good feedback, and so we actually just went to Treasury Board this week and we're going back to RFP to look for another product that we can bring in.

Ms. Bell: That's really encouraging to hear, minister, and that's exactly why we want to

do pilots so we don't invest on a full system and –

Mr. Aylward: Exactly.

Ms. Bell: – find out it doesn't do what we need.

I know I'm lucky enough to have a GP, and my GP is – something she'll speak about is about how challenging it is not to have those records that work in that integrated fashion that we'd like to see

So, obviously, that takes us to the point where this section, then, is more about the clinical information systems and support systems in the hospitals and that. What we see working really well there, the next stage is RFP, to move to a more integrated electronic health record that's patient-focused?

Mr. Aylward: That is correct – patient-focused within the family physician, within the primary physician field.

Like for instance, what we're talking about here, you've got the Clinical Information System, the Drug Information System, the Picture Archive and Communication System, Radiology Information System, the Client Registry, those kinds of things.

Ms. Bell: We know that often the barriers preventing rollout of something like an integrated system is legacy systems. So when you have an RFP going out, is part of that to look at integrating things we already have because that's more cost-effective, or is this too early a day to say what we may be looking for?

Mr. Aylward: No. That's exactly what we're attempting to do, is to get a product that is user-friendly for the physicians, and cost-effective and integratable.

Ms. Bell: Right, which is a little bit of a unicorn in the IT world, but hey, it's what we actually need, right?

Mr. Aylward: Yeah, exactly.

Ms. Bell: Minister, there has been obviously some issues recently with – we have a kind of data that's available when you have electronic records, whether that be – that

that data is kept private and confidential or that it is available, as appropriate, particularly where we don't have people who have GPs and are therefore having to rely on things like clinics and so on. Is that part of the consideration and are those aspects being given priority and consideration for a new system?

Mr. Aylward: That would definitely be a consideration, hon. member, and it's unfortunate we do have people that are currently without a family physician

But yeah, we'd like to get to is if you have a family physician and you're on the weekend and you have to go to a clinic, that your information can be put into the EMR or that physician working in the clinic can pull up your information in the EMR.

And vice versa, if you're an individual without a family physician, that if you're at a clinic or if you're at the ER or wherever, that your information is being inputted, and so the next time you're to see a clinician, whoever that clinician is, can still pull up your records.

Ms. Bell: Minister, are there any jurisdictions anywhere else that have been able to implement an electronic records management system that is integrated in the way that you're looking to do?

Mr. Aylward: That's part of the research that we're doing right now as part of the RFP process. Because obviously, if there's a best practice out there that's working, why try and reinvent the wheel?

Ms. Bell: That's great.

Thank you, Minister.

Mr. Aylward: Thanks for the great questions.

Chair: The hon. Member from Mermaid-Stratford.

Ms. Beaton: Thank you, Chair.

I was involved a number of years ago in an RFP where Nova Scotia was working through an electronic records delivery system and they were incorporating all of their clinics in order to be able to upload and

download electronic records. I will let you know that I'm not sure how their program worked, but they certainly did do an RFP on it and so it is out there. It might be one that we could look at for knowledge on it.

Can you tell me how many different systems within the Queen Elizabeth Hospital are being used for electronic recordkeeping?

Mr. Aylward: Essentially, there's six.

Ms. Beaton: So with the six different systems, how well is that working amongst the different units now currently in order to get information from all of the multiple units?

Mr. Aylward: From the feedback that I've received, and the briefings that I've received, it's working very well. Within the hospital system, they're able to pull up diagnostic imaging results on a computer. They're able to go into the Clinical Information System, retrieve the information that they need there.

Ms. Beaton: Are there still units or departments at the hospital that are using paper records rather than electronic records?

Mr. Aylward: Honestly, member, I'd have to bring that back. I just couldn't answer it right here, right now; but we can certainly check that, bring it back.

Ms. Beaton: During the election, I did have a constituent that I spoke to that works within the hospital and there is concerns about the records and the multiple systems, that they don't actually tie in together to be used together. Do you have any idea of any information on that or how the systems actually work or integrated together? I'm talking the whole hospital.

Mr. Aylward: No, we wouldn't have information here today. The information we have today is specific to the numbers and the budget.

Ms. Beaton: Okay.

Mr. Aylward: But again, it's information I'd be more than happy to look into and bring it back to you, hon. member.

Ms. Beaton: Do you have information on how much it costs? Do we have multiple IT teams to operate the six different systems that are currently operating within the hospital? Or is it under the same IT system, under the same IT team?

Mr. Aylward: All computer systems come under ITSS.

Ms. Beaton: Okay, so do you have a sense, though, of what the cost would be to run the six systems, versus if we integrated and ran under one system and why we wouldn't be under one system currently?

Mr. Aylward: I don't think there's one system out there stand-alone that could do diagnostic imaging and clinical information system and drug information system. To a certain extent, it would be like on your laptop in front of you. You can't go into Excel and expect Excel to do WordPerfect or what have you, right?

There are certain software applications within health that are stand-alone to look after this specialty or this specific process.

Mr. Mitchell: (Indistinct)

Ms. Beaton: Right, so that the information is all in one spot, which is what I'm asking.

If there are six different systems, is there a place where they're all maintained that you would actually be able to draw that information – so your example of Excel doesn't do what Word does. However, I can go into my computer and I can pull those records and I can share them with other people and a shared drive.

Mr. Aylward: Yeah.

Ms. Beaton: So when you're talking about an electronic records system, do those six different systems that are used make it accessible that you could pull those different records from the different systems that are being used? Are they integrated that way?

Kellie Hawes: We also have, in this area, health information unit that pulls data from all of these areas and they are able to produce reports and provide information to clinicians and other individuals, all the data sources as well for clinicians.

Ms. Beaton: Okay, final question.

Chair: The hon. Member from Mermaid-Stratford.

Ms. Beaton: Has there been an exercise to look at the different systems that are currently being used at the hospital to see if one or two systems would be able to be used or if there is just – I guess what I'm getting at is is there a preference to a unit to use a specific system rather than adopting a new one, which then would require you to have additional expenses in order to be able to operate the multiple systems?

I'm looking for efficiencies, right? If you have efficiencies, then that frees up money. If we can free up money, then we can put that money into somewhere else. So, if we have systems that are being used because others are not being adopted, I'm looking if we can actually look at something along that line.

Mr. Aylward: Yeah, so essentially we're always looking for efficiencies anywhere we can save money, but more importantly, anywhere we can make applications more user-friendly for the individuals that are using that application. That alone is an efficiency, right?

If you have a system and you have doctors or nurses that are telling you it's just not user-friendly, it takes so much time to input all of this information, well that's not an efficient use of frontline health care providers' time and so there is constantly reviews done. You know yourself, especially with your background before being elected, how fast technology changes. It's amazing.

The people that we have in IT Shared Services and Info PEI, they are some of the best people on PEI and they are on top of their game and they are always looking at analyzing systems and to see if there's a better product there that maybe we can look at.

Chair: The hon. Member from Mermaid-Stratford.

Ms. Beaton: I said that was my last question, but you just peeked me because it is because of my background that I am going

to ask another question, and I do understand that it is difficult to get some people to adopt and I guess my question is: Have we actually talked to the frontline about if there are issues in the systems that are being currently used, and if there are – and I mean specifically to them, not just department heads but the actual people that are using the systems – if there are reasons why they won't adopt those electronic record systems?

I'll leave it at that, because I think, possibly, that we might want to ask the frontlines why there wouldn't be adoption for others if (Indistinct)

Mr. Aylward: Duly noted.

Ms. Beaton: Thank you.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

In light of last year's privacy breach at the QEH around access to health records, I feel I would be remiss not to ask about security and if there was any additional funding in the budget to look at Cerner health records system more secure.

Mr. Aylward: Yeah, it's unfortunate that this happened but it did go to the proper authorities to be reviewed.

We are as government and our professional health care staff provided to – committed to the privacy of patients' records. Again, I'm just trying to remember the exact details around it. It's not coming to me now, the total outcome, but I believe some of the reported breaches, when it was reviewed, it actually came back that no, they were not inappropriate. Actually, the right person was looking at the right files for the right reason.

But, obviously it's always a concern that we have the proper security in place, that we have the right staff in place.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: No, that's fine.

Chair: Question?

Ms. Altass: No, I'll leave it. That's fine.

Chair: Okay so I just have to back up a little bit. I jumped here.

Total Interoperative Electronic Health Record: 5,868,300.

Shall it carry? Carried.

Total Corporate Services: 18,129,500.

Shall it carry? Carried.

Top of page 100.

Medical Affairs

Total General Administration: 16,457,100.

Shall it carry?

The hon. Member from Charlottetown-West
Royalty.

Mr. McNeilly: I'm on page 157 of the book,
the big book.

The physician retention program, it looks like we spent about half a million dollars from last year to this year. Could you tell me more about where and what that money goes to?

Mr. Aylward: You're asking what we use that money for?

Mr. McNeilly: Yeah, exactly. Could you tell us a little bit more about that – or what I'm getting at is: Is that somewhere to retain doctors? It's always about recruitment and retention. Are we doing enough to retain the doctors that we have?

Mr. Aylward: Just give us a moment here.

Part of retention and it goes along with lifelong learning, too, right, hon. member, and especially in the medical field. People are always looking to keep up on their profession, so as part of the retention, we do offer programs. We do offer some financial assistance in maybe keeping up and taking courses, whether it's online or what have you and so that helps to retain our people too.

Mr. McNeilly: So their furthering education is in that?

Mr. Aylward: That's just part of it. That's one example I can give you.

Mr. McNeilly: I was just wondering why that number is stable if we're looking at – is it towards giving the doctors more credit? Are we doing services to retain the doctors or do we have staff in that area? I'm just looking to see if it's –

Kellie Hawes: It's a grant that's payable to the medical society, so the fact that it's consistent, it's that our forecast and the spend was the same across and it is a retention program that was negotiated through the last agreement.

Mr. McNeilly: Got you.

The medical seats for Memorial, \$800,000, I see Memorial's, but do we have Dalhousie's on there? Because it's not in there and I figured it would be in that right there.

Kellie Hawes: So you're looking at the post-graduate medical residency program?

Mr. McNeilly: Yeah, for us it says medical seats Memorial University, \$800,000. That's flat-lined to how many students? Are we getting good return on value? If you could tell us about – and the same question would apply to Dalhousie University, too.

Mr. Aylward: So 22 seats in total at Dal, 10 of which are specialists.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: Are we looking at a Memorial headline because Memorial is the family? Are they – am I not seeing Dalhousie because Memorial is Dalhousie?

Mr. Aylward: No, Memorial is Newfoundland.

Mr. McNeilly: No, I know that, minister.

Mr. Aylward: Okay.

Mr. McNeilly: So where is – so you just gave us Dalhousie, 22 at Dal. So what's the

number for – how much do we fund through Dalhousie?

If the Memorial numbers are there, why are the Dalhousie numbers not there?

Kellie Hawes: I'm just looking at the grants and where it is because we certainly have a value because it's 2.48 million on the residency training program.

Mr. Aylward: How about we bring that back to you, member?

Mr. McNeilly: Okay. So did we just hear a response for 2.48 million from Dal?

Mr. Aylward: The medical education program –

Kellie Hawes: That's a postgraduate medical training program.

Mr. McNeilly: Okay. One more question on that.

Mr. Aylward: Sure.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: Why is it not in this book?

Mr. Aylward: We're going to find out and bring that back for you.

Mr. McNeilly: Yes.

Chair: Okay?

The hon. Member from Charlottetown-Belvedere.

Ms. Bell: I would add also the Université de Sherbrooke has also seats for medical seats, as well, which would not be listed in.

Mr. Aylward: Okay duly noted.

Ms. Bell: Thank you.

Chair: Shall this section carry? Carried.

In-Province Physician Services:
116,750,400.

Shall it carry?

The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Chair.

Just to confirm this budget provides funding for two new physicians who will in turn provide services for 3,000 Islanders currently without a family doctor. Is that right?

Mr. Aylward: So "Appropriations provided for payment of In-Province Physician Services including Family Practice, Emergency Physicians and Specialists."

You're looking for the breakdown?

Ms. Lund: I'm just wondering if it's only providing funding for two physicians who are to service 3,000 Islanders without a family doctor.

Mr. Aylward: Sorry, you'll have to speak up, hon. member. I couldn't hear you there.

Chair: The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Chair.

Is this line providing funding for two physicians?

Mr. Aylward: Yes, it is.

Ms. Lund: Does Health PEI plan to increase funding for physicians next year considering that if we only add two physicians this year it will be at least five more years before every Islander has a family doctor, minister?

Mr. Aylward: Potentially. I mean, it's a moving target always, right? I mean, we would love to have a doctor for every Islander just like the previous administration. It was their goal, and their wish.

So I mean, as we move forward we're certainly going to work hard on that, and we talked a lot about recruitment and the new initiatives that we're taking on that to bring more doctors to PEI and also potential different ways of delivering health care here in Prince Edward Island as well, which might be more conducive to ensuring that Islanders have better access to primary care.

The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Chair.

You indicated last week that your department was conducting a review of wait times for ophthalmologists. Will you be conducting reviews of wait times for other specialists, minister?

Mr. Aylward: We are.

Chair: The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Chair.

Will we be adding any additional specialists this year?

Mr. Aylward: Yes. We're hoping to add an orthopedic surgeon this year. We're still hoping to also add an anesthesiologist, as well. Psychiatry is another specialty that we're actively recruiting for as well.

Pardon me?

We're still looking at that.

Chair: The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Chair.

Do we have a long-term strategy for specialist recruitment?

Mr. Aylward: I would say that we do. I mean, but, again, we're changing the approach of recruitment, which that probably will change the strategy somewhat, as well.

Ms. Lund: Thank you.

Chair: The hon. Member from Summerside-Wilmot.

Ms. Lund: I'm good, Chair. Thank you.

Chair: Okay, you're welcome.

The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: Just on that note, the previous government their plan was to develop a wellness centre, a health and wellness centre, in the Queen's County area, and we talked about the need for doctors of over probably between 9,000 and 10,000 people are on the registry are right in the Queen's County area.

Is that something that – I think that you guys made – your government made reference to it, too, as well. Can you tell us a little bit more about those – what your plan is for that potential solution?

Mr. Aylward: Sure. It's definitely something that's on our radar, and it's an initiative that we think could take a very positive approach to the number of people that let's essentially say, are orphaned, right now without a family doctor.

I mean, I'll be truthful; it is hard to have some of those discussions and move forward while the House is sitting, but my deputy is working diligently behind the scenes on my behalf with the officials from Health PEI to further that. And we hope to have something very positive to announce later on this year.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: Perfect. Thank you.

Chair: Shall this section carry? Carried.

Out-of-Province Health Services.

Total Out-of-Province Health Services:
54,226,300.

The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Thank you, Chair.

I recall the previous minister of health telling me that, I think, Moncton Hospital is PEI's second largest hospital with the amount of money that we spend out of province.

I would be interested to ask the minister: Do we track the type of specialists or the services that Islanders are seeking when they go out-of-province? If so, what are the most

common types of services that we address out-of-province?

Mr. Aylward: We do. Everything is tracked because it's billable, too, right and it's all coded when it goes through the system. The most common – so for non-emergency referrals out-of-province by PEI specialty area 2018/2019: thirteen hundred and twenty six for general practice; three for dermatology; general surgery 166; internal medicine, 437.

I can certainly provide this for you rather than giving – reciting the whole list.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Thank you, minister. That would be most helpful.

I mean, we recognize that, you know, for the size of the province it's not practical to have a lot of the services that we seek for out-of-province provided here.

You know, the IWK is an international quality peds hospital. We don't need to build one of those here and I've availed myself to the services of that hospital and can speak to how easy it was to, sort of, transition back and forth.

But are there any services that we can see that could inform our recruitment strategies in terms of things that we should be addressing locally, rather than continue to pay for out-of-province?

For example, minister, you know, general surgery, things like hip replacements many of which are done in Moncton, or dermatology or –

Mr. Aylward: The vast majority of hip and knee replacements are done here, actually, and as I said earlier, we are in the process of recruiting another orthopedic surgeon which will increase our complement.

Mr. Mitchell: Neonatal (Indistinct)

Mr. Aylward: Neonatal is another one that we're very, very close to as well.

Ms. Bell: I'm going to need one of those soon, so I'm kind of happy to hear that.

But we have heard about specialty services like dermatology and people for – and things like thyroid, for example, or pain clinics is another one that's come up. Are those kinds of things be things that we could potentially address in recruitment strategies or are we still in kind of a crisis mode?

Mr. Aylward: I wouldn't say we're in crisis mode. As you said yourself, hon. member, a few minutes ago, we're a small province with a small population and we can't provide everything here within our borders.

If you resided in Cape Breton you would have to drive to Halifax for a lot of services. If you lived in Northern Ontario you would have to probably fly to one of the larger centres.

I think Prince Edward Island, we're in a very unique situation where even though some services are provided out-of-province we're still within a three-hour drive probably to access those services.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Thank you, minister, for that and I agree that it's – I don't think we're going to see that kind of expenditure go.

I guess my questions are more about sort of making sure that they are expenditures that we genuinely can't meet locally and that we are developing the skill set and the experience and the capacity for what is appropriate to do so – like we have done so with the cancer centre, for example, which is a really great example of, bringing something locally that previously wasn't available.

Mr. Aylward: Sure. I mean, I remember one time in the history of medicine here in PEI and it's not all that long ago, dialysis. You had to go out-of-province for dialysis. Who can imagine that now?

Ms. Bell: Yeah.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: I just have another couple of quick questions related to this. Are we seeking any patients seeking specialized treatments in

the U.S.? I know for instance there have been some of them have travelled for Lyme disease treatment into the States. If so, are they eligible for out-of-province travel grants?

Mr. Aylward: With our out-of-province – very few – I mean, we’ve had people go to Alberta, Quebec, British Columbia, Newfoundland, Manitoba, Saskatchewan, Yukon. United States – it looks like there were 22 instances. Foreign countries it looks like there were 10.

I can’t tell you for sure with the documentation I have here in front of me if maybe they were in a foreign country and received treatment because they were there and fell and broke a or something or became ill.

Certainly, there is cases but typically – typically, no, we don’t. If somebody comes in to PEI and they’re looking for a particular service, it’s available in Nova Scotia or New Brunswick, we wouldn’t typically say, well, you know what, we think we’re going to send you down to New York.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: That makes sense, minister, and thank you for that answer.

My last question on this is about something where there is a service that has recently been added into, sort of, our services that we offer, and that is transgender surgery for people who are choosing to change their genders and the closest that is offered in Montreal or Toronto.

I have heard specifically from some constituents who are grateful that that service is available but are having some challenges navigating the availability of a service of their choice.

Where there are more than the one service provider – what capacity is there within a system to work with the patient to identify, within reason – and an understanding that costs are an issue as well, but where the costs are comparable within reason, is it acceptable for the patient to be able to advocate for their service provider of choice?

Mr. Aylward: Hon. member, I guess the best way I could answer that question is: every case and complexity is different. Whether it’s physical, mental, or a combination of both. Our incredible medical professionals here on PEI would evaluate all of those with regards to a proper referral.

I’d love to have a side bar conversation with you later this evening.

Ms. Bell: Minister, I really appreciate that. It is a very specific request but I think it’s one that is really important.

Mr. Aylward: I think if you and I talked you’d be –

Ms. Bell: Let’s have a chat.

Mr. Aylward: Let’s talk.

Ms. Bell: Thank you, minister.

Chair: Shall the section carry? Carried.

Total Medical Affairs: 187,433,800.

Shall it carry? Carried.

Provincial Services, Long-term Care and Hospital Services East

Queen Elizabeth Hospital

Total Queen Elizabeth Hospital:
131,455,200.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

Funding for equipments is up from last year. Any sense of when new health equipment or upgrades this funding will provide for?

Mr. Aylward: Hon. member, the majority of the equipment that we’re looking at there actually, has to do with computers.

Ms. Altass: With what, sorry?

Mr. Aylward: Computers. As you know yourself, technology changes and technology has a certain shelf life and we’re always trying to upgrade our equipment.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: So I'm wondering about vacant physiotherapist positions at QEH. Is there funding here that will be going toward filling those positions?

Mr. Aylward: If we have vacancies the funding is there, it's a matter of finding the people and I'm having some great conversations right now with the president of the physiotherapy association of Prince Edward Island. I met with him a couple of weeks ago at a national conference that was being held here and I think we're going to make great strides around physiotherapy here in the next while.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Great, that's wonderful to hear.

No more questions on this end.

Chair: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: I'm not sure I'm in the right section but the minister mentioned before that you have this white board where you mark down all the appointments missed. Am I to understand that the equipment and staff basically stand idle while the time passes or the equipment and staff doesn't get utilized because people show up and I guess I'm asking –

Mr. Aylward: That's a great question member. It's not this section but I'd be more than happy to answer it.

It is an ongoing frustration with diagnostic imaging that appointments are missed. But, you know, one of the – some of the things that we're initiating and actually the previous administration started because they saw it as an issue as well – is we're looking at technology the same as the skip the waiting room where we're actually being proactive and reminding people a few days or a week before their planned appointment because you might be waiting for an MRI or CAT scan for a couple of months and you just didn't write it down or something or, you know, maybe you planned a trip and you forgot.

So what we're trying to do is be proactive and remind people closer to the date that: hey, have you an appointment or sending them a message that is saying if you can't make your appointment, please let us know so we can reschedule somebody else in.

Chair: The hon. Member from Member from Charlottetown-Brighton.

Mr. Hammarlund: Sounds wonderful that you're doing that, but I was just thinking of airplanes. They don't fly with empty seats. There are people on stand-by. If there is a seat they'll take it.

Mr. Aylward: Yeah. I don't know – I don't know if Islanders would be that appreciative of being put on stand-by for an MRI, and sitting there and then telling at the end of the day, you know what, an opening didn't happen so you go home and come back another time.

Chair: The hon. Member from Charlottetown-Brighton.

That may be true, but I would say that the Islander that is scheduled to have an MRI in 8 months or whatever it is might or might not appreciate the chance to get a spot if it's open. I'm really no specialist but it was a just a suggestion.

Mr. Aylward: No, and we have a very robust cancellation policy where if we do find out that for various reasons somebody might not need a CAT scan or an MRI in two days' time because of many different mitigating factors that we're on the phone and we're calling people saying: hey, you know what, there is an opening. Can you come in tomorrow? Can you come in in two days' time?

Mr. Hammarlund: Good to hear.

Mr. Aylward: Thank you for the questions.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: Just a quick question, a comment, really. So under the purchase service general – don't bother looking for it. It says service contracts within the cancer treatment centre including music therapy and other services. They do a great job down

there, and they give some incredible, incredible care, nothing but good things.

Mr. Aylward: Yep.

Mr. McNeilly: Could you expand on the other – or get a list for the other – just so we can have a look at what they're doing, and then maybe see if there's anything we can do in here to enhance the services that people are going through with cancer?

Mr. Aylward: Yeah, we'd be happy to do that.

Thank you for recognizing the incredible work that they do in there.

Mr. McNeilly: (Indistinct)

Chair: Shall this section carry? Carried.

Community Hospitals – East

Total Community Hospitals – East:
13,159,200.

Shall it carry?

The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

I'm just noticing that the funding levels here are relatively unchanged from last year. Are there any planned renovations or upgrades to equipment and facilities at Kings County or Souris hospital?

Mr. Aylward: At which hospital?

Ms. Altass: Kings County or Souris – besides the ongoing laboratory upgrades at Kings County, are there any other equipment or facility upgrades planned?

Mr. Aylward: We're just looking it up. It falls within the capital side of our budget.

Ms. Altass: Oh, I see.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: I feel like I asked this question about a different department earlier and I wonder if it's similar.

The capital budget, is there like a limit or an amount over which it would be capital in terms of equipment and below which – is it \$10,000? Is it the same?

Unidentified Voice: (Indistinct)

Ms. Altass: There you go, okay.

Kellie Hawes: Equipment is \$10,000 for capital.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: One of the things that I've heard is necessary, just from different people across the province, in Kings County would be some expanded cancer treatment services. Is there any funding to look to do this, to expand cancer treatment services in the east?

Mr. Aylward: We're talking, in particular, with folks around the oncology services right now to discuss possibilities around that.

It's a very complicated file, but, again, as technology changes if there are possibilities, we're looking at that.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

Again, about physiotherapists – does Souris Hospital currently have its full complement of physiotherapists?

Mr. Aylward: Souris currently has a summer resident that's providing services in the physiotherapy department and there's a full-time physiotherapist starting in September.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: One last question; just to go back to oncology and cancer treatments. So, you're in discussions around a consultation around that. I'm wondering if you have any expected timelines for any sort of movement on actually improving services – cancer treatment services in the east.

Mr. Aylward: No, I do not at this time.

Ms. Altass: Not yet?

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Is that something that you will keep us informed about or provide updates?

Mr. Aylward: Oh most definitely, yeah.

Ms. Altass: Thank you.

Chair: Shall this section carry? Carried.

Provincial Clinical Services

Total Provincial Clinical Services:
41,077,100.

Shall it carry? Carried.

Long-Term Care

Total Long-Term Care: 71,161,800.

The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Right, so what are the plans regarding increasing rates for those staying in public long-term care facilities? Specifically, will you be adopting the previous administration's plan around this?

Mr. Aylward: Sorry, could you repeat your question, hon. member?

Ms. Altass: Yes, I'm wondering about the plans regarding increasing rates for those staying in public long-term care facilities.

Mr. Aylward: Sorry, yeah. Thank you, great question.

Here, if you will recall not that long ago, I was asked questions on the floor with regards to that and I informed the House that I've asked the department to go back and do a full review on it.

As the Minister of Health and Wellness, and again in the media, I've stated that I have absolutely no interest in the projected increase to \$113, which was floated before.

I've had many conversations with concerned individuals around rate increases and essentially, we've put a hold on any rate increases right now until we do have that full review completed.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

I do remember you saying that and I'm glad to hear you say it again. I'm wondering if you took that into account, then, in this budget.

Mr. Aylward: Honestly, I don't think it would be accounted for in this budget because this budget probably was based somewhat on the rate increases.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: So how are you going to fill the gap then in what was planned here in the budget?

Mr. Aylward: It would be probably a difference of about \$300,000, total.

Ms. Altass: Okay.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Mr. Aylward: Because, again, keep in mind when we were talking about this there was about, I think, 90 individuals that would be affected by this. So even though we have, I think, 595 long-term care beds in the public system and 649 in private, it would only be 90 of the 595 that were going to be impacted by these rate increases.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Just one more question on that, and forgive me if I missed it, but did you table that information about the 90 patients to be expected gap in coverage – or what was in your expected budget here and what you won't be collecting because it's on hold – which I'm glad you're putting it on hold. I'm just wondering if you've made those calculations and if you've already tabled – because you're saying some very specific

numbers, which is great. I'm just wondering

Mr. Aylward: Yah, did I table it? No, I didn't table it.

What I did say was when the review was completed I would make it public, but the review has not been completed yet.

Chair: The Member from Tyne Valley-Sherbrooke.

Ms. Altass: Last follow up then: Will that be part of the review to highlight this is the difference in what we're actually doing versus what we passed in our budget on this line? I don't imagine that they – we're aware that there is going to be a difference in this case. It's not – when you estimate – I guess you estimate to the best of your understanding or expectation of what's going to happen (Indistinct) –

Mr. Aylward: And again, hon. member, a budget is a budget is a budget. It changes. There are mitigating factors that come into play. If I could develop a budget that was exactly to the penny at the end of the fiscal year, I'd be a genius.

Ms. Altass: Sure.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Mr. Aylward: (Indistinct) couple of geniuses.

Ms. Altass: Absolutely.

I guess the difference is, though, between estimate and forecast is that you would normally take into account all of the things you could possibly predict in your estimate, and this is something that obviously you can predict because you've made a decision about it and you know – so I'm surprised it's not in there, but I would at least like to see those numbers in this review report that you're going to produce.

Mr. Aylward: Certainly.

Chair: The hon. Leader of the Opposition.

Leader of the Opposition: Actually, I'm sorry, Chair. The questions were taken by Member from Tyne Valley-Sherbrooke.

Chair: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: I see there's a substantial increase overall in long-term care. Does that reflect the sudden increase in beds? Are there more beds now increased included in this budget?

Mr. Aylward: In long-term care over the last roughly year there's been, I believe, its 100 beds have been added.

Mr. Hammarlund: In a year?

Mr. Aylward: Pardon me?

Is there a specific budget line item that you're looking at, hon. member?

Mr. Hammarlund: No. I'll get onto my next question.

We keep hearing about how the number of seniors is going to double in a very short time and I'm wondering if you have a feeling for the number of increased beds you'll need by 20 years and is your actual building and granting to beds keeping up with the annual increase?

Say, you get 100 extra beds this year sounds good but if we have a need that's 200 extra beds this year then it's not so good. I'm just wondering if you're doing that kind of study (Indistinct) –

Mr. Aylward: Yeah, that's part of the review and the previous administration had engaged an individual, a doctor, actually, to come in and do sort of a forward-thinking review on seniors in particular around what resources, whether it be long-term care, what specialties and those types of thing that were going to be needed.

That individual, unfortunately, I believe he came close to completing his work before he left, so that's something that we're obviously going to pick up on and see where we're at on that report and complete the work.

So, yeah, no, definitely, hon. member, that is an excellent question and something that I'm

concerned with on a daily basis because we do have an aging population. We need to ensure that they're cared for appropriately, with dignity.

Chair: The hon. Member from Charlottetown- Brighton.

Mr. Hammarlund: Good to hear. Looking forward to, or not, the services myself.

Thank you very much.

Chair: The hon. Leader of the Third Party.

Mr. Mitchell: Minister, I'm not sure if this is the section that it's in, but there's a group that's called Brave and Broken.

Mr. Aylward: Sorry, they are called?

Mr. Mitchell: Brave and Broken.

Mr. Aylward: Brave and Broken?

Mr. Mitchell: Yeah. They're a group that regularly meets together –

Some Hon. Members: (Indistinct)

Mr. Mitchell: Yeah. It's retired military, retired (Indistinct) –

Mr. Aylward: Oh, yes. Okay. Yeah.

Mr. Mitchell: – with, that deal as a group together with mental illness, anxieties, other health issues; but the problem for a lot of those individuals is they don't have a family doctor. There is a lot of work that went on to – with the particular family doctor that was going to try to meet their needs, because DVA would actually be able to help them once they get their initial consult with a physician, with their family physician, but they don't have a family physician.

So there was a significant amount of work done with a particular doctor from Charlottetown who was going to come up with a plan so that they could get that work done and then move on with assistance from DVA. The assistance is there. They just need that part done. Are you familiar with that?

Mr. Aylward: No, I'm not. I'm not, hon. member, but it's something that I'll definitely look into –

Mr. Mitchell: Yeah

Mr. Aylward: – because I think it sounds like an excellent program.

Mr. Mitchell: There was a fair bit of work that kind of has already gone in. There may not be any of that experience still left in the department. Certainly, I wouldn't mind filling you in (Indistinct) –

Mr. Aylward: Yeah, maybe I can meet you at – where is it in the morning that you go?

Mr. Mitchell: Tim Hortons.

Some Hon. Members: Tim Hortons.

Mr. Mitchell: Tim Hortons, and anyway, this is a group, you know, typically range from 20 to 30 that is not – it's not a really big problem to solve?

Mr. Aylward: Yeah.

Mr. Mitchell: So I just want to bring attention to it in case you weren't aware and –

Mr. Aylward: Yeah, no, and I appreciate that, hon. member.

Mr. Mitchell: Okay.

Mr. Aylward: Definitely we'll have a little sidebar on that.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: How many people on the waitlist for public beds? Is that –

Mr. Aylward: For public beds, yeah? Just one moment, keeping in mind that this number changes quite regularly.

Mr. McNeilly: Yeah, yeah.

Mr. Aylward: The latest I have for long-term care, I can give it to you by county.

Mr. McNeilly: Yeah, sure.

Mr. Aylward: In Prince we have – and this is as of January 2019 – in Prince we have 74; Queens, 58; and in Kings County, 34 for a total of 166.

Mr. McNeilly: Perfect, okay.

And when I look at long term care, you think about the devastation that Alzheimer's and dementia has on our society. As our society ages and gets a little bit older, our bodies are there but our minds tend to go and I think it affects a lot of people.

So these needs might increase into the future. Could you tell me a little bit more about what we're doing to look at that?

Mr. Aylward: Yeah, so hon. member, that's an interesting question to bring up and something that we've been looking at internally. Because the private sector wants to create more beds as well, but in a lot of cases they're not necessarily equipped for those special cases with regards to Alzheimer's and dementia.

So we need to internalize and come up with a solution as far as how best to care for those individuals, and unless some of the private facilities step up and say we want to do some of that now – I know that the Mount has a dementia unit there, but they're one of the very few, so right now typically they're in the public facilities.

Mr. McNeilly: I foresee that being a huge problem in our society and I know PE Home had a lot of day programs and maybe that's just something of note that we should potentially get together with the opposition critic and myself and yourself and try to get thinking about those issues.

Thank you.

Mr. Aylward: Great idea.

Thank you, hon. member.

Chair: Shall the section carry? Carried.

Grants to Private Nursing Homes

Total Grants to Private Nursing Homes:
32,416,000.

Shall it carry? Carried.

Total Provincial Services, Long-Term Care and Hospital Services East: 289,269,300.

Shall it carry? Carried.

Family and Community Medicine and Hospital Services West

Prince County Hospital

Total Prince County Hospital: 47,620,100.

Tyne Valley-Sherbrooke.

Ms. Altass: I'm just noticing that it looks like equipment, the forecast amount for equipment is up, and I'm wondering is that again around computers and technology or is that something else?

Mr. Aylward: Give us a quick moment there to find the page.

So, yeah, we're up about 3900. Is that what you'd be seeing?

Ms. Altass: Yeah, well, the equipment line, it was – estimate last year was 33,700 and then it went up to 98,500 as the forecast.

Mr. Aylward: So a large part of that was equipment that was purchased, and it was offset by a donation from the foundation.

Ms. Altass: Okay. So just as we're talking about computers and new technologies, this could fall under here or other hospitals across the Island, but you had mentioned that you're going to start to be more proactive in trying to notify people about their appointments, reminders before – and I think I had brought this up earlier but it didn't come up then, actually, about the possibility of looking at technologies that would give some people text messages.

There's obviously going to be extra labour involved if you're asking whoever in the health care system to make those phone calls. I think that's quite onerous. I'm just wondering if that's something that you are going to explore using technology to do that or if the expectation is going to – you're going to download that responsibility somewhere.

Mr. Aylward: Yeah, no, we're going to be looking at newer technology than just

getting on the phone and, say, having a couple of staff just tied to phones and say: Dial, dial, dial.

Ms. Altass: Right.

Mr. Aylward: Again, if we look at the technology around Skip the Waiting Room and the people that have developed that, that was outside of Health PEI. You know, a private entrepreneur that saw a need and developed the technology, those are the kind of people we're talking about, talking to, about an application that could be put into this.

Ms. Altass: I just wanted – and that was sort of some of my union background coming out there, just making sure that you're not just downloading that labour onto frontline workers. So I just wanted to clarify that –

Mr. Aylward: Yeah, no, for sure.

Ms. Altass: – and suggest that perhaps you – yeah, okay, that's it.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: Is this – was this where the Women's Wellness Program funding would be in, in the Prince County Hospital? So when is that going to be fully operational?

Mr. Aylward: It's under primary health care so we're not quite there yet.

Mr. McNeilly: Oh.

Chair: Do you want to wait (Indistinct)

Mr. McNeilly: Yeah, no, I'm good, thanks.

Chair: Shall the section carry? Carried.

Community Hospitals - West

Total Community Hospitals – West:
11,317,200.

The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

Can you explain the \$22,700 expenditure under grants from last year that wasn't estimated?

Mr. Aylward: The \$22,000 in grants that was not – did you say not spent?

Ms. Altass: Yeah, under – it's the \$22,700 under grants from last year.

Mr. Aylward: Yeah, so basically what that was, was for return in service grant, physiotherapy. That was part of what we were discussing earlier when we had health and wellness on the floor with regards to recruitment and retention. We had a physiotherapist that essentially impacted that grant line at the range of \$22,700.

Ms. Altass: Okay.

Chair: The hon. Member from Tyne Valley-Sherbrooke?

Ms. Altass: That's it, thanks.

Chair: The hon. Member from O'Leary-Inverness.

Mr. Henderson: Minister, (Indistinct) I'd asked you the question in the Legislature regarding your cancer treatments that you were looking at in rural communities and you'd mentioned you were looking at probably starting with putting three out there, one in each county or something along that line.

Would Community Hospital O'Leary – I know I did ask the question it would be a good location, but are you looking at doing it in a phased approach, or are you going to do so many, or how many hospitals are going to have this particular services? I think this would be perfect for that location.

Mr. Aylward: Yes. Well, member that actually was discussed here just a few minutes ago with regards to what's going to happen and how it's going to be rolled out.

And depending upon what it is, it's hard to say, yes, we're going to put it there, we're going to put it here. It depends on what service is being provided, the complexity of the service, and the capability of the facility to take that service.

But the important work that's been happening right now is we're talking with the medical professionals in the oncology field to see what the capacity is to bring it out into the community somewhat more.

Chair: The hon. Member from O'Leary-Inverness.

Mr. Henderson: I'd urge you to consider that location because I know the foundation would be very supportive and if there's any equipment purchases and things of that nature that might be required they seem to have that capability.

Mr. Aylward: Yes.

Mr. Henderson: Okay.

Mr. Aylward: Thank you, hon. member.

Mr. Henderson: That's it.

Chair: Shall this section carry? Carried.

Renal Care Services.

Total Renal Care Services: 9,247,200.
The hon. Leader of the Opposition.

Leader of the Opposition: Thanks.

Last year between the estimate and the budget forecast there was an apparent under spend on salaries, and I'm wondering why that was?

And second part to that question: this year is budgeted for about three-quarters of a million more than the actual last year. Again, I am wondering what is going on here?

Mr. Aylward: So last year we had the position vacancies. We had anticipated salaries and benefits associated with hemodialysis, but the uptake wasn't there and so it affected the need to have the salaries there, essentially.

Chair: The hon. Leader of the Opposition.

Leader of the Opposition: So I'm assuming with the increase this year then that that position has been filled and the need has risen, I'm not sure which came first but –

Mr. Aylward: Go ahead.

Kellie Hawes: We're monitoring the increase and the changes in that utilization, and creating and filling those positions as needed.

So yes, moving ahead.

Leader of the Opposition: Great. Thank you, Chair. That's good.

Chair: Shall the section carry? Carried.

Primary Health Care.

Total Primary Health Care: 15,846,700.

The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: I'm just asking a couple of questions on the Women's Wellness Program. What – Is it fully operational now?

Mr. Aylward: You can go ahead and answer this then.

Kellie Hawes: So this is the community based side of the Women's Wellness Program, and as of July 29th of this month it's going to be moving to a new facility at The Mount, and it's currently operating out of the Charlottetown centre, out of the Polyclinic.

So it is operational. It provides prenatal and postnatal care. And the centre is also supported by family physicians and obstetricians and gynecologists.

Mr. McNeilly: Okay, perfect.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: So that's the one in Charlottetown

Kellie Hawes: That's right.

Mr. McNeilly: So we're not talking about the one – okay. Perfect. That's great to hear.

Thank you.

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: I'm just wondering what is the latest news on the possible expansion of services to the Women's Wellness Program?

Mr. Aylward: Sorry, say it again.

Ms. Bernard: I'm wondering about the latest news on the expansion of services through the Women's Wellness Program.

Mr. Aylward: In what regards?

Ms. Bernard: I'm just wondering if there is any – well, specifically, there was a campaign promise of fertility services being made available to Islanders. Where are we with that?

Mr. Aylward: We are actually – if I'm not mistaken, we are at PRPC right now, which, again, is the Physician Resource Planning Committee to ask them to move forward on that and make that recommendation.

Ms. Bernard: So we don't really have a timeline –

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Sorry, Chair.

We don't really have a timeline for that yet?

Mr. Aylward: Not at this time, no.

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: That's good for now.

Chair: Shall this section carry?

Leader of the Opposition: Just one question.

The hon. Leader of the Opposition.

Leader of the Opposition: Just to follow up on that, is that budgeted in this year or you're not anticipating it in this fiscal year?

Mr. Aylward: There is a certain amount of money budgeted in that for this year in the anticipation that we can get there, but, as you know yourself, recruiting specialists can be daunting, but we live to hope that we can make that happen.

Chair: The hon. Leader of the Opposition.

Leader of the Opposition: Thank you, Chair.

This is an issue that's been brought to my attention alarmingly often by my constituents in District 17, so I'm just – when you say there is some money set aside, are you planning to introduce fertility services in this fiscal year, or is this just money for planning towards that?

Mr. Aylward: Right now there's a 0.2 GP to help support the services, but what we're attempting to do moving forward, and as I said, we would really like to be able to recruit a full-time fertility specialist back (Indistinct)

The hon. Member from Charlottetown-Belvedere was talking about that earlier, what services can we repatriate to the Island?

That's a perfect example of one that we're working towards.

Leader of the Opposition: Okay. I'm good.

Thank you.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: So where is – because when I asked you before when we were in Prince County Hospital, and I asked about the Women's Wellness Centre, you said it was in the primary care. We got to primary care –

Mr. Aylward: Oh sorry. That was my mistake, hon. member. I thought you were talking about the wellness program not the centre.

Mr. McNeilly: Okay. So I was just wondering have you done anything further there since you've been in or can you give us an update about how fertility services there or –

Mr. Aylward: Yes, just give me a moment there hon. member.

So right now at the Women's Wellness Centre, you want a list of what's being offered there?

Mr. McNeilly: Sure.

Mr. Aylward: So right now there's surgical abortions, medical abortions, abortion care follow-up, pregnancy option counseling, maternal mental health counseling, including perinatal, postpartum and pregnancy loss, infertility includes clinical and counseling. We have visits, consults around IUD's, biopsy, pap, STBBI testing, gene testing, menopause, postpartum, contraception, et cetera.

Mr. McNeilly: Okay.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: Is that where you would put the fertility expert?

Mr. Aylward: That would be the natural fit around that.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: And if we were to see the platform promise of \$1.43 million into women's wellness services in the first year like you guys had put in your platform, was that where it would have gone?

Mr. Aylward: Not all of it, no.

Mr. McNeilly: No.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: So where were you thinking about putting that money?

Mr. Aylward: Well, again, it all depends on the services that are required and where they are going to be put out.

And, again, yes, so it's in a platform, but it doesn't mean we're going to do it all within the first two months of our mandate.

Mr. McNeilly: So what you're saying is that we can expect that later on? It won't be in this budget, but it can be in a special warrant

or something? Is that money coming this year?

Mr. Aylward: No, hon. member, what I'm saying is, as we've said all along, a platform is a plan that will unfold over a four hopefully a four-year period of a full mandate.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: That's not true, because you said that was in your first year and you can't do that to women. 50% of the population are expecting that money and it's not there.

So I'm just clarifying about what you are going to do with that – like, it's an important issue. It's something that you said it's going to be that there. There's a lot of things that, you know, you can take promises on, but this I need a better answer than that.

Mr. Aylward: Yes, and, hon. member, as the Premier has said before, too, you know, we made campaign promises.

We're going to continue to move forward to deliver those promises. But when you have a minority government you need to work with all parties in the House because whether it's the opposition, whether it's the third party, you have wants, you have asks, you have needs as well and that's how we're moving forward.

Mr. McNeilly: So what you're saying is you would like us to negotiate and talk to the opposition party potentially about coming together and you will support that if we come together for that money?

Mr. Aylward: What I'm saying, hon. member, is we have a commitment and we plan on delivering that commitment within our mandate. If we could do it in our first year, we would definitely do it in our first year, but again, it's just like the fertility specialist, are we going to be able to recruit a fertility specialist in the first year of our mandate? I hope so. Are we going to be able to? I don't have a crystal ball.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: No further questions, thank you.

Chair: The hon. Leader of the Third Party.

Mr. Mitchell: I guess when you make those platform promises that say you're going to work on that in the first year; obviously as a third party, as an opposition you expect to see that type of thing show up in the budget. When you relayed it back to working with a minority situation and that's the reason why you're unable to do those types of things, that's not exactly the case.

So I guess, you know, to the hon. member's point, there is a fair amount of the population that support it, that part of your platform, as why you're sitting at the table you're at today. They expect that to be met. They expect that to be delivered and, yes, you can say that will be during your mandate. But hon. member, we expect to see something in this budget line that would show that you are working towards that.

Mr. Aylward: I appreciate what you're saying hon. member.

I remember when the electorates voted your party on a promise of providing a family doctor for every Islander. We're still not there. I remember when the population voted for your party when you promised to build a palliative care centre. That campaign promise was made in two different elections so, you know, you made promises and you didn't deliver. We made promises and what we're saying is we're working towards those promises. Are they all going to be done and delivered in our first year?

Mr. Mitchell: What you're saying hon. member, is you're blaming two other parties, or two other parts of this government for not honouring your commitment.

Over the years there has been platform promises that have been made and explained why you can't. If you are going to use me as part of your explanation, I'm not – I'm going to defend the part that if you want to put into this budget, revisit the budget line, that meets the needs that are just being met there, feel free to do that from the third party stance.

Chair: Shall it carry? Carried.

Chronic Disease Management

Total Chronic Disease Management:
1,354,700.

Shall it carry?

Ms. Altass: Question.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Diabetes Canada has been advocating for some sort of a tax on sugary drinks I'm just wondering –

Mr. Aylward: I'm sorry, hon. member. I can't hear you.

Ms. Altass: Sorry, sorry.

Diabetes Canada has been advocating for a tax on sugary drinks as a preventive measure around incidents of diabetes and as a source of revenue to promote the health of Canadians. I'm just wondering if the province has considered this type of sugary drink tax around as an approach to disease management.

Mr. Aylward: Hon. member, I guess what I'd have to say is that Health PEI doesn't bring taxes in. That would be the department of finance, and the Minister of Finance's is yet to come, but in response directly to your question, I've had conversations with the Diabetes Association of Canada. Actually, I have a meeting scheduled here, I believe it's next week with Jake Reid, and there is many asks that they have. So we'll duly note that and see what they have to say coming forward.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: That's it, thank you.

Chair: Shall this section carry? Carried.

Public Health and Children's Developmental Services

Total Public Health and Children's Developmental Services: 9,851,800.

Shall it carry? Carried.

Provincial Dental Program

Total Provincial Dental Programs:
2,823,800.

The hon. Leader of the Opposition.

Leader of the Opposition: Thank you, Chair.

I asked questions about this the other day and I think you actually brought this up, minister, it was about the coverage of seniors living in retirement homes and I'm wondering if there is anything in this budget that is actually specifically for that service.

Mr. Aylward: No, there is not. Well, we do have a dentist, a stand-alone dentist that does visit the homes. But the conversation I had with Dr. Joanne Stewart who you know quite well, she and some of her colleagues want to sit down and talk about a more fulsome program because, as I said, when seniors quite often go into long-term care their dental health is quite good. Their dentures are good and things like that, but she was explaining quite often patients that she is seeing, their dental health has deteriorated quite quickly. I want to have that conversation with her to see if they have a plan or an idea what that could look like potentially.

Chair: The hon. Leader of the Opposition.

Leader of the Opposition: Thank you, Chair.

When I was speaking with Dr. Albert, the public – head of public dental health here on the Island, we had a long conversation and in our party platform you were just talking about collaboration and minority governments what that would take and we fully costed what it would take to provide basic dental services for the many, many Islanders who don't have private coverage, but need basic dental and cannot afford even basic dental services and it was about 2 million dollars. Not a small amount of money but in a health care budget of 700 million, significant, but not something we couldn't contemplate.

I'm wondering, and I know it's not in this year's budget and I understand that, but I'm wondering whether you would consider the possibility of expanding those services too – and this is mostly for elderly Islanders – I have to say who are keeping their teeth longer than they used to and need that care but just cannot afford it on a fixed income.

Mr. Aylward: You are right. It impacts elderly but, you know what, we had a wonderful motion here on the floor today about convening a standing committee on poverty and people on low income, as you would well know, are very, very impacted with this as well. So, yes, it's something that I would definitely look to take back to the department and have some discussions around it.

Leader of the Opposition: I appreciate that. I am good.

Thank you, Chair.

Chair: Shall the section carry? Carried.

Home Care, Palliative and Geriatric Care

Total Home Care, Palliative and Geriatric Care: 23,781,800.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: We had talked about home care recently in Question Period, minister you might remember that and at that point I was asking about wound care and the cost of supplies to patients and you had mentioned there is a two-week supply provided for patients and it turns out that that's actually just for surgical patients, which is actually a small percentage of the people who are accessing home care services, particularly for wound care.

For those who are not surgical patients they don't receive the supplies that you described or any – you know, just very basic but most of the bandages and things they need on an ongoing basis are not covered.

Here's my problem with that, is that if someone is able to go into the hospital to receive that treatment they receive the bandages and saline and all the things they need – and some of the bandages, the

Mepilex – it's either Mepilex or Mepilex, I always get it wrong, but those bandages are \$25 each in some cases and they need several a week.

If you are a person who is able to, take yourself to the hospital or have someone take you regularly to get that done, however many times a week you need it, it's covered, but if you're someone – and this would be someone who is either economically disadvantaged and can't afford the regular visits to the hospital or don't have regular transportation, physically unable to go to the hospital that those wouldn't be covered.

So, I'm just wondering if that is something that you looked at and if you would consider covering supplies for home care patients.

Mr. Aylward: Hon. member, it's not something that we have in this year's budget but it's something we would consider moving forward and I am taking copious amounts of notes up here, but please put that on yours as well because, as you know, we are going to be getting together to debrief and have lots of conversations in the future.

Ms. Altass: Okay.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Just one more question.

Are palliative care services available to all Islanders regardless of where they live and in particular if someone is wishing to pass at home, if that's medically appropriate, can they do that anywhere on the Island?

Mr. Aylward: Well, our main palliative care facility is here in Charlottetown, of course. It's just an amazing facility with an incredible, incredible staff working there. We do have, I know, in the past we've provided palliative care service to individuals that are in long-term care.

Actually, I had a friend that went through that process at Andrews of Stratford.

Western Hospital has palliative care beds there, as well.

We do have a program in place where if people are at home via homecare and

palliative where we also have EMS technicians who have specialty training can go in and help with that. Because homecare isn't 24/7 seven days a week, but we can provide more readily-available services with specialty trained paramedics to go in as well in the evenings or the weekends as well.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

So just to clarify, so that service – that home service for palliative care is available everywhere across the Island to anybody, any Islander who's in that situation would be able to, if it's medically appropriate, be able to access that?

Mr. Aylward: Yes.

Ms. Altass: Yes? Okay.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you. Nothing.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: Island EMS services deliver quite a bit of service here. What's the grant for them? What's the annual grant for – or is it a contract?

Mr. Aylward: Give me a moment here.

Chair: Members, while they're looking for that response, I just want to remind you that we have very capable and willing pages who will take your drinks in and out of the chamber for you. So please use them.

Thank you.

Mr. Aylward: Okay, member, we're going to bring that back for you. Okay?

Mr. McNeilly: Okay, thank you.

Chair: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: I'm just wondering is home care available to anyone who needs it?

I'm wondering why there's no significant increase since we all know that good homecare keeps people out of long-care facilities like hospitals and stuff like that.

Mr. Aylward: Yes. So there's a variation level of professional service available at the five sites.

Quite often, what happens with home care is you'll get a referral, and the home care staff will go in and do an assessment at home to see exactly what services you may require. Again, depending upon the complexity of the individual and their needs, homecare will be based on that.

Chair: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: Well, I assume homecare includes homes that, for instance, if people live in the seniors home.

We had a resident of a senior's home coming into the office a couple of days ago, and she was complaining that they had a resident there that kept collapsing in the hallways. Here there were 70 and 80 year olds taking care of this person that clearly needed care, but yet they were explaining that it wasn't available to this person.

Mr. Aylward: So I think we're talking about two different programs here.

If you're referring to an individual, a senior that's in a senior home –

Mr. Hammarlund: Well whether a senior home or a private home, doesn't really matter. They live alone in a home.

Mr. Aylward: Right, right. So I mean we don't necessarily know how they are or where they are. I mean, we don't have cameras in everybody's homes to see what's happening.

So you would have to have some type of a referral to be able to access the homecare services to come in, but they're not going to be there for 24 hours a day, seven days a week.

They come in to check on you, and they do script checks to make sure that you're getting your proper prescriptions, and if

you're not maybe cognitive enough to be able to take your prescriptions, they'll recommend that they're bubble packed and things like that; that you're getting your meals. They're not going into your home to cook for you.

And they do a full report, a full assessment on your living conditions, on your cognitive behaviour, and at some point in time, unfortunately, if you're not able to live at home on your own or with some support from family, maybe there's a recommendation that needs to be made to transition to community care or long-term care.

Chair: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: So you're saying that for every individual out there, if they need some help but except for obviously full-time help, there's a homecare program that would look after them?

Mr. Aylward: In your referred to home care, we're not going to say no. We're going to do an assessment, right?

Mr. Hammarlund: Okay, thank you.

Mr. Aylward: Okay, thank you.

Chair: Shall the section carry? Carried.

Total Family and Community Medicine and Hospital Services West: 121,843,300.

Shall it carry? Carried.

Mental Health and Addictions Services.

Acute Mental Health.

Total Acute Mental Health: 21,815,300.

Ms. Bernard: Question.

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: The total overall funding has increased by a little under \$700,000.

How much funding is going towards improved health services at Prince County

Hospital and a new forensic unit at Hillsborough Hospital?

Mr. Aylward: So the Hillsborough Hospital wouldn't be in this budget right now.

Ms. Bernard: It's capital?

Ms. Bernard: Well, it is capital, yes. However we are doing some work around it. Forensic unit at the Hillsborough Hospital, well it's annualized as 340,300 under salaries.

But as far as like the replacement of the Hillsborough Hospital, that would obviously be capital.

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Do we know what percentage of practitioners have access to mental health records related to mental health?

I know when I was working in addictions and mental health there was a system, but I don't know how many people actually had access to that, because there didn't seem to be much continuity of care between the hospital and outpatient – not outpatient, but in-patient facilities like Mount Herbert and the hospital.

So what percentage of the mental health care professionals has access to the records that follow the patient, the clients, from place to place?

Mr. Aylward: Hon. member, I'd have to bring that back for you, because, I mean, we have different levels of whether it's a psychiatrist, psychologist, counsellor, primary physicians.

I'd have to be able to get that information and bring it back.

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Thank you, Chair.

That continuity of care is so crucial and I'd be curious to know what that it is so that we can try and look at making that better so that a client's not having – so clients are not able to advocate for themselves.

Mr. Aylward: 100% agree, totally.

Ms. Altass: Thank you, Chair.

Mr. Aylward: Thank you.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: I noticed in last year's budget there was no cost for transportation services for clients. It's new. It's \$13,200.

Are there being some transportation going from hospital to hospital or –

Kellie Hawes: You're looking in the grants for professional services?

Mr. McNeilly: Yes. Is that in the right section? It's on page 162.

So it was in the forecast, so yeah.

Kellie Hawes: So you can see the forecast, and the budget. So that transportation, that could be transportation for a client to go to a day program from the key facility or an appointment or that sort of thing.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: And so it's probably client specific then? So that'd be the –

Mr. Aylward: Yes, it would be, because it wasn't estimated in the original budget from last fiscal, but then it was added in, because obviously there was a need.

Mr. McNeilly: Exactly.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: And there seems to be a pest control service issue at the Hillsborough Hospital, \$4,500 – is that – do you guys know anything about that? Is that –

Mr. Aylward: I'd have to bring that back.

It could be anything, you know? I wouldn't even want to speculate what it could be.

Mr. McNeilly: No, my feeling is for maybe the people there and if there's a pest control

issue, I would like to know about it and maybe see about speeding up the new hospital.

Mr. Aylward: That's what we're doing.

Mr. McNeilly: Good.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: No further questions.

Chair: Shall this section carry? Carried.

Community Mental Health

Total Community Mental Health:
16,319,200.

The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: How many child and adolescent psychiatrists does the province currently have?

Mr. Aylward: You're not going to find physicians in community mental health. It would be in medical affairs.

Ms. Altass: Oh.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Okay, that's fine.

Thank you.

Chair: Shall this section carry?

Ms. Altass: Oh sorry, I meant that's fine on that part.

I do have another question.

Mr. Aylward: Do you know what? Hon. member, I will bring that to you though.

Ms. Altass: Okay, thank you.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: I'm wondering about treatment for eating disorders. I'm wondering how much money the government invests providing services related to this.

Mr. Aylward: That's something pretty specific that I would have to bring back as well. We wouldn't have that in our (Indistinct) –

Ms. Altass: Just very quickly, while you're looking into that, if you could look into if we – what programs we might provide around eating disorders related to adults that have eating disorders. I know we have the INSIGHT Program that offers services for youth. I'm just wondering if we have anything for adults and I'm not aware that we do, but (Indistinct) –

Mr. Aylward: Yeah, we'll bring that back for you.

Ms. Altass: Thank you.

Chair: The hon. Leader of the Opposition.

Leader of the Opposition: Thank you, Chair.

I know we won't see it this year, minister, but we've had many discussions and you have declared your support once more for Lennon House the other day, so when the funding does eventually come through for that which section will we see that in? Is that community mental health or addiction services, or where will it be?

Mr. Aylward: I would suspect, if it's in there, it probably would be under community mental health but it could be also housed in social development and housing too, right?

Chair: The hon. Leader of the Opposition.

Leader of the Opposition: I'm good, that's all.

Chair: Shall this section carry? Carried.

Addiction Services

Total Addiction Services: 12,908,700.

Shall this section carry?

The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Where's the 525,000 in grants under addiction services – where does it go?

Mr. Aylward: The 525,000 in grants?

Ms. Altass: 525,000 in grants – hopefully I’m looking at the right –

Mr. Aylward: Oh, that’s the community methadone program.

Ms. Altass: The what, sorry?

Mr. Aylward: The community methadone program.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you.

Mr. Aylward: Which has been an extremely successful program.

Ms. Altass: Oh great, okay. Wonderful.

According to the previous government’s mental health and addiction strategy, co-location of addiction treatment services with other health care services is essential to establishing a well-integrated addiction service system. I’m wondering how the funding in this budget will help increase this co-location, particularly in rural areas.

Mr. Aylward: I guess that comes back to some of the discussions I’ve been having here in the House with regards to providing health care in a different way here, in a much more collaborative manner, essentially, in a hub, where I’d like to see a primary physician teamed up with a mental health nurse practitioner, or an RN teamed up with a physiotherapist so that we can provide that core services in many other areas here on PEI, while all these individuals are supporting one another in that practice.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: I will just go back to something that I had mentioned earlier. That’s great to hear. I think that if I just started learning a little bit about this myself around doctor remuneration and that idea of blended capitation, and that actually is a model that would encourage that sort of a practice with a collaborative approach – so again, maybe this is just an area where you might want to consider reflecting on that piece as well, in

collaboration with the medical society and others who might be involved in those sorts of decision.

Mr. Aylward: Sure, of course.

Ms. Altass: But, there’s a direct link there (Indistinct) –

Mr. Aylward: Most definitely, yeah.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: I think that’s it for me (Indistinct) –

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Just a few questions here.

The methadone program is an amazing program and it has saved so many lives on Prince Edward Island. I’m wondering about the long-term plan, because obviously we don’t want people who are on methadone to be on methadone forever. We’re not sure of the effects on them and so I’m wondering if there’s any sort of thought to how we may support people in doing this.

Mr. Aylward: One of the things that I’m very happy to have been briefed on is – methadone has been very successful but they’re moving towards more and more with Suboxone, which is an easier program to wean off and to move away from when that individual is at that stage to be able to do so.

We don’t want to have individuals basically out there on methadone for the rest of their lives, so the individuals – the medical specialists that are prescribing methadone at this clinic, they’re very engaged with their clientele and it’s a very holistic approach that they’re taking around the treatment

I’ve heard, and as you have heard, as well, because you’ve talked about how great the program is, we’ve had amazing success stories and that’s the result of the medical professionals that are there and the service that they’re able to provide, and to slowly take people off methadone.

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Absolutely, thank you.

Another question I have is around fentanyl deaths. It's come to my attention that there have been – I'm not going to give a number. I was given a number, but I don't want to say that if it's not correct, but of fentanyl-related deaths on PEI – would it not be a good idea to not release names, obviously; keep it extremely confidential as possible, but to release the number of fentanyl deaths – I don't even want to say a year because I don't think that's preventative enough, but to release the numbers – I don't know – every month, every few months because I know there are a lot of people who don't even realize that fentanyl is on Prince Edward Island, but it is.

I feel we have a certain responsibility, and I know there's a fine line between confidentiality, but in order to protect Islanders I wonder if there's a way that we could look at that.

Mr. Aylward: Yeah, we can take that back and look. It is – it is a scary situation when you realize that you have fentanyl and carfentanil out there in your community and we have moved forward somewhat, but I think we have more work to do on the Naloxone kits and where they're at and the availability of those as well because they've been proven over and over and over again how effective they are in saving peoples' lives instantaneously.

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Thank you, Chair.

That's all.

Chair: Shall this section carry? Carried.

Total Mental Health and Addictions Services: 51,043,200.

Shall it carry? Carried.

Human Resources and Pharmacare

Human Resources

Total Human Resources: 5,401,400.

The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: The Medical Society of PEI has recently flagged that the mental health of mental health care professionals is a real problem area and I'm just wondering how much funding goes toward supporting our health care professionals in their mental health.

Mr. Aylward: Can I bring that back to you, hon. member?

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Yes, thank you.

Mr. Aylward: Thank you.

Chair: Did you have another question?

Ms. Altass: No.

Chair: Shall this section carry? Carried.

Pharmacare
Total Pharmacare: 39,440,100.

The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: Minister, I know our Premier is away and he's at national meetings.

Mr. Aylward: I wouldn't say that.

Mr. McNeilly: What?

Mr. Aylward: Oh no, it's okay. Go ahead.

Mr. McNeilly: Have you had any correspondence about the national pharmacare program from him at those meetings?

Mr. Aylward: I have not, but I have had discussions, a conference call and written correspondence back and forth with my counterparts in other jurisdictions across Canada with regards with a potential national pharmacare program.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: This is going to be a big year for it, and what is PEI doing to position itself with the potential look down the road to the future? What are we doing now to get ready for any potential programs or maybe make sure that we're bargaining from a strong position?

Mr. Aylward: Well, I'd have to say we are bargaining from a strong position, because we are a part of this great nation, and we're part of – one of the provinces that are advocating for this with the federal government.

We've got a very strong working group between the federal government, the provincial governments and the territorial governments, and I'm very optimistic that something very positive will happen with this program.

Mr. McNeilly: I guess our formulary, we don't have as much as some other places as we discussed in the past couple weeks.

I just would like to note that that's very important, that the deal, if there is one down the road, it needs to meet our needs of our Islanders.

Mr. Aylward: Yeah, no, for sure, and we need the assurances, too, that it's going to be not just funded for a couple of years, but it's going to be there for time to come.

Mr. McNeilly: Thank you, Minister.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

I'm noticing that government seems to have gone way over its estimated funding for high-cost drugs, almost \$5 million over, it appears. Why is that?

Kellie Hawes: A lot of rebates. Most of them are relating to (Indistinct) –

Mr. Aylward: Yeah. So, rebates?

Kellie Hawes: (Indistinct)

Mr. Aylward: But she's saying we went way over our cost.

Kellie Hawes: Yeah, so if you look at (Indistinct)

Mr. Aylward: Okay, yeah.

Kellie Hawes: (Indistinct)

Mr. Aylward: Hon. member, with regards to the overspend on the high-cost drugs, obviously it's a good thing that we're providing those high-cost drugs, and (Indistinct) through various programs such as the Catastrophic Drug Program, but it's offset quite a bit by rebates that we receive with regards to those drugs.

I think it's in the range of \$3.3 million, the rebate line.

Ms. Altass: So I guess, would that explain why this year's estimated budget is not up very far considering the huge gap in the estimate and forecast? It just doesn't seem like it's increased very much.

Mr. Aylward: I would say you're correct in that assumption.

Chair: The hon. Tyne Valley-Sherbrooke.

Ms. Altass: I'm just – actually, no, that's fine.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Thank you, Chair.

Both the minister and I – have advocated for support for ostomy supplies, and obviously this year is the first year of that program. Minister, I know there was a commitment for support for ostomy specifically in the budget address. Could you speak to what your intentions are with that program going forward?

Mr. Aylward: Yeah, certainly.

So we have in this budget \$420,000 for the ostomy supplies program, which I'm extremely happy about, but we do have, obviously, more work to do on it; and part of that process to get to that work will be consulting with the individuals that require that service.

I'll just read off a couple things. So under the program, eligible supplies include skin wafers, ostomy pouches, adhesive removers, skin barrier wipes, Stoma powder, Stoma paste, Stoma rings and ostomy belts.

Ms. Bell: So minister, currently the program provides up to \$2,400 a year per claimant and that is done on a reimbursement basis? Obviously, it's great to see this program up and running from nothing, and we also know that there are quite a number of ostomy patients in PEI. I think the current numbers are over 600. For many people dependent on ostomy, that funding is not sufficient. In fact, I know of at least four constituents who spend about 800 a month, so they would go through that obviously in three months.

The other thing, minister, as well, is where with some of the programs, like for instance the diabetes support program, where there is actually reimbursement provided up front, the reimbursement process can be challenging for those who are on a very limited cash flow with a small income.

Would there be a consideration to look at the actual delivery of the program as well as the financial scope of the program to better address the needs of ostomy who would prefer to try and be getting their products directly rather than being reimbursed?

Mr. Aylward: We could take a look at it, hon. Member, for sure. It's interesting that the number that you quote there with regards to how many Islanders with this – I think we have 159 currently registered that are taking advantage of this program; so obviously there might be more out there that don't know about the program.

Ms. Bell: Minister, again, this is perhaps something we can talk about offline, but I've been working with the peer support group, and they have listed that many on their mailing list. So I think the combination of potential education – there's a risk, obviously with education that you're going to get more applicants, but that's a good thing in terms of ensuring people have access to services.

We had over 100 people come out just for the walk –

Mr. Aylward: Oh, yeah, true, true.

Ms. Bell: – so there are a significant number of ostomies in PEI –

Mr. Aylward: But not all of those people who come out for the walk –

Ms. Bell: No, exactly. I was walking.

Mr. Aylward: I was walking.

Ms. Bell: Yeah, so –

Mr. Aylward: A lot of family members were walking.

Ms. Bell: Exactly.

But Minister, I do think, with the people that I do know directly who I've spoken to, those two pieces of this would be something certainly that would be worth discussing further about how we can better provide service to this aspect of the clientele.

Mr. Aylward: Sure.

Ms. Bell: Thank you, Minister.

Chair: Shall the section carry? Carried.

Total Human Resources and Pharmacare: 44,841,500.

Shall it carry? Carried.

Professional Practice, Quality and Patient Experience

Nursing, Allied Health and Patient Experience

Total Nursing, Allied Health and Patient Experience: 517,900.

Ms. Altass: Question.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: The previous government's provincial nursing strategy sets a target of full-time, part-time nurse ratio at 60-40. So how close are we right now to that ratio?

Mr. Aylward: Hon. member, I'd have to bring that information back for you. I don't have that in front of me.

Ms. Altass: One more question: I know that you've spoken with Mona O'Shea and the nurse's union, and one of the things that they had mentioned to me, and they probably mentioned it to you as well, is the need for mentorship with new nurses coming into the system and providing resources for more of a mentorship model.

I wonder if there's any funding available and if it would fit under this section for that sort of provision.

Mr. Aylward: There's nothing set aside in this budget, but it doesn't mean that it's not something that we wouldn't look at. Mentorship in anything is very important.

Ms. Altass: Exactly, and I'll just add that I know we've mentioned the importance of retention as well, so that would be a key factor in retaining nurses (Indistinct) having strong mentorship supports early on, because it's a very high-stress job, it's a hard job, and having those supports early would help us retain those nurses longer. That's all I'll say on that.

Chair: The hon. Member from Charlottetown- Brighton.

Mr. Hammarlund: Permit me for being a little bit out of the section here, but I'd like to ask a question that goes back a little bit. I was a bit stunned to hear that CDAC and SRDC have moved into the health department, although it probably makes sense.

Some Hon. Members: (Indistinct)

Mr. Hammarlund: They are sort of –

Chair: Yeah, that's not – sorry, hon. member –

Mr. Hammarlund: I just have a short request.

Chair: That's a totally different department.

This is Health PEI. That was health and wellness.

Mr. Hammarlund: But isn't this the minister?

Chair: This is health and wellness that we're doing right now – or sorry, Health PEI. We did health and wellness this afternoon.

Mr. Hammarlund: I'm not really opening –

Chair: Do you want to entertain this question?

Mr. Aylward: I would be more than happy to have a conversation with him afterwards.

Mr. Hammarlund: Okay, that would be fine.

Chair: Shall the section carry?

Mr. Aylward: Sorry, Chair, just for a quick second, there is an 80/20 mentorship program available, I've just been advised, so there is some mentorship availability.

Ms. Altass: Okay, well we can maybe have a conversation about that after, because I would suggest from what I've been told that if there is, then it's not sufficient at this point, so we should (Indistinct) –

Mr. Aylward: Yeah, and perhaps it's another one of those things where people just aren't aware that's available.

Ms. Altass: Maybe, I don't know.

Thank you.

Chair: Shall the section carry? Carried.

Quality and Safety:

Total Quality and Safety: 1,614,500.

Shall the section carry? Carried.

Total Professional Practice, Quality and Patient Experience: 2,132,400.

Shall it carry? Carried.

Total Health PEI: 714,693,000.

Shall it carry? Carried.

Some Hon. Members: Hear, hear!

Mr. Aylward: Thank you for your excellent questions. I appreciate it.

Thank you, Chair.

Chair: You're welcome.

All right hon. members, we are moving on to the Department of Justice and Public Safety and the Attorney General. We will begin on page 112.

Do you want to bring a stranger on the floor?

Mr. Thompson: Yes I do.

Chair: Okay request has been made to bring a stranger onto the floor, is it granted?

Granted.

Do you have an opening statement or (Indistinct) –

Mr. Fox: Chair, could we go page by page?

Chair: We'll do the total of each section as we move along.

Mr. Thompson: I do have an opening statement.

Chair: Could you please state your name and title for Hansard please?

Michele Koughan: Michele Koughan, acting director of finance and corporate services.

Chair: Thank you very much, Michele.

So we will begin once the minister is ready with an opening statement.

Mr. Thompson: Thank you, Chair.

I'd like to provide a few remarks, an overview of the department of Justice and Public Safety. To begin, we're reviewing the estimates.

All Islanders deserve to live in healthy and safe community and deserve to live in a place to reach their fullest potential. The department has both upstream and front-line roles in making this happen. A common goal in ensuring the justice system is fair, accessible and efficient as possible to provide our province with the safest it can

be. To do this, we have close to 500 public servants in seven divisions to offer this goal.

Chair: Thank you.

Minister's/Deputy Minister's Office.

Total Minister's/Deputy Minister's Office: 367,700.

Chair: The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Chair.

I was looking for your departments annual reports and the most recent I can find is the report for the 2013-2014. Is that the last time your department has published an annual report?

Mr. Thompson: I'll have to bring that back.

Chair: The hon. Member from Summerside-Wilmot.

Ms. Lund: Could you just confirm that if that's the last time you published one, if you're working to bring up that backlog?

Mr. Thompson: I'll have to get back to you.

Chair: The hon. Member from Summerside-Wilmot.

Ms. Lund: I'm good, Chair.

Chair: Shall it carry? Carried.

Total Minister's/Deputy Minister's Office: 367,700.

Shall it carry? Carried.

Consumer, Corporate and Financial Services.

Total Corporate Services: 1,158,000.

Chair: Shall it carry? Carried.

Vital Statistics

Total Vital Statistics: 320,500.

The hon. Member from Summerside-Wilmot.

Ms. Lund: How much discussion has there been on providing the option of a third gender neutral designation on vital statistics paperwork and documentation?

Mr. Thompson: Sorry, I had a hard time hearing that.

Chair: The hon. Member from Summerside-Wilmot can you repeat your question.

Ms. Lund: Sorry, let me move this down a little bit.

I'm just wondering if there's been much discussion on adding a third gender neutral designation on vital statistics paperwork.

Mr. Thompson: Not in any discussions I've had yet, but it will be priority.

Chair: The hon. Member from Summerside-Wilmot.

Ms. Lund: Is that something the government will be working on, did you say?

Mr. Thompson: Yes.

Chair: Shall the section carry? Carried.

Total Customer, Corporate and Financial Services: 1,478,500.

Shall it carry? Carried.

Legal and Policy Services.

Total Justice Policy and Access and Privacy Services Office: 1,474,200.

The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Chair.

Can you explain the increase in funding in this division?

Mr. Thompson: The professional services, 100,000, was for the police review.

Ms. Lund: Okay.

Mr. Thompson: And it's just about ready to be presented.

Chair: The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Chair.

Are there any plans to increase funding for access and privacy services office?

Mr. Thompson: Increase funding for –

Ms. Lund: The access and privacy services office.

Mr. Thompson: Not in this budget, no.
Chair: Summerside-Wilmot.

Chair: The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Chair.

Can you explain the quarter million dollars for professional services?

Mr. Thompson: Yes, we can. One second.

5,000 for a consultant. 100,000 for legal, and 150 for miscellaneous.

Chair: The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Chair.

There are two items listed as operating grants, one for about 471,000 and one for about 108,000 respectively.

Can I just get a little bit of clarification on that?

Mr. Thompson: Triple P, that's the description that I have. Okay that's the parenting between the three departments; justice, health and education.

Chair: The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Chair.

In your platform you said that you would eliminate the \$5 fee to make a FOIPP request and the Green Party also made a similar recommendation in a submission to the FOIPP consultation that happened last year.

Can you tell me if you plan to act on that?

Mr. Thompson: We're in discussions on that, and it is on our agenda.

Chair: The hon. Member from Summerside-Wilmot.

Ms. Lund: How many complaints does the human rights commission work through each year?

Mr. Thompson: We do have the stats; we'll have to bring those back.

Chair: The hon. Member from Summerside-Wilmot.

Ms. Lund: And while you're looking at that, would you be able to let me know if the funding level is adequate based on the amount of complaints you get.

Mr. Thompson: Yes.

Chair: Shall it carry? Carried.

Legal Services and Legislative Counsel.

Total Legal Services and Legislative Counsel: 2,358,800.

The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: I'm just wondering if you could explain the salary increase here?

Mr. Thompson: We moved a legal officer from a different section.

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Lund: No I'm good now, Chair, thank you.

Chair: Shall the section carry? Carried.

Total Legal and Policy Services: 3,833,000.

Shall it carry? Carried.

Public Safety and Policing

Public Safety

Total Public Safety: 23,309,000.

The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Chair.

Can you explain the \$500,000 increase in grants?

Mr. Thompson: That's policing services for additional front-line officers.

Chair: The hon. Member from Summerside-Wilmot.

Ms. Lund: Would the pager system replacement for firefighters fall under this section?

Mr. Thompson: Well, the fire marshal's payment to the workers, it's just salary for this, so no.

Ms. Lund: No?

Thank you very much.

Chair: Shall the section carry? Carried.

Conservation

Total conservation: 673,800.

Shall it carry? Carried.

Provincial Coroner Services

Total Provincial Coroner Services: 580,000

The hon. Member from Charlottetown-Belvedere.

Ms. Bell: There's been a long standing issue with a lack of coroners, especially in rural areas of the province. Has there been any progress on addressing this? Because it looks like status quo.

Mr. Thompson: I believe we just hired a new chief coroner, and we still have a position for at least a part-time one in west prince.

Ms. Bell: Okay, that's good.

Thank you.

Chair: The hon. Member from Cornwall-Meadowbank.

Mr. MacDonald: If I could, Mr. Chair, go back to the conversation – conservation, I’ve got a peppermint my mouth, excuse me. If that’s okay?

Chair: Yeah.

Mr. MacDonald: Just curious, after the latest court hearings on the driving of Docherty potato farm. Has there any review of this whole process and how it transpired and how we can work with farmers, as you being a farmer, of somehow this may have been avoided or got knocked off to this point?

Mr. Thompson: This week, we had a lengthy discussion on that, and we are going to review this department. Thank you.

Chair: Shall the section carry? Carried.

Total Public Safety and Policing;
24,526,800.

Shall it carry? Carried.

Legal Aid

Total Legal Aid: 1,964,500.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Thank you, Chair.

It’s good to see a salary bump in legal aid. Will this be used to hire an additional legal aid lawyer?

Mr. Thompson: Legal aid has nine full-time. There’s nothing budgeted for new legal aid now.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Okay, so the salary adjustment is just a regular –

Mr. Thompson: Yeah, it’s just the benefit changes basically.

Ms. Bell: That’s disappointing.

Another question, please.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Is there any consideration within this section to provide additional funding to CLIA, the Community Legal Information Association, especially given the reliance of government as well as the public on the referral services, the advocacy and the education that that organization provides?

Mr. Thompson: That probably – that wouldn’t be under this section. It would be probably in the policy section we would discuss that.

Ms. Bell: Forgive me, minister, for being in the wrong section, but I will take this opportunity to advocate strongly for that to be considered. They have not had a funding increase in 15 years. It would be very good to do so.

Mr. Thompson: We’ll take that back, thank you.

Ms. Bell: Thank you, minister.

Chair: Shall this section carry? Carried.

Total Legal Aid: 1,964,500.

Shall it carry? Carried.

Crown Attorneys

Total Crown Attorneys: 1,485,000.

The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Thank you, Chair.

Minister, it’s been a year since the new position was created to prosecute sex crimes and offenses involving children. Could you give us a quick update on their work so far?

Mr. Thompson: I’ll have to bring that back.

Ms. Bell: Okay, thank you.

Chair: Shall this section carry? Carried.

Total Crown Attorneys: 1,485,000.

Shall it carry? Carried.

Community and Correctional Services

Division Management

Total Division Management: 1,100,600.

Shall it carry? Carried.

Adult Correctional Centres

Total Adult Correctional Centres: 9,058,700.

The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: I'm just going to take this opportunity to throw an idea out there. When I was doing work at the addiction facility, of course my eyes were opened to a lot of different things. I also had an opportunity to go spend some time in one of our correctional facilities and what they noticed is that a lot of people use correctional facilities as a place to live.

So, they're either doing things so that they can have food and a warm place to live, so obviously, we would benefit from having some sort of social programming. I know there's a teacher in Sleepy Hollow, but looking at –

Mr. Thompson: Avery good teacher.

Ms. Bernard: Yeah.

Mr. Thompson: She's amazing.

Ms. Bernard: She is amazing – and looking at life skills stuff, supporting people, that sort of things. So, rehabilitation services, basically – just throwing that idea out there when I was talking yesterday about PEI leading – I think that's another way that we could in looking at the social determinants of health and wellness.

Mr. Thompson: We totally are and Karen MacDonald's group with correctional services are doing an amazing job. Right now we have a youth facility that only has one youth in it – one youth, that's amazing.

Along with restorative justice, we're starting to work on that. We just had a conference here my first day on the job, actually, a

restorative justice and it's amazing what this group is doing, and they are focused on rehabilitation, I assure you that. They are striving higher and higher every time.

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: That's great, thank you.

Chair: The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Chair.

Just one quick question – I heard you mention restorative justice and I'm excited about that, minister. I think that's fantastic. There's actually a facility in Summerside, the Summerside Youth Centre, and I've heard a lot of people talking about the prospect of potentially offering some restorative justice programs in there.

Is that something your department has looked at?

Mr. Thompson: We are. We currently are. That's where we started – this restorative justice is in the youth.

Ms. Lund: It's in the youth.

Mr. Thompson: We're finding great success with it and we're hoping to – we're making it a made-in-PEI system and we're slowly integrating it into all our systems. It's amazing

Chair: The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Chair.

That's fantastic to hear, minister.

Just to clarify, did you say you're starting that program in the Summerside centre or you're starting it with youth?

Mr. Thompson: With youth, but it's already working in the Summerside –

Ms. Lund: I'm happy to hear that.

Mr. Thompson: It's at the correctional centre – the PEI correctional –

Ms. Lund: Yes.

Mr. Thompson: Yes.

Ms. Lund: Thank you very much.

Chair: Shall this section carry? Carried.

Probation Services

Total Probation Services: 1,399,700.

Shall it carry? Carried.

Youth Justice Services

Total Youth Justice Services: 2,598,800.

The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: I think early interventions are so important, so I'm really thrilled to see that there's an increase in salaries for this section. I was just wondering if you could tell me a bit about how that money is being spent.

Mr. Thompson: Eight new school outreach workers and we're pretty excited about that.

Ms. Altass: Wow.

Mr. Thompson: We're finding that's our best bang for our dollar right now and we're excited that we have eight new ones starting. We're looking for eight new ones.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Some Hon. Members: Hear, hear!

Ms. Altass: That's very exciting.

What kind of qualifications will these youth outreach workers have?

Mr. Thompson: Actually, I asked that today.

It's a Holland College program that they can take for social services kind of program, so they do need some experience so that's the drawback.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: No, that's fine.

Chair: Shall this section carry? Carried.

Summerside Youth Centre

Total Summerside Youth Centre: 2,882,200.

Shall it carry?

The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: I'm just wondering how many young offenders were in custody over the past year in Prince Edward Island?

Mr. Thompson: Do we have that number? 29.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you.

Is the Summerside Youth Centre – is that the only place where our youth are held in custody on Prince Edward Island?

Mr. Thompson: Yes, and I want everyone to stroke out Summerside there. It should say PEI Youth Centre.

Ms. Altass: Okay.

I was not offended by that.

Mr. Thompson: Actually, Karen MacDonald is offended by that so she points that out every time people call is the Summerside youth centre – it should be PEI.

Ms. Altass: All right, the PEI Youth Centre located in Summerside. Got it.

One last question.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: I'm wondering, has there been any consideration of incorporating some other treatment services, like perhaps an addiction treatment centre at that same location just because, as you know I've mentioned this before, I was a child and youth worker in a past life, I guess, and I'm

really – years ago – and I worked in a facility in Ontario for a while that we had multiple services in the same location and it was such a benefit.

It seems like this centre is a prime location for incorporating different types of treatment. Staff can support each other. Youth could benefit from different services.

Mr. Thompson: Half of the facility now is – just over the last few years – has gone to Health PEI.

Ms. Altass: Is there addictions treatment there?

Mr. Thompson: Youth addictions.

Ms. Altass: Wonderful, okay perfect.

Thank you.

Chair: Shall this section carry? Carried. Victim Services

Total Victim Services: 989,500.

The hon. Leader of the Opposition.

Leader of the Opposition: Thank you, Chair.

Earlier in this sitting we passed legislation that allows judges some discretion around victim surcharges and I'm wondering whether that will have any impact on victim services, or if they're entirely separate things.

Mr. Thompson: Yeah, it's really undetermined yet how it's going to affect us. We can't really determine if the revenues are going to drop because it's still up to the judges. They could still put that victim surcharge on there.

Chair: The hon. Leader of the Opposition.

Leader of the Opposition: So if revenues do drop, then that would indeed have an impact?

Mr. Thompson: Yeah.

Chair: The hon. Leader of the Opposition.

Shall this section carry?

Leader of the Opposition: Sorry, he's just getting some (Indistinct) –

Chair: Oh, sorry.

Mr. Thompson: Just on the revenues part, but –

Leader of the Opposition: Not on the services provided?

Michele Koughan: Services will be maintained.

Leader of the Opposition: I'm good.

Thank you, Chair.

Chair: Shall it carry? Carried.

Clinical Services

Total Clinical Services: 909,800.
Shall it carry? Carried.

Total Community and Correctional Services: 18,939,300.

Shall it carry? Carried.

Family Law and Court Services

Division Management

Total Division Management: 907,300.

Shall it carry?

The hon. Member from Mermaid-Stratford.

Ms. Beaton: Thanks, Chair.

Can you explain why the salaries took such a jump?

Mr. Thompson: That's to budget a new child lawyer.

Ms. Beaton: Oh, that's where the new child lawyer is?

Mr. Thompson: Yeah, and a financial (Indistinct)

Some Hon. Members: (Indistinct)

Unidentified Voice: You guys have any questions on that?

Ms. Beaton: I'm good.

Some Hon. Members: (Indistinct)

Chair: Shall the section carry?

Mr. Thompson: You want to talk about the child lawyer?

Ms. Beaton: Just one second.

Unidentified Voice: She's a wonderful person.

Ms. Beaton: Could you explain a little more because that's a well-paid lawyer?

Mr. Thompson: It's a financial analyst, too.

Ms. Beaton: Okay.

Mr. Thompson: And it's her office and two admins.

Ms. Beaton: So sorry, do that again for me, two admins and a lawyer?

Mr. Thompson: A lawyer, a financial analyst and two professional office admin support.

Ms. Beaton: Okay, so three additional on top of the lawyer.

Mr. Thompson: Yes.

Ms. Beaton: Okay. No, I'm good, thank you.

Chair: Are you all ready now?

Some Hon. Members: [Laughter]

Chair: Shall it carry? Carried.

Office of the Public Trustee and Official Public Guardian

Total Office of the Public Trustee and Official Public Guardian: 624,000.

Shall it carry? Carried.

Family Law

Total Family Law: 1,304,900.

Shall it carry? Carried.

Court and Sheriff Services

Total Court and Sheriff Services: 3,451,800.

Shall it carry? Carried.

Provincial Court Judges

Total Provincial Court Judges: 923,200.

Shall it carry? Carried.

Total Family Law and Court Services: 7,211,200.

Shall it carry? Carried.

Total Department of Justice and Public Safety and Attorney General: 59,842,000.

Shall it carry? Carried.

Some Hon. Members: Hear, hear!

Mr. Thompson: Was that the record so far?

Some Hon. Members: [Laughter]

Some Hon. Members: (Indistinct)

Chair: Now, I don't have anyone on my list.

Some Hon. Members: (Indistinct)

Chair: Hello, Minister.

Mr. Hudson: (Indistinct)

Chair: Do you have a stranger to bring to the floor?

Mr. Hudson: I have a stranger.

Chair: Do you have an opening statement?

Mr. Hudson: Yes, I do.

Chair: A request has been made to bring a stranger to the floor.

Some Hon. Members: Granted.

Chair: Thank you.

Hon. Members, we're starting with the Department of Social Development and Housing on page 124.

Would you please state your name and title for Hansard, please?

Lane Pineau: Yes. Lane Pineau, Director of Finance.

Chair: Thank you very much.

So, Minister, are you ready for an opening statement?

Mr. Hudson: Yes, I am, Mr. Chair.

Thank you.

Chair: You're welcome.

Mr. Hudson: It is a great honour to sit here this evening to present the Department of Social Development and Housing's operational budget for 2019-20. I want to first recognize the great staff we have in the department. They have done the heavy lifting of ensuring that the programs and services provided for Islanders are helping to create positive and impactful changes.

I believe the budget we are presenting today, not only builds upon past success, but addresses the present challenges and helps form a brighter future for Islanders. This budget is a reflection of government's commitment in making major investments in the people of this province, and sees a 9% increase over the fiscal 2018-2019 budget.

Our government's first Speech From the Throne outlined a long-term vision to making life better for all people. Budget 2019-20 sets the ground work for this success. An additional 11.3 million has been allocated this year to address social development. This includes 4.7 million to address poverty reduction, and accessibility supports for Islanders, and it also includes funding of 225,000 in this fiscal year for the secure income program pilot, which will roll out in January of 2020.

Other initiatives planned this year include the launch of 211 information and referral phone line, which will help Islanders connect to community and social services,

and the implementation of the children social inclusion program.

Every Islander deserves to feel safe and secure and have a roof over their head. This budget reflects a commitment to affordable housing. Already, over 500 affordable units across PEI have been initiated through the Housing Action Plan. Additionally, over 600 new rent supplement agreements have been created.

One of the first announcements I had the pleasure of participating in was additional funding to support Bedford MacDonald House, and we have recently extended our partnership with Blooming House. My department is currently finalizing a community needs assessment to better understand and address temporary housing and its underlying causes. The budget commits 100,000 annually to support a shelter for women in the province.

We recognize the role the community plays in supporting Islanders in need, and this budget sees an increase across the board for NGOs providing residential programming.

As well, you will see a significant increase in operational funding for the PEI Rape and Sexual Assault Centre, to support their increased programming.

With that, I welcome questions from this Legislative Assembly.

Thank you, Chair.

Chair: Thank you, minister.

Housing Services

Total Housing Services: 22,737,800.

Leader of the Opposition.

Leader of the Opposition: Thank you.

Just to confirm that this is where we'll find the housing hub which was part of the housing plan? Is that where we'll find this budgeted?

Mr. Hudson: (Indistinct)

Leader of the Opposition: So where will we see the salary for the housing advisor? Is that also in this section?

Mr. Hudson: For the housing advisor? I'm sorry, leader –

Leader of the Opposition: Yeah, the salary for the housing advisor, housing –

Lane Pineau: Housing navigator?

Leader of the Opposition: Clifford Lee's position.

Mr. Hudson: No, that's under Transportation, Infrastructure and Energy.

Leader of the Opposition: Okay. The housing navigator, that is, I'd assume here, that's located in (Indistinct) I think, so that would be – is that allocated from this department?

Lane Pineau: It's a position within the department. It's within that division. So basically, it works with complex cases, works with housing clients to connect them with other services, whether within government or outside of government.

Leader of the Opposition: There was a commitment to increase the rental subsidies, and I see the grants here have only gone up by – oh, less than a million dollars, actually. Is that where we will see those rental subsidies or are they budgeted somewhere else?

Mr. Hudson: No, you're correct, Leader of the Opposition. They are, the rent supplements are under the grants portion and under that portion of the 14,537,700 that is showing in grants under this section. There is 6,570,000 of that that is in rent supplements.

Chair: Leader of the Opposition?

Leader of the Opposition: I'm good for now.

Thank you, Chair.

Chair: Shall the section carry?

Ms. Bell: (Indistinct)

Chair: Pardon me?

The hon. Member from Charlottetown-Belvedere.

Ms. Bell: I don't know if I might have missed this – I was late coming back in – but did we ask about where the tenant outreach worker is located? No? That was also a commitment in the housing plan, the tenant outreach worker. Has that been allocated yet?

Lane Pineau: Within this plan, we have a housing liaison officer, housing navigator, and manager and program analysts associated with the Housing Action Plan, and we have three housing officers that were added to assist with the rent supplements.

Ms. Bell: Okay, there was also a commitment for a tenant outreach worker to help connect current social housing tenants to services if they need additional supports to remain independent. Is that a different –

Lane Pineau: That would be the housing liaisons.

Ms. Bell: Housing liaison? Okay, that's super.

Thank you.

Chair: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: Was it 1,000 affordable units that were promised in the – are they planned for in – are they in this program here and if so, where?

Mr. Hudson: Thank you, Mr. Chair.

There were 500 units that have commenced, additional 600 rent supplements that I had mentioned in my opening comments, and yes, Lane, maybe if you could just expand on that, on the additional ones.

Lane Pineau: Yes, so it's 500, and it's 500 new units basically being developed, and the over 600 rent supplements. That ties into those targets.

Chair: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: So are those 500 units being developed by the province, or are you relying on private developers and non-profits to do it?

Mr. Hudson: It would be a combination of all three actually, hon. member.

Mr. Hammarlund: So we just –

Chair: Just one moment, do you have something else to add?

Lane Pineau: No, sorry I was going to say that there's also some housing developments within our capital budget that we'll see in the fall.

Chair: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: So we just committed to meeting sustainability goals some of which come into effect in about 10 years. Do these new structures, whoever builds them, in any way meet those goals?

Mr. Hudson: Well, that's an excellent question member.

Right now when you look at the total number that is on the housing registry, it is, I believe as of the end of June, over a 1,000, 1,020 or in that vicinity.

Will this help to address it? Without a doubt. Do we need to do more? Yes.

I think it's one of the things, too, when we looked at the grants in the portion of the grants that is being allocated to rent supplements that that is over the short time period anyway – in my opinion and certainly Lane jump in here – but the most rapid way, if you like, of being able to help out these individuals that are on the housing registry.

Chair: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: Okay, I appreciate that and I think these are actually very impressive numbers.

My question was actually whether the buildings that get built as a result of whether it's rent subsidy or capital grants, do they in any – these buildings – do they in any way

meet the sustainability goals that we just passed the bill earlier today?

Mr. Hudson: So you're saying – No, I'm sorry. You go, hon. member.

Mr. Hammarlund: Whether in terms of carbon emission, which is we're trying to be carbon-neutral in 30 years. Presumably these buildings will be around in 100 years.

Mr. Hudson: Yes, and thank you for the question, member.

They would have to – any builds whether they're government builds, whether they're private, whether they're in the for not-for-profit sector, some of our NGOs that have these like Community Connections, Community Inclusions, but all of them would have to meet, if I did understand your question correctly, they would all have to meet environmental regulations, they would have to meet building standards, building codes, and so on.

Chair: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: No, you didn't quite understand it.

The building codes haven't really changed for 50 years.

Mr. Hudson: No, but they are in the process.

Mr. Hammarlund: But our goals to reduce carbon emissions, basically making buildings carbon-neutral in 30 years, which basically means that they don't require any input of energy they make it themselves.

We have to achieve that in 30 years, and it doesn't really have anything to do with building codes. It has to do with good design and some very thoughtful investment.

Mr. Hudson: Well again, thank you, and we will bring – if it's sort of (Indistinct) member, we can bring back as much information as we can provide you with on that.

Chair: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: Thank you.

Chair: You're welcome.

The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Thank you, Chair.

Minister, regarding the funding under grants, community grants, the Bedford MacDonald House, can you advise why the decision was made – we got the giggles – why the decision was made to move the contract for the emergency shelter line to Bedford MacDonald House from Family Violence Prevention Services?

Mr. Hudson: That was a decision.

I think it's a good one moving forward. As I understand it, information briefings from my department, member, that Salvation Army that they do have experience, expertise, if you like, in the delivery of such services.

I'd look as well, that the service that they are providing at Bedford MacDonald House with regard to a men's shelter, it sort of fits in with that whole program of providing short-term housing when necessary for those who are in need.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Thank you, minister.

Just to clarify, Family Violence Prevention Services actually manages Anderson House and the associated shelters for women. So they also have expertise in providing that service for the same period of time that Bedford MacDonald House has been providing services.

Could you please advise how much of the \$343,200 is operational funding for the house, how much is for the shelter line?

Mr. Hudson: Okay, I will bring back the exact breakdown on those two figures and those two amounts here member.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Where does the funding appear for the actual provision of emergency shelters when people call that emergency number and they're put up at, like for instance, a motel, where is that funding appearing in the budget?

Mr. Hudson: It would be under grants.

Ms. Bell: Under grants?

Mr. Hudson: Yes.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Okay, under grants there was \$3 million allocated for the Canadian Mental Health Association in 2018/19, and there's zero allocation in 2019/20. Could you advise what happened there? Was it a completion of a project?

Lane Pineau: Yes, so currently there's a \$6 million community housing fund that's with CMHA, and basically, it's a partnership arrangement. We just have a – it's comprised of a committee representing government representatives, representatives from CMHA and community representatives.

It's just another opportunity for CMHA to participate in assisting organizations whether it be non-profit, for the most part in developing housing.

Ms. Bell: Okay.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: So CMHA is a non-profit organization though, they're not government. They are a non-profit organization themselves, so were they given control of the \$3 million fund? Is that – Because if there's a \$3 million fund their allocation in 2018/19 and there's nothing in 2019/20, so I guess it's – did they have \$3 million, and if they do, why don't they have any this year if they're still managing housing developments?

Lane Pineau: They are administrating the fund right now.

Ms. Bell: Okay.

Lane Pineau: There's been nothing dispersed related to that fund at this point. The committee has just been formed. Going forward there will be development proposals going through that avenue, as well.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Thank you.

So will we be able to start finding out what the sort of objectives and measurable are on that fund, because it's a significant amount of money?

It's more money than you're putting in rental subsidies, a lot more. For that kind of money, it would be great to find out sort of what you're expecting to see as a return, and how there's accountability with that kind of money being given to another organization to manage.

So, minister, if you could provide that that would be very much appreciated.

Mr. Hudson: Certainly will, member.

Ms. Bell: Okay, another one.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Regarding Blooming House, we had a couple of different messages around Blooming House because we had specifically sought funding for Blooming House in terms of the provision of a women's shelter equivalent to a men's shelter in Charlottetown. We know that that doesn't meet the needs outside Charlottetown but it's a start.

At the beginning of this year they had a \$60,000 contract which expired which has been renewed we've been told they would get operational funding. What we're seeing in the budget is a \$60,000 contract the same as the existing one which will only work for six months.

Could you advise why they weren't given operational funding equivalent to that given to Bedford McDonald House?

Mr. Hudson: With regard to Blooming House, you're absolutely right that there was

\$60,000 that was budgeted there. With the community needs assessment that is being carried out presently, the funding is extended to Blooming House until such time that the community needs assessment is completed and in hands of our department, have an opportunity to review that. There is \$100,000 over and above the 60,300 that is stated in here that will go towards a women's shelter –

Ms. Bell: Where is that stated, minister?

Mr. Hudson: It's within the 14,537,000.

Chair: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: That's a bit more encouraging minister because obviously with the information we've been given that was not clear.

I know the Minister of Finance when we had the briefing was quite clear there was not a specific allocation for operational funding to Blooming House at this time and that doesn't necessarily give me confidence that that money is allocated.

I am concerned, minister, that you feel the need to do a needs assessment for women's homelessness in Charlottetown. I'm not quite sure whether you think they're going to find housing between now and six months when you have committed to long term funding for the equivalent of a men's shelter it's really concerning that this situation is not being taken seriously.

You have a community can group who have come forward on their own effort and created their own nonprofit organization and fundraised raised thousands of dollars to make this happen. On the other hand you've got the Salvation Army who are a great organization who have just managed to get, quite comfortable funding they're not fundraising to keep that shelter open and this organization is asking every month for toilet paper. I'm really as you can tell I am really upset about this –

Mr. Hudson: I can appreciate it.

Ms. Bell: – because I don't understand why we continually have to sit here and actually demonstrate that there is a need for women

in PEI, in Charlottetown, to have somewhere safe to sleep at night.

Some Hon. Members: Hear, hear!

Ms. Bell: So I would strongly recommend, minister, that that needs assessment be damned and you get on with getting funding for this shelter. You do not need to assess the need for this. There has been a need forever and continue to be a need and when women are having to sleep in bank lobbies and go and sleep on friend's couches and have a risk of being sexually assaulted because they don't have anywhere safe to go, we do not need to assess the need we need to fund it.

Please fund it.

Some Hon. Members: Hear, hear!

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: Yeah minister, I would I just want to ask a couple of questions. Have you read the budget handout book?

Mr. Hudson: I have looked through my department's end of it, yes.

Mr. McNeilly: Okay.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. Myers: You didn't ask me that.

[Laughter]

Mr. Henderson: He knew it off by heart.

Mr. McNeilly: Because I think there are 16 pages in here and going through this, I think some of the questions that we're hearing today, the information isn't in here. Are you happy with the information that you provided in here?

Mr. Hudson: Well, as I understand it, this is the first time and some feel free once I have my colleagues that have been here to intervene previously, but this is the first time that even that amount of information would have been given to opposition members or third party members that far in advance of a budget being brought to the floor.

Chair: The hon. Member from Charlottetown-West Royalty.

Mr. McNeilly: It's much appreciated it's my first time and I'm going through the book.

Mr. Hudson: I hear you loud and clear, we're in this boat together big time.

Mr. McNeilly: Yeah I'm going through the book and seeing other departments and their information is there. So maybe I would recommend with a new department that is so incredibly crucially important for Charlottetown, for Prince Edward Island, for all three counties, the information just is not here.

Mr. Hudson: Okay.

Mr. McNeilly: We don't know what is going on with this department and I would like to get that on record first of all and then maybe make sure that we get some order charts back with this new department and figure out who is staffing, where it's going – I'm requesting it right now because I'm new.

An Hon. Member: (Indistinct)

Mr. McNeilly: Yeah, so just wanted to get that on there. Other than that I just encourage you to have a look at that thank you minister.

Mr. Hudson: Thank you.

Chair: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: I was wondering the apartment work that you are subsidizing the rent, are they located in apartments with unsubsidized units in other words, are they mixed in? There would be a combination across the board, yes.

Chair: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: I'm wondering if you've paid attention to the location because most people needing rent subsidy also don't have a car are these units within walking be

distance of downtown, shopping and all those kinds of good things.

Mr. Hudson: Well I guess for me to comment on that I do appreciate member where you're coming from but I think too like when I look at rural PEI when I look in my district and look in the Chair's district that he represents there is no public transit there. There are a number of ones that would be receiving public rent supplements, I should, say in those areas.

There's is so many different things, facets, if you like, that we do need to look at and you look at one of them certainly is housing. If you look at what we were talking about today when the hon. member brought forward the motion on poverty reduction, housing is one facet of it.

Joblessness in some cases it just – transportation is – you're bang on. That is an issue and I think it's going forward as we work together on the poverty reduction, on the motion that was brought forward today. You know I hope that it will enable us to not only see what potential is with regard to a big, but to see what some of the other areas improvements that we can be making.

Now having said that there is a tremendous amount of work done under the Poverty Reduction Action Plan in going forward on that, but we can't be satisfied at this point in time, as how I'll wrap it up.

Chair: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: I believe your department has a big portfolio of senior citizens homes and housing authorities where the buildings were built like 40 to 20 years ago. Can you – I seen many of the buildings I've actually designed some of them too but I was just wondering what's the decision behind not doing more of those high quality buildings?

Mr. Hudson: Is your question sort of two pronged member as far as the amount that needs to be budgeted for renovations and improvements and repairs but also for new builds?

Chair: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: I was thinking, why are you not building more of those buildings yourself as a housing corporation?

Mr. Hudson: Well, it's because it goes back to what we talked about earlier, is that, yes, there are new builds, and there is challenges there too, though. I had a great discussion, albeit brief, with one of your colleagues.

We could throw – I shouldn't say throw – we could budget tens upon tens upon tens of millions and it is going to take a certain length of time for us to solve this problem if you like.

We have challenges from what I understand from contractors whether it's with regard to electricians; whether it's with regard to carpenters, plumbers what have you. In my opinion, it's very interconnected. We have to take a look at where we're at where we can go forward. But why are we not building more seniors units? We are. We are building additional.

Chair: Intervention from the hon. Member from Cornwall-Meadowbank.

Mr. MacDonald: I know when we were there PEI housing corp had 20 transitional units in Charlottetown anticipated to start this spring. PEI housing corp had 20 senior units in Charlottetown anticipated this spring. PEI housing corp had 32 senior units in Summerside, construction has already started. There was just a recent announcement on King Square in Charlottetown, which you started.

I think there's actually lots of units being built. There's a new one in, is it Summerside Lane, that's just going up next to the hospital?

I think there's lots of senior units. There's another one going up in Cornwall that's partnered. There's one in Stratford that's going up. There's one in Montague that's going up. It takes time to build them, but I think there's all kinds of units being built.

Mr. Hudson: I think it's great the units – if I may, Mr. Chair?

Chair: Sure.

Mr. Hudson: I think it's great the units are being built, and the hon. member neglected a couple of ones up in the western part of the province. We have ones in Alberton and O'Leary going up too.

Mr. MacDonald: I forgot.

Mr. Hudson: Which is great, but having said that; when we do look at the number of ones that are on the registry I think we have to look at what the needs are going to be, whether it's present or if it's a year down the road, and as much as possible and I do appreciate it's difficult to project.

Okay, what are the needs going to be five or 10 years down the road? But, I think that we have to, as much as possible, do that.

Chair: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: (Indistinct)

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Just a quick little note here; I think our seniors on PEI really need a hero.

I've been hearing a lot of stories recently about hearing people who have been evicted and their neighbours are seniors and they're not able to – they don't know how to advocate for themselves, so I've always worried about their vulnerability, but particularly since starting this whole – during the election campaign. The vulnerability of our seniors, they really do need a hero.

Mr. Hudson: A seniors' advocate.

Ms. Bernard: Yeah.

Thank you, Chair.

Mr. Hudson: I appreciate that.

Chair: Shall this section carry? Carried.

Total Housing Services: 22,737,800.

Shall it carry? Carried.

Seniors and Planning, Policy & Innovation

Seniors

Total Seniors: 358,200.

Shall it carry? Carried.

Planning, Policy & Innovation

Total Planning, Policy & Innovation: 1,666,900.

Shall it carry?

Total Seniors and Planning, Policy & Innovation: 2,025,100.

Shall it carry? Carried.

Social Programs

Total Social Programs: 85,151,500.

Shall it carry? Carried.

Total Social Programs: 85,151,500.

Child and Family Services

Total Child and Family: 23,413,000.

Leader of the Opposition: Question.

Chair: The hon. Leader of the Opposition.

Leader of the Opposition: Thank you.

Is this where we would find the monies given to grandparents who are the primary caregivers of their grandchildren?

Lane Pineau: Yes.

Mr. Hudson: Yes.

Chair: The hon. Leader of the Opposition.

Leader of the Opposition: Thanks, Chair.

Can you tell me – I know you inherited a program from the previous administration that was being phased in over a number of stages. Where are we with that?

Mr. Hudson: Again, hon. member, as I understand it, the grandparents' program provides for every child that is in their care \$700 a month per child.

Chair: The hon. Leader of the Opposition.

Leader of the Opposition: Every grandparent who looks after a grandchild (Indistinct) qualifies for that?

Mr. Hudson: If they're deemed to be in the care of the grandparent, and correct me if I'm wrong.

Lane Pineau: And if there has been a child protection –

Leader of the Opposition: Sorry, I can't hear, Chair.

Chair: Hon. members, we're having difficulty hearing the questions and the responses.

Leader of the Opposition: Thank you, Chair.

Mr. Aylward: Thank you, Chair.

Lane Pineau: It's support provided to a grandparent where there's a child protection file related to the grandchild or if there's – basically where the grandchild needs to be taken care of by the grandparent or an alternate care provider in order to prevent risk of the child being harmed otherwise.

So, basically there has to be history of a child protection case related to the child.

Chair: The hon. Leader of the Opposition.

Leader of the Opposition: I wasn't aware of that distinction, actually. I appreciate the information.

A grandparent, who for other reasons outside of that system that you just described, ends up as the primary caregiver for a grandchild, or a great-grandchild – there's a number of them around as well – they would not be eligible for this program?

Lane Pineau: Not at this point.

Chair: The hon. Leader of the Opposition.

Leader of the Opposition: That leaves an awful lot of grandparents who are the primary caregivers for their grandchildren or great-grandchildren without this program.

Do you have any sense of how many of those grandparents or great-grandparents have applied for this program and been denied because they don't fit into the parametres.

Mr. Hudson: I don't, Leader of the Opposition, but I will bring that information back tomorrow if at all possible.

Chair: The hon. Leader of the Opposition.

Leader of the Opposition: Are there any plans to expand the eligibility criteria so that more of these grandparents who, again, are fulfilling the role of parents and probably saving your department, minister, millions and millions of dollars because they are looking after vulnerable children?

Any thoughts of expanding this program so that it could become eligible for other grandparents and great-grandparents?

Mr. Hudson: No. I guess I would have to say that we have a budget that is in front of us right here today. Moving forward and as my reply to one of the questions, I believe, in Question Period today, I think that we always have to be in a position that we recognize that any type of – any of our programming does need to be always under – I shouldn't say scrutiny, but it does have to be reviewed to see if it's meeting the needs of Islanders, is the long and short of it.

As I had mentioned today, too, though, we have to be aware that at any point in time that we do increase programming, that we're also increasing the workload of our staff who in certain areas, anyway, I'm sure it's a very emotionally-draining situation that they're dealing with, as I'm sure that you appreciate, leader.

I think that there's two parts to it; is the review of the programs which needs to take place on an ongoing basis to make sure that they are delivering for Islanders and delivering what Islanders need. But, when changes are made, increases are made to programs for expansion of them. We have to recognize, too, the impact that that has on staff. We need to look at two budget items there, if you like, when we do go down that road if and when we do.

I do appreciate where you're coming from as we're both grandparents, I do believe.

Chair: The hon. Leader of the Opposition.

Leader of the Opposition: Thank you, Chair.

Have you met or do you plan to meet with any of the grandparents who are primary caregivers' groups that exist across the Island?

Mr. Hudson: I have not at this time, no, member.

Chair: The hon. Leader of the Opposition.

Leader of the Opposition: I think that would be a very valuable thing to do. They have an awful lot of experience with this. They just hosted an event at UPEI, actually, in consort with – oh, I can't remember the group, but they did a fantastic job and they have a lot of lived experience and a lot of advice that I'm sure the department – and I know the previous minister, previous administration – met with them on a regular basis. I'm glad to hear that you're willing to do that and I will get in touch with the leaders –

Mr. Hudson: Absolutely.

Leader of the Opposition: – from those groups I know and make sure that they contact you.

Thank you, Chair.

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: In the budget address it was announced that \$100,000 would go towards supporting survivors of sexual assault program and I'm noticing in our section here, the big one, they were given – in the budget - 457,200, which is actually 166,200 over. I'm just wondering – no sorry, it's up that much.

I'm just wondering where the extra \$66,200 is going.

Mr. Hudson: Okay, so are you referring – under grants there was an increase of \$216,000 for the rape and sexual assault

association. I'm sorry, member. I'm not clear (Indistinct) –

Ms. Bernard: Yes.

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Thank you, Chair.

So last year it was at 291, so basically the difference between last year and this year, there was a 100,000 extra funding going to them. But when you look at the numbers, it's actually up 166,200.

So I'm just wondering where that extra \$66,200 is going?

Lane Pineau: Sorry are you referring to the handout.

Ms. Bernard: Yes.

Lane Pineau: Okay, for PEI Rape and Sexual Assault?

Ms. Bernard: Yes.

Lane Pineau: Okay.

Ms. Bernard: So a 100,000 of that would be towards the new sexual assault program, I'm assuming?

Lane Pineau: No, that's not our department.

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: The money is there so – I'm not complaining about them getting extra money, I think that is fantastic, is that because of the extra hires they have?

Lane Pineau: Yes.

Ms. Bernard: Okay.

Lane Pineau: So that additional funding was to provide additional administrative personnel, additional therapists, and expansion to programs such as Men Matter.

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Thank you, Chair.

So to ask about the sexual assault program in this section is not the section. Okay.

I do have one more question related to the PEI – I'm looking in this book here again, the PEI Family Violence Prevention Services. I had heard that the Premier's Action Committee on Family Violence Prevention was being concluded is that true?

That doesn't fall under this section?

Mr. Hudson: I'm certainly am not aware of that, member. What I can do is have that checked into though, and definitely bring it back to the House.

Ms. Bernard: Okay.

Lane Pineau: It does fall within our section and there is provision for funding for that.

Ms. Bernard: One more question.

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: Thank you, Chair. So I've been talking to various groups who rely on this Family Violence Prevention funding, which was approximately anywhere between 60 and 65,000 in grants, they're really hoping for higher towards the 65,000.

I wasn't able to find it in there, but I'm wondering does it fall under the PEI Family Violence Prevention Services line, the grants for November?

Lane Pineau: Yes, we can bring that information back there.

Mr. Hudson: We'll look into it further and bring it back.

And, again if I may, Chair?

Chair: Sure.

Mr. Hudson: Yes. Your previous question number, if – we will bring that information back as well just for your clarity.

Ms. Bell: Thank you, Chair.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: Thank you, Chair.

So earlier we talked about 50k from Health PEI for Triple P Parenting, is this where the rest of the funding for that program comes from or is that a different department for Triple P?

An Hon. Member: Triple P?

Mr. Hudson: I'm sorry?

Lane Pineau: Yes.

Ms. Altass: It's under this department.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: So I'm probably just missing it at this point in this big book, but how much money is allotted then from your department for Triple P?

Lane Pineau: Right now, there's 50,000 allocated.

Ms. Altass: Okay.

Lane Pineau: But in addition to that we have a Triple P Program coordinator that's been recently put in place to work on that program.

Chair: The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: That was going to be my next question, where does this coordinator – so before that – when did this coordinator start working? I'm just curious, you said it was recent.

Lane Pineau: Yes, it was within the last three or four months.

Ms. Altass: Right okay, because I know there was some – it was kind of divided over a few different staff at one point. So now there is a coordinator who is responsible for it.

Will that coordinator be evaluating the program as well, or will there be some local evaluation of that program?

Lane Pineau: I would assume so. I'm not sure what the duties are tied to that position. It's fairly new.

Ms. Altass: So I'll just reiterate something that I had mentioned earlier about this when we were talking about health that it is an evidence-based program but, of course, we should always be considering the local suitability of a program.

I know that's a program that's been around here in PEI for a few years, and I would just like to see some evaluation on that to make sure that it is doing what we would like it to do here on PEI.

So I would just throw that out there as something that probably should be done.

That's it.

Chair: Okay, shall the section carry?

Oh sorry, the hon. Member from Charlottetown-Victoria Park.

Ms. Bernard: So I'm just looking in this big book again at the Boys and Girls Club of PEI, and we've been talking pretty much nonstop about supporting young people, especially those at risk.

The Boys and Girls Club supports so many kids at risk. I would go as far as to say that it saves lives, it builds communities, it builds skills it's crucial.

And I'm going to reiterate the same question we've been asking all evening is why this NGO is not receiving any substantive ongoing support for the critical work that they do for our community?

Some Hon. Members: Hear, hear!

Mr. Hudson: I do see where the number is coming from because what – he has to keep reminding me lean forward to the microphone here – but, yes, from what you're looking at there is it 11,600 that you're seeing, member?

Chair: The hon. Member from Charlottetown-Victoria Park.

Ms. Altass: Yes.

Mr. Hudson: Yes, okay and I just asked Lane, I thought that there was another area that they received funding as well, but I certainly do, I see where you're coming from. Do provide right across the Island whether it's Charlottetown, whether it's Summerside (Indistinct) –

Ms. Bernard: Montague.

Mr. Hudson: But as I had mentioned before, as you know, we have this budget on a go-forward and I give credit to the previous administration. Let's face it – a fair bit of this, it was their budget and I do give credit for that.

But I think that we do have to review funding formulas and that process is in place now a review in looking at the funding formulas for NGOs. Let's face it, without our NGOs, and I keep using the ones that I'm the most familiar with up West, but Transportation West, Community Inclusions, and so on and so forth.

They provide a tremendous service, and we have to make sure that we support them adequately is the long and the short of it. If there are any other areas here, member, that we do provide funding to any of the Boys and Girls Clubs, we'll certainly bring that information back.

Ms. Bernard: Thank you, Chair.

Chair: Shall the section carry? Carried.

Total Child and Family Services:
23,413,000.

Shall it carry? Carried.

Total Department of Social Development and Housing: 133,327,400.

Shall it carry? Carried.

Hon. Member from Morell-Donagh, is there someone else to come up for budget estimates?

Mr. MacEwen: (Indistinct)

Chair: Public Service Commission, I think.

Mr. MacEwen: Public Service Commission.

Chair: Do you have someone to come onto the floor, too?

Ms. Compton: Yes.

Chair: Hon. members, we are now on page 150 the P.E.I. Public Service Commission. A request has been asked that we bring a stranger onto the floor.

Some Hon. Members: Granted.

Chair: Could you please state your name and title for Hansard?

Elaine Hardy: Elaine Hardy, Director of Administration, Corporate HRMS & Payroll.

Chair: Thank you very much.

Okay, as I stated, page 150.

Management

Total Management: 284,900.

Shall it carry? Carried.
Total Management: 284,900.

Shall it carry? Carried.

HR Management and Labour Relations

Total HR Management and Labour Relations: 3,401,300.

Shall it carry? Carried.

Occupational Health and Safety

Total Occupational Health and Safety: 235,800.

Shall it carry? Carried.

Total HR Management and Labour Relations: 3,637,100.

Shall it carry? Carried.

Staffing, Classification and Organizational Development

Total Staffing, Classification and HR Planning: 2,264,000.

Shall it carry?

The hon. Member from Mermaid-Stratford.

Ms. Beaton: So we've talked a lot about the challenges associated with recruiting physicians. I'm just wondering: Do we face similar problems finding public servants with specialized skill sets?

Ms. Compton: I can speak to my own department. In ITSS, we sometimes do. There's a lot of competition for that particular skill set, so that would be one.

Elaine Hardy: There are some other hard-to-fill areas.

Ms. Beaton: Okay; and is there any areas that we're seeing increased vacancies? Or that we foresee vacancies?

Ms. Compton: It would be department to department. It would probably be department by department, nothing really that we could comment on.

Ms. Beaton: So nothing sticking out, like, raising a flag or anything?

Ms. Compton: Yeah, we'd have to get back to you on that. We'd have to go to each department and –

Ms. Beaton: Okay. Do we have a recruitment strategy for finding highly skilled public servants from outside the province?

Elaine Hardy: We have just recently created a position of French recruitment officer to look at bilingual capacity.

Ms. Beaton: Okay. So do we work with UPEI and other educational institutions here to identify –

Elaine Hardy: We would attend various job fairs or recruitment activities at the universities and colleges.

Ms. Beaton: And how recently did we – have we updated publicly available materials, detailed qualifications for the

different types of jobs and in the public service?

Elaine Hardy: You mean in regards to posting qualifications? We would have our job postings which would have all of the qualifications outlined and the qualifications for the position would be reviewed before the posting would go up.

Ms. Beaton: Okay, thank you.

And are we certain we've made the hiring process as transparent as possible?

Ms. Compton: In this day and age, everything's online and –

Ms. Beaton: Do you have a policy in place mandating that unsuccessful candidates be notified, or offered in their interview, sorry, and notified if they're unsuccessful?

Elaine Hardy: From what I understand, our process is that the successful candidate is posted and it's there for public viewing. Any candidate can go and view who the successful candidate was. There's also opportunity to request a post-board interview with the staffing officer.

Ms. Beaton: Okay, perfect, thank you.

Chair: Shall it – sorry?

Ms. Beaton: I'm sorry, one more.

Chair: The hon. Member from Mermaid-Stratford.

Ms. Beaton: What's the retention level for summer students, summer student employees in the public service?

Ms. Compton: You mean going forward? Like –

Ms. Beaton: Yeah, to maintain them.

Ms. Compton: They work for the summer and then –

Ms. Beaton: To work for the summer and then to continue on, even post-graduates, to maintain the students.

Elaine Hardy: Yeah, I'm not really sure on that.

Ms. Compton: It would probably depend on how they're hired, what the contract was was it a summer contract and – I'm just guessing, though, but we can get that back to you.

Ms. Beaton: Yeah. From my previous job, they were highly valued because you spent a lot of time training them and they're already within the system, and then especially if they're working towards any kind of post-graduate degrees, if you can already have them accustomed to how government works and maintain them, it's actually more beneficial for us. So retention's actually a really good thing coming out of post-secondary.

Elaine Hardy: I think it would depend, too, on the programs but the positions are unionized; we would have to go through a competitive process.

Ms. Beaton: Okay, and are we typically hiring summer students to prepare them for permanent positions or contract positions going forward? Giving them that level of –

Ms. Compton: That would vary with every department. You know, this is – Public Service Commission sort of covers all of government, so depending on what a particular department is looking for and what the hiring process was or what the specifications were for the job.

Chair: The hon. Member from Mermaid-Stratford?

Ms. Beaton: I'm good for now. Thank you.

Chair: Shall the section carry? Carried.

Employee Assistance Program

Total Employee Assistance Program:
363,000.

The hon. Member from Mermaid-Stratford.

Ms. Beaton: So under this, what sorts of services are provided through the Employee Assistance Program?

Ms. Compton: So, yeah, through this there are counseling sessions for the various needs of employees and then it would be

determined whether they would be referred to some other person or specialist.

Ms. Beaton: Okay. Is it just counseling or is there a whole realm, or is there –

Elaine Hardy: There's other services. They would provide training as well as one-on-one employee counseling. They also work with management groups in providing training and services that are provided.

Ms. Beaton: And just a quick – who is the vendor for the EAP program?

Elaine Hardy: Pardon me?

Ms. Compton: Who's the vendor for the EAP program?

Elaine Hardy: Actually it's – we have, the employees are employees of the Public Service Commission.

Ms. Beaton: Oh, so it's an internal –

Elaine Hardy: It's an internal service.

Ms. Beaton: Okay, thank you, great.

Thank you very much.

Chair: Shall the section carry? Carried.

Language Training Centre

Total Language Training Centre: 265,400.

Shall it carry?

The hon. Member from Mermaid-Stratford.

Ms. Beaton: So just wondering, do we set government-wide or department-specific annual targets for language training in the public service?

Ms. Compton: Again, I would guess it would be by department, but we're not sure.

Ms. Beaton: So we don't have – government-wide, though, do we have any kind of threshold of what kind of bilingualism we're looking for? Or, sorry, I shouldn't say bilingual, multiple languages in general? Do we have targets?

Elaine Hardy: I'm not sure we have targets so much as we monitor the bilingual positions that we have and they are designated bilingual positions. So once they're designated, then there is a requirement that they be filled with a bilingual employee. We also monitor and track and encourage employees who have French language skills to ensure that they have their proficiency levels tested so that we have a pool of employees who have bilingual capacity.

Ms. Beaton: Okay. What other languages are we focusing on within government so that we can provide frontline services to – we obviously have a growing multicultural and diverse –

Elaine Hardy: Currently we just only have the French language services, within the Public Service Commission French language program.

Ms. Beaton: So typically, how many employees receive language training per year?

Elaine Hardy: I'd have to get back to you on that.

Ms. Beaton: Okay, thank you.

I'd actually love to know how many are bilingual and kind of what would be the percentage. That would be great.

Elaine Hardy: We can provide that.

Ms. Beaton: Thank you.

Does the PSC offer training in any – I already asked that, well, actually, no, I didn't – I said do we have anybody, but will we try to train anybody moving forward in any other languages?

Ms. Compton: Currently the focus is just on French, but it's something that – I'm assuming the public service, if there was a need in a particular department, we would look at that.

Ms. Beaton: Yeah, like I'm looking at Access PEI, for instance, how does somebody who might have problems with the language actually get their driver's license if they can't communicate with

somebody or, you know, that kind of thing, so there's a lot of frontline areas where we probably should be looking at expanding our language.

Ms. Compton: So, yeah, what we understand is that Access PEI has hired a mandarin-speaking individual, but we haven't confirmed that. So if there is a need we have to deal with that on a daily basis but it's not a requirement.

Chair: The hon. Member from Mermaid-Stratford.

Ms. Beaton: But it is a need so it's something obviously – I'm hearing if you've hired it it's something on the radar.

Ms. Compton: Yeah.

Elaine Hardy: And I can confirm this.

Ms. Beaton: Okay.

Chair: The hon. Member from Mermaid-Stratford.

Ms. Beaton: Thank you. So how frequently do we survey francophone's users of public services to get a sense of their level of satisfaction with the bilingual services?

Elaine Hardy: We have a client satisfaction survey that we survey different clients of the organization. I'm not sure that we survey the employees in relation to French language services, but for each of the training I would imagine that those training programs are evaluated.

Chair: The hon. Member from Mermaid-Stratford.

Ms. Beaton: And when Islanders use the service, do we do any kind of survey for Islanders.

Elaine Hardy: So are you – the French language services is a public service commission provides are for employees only.

Ms. Beaton: Okay, thank you.

Chair: The hon. Member from Mermaid-Stratford.

Ms. Beaton: And have we attempted to gage how nonnative can access government services?

Elaine Hardy: We have a diversity consultant who works with newcomers and any persons coming in from various diverse groups and helps them navigate the staffing process with the public service commission.

Ms. Beaton: All right, thank you.

Chair: The hon. Member from Mermaid-Stratford.

Ms. Beaton: All right. Thank you. And then I'm thinking mostly of services available through Access PEI for that so thank you for that I don't have any further questions.

Thank you.

Chair: Shall the section carry? Carried.

Total Staffing, Classification and Organizational Development: 2,892,400.

Shall it carry? Carried.

Administration Corporate HRMS and Payroll

Total Administrations, Corporate HRMS and Payroll: 1,128,100.

Shall it carry? Carried.

Total Administrations, Corporate HRMS and Payroll: 1,128,100.

Shall it carry? Carried.

Total PEI Public Service Commission: 7,942,500.

Shall it carry? Carried.

Hon. Members next we're going to do page 144 it's the Legislative Assembly so you can prepare your questions now and we'll begin shortly.

Here we go. Here we go.

Mr. Myers: Question.

An Hon. Member: Question.

[Laughter]

Chair: Hon. members, the hon. Speaker has an opening statement.

Speaker: I just want to thank the staff, we have a great staff and for what the staff do, for not only for the Speaker, but for all of the staff, for all of the members and they go beyond and above for what they do and I expect a few questions in the budget.

There is some bugs in it – you know just don't question the food part of it and, you know, our lunch is – do not question the lunch but anyway, we'll get it started but I can't thank the staff enough for what they do, for not only the members, but all the staff.

Chair: Thank you, Mr. Speaker.

Legislative Services

Total Legislative Services 2,221,700.

Shall it carry? Carried.

Government Members Office

Total Government Members Office: 337,500.

Shall it carry? Carried.

Opposition Members Office

Total Opposition Members Office: 535,000.

Shall it carry? Carried.

Third Party Office

Total Third Party Office: 415,000.

Shall it carry? Carried.

Total Legislative Services: 3,509,200.

Shall it carry? Carried.

Members

Total Members: 2,562,400.

Shall it carry? Carried.

Total Members: 2,562,400.

Shall it carry? Carried.

Office of the Conflict of Interest
Commissioner

Total Office of the Conflict of Interest
Commissioner: 50,900.

Shall it carry? Carried.

Office of the Information and Privacy
Commissioner

Total Office of the Information and Privacy
Commissioner: 265,300.

Shall it carry? Carried.

Office of the Public Interest Disclosure
Commissioner: 50,100.

Shall it carry? Carried.

Total Office of the Public Interest
Disclosure Commissioner: 50,100.

Shall it carry? Carried.

Elections PEI

Total Elections PEI: 1,841,300.

Referendum PEI

Total Referendum PEI: 350,000.

Shall it carry? Carried.

Total Legislative Assembly: 8,629,200.

Shall it carry? Carried.

Mr. Myers: (Indistinct)

[Laughter]

Chair: Okay we're going to page 137 – 139 sorry.

139 is the Auditor General.

Auditor General

Administration

Total Administration: 2,264,400.

Shall it carry? Carried.

Total Auditor General: 2,264,400.

The Legislature adjourned until Friday, June 12th at 10:00 a.m.

Shall it carry? Carried.

Speaker: Closing statement. Well I couldn't say enough about the staff at the start –

It just (Indistinct) right there in the budget how well this staff is organized and looked after this province and I can't say enough and you members, I appreciate it right from the bottom of heart for putting me in the chair. I can't say enough about you members. I enjoyed talking to you all and all our conversations over the past and looking forward to working going into the summer months and the fall. I can't say enough about the security, we're well looked after with our security and –

Some Hon. Members: (Indistinct)

Chair: Okay ladies and gentlemen, we are going to start off now with the department of Minister of Finance which is page 72.

Ms. Altass: Call the hour.

Chair: The hour has been called.

Ms. Compton: Mr. Chair, I move that the Speaker take the chair, and the Chair report progress and beg leave to sit again.

Chair: Shall it carry? Carried.

Mr. Speaker, as Chair of a Committee of the Whole House having under consideration the grant of supply to Her Majesty, I beg leave to report that the committee has made some progress and begs leave to sit again. I move that the report of the committee be adopted.

Speaker: Shall it carry? Carried.

The hon. Member from Morell-Donagh.

I move, seconded by the hon. Minister of Fisheries and Communities, that this House adjourn until July 12th, at 10:00 a.m.

Speaker: Have a good evening everyone.

An Hon. Member: You too Mr. Speaker.