



**LEGISLATIVE ASSEMBLY
of Prince Edward Island**

**Official Report of
Debates and Proceedings**

(Hansard)

Third Session of the 67th General Assembly

Thursday, 14 May 2026

No. 28

The Honourable Brad Trivers, Speaker

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TABLE OF CONTENTS

Thursday, 14 May 2026

Matters of Privilege and Recognition of Guests	1342
Statements by Members	
Charlottetown-Belvedere (Parkdale Sherwood Lions Club – 65 th Anniversary).....	1344
O’Leary-Inverness (Employment Development Agency Special Projects)	1345
Georgetown-Pownal (Vernon River Catholic Women’s League).....	1345
Responses to Questions Taken as Notice	
Housing and Communities (Transportation costs in Housing department).....	1346
Housing and Communities (Provincial committee for unhoused Islanders with complex needs).....	1346
Oral Questions	
Leader of the Opposition (Fiscal management) (further)	1346
Leader of the Opposition (Nurses’ Union)	1349
Charlottetown-West Royalty (Mental health and addictions services) (further)	1350
Charlottetown-West Royalty (Health care workplace violence) (further).....	1350
Charlottetown-West Royalty (Staffing in health care) (further).....	1351
Leader of the Third Party (Leadership in health care).....	1353
New Haven-Rocky Point (Cell phone service) (further)	1354
Summerside-Wilmot (Supports for unhoused Islanders)	1355
Georgetown-Pownal (Social media and AI) (further)	1356
O’Leary-Inverness (Provincial park employees).....	1358
Statements by Ministers	
Premier (IRAC Review)	1358
Leader of the Opposition.....	1359
Leader of the Third Party	1359
Tabling of Documents	1359
Introduction of Government Bills	
Bill 27 – Supplementary Appropriation Act 2026.....	1361
Orders of the Day (Government)	
Estimates of Revenue and Expenditure	
Health and Wellness (further)	1362
Orders Other Than Government	
Third Reading and Pass	
Bill 105 – Financial Literacy Week Act.....	1385
Motions Other Than Government	
Motion 43 – Placing nurse practitioners in emergency departments to relieve ER pressures	1386
Summerside-Wilmot	1386
Tyne Valley-Sherbrooke	1391
Health and Wellness.....	1392
Charlottetown-West-Royalty	1393
Adjourned	1397

LEGISLATIVE ASSEMBLY OF PRINCE EDWARD ISLAND
67th General Assembly
Third Session

Lieutenant Governor – His Honour the Honourable Dr. Wassim Salamoun, O.P.E.I.

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Bell , Hon. Zack (PC)	Charlottetown-Winsloe (10)	Minister of Workforce and Advanced Learning Minister responsible for Acadian and Francophone Affairs
Bernard , Karla (G)	Charlottetown-Victoria Park (12)	Third Party Whip
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Compton , Hon. Darlene (PC)	Belfast-Murray River (4)	Minister of Land and Environment
Croucher , Hon. Robin (PC)	Souris-Elmira (1)	Minister of Education and Early Years
Curran , Brendan (PC)	Georgetown-Pownal (2)	
Deagle , Hon. Cory (PC)	Montague-Kilmuir (3)	Minister of Health and Wellness
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Dillon , Susie (PC)	Charlottetown-Belvedere (11)	Deputy Speaker
Dollar , Hon. Kent (PC)	Brackley-Hunter River (15)	Minister of Housing and Communities
Henderson , Robert (L)	O’Leary-Inverness (25)	Opposition Whip
Hudson , Hon. Ernie (PC)	Alberton-Bloomfield (26)	Minister of Fisheries, Rural Development and Tourism Minister of Transportation, Infrastructure and Energy

Member and Party	Constituency (District)	Other Responsibilities
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MacEwen , Sidney (PC)	Morell-Donagh (7)	
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MacKay , Matthew (PC)	Kensington-Malpeque (20)	Government House Leader
MacLennan , Hilton (PC)	Tyne Valley-Sherbrooke (23)	
McNeilly , Gordon (L)	Charlottetown-West Royalty (14)	Opposition House Leader
Perry , Hon. Hal (L)	Tignish-Palmer Road (27)	Leader of the Official Opposition
Ramsay , Hon. Barb (PC)	Summerside-South Drive (22)	Minister of Social Development and Seniors Minister responsible for the Status of Women
Redmond , Hon. Jenn (PC)	Mermaid-Stratford (5)	Minister of Economic Development, Trade and Artificial Intelligence
Simpson , Carolyn (L)	Charlottetown-Hillsborough Park (9)	
Thompson , Hon. Bloyce (PC)	Stanhope-Marshfield (8)	Minister of Agriculture Minister of Justice, Public Safety and Attorney General
Trivers , Hon. Brad	Rustico-Emerald (18)	Speaker
Vacant	Cornwall-Meadowbank (16)	

[The Legislature met at 1:03 p.m.]

[Hon. B. Trivers in the chair]

Matters of Privilege and Recognition of Guests

Speaker: The hon. Premier.

Hon. R. Lantz: Thank you, Mr. Speaker.

Happy to be back in the Legislative Assembly for another day of proceedings here. Welcome back to all my colleagues, staff, Pages, and, of course, those visiting in the gallery. I understand we have Amy MacPherson from Bluefield High School with her class of grade 10 students; lovely to have you here, welcome. Please enjoy the proceedings here today. I hope you learn something, maybe get inspired to take on a leadership role of some sort, maybe get involved in the political process. Maybe we'll spark some interest here today. Lovely to have you. Thanks for coming.

[1:05 p.m.]

This morning, the Charlottetown Area Chamber of Commerce held their annual general meeting. I had the opportunity to take part in a Q&A with incoming president Cory Gray and delivered some remarks at their luncheon. I want to thank the outgoing president, Julie Hambly, for her service over the last year and congratulate Cory. I wish him all the best of luck.

The chambers of commerce across the whole Island, of course, provide incredible leadership in the business community. They support their members and they play a very important role in the economic development of our province. I was very happy to attend, and it was a great event.

I just want to point out a couple of things:

In the capital region here this weekend is Street Feast in Charlottetown. It's a premier highlight of the summer season, or spring season, I suppose it is. It's a cherished festival in downtown Charlottetown. It's like a block festival. This weekend, the streets will transform into a vibrant hub of culture and community. The festival offers a really great lineup of music and dance and local talent for families and visitors alike to enjoy, and local cuisine as well. It's a perfect occasion; it captures the spirit of our capital. I encourage all members and

residents to head downtown this weekend and experience that energy, creativity, and hospitality that Charlottetown is so special for.

The winner of Burger Love was announced. I missed this, but the Local here in Charlottetown was selected as the Most Loved Burger of 2026. It was announced that \$142,004 has been raised for Anderson House from all the burgers sold at restaurants. Really fantastic to see. That's great news.

Thank you very much, and everyone have a great day here.

Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: Thank you very much, Mr. Speaker.

Welcome to all those who are watching online and all those who are joining us in the gallery. Amy MacPherson and your grade 10 class from Bluefield, welcome to today's proceedings. I saw Phil Taylor come in; welcome back, Phil Taylor.

I want to take this opportunity to recognize a person from the western end of the Island, but she does cover the whole Island, and that's Candy Gallant. Anybody that has any kind of association with wildlife – and her name will come up on Facebook all the time. If somebody says they found an injured seagull or a fox that might have mange or something, she's the go-to person for PEI.

She does need to be commended for the work that she has done. A lot of this is volunteer work that she's done over the years. She's built up a really good reputation. I do want to thank Candy for all that she's done and continues to do here on Prince Edward Island.

Today is Moose Hide Campaign Day. It takes place as a national Indigenous-led day of action to end violence against women, children, and all people along the gender continuum. Just a day to reflect and to thank those individuals – it was originally led by Indigenous men and women to bring attention to that. I thank everyone who works every day to bring attention to these very important matters.

I, too, want to congratulate the Local on winning Burger Love this year and thank them and every other participant on Prince Edward Island for participating in this, for putting forward some

really, really good burgers out there, and giving Islanders a little bit of excitement. There's some competition out there, not only among the businesses but among the individuals about who could eat the most, and then there would be all the ones who, of course, would rate them. So, it does bring some excitement, and it does raise awareness of how important the beef industry is here on Prince Edward Island and how our restaurants are important to Prince Edward Island. Thanks to all those who participated in this in whatever capacity.

With that, I hope everyone has a great day in the House. I look forward to a great debate.

Thank you.

Speaker: The hon. Leader of the Third Party.

M. MacFarlane: Thank you, Mr. Speaker.

Welcome back to everyone in the Chamber today and to the staff, clerks, and Pages, and everyone who makes the Chamber operate as well as it does. And welcome to everybody in the gallery. Great to see some familiar faces from Bluefield High, my old high school from a few years ago now. It's great to see you out, Ms. MacPherson's grade 10 class. Hope you enjoy the proceedings here this afternoon.

As has been mentioned by the Leader of the Opposition, today is Moose Hide Campaign Day. Some of us in the Legislature are wearing the moose hide pin. It falls, as it does, in Family Violence Prevention Week, which continues on this week, to honour the week.

[1:10 p.m.]

The Moose Hide Campaign Day, as has already been alluded to – wearing the pin signifies your commitment to honour, respect, and protect the women and children in your life, and to work together with other men to end violence against women and children. As has been noted, it was a campaign/grassroots movement of Aboriginal/non-Aboriginal men who were standing up against violence towards men and women. Today, we wear the moose hide pin with pride to recognize the campaign.

Also, this afternoon – or lunchtime, I guess it was, and this morning – a few of us had a chance to attend the Chamber of Commerce meeting and hear the Q&A between new president Cory Gray and the hon. Premier. I'd

like to welcome Cory Gray to the role as the new president. He's going to do an amazing job. I'd like to welcome all the new members to the board of the chamber. It's such a strong board. They do such great work advocating for the business community in the greater Charlottetown area. I always look forward to meeting with the chamber and hearing their concerns and their issues to bring forward.

Finally, Monday, May 18th, at one o'clock at the Victoria school, the Victoria Historical Association is hosting a Victoria Day potluck. Along with the potluck, the association will share displays and a silent auction. The VHA, the Victoria Historical Association, does such a great job preserving, promoting, and showcasing the heritage of the area. I look forward to attending that.

With that, I wish everyone a great day of debate here in the Legislature today. Thank you.

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

K. Bernard: Thank you.

I'd like to welcome back colleagues and staff, and Jisele, Jackson, and Noah, who are with us today as our Pages; thanks for being back here. Ms. MacPherson's grade 10 class from Bluefield, welcome. I recognize at least one face from grade 1 at Westwood. Madame Karla, in case – because you know, it's funny, I never forget a face, no matter how old they get, but they don't remember because they're so little in coming up. Anyway, it's fun running into former students.

I just wanted to briefly mention that this Saturday at the Eastlink Centre, from ten until one, there's a Mom2Mom sale. When I was a mom of young children, those saved me because you can buy anything and everything that has to do with young children. If you would like to get a table or you would like to attend, there are still tables available. Just go on Facebook – Mom2Mom Sale Charlottetown – and they will hook you up. Admission is only \$2.

With that, I wish everyone a good day of debate. Thank you.

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

C. Simpson: Thank you, Mr. Speaker.

I would like to welcome those here from Bluefield High. My son is a graduate from a few years back; lots of fond memories from Bluefield. Welcome and enjoy your day. Welcome to all those watching at home and those in District 9 and to everyone here.

I had the honour, along with the members from Charlottetown-Belvedere and New Haven-Rocky Point, to attend the UPEI convocation for graduates from the faculty of arts and education. It was an incredible, incredible experience that we had there today. I'd like to recognize our very own Shreesh Agrawal, who received his degree – very, very proud of this young man – and Dr. Hazel Robertson, who received her honorary degree. Dr. Robertson's daughter is Sen. Mary Robertson. It was a wonderful, wonderful day at UPEI. I wish all the graduates much, much, much success and happiness.

Thank you, Mr. Speaker.

Speaker: The hon. Minister of Housing and Communities.

Hon. K. Dollar: Thank you, Mr. Speaker.

I want to welcome Amy MacPherson's class here to the Legislature today. It's always great to have young people in the gallery, especially when they're from District 15, or at least attend school in District 15. I just wanted to say welcome and enjoy the proceedings. Hope it goes well.

Thank you.

Speaker: The hon. Member from Charlottetown-Belvedere.

S. Dillon: Thank you, Mr. Speaker.

It is my pleasure to rise today, too, to welcome Ms. MacPherson's grade 10 class from Bluefield. I don't know if I recognize faces; they tend to grow from when they were little. I don't know if anybody attended Eliot River, but happy to have you here today to watch the proceedings, as well as those watching online, and my faithful watcher, Eileen Stewart, who always takes in the proceedings.

I, too, wanted to say, on the heels of the Member from Charlottetown-Hillsborough Park, that it was an honour to be at the graduation this morning. I won't go through what she did, but the valedictorian, Gracie MacQuaid, offered

inspiring words for fellow graduates. My friend, Elizabeth Blake, received her doctorate of philosophy in the faculty of education. As well, 14 Island graduates came from French education, and 35 Island students in the English program. I wasn't sure whether I should be standing at the end of where they get their degree to have them sign papers, but –

Thank you, Mr. Speaker.

Speaker: Thank you, member. Appreciate it.

[1:15 p.m.]

I just wanted to rise and say welcome to the Bluefield class of Amy MacPherson; great to see you here. Of course, as I've said before, my son goes to Bluefield in grade 11, so it's always great to welcome you.

Also, the graduation today – I had to mention that my assistant, Bailey Clark, convoked today with his master's in Island studies. I did not attend, but hopefully you guys represented well.

Thank you.

Statements by Members

Speaker: The hon. Member from Charlottetown-Belvedere.

S. Dillon: Thank you, Mr. Speaker. Just a second before you start that clock. No, I'm just teasing.

[Laughter]

Parkdale Sherwood Lions Club – 65th Anniversary

S. Dillon: Mr. Speaker, I rise with both pride and gratitude to recognize the 65th anniversary of the Parkdale Sherwood Lions Club and congratulate its members on more than six decades of service within our community.

I recently had the honour of attending a dinner held to celebrate this milestone. What struck me most was not only the impact their help had on others but the way the members spoke about how the service changed them as well. They spoke about finding a purpose, a connection – a powerful reminder that service is not a one-way direction. When we lift each other up, we, too, have a fuller heart.

For me, that evening brought back memories of growing up in Parkdale-Sherwood, where the Lions Club was always a visible and trusted presence. I remember pancake breakfasts that filled the hall and brought neighbours together, and volunteers working side by side, not for the recognition but because it mattered. Those moments taught many of us, myself included, that community is built on service.

This legacy is carried by dedicated members, including those with over 40 years of service – Ron Carmichael, Jerry Heartz, Charles Seaman, Donald Spence, and Garry Wood – as well as those with an incredible 50-plus years of service: Allison Gill, Steven MacDonald, John MacLean, Earl Power, and George Vail.

Since the founding in 1960, the club has truly lived by its motto: “We serve.” From donating nearly \$700,000 to the Queen Elizabeth Hospital, providing over \$100,000 in scholarships, renting a home for the Alzheimer Society for \$1 a year for the past 38 years, \$20,000 in specialized equipment for children, supporting seniors through the Lions Place, and many, many playgrounds, they are a wonderful contributing piece to our community.

Thank you, Mr. Speaker.

Speaker: The hon. Member from O’Leary-Inverness.

Employment Development Agency Special Projects

R. Henderson: Thanks, Mr. Speaker.

There are programs that are a waste of taxpayers’ funding, but there are others that make sense and can save the Province money. One of those programs is the special projects funding that supports numerous non-profit organizations on PEI through the Employment Development Agency.

This funding invests in individuals with multiple employment barriers by providing wage supports to non-profit employers including watersheds, municipalities, thrift stores, port authorities, museums, industry associations, and many others to hire unemployed workers.

So, to see this Conservative government cut and reduce the EDA funding by half a million dollars to these organizations in this year’s budget, during a time when economic

uncertainty is prevalent on PEI – especially in the rural areas of PEI – is truly shortsighted.

These workers contribute to the PEI economy by becoming more likely to spend those wages earned in local communities in which they reside. They qualify for EI benefits, bringing in federal dollars to the province where, if they don’t qualify, social assistance is the only alternative, impacting the provincial budget.

The pride instilled in those who are gainfully employed on PEI also contributes to the mental health and wellbeing of those individuals, lessening the impacts on health systems, plus the benefits of the organizations receiving the competent workers and enhancing the skills of those workers while creating references which those workers can parlay to more meaningful employment with the private sector.

I have no issues if this government wants to review eligibility or criteria, but this EDA funding is very urgent and I think we shouldn’t be picking on our vulnerable.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Georgetown-Pownal.

Vernon River Catholic Women’s League

B. Curran: Thank you, Mr. Speaker. I’ll be quick.

I rise today to recognize the profound and lasting impact of an organization that serves as the cornerstone of the Vernon River community: the Vernon River Catholic Women’s League.

In District 2, we understand that the strength of a community is found in the dedication of those who keep our traditions alive and look out for their neighbours. For decades, the members of the Vernon River CWL have been a steady guiding force. Their service is woven into the most significant moments of our lives, as they provide catering for birthdays, weddings, and funerals, offering comfort and celebration when it’s needed most.

[1:20 p.m.]

Their compassion is equally evident in their outreach. Every April, the CWL contributes to the Orwell food pantry, and as the holiday season approaches, they ensure no one is

forgotten by distributing gift cards and gift baskets to families in need at Christmastime.

The fellowship within this group is just as vital as their charity. Every Monday, a dedicated craft group gathers to quilt, crochet, and create, fostering a sense of belonging that is a hallmark of rural Island life. These women provide a masterclass in community building. Through their hard work and integrity, they ensure our district remains a place where families can succeed.

I ask all members of this Legislative Assembly to join me in thanking the members of the Vernon River CWL for their countless hours of volunteerism and their unwavering devotion to our community.

Thank you, Mr. Speaker.

Responses to Questions Taken as Notice

Speaker: The hon. Minister of Housing and Communities.

Transportation costs in Housing department

Hon. K. Dollar: Thank you, Mr. Speaker.

Last week, the hon. Member from Charlottetown-West Royalty asked questions on a budget line for \$700,000 and if it was for taxis from Charlottetown to Summerside. While we don't have a budget line for taxis, I think the member is referring to a grant line from fiscal year '25-26 titled "Shelter Support Line – Emergency Sheltering/Transport."

This is not a new budget item. It includes the cost for individuals who require shelter but cannot stay in our existing shelters for various reasons. Typically, they would be individuals with children, where our shelters would not be suitable for accommodations.

Additionally, it includes transportation: transportation services provided by the shelter support line are designed to ensure safe and efficient access to temporary housing and shelter services for clients in need. Examples would include transportation provided to clients to and from available shelter beds, transportation required in extreme weather conditions, and could also include assisting clients in transportation to and from medical appointments.

Provincial committee for unhoused Islanders with complex needs

Additionally, yesterday the hon. member asked what the terms of reference are for the provincial committee for Islanders with complex needs experiencing homelessness and how it will help people find homes. The committee is comprised of officials from Health and Wellness, Health PEI, Housing, social services, and Justice. This support helps stabilize individuals and addresses the underlying social factors that can affect their long-term housing outcomes. This work is critical in making sure people can access and successfully stay in housing by aligning the supports, services, and systems around them.

Thank you.

Questions by Members

Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: Mr. Speaker, for months we have been warning that this government's spending and borrowing were pushing Prince Edward Island in the wrong direction.

Now, Moody's has changed PEI's credit outlook from stable to negative, pointing directly to rising deficits, growing debt, and this government's own budget projections. Islanders are now seeing exactly what happens when government spends for years without a credible plan to get their finances back under control.

Fiscal management (further)

Question to the Premier: What specific actions is this government taking right now to prevent this negative outlook from becoming a full credit downgrade?

Speaker: The hon. Minister of Finance and Affordability.

Hon. J. Burridge: Thank you, Mr. Speaker.

Yes, we've been meeting with the bond raters, and we got our first rating out. Our rating didn't change. Our outlook did; it went from stable to negative.

What they looked at favourably is the things that we are doing now. We've got our debt management strategy, and we've got some guardrails in place. We've got our comprehensive expenditure review that they are

going to be watching, absolutely. Our budgetary performance is something that they're going to be watching; it's something that we've set guardrails on inside. That's the job we have before us, and we're going to take on that challenge. We're going to do it.

Thank you, Mr. Speaker.

Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: Thank you very much, Mr. Speaker.

Stable to negative is not positive.

Moody's says that this government is relying on plans to reduce spending by 5 percent starting in 2027 but also warns that those savings will likely be difficult to achieve. Islanders are being asked to trust targets that this government still cannot clearly explain.

Question to the Premier: Can the Premier tell Islanders exactly where these planned spending reductions are supposed to come from, yes or no?

Speaker: The hon. Minister of Finance and Affordability.

Hon. J. Burrridge: Thank you, Mr. Speaker.

[1:25 p.m.]

We're doing that work right now. It's a little bit funny how you stand there and you come at us like this; at the same time, when we get into budget debate, you're asking us for everything. You want us to do everything.

These are the tough decisions that we have to make, and we are doing them. It's not unlike what every other province across Canada is going through. We are all seeing the same pressures, and we're all under the same challenges that are before us. It's across the nation.

Thank you, Mr. Speaker.

Speaker: Thank you, minister. Just a reminder to come through the Chair.

The hon. Leader of the Opposition.

Hon. H. Perry: Thank you very much, Mr. Speaker.

But what I'm asking them for is to be fiscally responsible and to make the right choices. Moody's now forecasts PEI's debt burden could rise to approximately 180 percent of revenue by 2029 because of continuing borrowing and deficits. That means more money going towards debt payments and less flexibility for the province moving forward.

Question to the Minister of Finance: At what point does this government believe PEI's debt level becomes unsustainable, and does the government have any timeline to begin reducing the province's debt burden?

Speaker: The hon. Minister of Finance and Affordability.

Hon. J. Burrridge: Thank you, Mr. Speaker.

What we've come up on is significant population growth that we've had to absorb, in our schools, in health centres, in our health system. We had to stabilize that, and we had to build to be able to stabilize that. A lot of our debt is capital debt and it's because of aging infrastructure, population debt, aging population —

[Interjections]

Speaker: Order!

Hon. J. Burrridge: These are all the things that we're rising to because in a lot of cases, we don't have a decision here; it has to be done. We can't have students standing up in classrooms. We can't have patients in hallways of hospitals. This is what we —

[Interjections]

Hon. J. Burrridge: Exactly. So, we have to make these investments to stabilize. This is where we are. It's not unlike anyone else across the country.

And on the debt side, we have close to \$400 million saved in sinking funds that we can put towards debt, and we are contributing every year into a new sinking fund to help go against the debt.

Thank you, Mr. Speaker.

Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: Thank you, Mr. Speaker.

But if this government was to put the same effort into being fiscally responsible as they do into political spin, we would be in a lot better shape right now.

Moody's specifically warned that PEI's interest costs will continue rising as this government keeps borrowing to finance deficits. Every additional dollar spent on interest is a dollar that cannot go towards health care, towards housing, towards education, or helping Islanders struggling with affordability. This government still refuses to admit the province's financial situation is heading in the wrong direction.

Question to the Minister of Finance: Has government calculated what a full credit downgrade would cost Islanders annually in additional interest payments, yes or no?

Speaker: The hon. Minister of Finance and Affordability.

Hon. J. Burrridge: Thank you, Mr. Speaker.

What we know right now is that we have not had a downgrade in our rating. We have had a shift in our outlook. We've had conversations with the bond raters. We know we have challenges before us, and we know what we have to do to correct that. A lot of the pressures that have been in the past that we're looking at are new policies. We have new leadership here now. We can change our policies. We can pivot on different things and find some cost savings in those, and we plan to do it.

Thank you, Mr. Speaker.

Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: Well, we've only heard from one of, what, three bond raters so far, and all these institutions that you borrow money from depend on their projections to whether they're going to change interest rates or not.

Moody's says that PEI's outlook could only stabilize if the Province presents a very clear and credible financial plan with achievable saving targets. So, right now Islanders are seeing deficits, delays, more borrowing, and another government committee. Committees are not a financial strategy and Islanders know it. Islanders have seen previous governments balance budgets, reduce debt, and still grow services. It can be done.

Question to the Premier: Beyond creating more committees and revenues, what is this government's actual plan to get PEI's finances under control?

Speaker: The hon. Minister of Finance and Affordability.

Hon. J. Burrridge: Thank you, Mr. Speaker.

Our debt management strategy has set our guardrails and we're putting money against our debt within that. We're putting money into sinking funds. We have our comprehensive expenditure review, which we were already working on at a meeting this morning, literally, on what we're going to do and what things we're going to change to make that happen. And then finally, every management plan that we go through – this year's management plan was so difficult, and we're going to continue that process. We know what we have to do. We know there's a challenge before us, and we're ready to take that on.

Thank you, Mr. Speaker.

Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: Thank you very much, Mr. Speaker.

The only thing sinking is this Province's finances.

[1:30 p.m.]

Moody's also warned that PEI's large and persistent deficits reduce our Province's ability to respond if economic conditions worsen. Islanders are already dealing with affordability pressures and economic uncertainty, and they need confidence that government can respond if another major challenge hits this province.

Question to the Premier: If PEI faced another economic shock tomorrow, how can Islanders trust this government still has the financial capacity to respond?

Speaker: The hon. Minister of Finance and Affordability.

Hon. J. Burrridge: Thank you, Mr. Speaker.

To your comment on we're sinking, we're not sinking. We're actually stabilizing. That is what we're doing. We are trying to stabilize health

care, stabilize education. This is what we've been run up against given a lot of neglect over the years before us. If some of these things were done 10-15 years ago, we'd be in a much better place, absolutely.

Here is where we are, and we're rising to the occasion, absolutely.

Thank you, Mr. Speaker.

Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: Mr. Speaker, this Finance minister talks about stabilizing, but Moody's just changed from stable to negative.

I'm going to change this up a little bit. I'm going to ask the Premier another question and see if he answers this one.

Financial management is not just about numbers on a balance sheet. It's about whether government is treating the people holding our public services together with the seriousness and the respect that they deserve.

This week is Nurses Week, and yesterday, the Nurses' Union raised serious concerns about the stability and the consistency of this government during bargaining. The Nurses' Union mentions the reality that this province has gone through – four Premiers, two Health ministers, two Health PEI CEOs, and major turnovers across senior leadership – while nurses are still sitting at the table waiting for progress.

Nurses' Union

Question to the Premier: How does the Premier believe this constant turnover and instability has not harmed negotiations with nurses, and what assurances can he give that this government is finally serious about reaching a deal?

Speaker: The hon. Minister of Health and Wellness.

Hon. C. Deagle: Thank you, Mr. Speaker.

Those negotiations are ongoing right now. We just successfully hired nearly every graduating nurse from UPEI this year, which is excellent news.

The opposition is wanting us to balance the budget but wants us to spend more and more and more, constantly. They've got to pick a lane.

We are investing in health care. We're building hospitals. We're building community health centres across PEI. The former government cut health care, cut teachers. The Leader of the Opposition, when he was Minister of Education, cut teachers out of Island schools.

Our government is investing in the front lines. We are playing catch-up since the former government. We're not afraid to make those investments.

Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: Thank you very much, Mr. Speaker.

This member continues to throw that out, that we cut teachers. There wasn't one teacher cut back then, so I'm not sure what he's trying to get.

Nurses – and this is what we were talking about, nurses, but he goes on about something else all the time. This is the problem we have on this side. We're asking very serious questions.

Nurses – (Indistinct) lot of nurses, and you know the health care situation on Prince Edward Island. You represent the health care on Prince Edward Island, Mr. Speaker, so you could at least answer with some respect to the people that are asking me to ask you.

Nurses are the backbone of our health care system. They keep hospitals running through every challenge and every crisis this province faced. At this time, the government is projecting another massive deficit, and Islanders are increasingly worried that government will use the Province's financial situation as an excuse during their bargaining.

Question to the Minister of Health: Will the minister commit today that this government's financial problems will not be used as a reason to shortchange Island nurses at the bargaining table?

Speaker: The hon. Minister of Health and Wellness.

Hon. C. Deagle: Mr. Speaker, I don't think our government has shortchanged any unions we have negotiated with over the last number of years. I think we've provided some of the most significant raises to our unions, and I think that's something our government can be very proud of.

Yes, the former Minister of Education, in his short six-month stint, wanted to cut 39 teachers out of Island schools, and then he was Wade MacLauchlan's puppet, and then he had to leave Cabinet.

Our government is proud of all the investments we've made in health care. The former government wouldn't even hire doctors to try and balance the budget. We're playing catch-up since the Liberals have been in government, and we're doing a darn good job of it.

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

G. McNeilly: Thank you, Mr. Speaker.

One area that this government is struggling with is under community mental health. Eastern Prince Edward Island already has limited access to community mental health and addictions services, especially on weekends with just two staff covering two separate locations.

Now, frontline workers are raising concerns that this government may reduce those services even further. Right now, they operate on weekends. They have one registered nurse and one addiction worker. The service alternates between – on Saturday, they're in Montague, and on Sunday, they're in Souris.

[1:35 p.m.]

Mental health and addictions services (further)

Question to the Minister of Health: Is this government considering reducing or eliminating weekend/holiday mental health and addictions services in eastern Prince Edward Island?

Speaker: The hon. Minister of Health and Wellness.

Hon. C. Deagle: Thank you, Mr. Speaker.

It's a good question. I'm not sure off the top of my head, but what I will do is go back and check into this. If this is the case – I don't know if it's to do with a staffing shortage or what the issue is, but it's certainly not my plan to reduce services.

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

G. McNeilly: Mr. Speaker, frontline staff believe reducing these services will leave vulnerable Islanders with even fewer supports during a time of crisis, and I think there is a real crisis right now on the streets and in people's homes regarding mental health and vulnerable Islanders.

At this time, when mental health and addiction challenges continue to grow, Islanders are deeply concerned that this government is even considering cuts to frontline workers. The minister stood up, and I know he'll go back and look at it, but this is what people are saying.

Will the minister commit today that the weekend mental health and addiction services in eastern Prince Edward Island will be maintained?

Speaker: The hon. Minister of Health and Wellness.

Hon. C. Deagle: Yes.

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

G. McNeilly: These are all questions in support of nurses and Nurses Week this week.

Today, not even a nurse, a family member from a nurse reached out because while nurses can't come out and talk about violent situations, I want to acknowledge the information I received today. This nurse was put in a situation where she experienced violence in the workplace. This is a major concern, and she is off on leave right now. I'm concerned about that.

Health care workplace violence (further)

Minister, what are you doing to make sure that our nurses are protected from violent situations within our health care system?

Speaker: The hon. Minister of Health and Wellness.

Hon. C. Deagle: Thank you, Mr. Speaker.

Health PEI – we have implemented a comprehensive violence prevention program. That would include work with the unions, frontline staff, and everyone across the system to help reduce violence in the workplace, and to put in the protocols and strengthen the protocols that we do have to prevent violence in the workplace.

We're not going to, obviously, eliminate all of that. It will always be an ongoing issue, but I certainly hear the member's concerns, and I think we're making good strides in helping reduce that.

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

G. McNeilly: Thank you very much. I appreciate that.

Mr. Speaker, the Nurses' Union did a survey of 137 people; nurses. Over one-third – 35 percent – experienced violence more than five times in that period. Five times in a 12-month period.

I understand that, and in Health PEI's own annual report, the only thing I could find on it was – it said, "Security and violence prevention: Implementation of a process to follow up on all workplace violence incidents submitted on the Provincial Safety Management System, which includes investigations, staff support and recommendations for preventative measures."

That was last year. Minister, is all that being done right now?

Speaker: The hon. Minister of Health and Wellness.

Hon. C. Deagle: Mr. Speaker, as I mentioned, we have a comprehensive new plan in place. I think is something that we've taken very seriously – not only Health PEI, but the Department of Health. We want to address everyone's concerns, our frontline staff, and how hard they work. A lot of them are overworked, many of them. Almost all of them are overworked, and we completely understand that, and then adding to that stress, of course, being workplace violence.

We want to do what we can to support our staff, and I think we're going to continue to do that. I think our new strategic plan – our comprehensive plan is helping address that.

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

G. McNeilly: The strategic plan is not. I've gone over it many times.

But one of the things that you did do to put in place to overcome this and to value our staff was – and it says in one of your own documents in

the standing committee. It says: "Innovative Flexible Hiring Initiatives." So, that was done. It was "designed to help move quickly through the approval process to hire frontline staff, primarily focused on roles such as nurses." But in the same document, it says the interim hiring pilot concluded on August 30th, 2025.

Staffing in health care (further)

If this was so innovative, why did you guys cancel it?

Speaker: Which minister?

G. McNeilly: Minister of Health. Sorry.

Hon. C. Deagle: I would assume me.

Speaker: Question to the hon. Minister of Health and Wellness.

Hon. C. Deagle: Thank you, Mr. Speaker.

It is a good question. I think the hon. member may have asked this a few weeks ago as well. That initiative was put in place to help move individuals up to full-time positions and take on full-time work, which would make it easier for management and scheduling and filling those vacancies, and to help reduce the reliance on agency staff.

Now, we have found, I guess you could say, some unintended consequences from that program that we did roll out. So, we're just going to take some time, re-evaluate it, and see if there is still a continued and added benefit with that program, but that review is ongoing right now.

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

[1:40 p.m.]

G. McNeilly: Were the unintended consequences budget related? Because if it was to be successful – this government announced it was a major hiring, and it was going to have 1,600 positions, but I can't find it anywhere in the Health PEI budget for the cost of these positions.

Was it in the budget, how much did it cost, and did you cancel it because you're broke?

Speaker: The hon. Minister of Health and Wellness.

Hon. C. Deagle: Thank you, Mr. Speaker.

No, I wouldn't say we have stopped it because we're broke. The whole point of it was to increase the number of folks working in full-time positions. I think perhaps what we have found is that in some areas within the health care system, there are full-time positions being added where they might not necessarily have been needed, and then the other positions were still remaining there – the 0.4, 0.6.

We're just taking a look at it to re-evaluate it, to see if we can improve it, strengthen it, or find a different way to make that work, but no, certainly not because of budget.

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

G. McNeilly: That program would have gone a long way. You look at New Brunswick. You look at Nova Scotia. They're all doing things so that we don't have to have a reliance on travel nurses. It's ballooned to over \$41 million here in Prince Edward Island. This program would have gone a long way to stabilizing the workforce right here with Island nurses, but this government made a decision to move in another direction.

Minister: Will you look at bringing this program back? Work with the unions – they're telling you what to do – because right now it's costing us too much money for the direction and path that you had. We don't have \$41 million, and we can't keep going on this (Indistinct) to hire agency nurses that are costing us so much money.

Speaker: The hon. Minister of Health and Wellness.

Hon. C. Deagle: Thank you, Mr. Speaker.

As I've mentioned before, agency staff or travel nurses – whatever you want to call it – right now, we do need them in order to keep the system afloat. A lot of those staff are in critical care units; they're in rural/remote areas such as Souris or perhaps Tignish, O'Leary, in long-term care to help staff those facilities where we have a difficult time recruiting and retaining staff. That's just the reality that we face.

This initiative that the member has mentioned obviously was used to help move staff from part-time positions up into full-time work and to help with scheduling, managing, and filling those shifts and reducing our reliance on vacancy staffing. As I said, we're going to take some time and evaluate it and see how we can move forward.

Thank you.

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

G. McNeilly: Thank you very much, Mr. Speaker.

Islanders continue to see growing health care costs while this government struggles to stabilize the workforce. There are now serious concerns that staffing decisions inside Health PEI may also be driving up expensive agency staffing costs.

Question to the minister: What are your total travel agency staffing costs for '25-26 to date, and will the minister provide a breakdown by vendor, service, and location?

Speaker: The hon. Minister of Health and Wellness.

Hon. C. Deagle: Yes, Mr. Speaker, I can definitely get those exact numbers and take them back to the House.

The hon. member is right; I don't think that government or Health PEI can continue to rely on the growing cost of using agency staffing. I don't think it's sustainable. There have been a number of measures put in place, including the number of signoffs that are needed before an agency staff can be used. So, they have made some changes internally on how that protocol works to use agency staffing. Right now, the need is there, but I'll certainly get those numbers and take them back.

Speaker: The hon. Leader of the Third Party.

M. MacFarlane: Thank you, Mr. Speaker.

The Minister of Health likes to pretend he doesn't understand the difference between political interference and clinical decisions and political leadership that sets priorities and direction. Leadership means setting the tone and the direction from the top. This week, we see

another example of Health PEI ignoring frontline nurses and mental health professionals who are raising concerns about their patients' safety and wellbeing.

Leadership in health care

Question to the Minister of Health. Our frontline experts, the ones who work directly with patients, are opposing the placement of the child psychiatric unit. Why are you continuing, minister, to allow a culture where those expert voices are dismissed instead of being respected and meaningfully heard?

Speaker: The hon. Minister of Health and Wellness.

Hon. C. Deagle: Mr. Speaker, this isn't a decision I made. This was a decision made by Health PEI, an operational decision that they made, and now the hon. member would like me to politically interfere with that decision.

What has taken place is initially they wanted to use the Unit 9 space, which is well over 10,000 square feet. To renovate that space would have cost between \$8 million to \$10 million. We had the adult short-stay mental health space that we were never able to staff; we have that brand-new space there. The RFP is out to fit that space up to match the needs for the CYPUP unit.

[1:45 p.m.]

We've met with the staff. We've met with the unions. We take all their concerns seriously. We're going to try and mitigate all of the concerns that they've raised. I think that's a commitment that Health PEI has made, and I think we'll follow through on that.

Speaker: The hon. Leader of the Third Party, first supplementary.

M. MacFarlane: That's not good enough, Mr. Speaker, just to listen to the concerns. They have to be respected and acted upon with leadership at the top.

Last year Island doctors went through a disastrous battle with Health PEI executives where their concerns for patient access and quality of care were ignored, and now we are hearing many of the same concerns from frontline professionals working in child and youth mental health.

Question to the same minister: Do you recognize, minister, this disturbing trend of frontline expertise being ignored across our health care system, and what leadership are you providing to change that culture at Health PEI?

Speaker: The hon. Minister of Health and Wellness.

Hon. C. Deagle: Thank you, Mr. Speaker.

I think our new interim CEO has made great strides in the short time that she's been in the role to change the culture within Health PEI, listening to the frontline staff. I think that's something our government values; it's something I value. I take all of that input very seriously. I have no issue with any staff member at Health PEI. The frontline staff speaking out if they have concerns – they're more than welcome to do that. They shouldn't be afraid or worried of any punitive punishment; that's not right. We want to hear their concerns.

But when it comes to political interference, the opposition parties like to politically interfere when it's convenient for them. What is it? When can I politically interfere? Is there a scale of when I can or when I can't? I can't seem to understand where they're coming from.

Speaker: The hon. Leader of the Third Party, second supplementary.

M. MacFarlane: I really hope the minister's just being a little political in his responses and that he actually knows his role is to lead our health care system through this very difficult time.

Leadership is not about interfering with the day-to-day clinical decisions and micromanaging Health PEI, but it's about making expectations clear.

Will the minister commit to providing clear political leadership that frontline nurses, physicians, allied health workers, mental health professionals, and all frontline staff will be listened to, respected, and treated as essential partners in decision making when patient safety and access concerns are raised?

Speaker: The hon. Minister of Health and Wellness.

Hon. C. Deagle: Mr. Speaker, I think that's exactly what happened in this particular

situation that the hon. member is describing. Health PEI has met with the unions. They've met with all the staff within that unit. They've heard their concerns. They have a list of ways of how they'll mitigate those concerns.

There has to be some common sense. We can't spend \$10 million on Unit 9 for a new child and youth psychiatric unit that over 200 days a year has no admissions. There has to be some common sense here.

Of course we care. The child should always come first, 100 percent. We're going to do everything we can to mitigate any concerns that anyone has.

I'm prepared to provide the leadership within the health system. Of course, I don't get involved in the day-to-day operations, but there's a team of people at Health PEI – experts, the frontline staff. They know how to run the system best. I can't just politically interfere and change something every time one person might be upset or not like a decision. It's not how we create a successful system for success into the future, me stepping in and changing every decision Health PEI makes when the hon. member doesn't like it.

Speaker: The hon. Member from New Haven-Rocky Point.

P. Bevan-Baker: Thank you, Mr. Speaker.

It's been 18 months since the House approved a capital expense of \$2.5 million to improve cell tower infrastructure in order to deal with the spotty service that so many Islanders have to endure.

Originally, the plan was to build some full-size towers and hope that cell providers would use them, but the cost of that – we would probably get half a dozen of them for \$2.5 million – caused the government a little while ago to switch lanes to micro-towers that were to be placed on existing public buildings.

Cell phone service (further)

Question to the Minister of Economic Development, Trade and AI. This was done because it was considered to be the quickest way to fix the problem. How many of these micro-towers have been installed so far, and where are they?

Speaker: The hon. Minister of Economic Development, Trade and Artificial Intelligence.

Hon. J. Redmond: Thank you, Mr. Speaker, and thank you for the question, hon. member.

We had questions very similar a little while back in the same sitting, and I think it's really important that we do reiterate the messages around cell phone services, especially when we know how important they are today in this day in age when we really depend on having cell phone access, whether we're working at home, travelling through Hunter River – in fact, travelling through Bunbury is where we certainly experience gaps.

[1:50 p.m.]

I have asked the department to get some better timelines on where we're at. We have had an RFP go out. We do want to build structures that do suit the infrastructure that it has to go on. We have been working with telecom quite closely to ensure that we are doing that. There have been lots of conversations back and forth to ensure that we can provide cell phone service – in the role that we play, I should say. It certainly is a partnership and a collection with our telecom service providers.

Thank you.

Speaker: The hon. Member from New Haven-Rocky Point, first supplementary.

P. Bevan-Baker: Thank you, Mr. Speaker.

I mean, that sounds like zero. The reason we're asking these questions again – I've been up for the last 18 months on a regular basis wondering where we are with this, and "zero" is the answer we keep getting back, and that's why we keep asking the questions.

Summer is coming, minister, and with it, the massive increases in traffic not only on our roads but on our already fragile cell infrastructure. To be the successful bidder on the RFP you just mentioned, minister, and install these micro-towers, you have to install two in a rural area for every one that was going in an urban setting.

To the same minister: Did the successful bidder meet that requirement, and can you table their plan for exactly where the rural towers will be placed, which was a requirement of the RFP?

Speaker: The hon. Minister of Economic Development, Trade and Artificial Intelligence.

Hon. J. Redmond: Thank you, Mr. Speaker.

Certainly. We are working together collectively with our federal partners and industry. It is going to take all partners at play here to help move this along.

I will go back to the department to ask for the information you have requested to see what I can provide on that, but we are ready and willing to partner to get the cell towers in place where it will be successful for Islanders. There is certainly intention to do that. We've talked cell phones for as long as I can remember now. I can appreciate how frustrating that is. I certainly know firsthand that it can be really challenging, and I don't want that for anyone that depends on using a cell phone here on PEI.

Thank you, Mr. Speaker.

Speaker: The hon. Member from New Haven-Rocky Point, second supplementary.

P. Bevan-Baker: Thank you, Mr. Speaker.

When the previous minister was asked about this, he said: "There's a lot of congestion on the towers that are there now, so when we put these micro-towers out there, it will enhance coverage here on Prince Edward Island."

Micro-towers, of course, are cheaper and a lot quicker to install, but according to the experts, they have a very limited range and they're totally unsuitable for providing coverage in rural areas.

To the same minister: Can you reassure rural Islanders that government's plan to fix the awful cell service in so many rural areas will actually make a difference?

Speaker: The hon. Minister of Economic Development, Trade and Artificial Intelligence.

Hon. J. Redmond: Thank you, Mr. Speaker.

We've been working with industry and taking some guidance from experts on the towers. We do need to make sure that the telecom companies can put successful equipment on there to ensure that we have the support. We're not building the infrastructure that goes on them; we're going to build the tower that will fit that

infrastructure. That is our role in it, to provide that opportunity.

But again, we're collectively working with our federal counterparts and industry to ensure that we can have good cell phone service. I know that it's a priority. We are working with our partners at hand as fast as we can to ensure that we can provide this for Islanders.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Summerside-Wilmot.

T. DesRoches: Thank you, Mr. Speaker.

With the warmer weather we are seeing, our unhoused community is setting up their encampments around Summerside. With the weather, this may not be optimal, and hours of the shelter – being closed through the day – does not give a lot of options.

Let's go to the Minister of Housing and Communities for some questions.

Supports for unhoused Islanders

Minister, I watched the City deconstruct and take down one of the small encampments the other day from an area that it wasn't allowed. Now, with a lot of rain lately and losing encampments, what options do we have for the unhoused community through the day?

Speaker: The hon. Minister of Housing and Communities.

Hon. K. Dollar: Thank you, Mr. Speaker, and thank you, member, for the question.

Mr. Speaker, if you look back, if you go back not too long ago, this province had no shelters. We had four supportive beds. If you look today, we have shelters in our two cities. I was just looking; Summerside has not utilized the capacity the last two months, and we have some great partners that are running that shelter there.

The idea would be that they would let the staff of the shelter work with them to get the supports that they need throughout the day.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Summerside-Wilmot, first supplementary.

T. DesRoches: Thank you, Mr. Speaker.

I will commend the staff that do work there. They have a great shelter. We have Winter Street. We have LifeHouse. We have a lot of options there, but I'm talking about the options for the unhoused through the day.

[1:55 p.m.]

Back to that same minister. Minister, without a lot of wraparound service available and no outreach centre in Summerside, what are we doing to get the unhoused back on their feet and a place to stay through the day?

Speaker: The hon. Minister of Housing and Communities.

Hon. K. Dollar: Thank you, Mr. Speaker.

I think the hon. member mentioned some of the solutions right in his question. We added 24 supportive housing beds last year, which I hope, from the summer of '25 to the summer of '26, we'll see improvements in these encampments. It was just the year before that we added the first ten supportive beds in Summerside. I think we're making some headway here.

Thank you.

Speaker: The hon. Member from Summerside-Wilmot, second supplementary.

T. DesRoches: Thank you, Mr. Speaker.

Yes, I do believe there is some headway because we're seeing some stuff there, but it's a start, not a finish and not a goal.

Back to that same minister. Minister, I've asked in this House before, and with you being new to the role, I'll ask again: Can we get a trailer or some type of space at the shelter that our unhoused community can use through the day to put a roof over their head?

Speaker: The hon. Minister of Housing and Communities.

Hon. K. Dollar: Mr. Speaker, I am not going to commit to that right now, but what I will commit to is going to Summerside, arranging a meeting with the member, going and talking to our partners, and trying to improve what's already in place.

Thank you.

Speaker: The hon. Member from Georgetown-Pownal.

B. Curran: Thank you, Mr. Speaker.

Last week I stood in this House, and we talked about the bold steps being taken in Manitoba to protect our kids from the addictive hooks of AI and social media. It's a conversation that's catching fire across the country. Just recently, Premier Scott Moe in Saskatchewan announced he's looking for a province-wide consultation to hear directly from families about digital pressures like social media and AI.

Here on the Island, we pride ourselves in being a community where every voice at the kitchen table matters. We need an Island-made solution that respects the role of the parent and the safety of our children.

Social media and AI (further)

My question to the Minister of Finance and Affordability: Can the minister give us an update on how government is engaging with Island parents to ensure that future policies on AI and social media are rooted in the feedback and the values of PEI families, and protects our children?

Speaker: The hon. Minister of Finance and Affordability.

Hon. J. Burrridge: Thank you, Mr. Speaker.

As a government, I would be responsible for AI within the internal workings of government.

I think there are two levers here. There's a federal lever, which is a bigger lever on social media and AI. I think within the Province, we do have levers that we can use, too.

Believe me, you – and probably to the chagrin of a lot of the students in here – if I could shut down social media tomorrow, I would, but you will not see much a digital footprint in my life because I'm that dead against it.

So, yeah, I will tell you that if there are levers within the Province, I'll be looking to use them. One big lever we have is in our schools. I think a big ask from parents is no cell phones, bell to bell. I think we're putting a lot of pressure on teachers in the classrooms in cell phone use.

But yeah, absolutely, the Member from Charlottetown-Belvedere and I had a motion on the floor – it's still on the floor – relating to this, and we've certainly made our thoughts known.

Thanks, Mr. Speaker.

Speaker: The hon. Member from Georgetown-Pownal, first supplementary.

B. Curran: Thank you, Mr. Speaker.

We want PEI to be a leader in the digital economy, and I know folks that I represent in District 2 see the potential for high-paying jobs in this sector. But being a leader also means being responsible. We can't have a booming tech sector if our own kids are being overwhelmed by the tools they aren't ready for yet.

A question to the Minister of Finance and Affordability: Can the minister outline how government is working to ensure ethical AI use and development in PEI that prioritizes the safety and wellbeing of our young people over addictive algorithms?

Speaker: The hon. Minister of Finance and Affordability.

Hon. J. Burridge: Thank you, Mr. Speaker.

I certainly recognize on the AI front the efficiencies and improved services that are in our future with the responsible use of AI, the ethical use of AI. It has to be monitored; we all know that. We have an AI policy in government right now. It's on the Treasury Board policy site; you can go look it up. We do have an AI policy.

There are tables across the nation right now that are developing, working with the feds' AI policy and how we are going to bring that into provincial governments, and how we're going to be able to use that where it's fair, it's transparent, it's responsible, and it's ethical.

[2:00 p.m.]

It's not the silver bullet for everything. There has to be a human-centric piece around this. There has to be human touch to ensure that it's within our control. Those are all the things that we're considering, absolutely, in Prince Edward Island.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Georgetown-Pownal, second supplementary.

B. Curran: Mr. Speaker, at the end of the day, we want our students to be the smartest while also the safest in the country. We want them to have the skills to land good jobs, but we don't want them to lose their mental wellbeing in the process. It's about that Island balance we always talk about – being proactive, not reactive.

A question to the Minister of Justice and Public Safety: How is the department working to ensure that as we consult and learn, we are also keeping our online safety laws sharp enough to protect our youth from the risks that come with these rapidly changing technologies?

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

Hon. B. Thompson: Thank you, Mr. Speaker, and thank you to the member for that question.

Cyberbullying is very significant and has lifelong impacts. As a parent, and seeing young people here, it worries me.

This week, we are finalizing our provincial youth cyberviolence prevention strategy, and over the next few days/weeks, I hope to release that. I'm proud to say, on such a difficult topic to talk about, that we will be the first province in the country that is taking cyberviolence with a strategy like this. So, quite proud of it, and I can't wait to release it to see if we can curb some of the trends that are happening here on Prince Edward Island.

Thank you.

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

R. Henderson: Thanks, Mr. Speaker.

On Tuesday, Tourism PEI and the Minister of Tourism completed his budget on the floor of this Legislature, and he rightfully boasted about our frontline tourism workers' importance to the tourism product. Yesterday, the parks workers at Cedar Dunes Park were told they'll be getting three days less work this year, getting 17 weeks and two days for the coming season.

Minister, I know you might be a bit rusty. I wanted to get him on his feet again today.

Provincial park employees

Question to the Minister of Fisheries and Tourism. I know the minister probably has never received EI benefits before, but does he realize the impact a two-day work week has on seasonal workers' EI benefits for the year during their work cycle, and is this how he thanks the park workers for their efforts in representing PEI to those visitors who visit our parks?

Speaker: The hon. Minister of Fisheries, Rural Development and Tourism.

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

I think it's appropriate that I point out that it was our government, subsequent to Hurricane Fiona, that increased the number of weeks of employment from 15 to 18 weeks. Our government did that.

Yes, there will be a reduction of three days this year with the total number of weeks of employment. Having said that, that will be sufficient for EI and for claiming of EI benefits through the balance of the year.

Thank you.

Speaker: The hon. Member from O'Leary-Inverness, final question.

R. Henderson: Thank you, Mr. Speaker.

I hope the minister does go to maybe visit some of his parks in his area and talk to his workers about that and see what they think about that.

It seems this government has a real dislike for the vulnerable workers of this province while padding the salaries of executives and cutting frontline workers, whether that's in health care, tourism, or EDA.

Minister: Why are you reducing this work by three days? It hardly seems worthwhile, and it will affect their overall benefits for EI. How much money are you actually saving by cutting these three days, and how many park workers are going to be affected?

Speaker: The hon. Minister of Fisheries, Rural Development and Tourism.

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

With regard to touring parks, I tour parks, and intend to, right across the province. I'll even go to parks in the hon. member's district, and I will invite him to come along with me at that point in time.

As I'd said before, it was our government that increased it from 15 to 18 weeks. I'm not sure how come the previous government wouldn't have taken steps along that line, but it was us that did it.

[Interjection]

Hon. E. Hudson: Yes, it was. Your memory serves you very good. It was a long time ago, wasn't it?

[2:05 p.m.]

Anyway, absolutely, I state my appreciation to the park workers for the great job that they do. They're an integral part of our tourism sector that has shown such vitality over the past couple of years and will continue to do so, Mr. Speaker.

Thank you.

Speaker: So ends Question Period.

Members, we're doing a good job. We're having some great debates in here, and it is getting controversial. I wanted to point out: hon. Member from O'Leary-Inverness, your second-last question would be the model sort of a question that I would be looking for, where you're referring to people in the third person, and it's not "you" across there, "you" across there. He's the dean of the Legislature, after all.

That's what we're looking for because when we're getting into these controversial topics, it's not a personal thing. So, let's see if we can get into the third-person mode here when we're asking our questions.

Thank you, members.

Statements by Ministers

Speaker: The hon. Premier.

IRAC Review

Hon. R. Lantz: Thank you, Mr. Speaker.

Today, I am announcing that government is launching an independent review of the Island

Regulatory and Appeals Commission. I am pleased to share that Rory Francis has agreed to serve as commissioner and lead this important work.

IRAC plays an important role in the lives of Islanders through responsibilities connected to areas such as energy regulation, land protection, and appeals processes. As Prince Edward Island continues to grow and change, it's important that our public institutions evolve alongside it.

This review will examine IRAC's role, structure, and responsibilities, while also considering approaches used in other jurisdictions and recommendations for the future. As part of the review, the commissioner will engage with Islanders, stakeholders, and subject matter experts to help inform the work and its recommendations.

Mr. Francis brings decades of leadership experience in both the public and private sectors, including senior roles within the Government of Prince Edward Island.

The review is expected to conclude this fall.

Thank you, Mr. Speaker.

Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: Thank you very much, Mr. Speaker.

Everyone I think but this government knows that IRAC needs to be reformed. What Islanders don't need now is another review. What they need to see from this government is some action and to meet the needs of Islanders; that's what lacking.

This is just one of maybe 100 reviews that this government already has on the table.

Thank you.

Speaker: The hon. Leader of the Third Party.

M. MacFarlane: Thank you, Mr. Speaker, and thank you to the hon. Premier for the statement. Congratulations to Rory Francis for the appointment – a capable individual, no question.

With respect to the review, we already know what's wrong with IRAC – political patronage, lack of transparency, and lack of accountability.

We don't need a review to tell us what we already know is wrong with IRAC.

IRAC was formed in 1991 by amalgamating a whole bunch of different things together – the Land Use Commission, Director of Residential Property, the Public Utilities Commission. Pull it apart. We can pull it apart. We don't need a review. It's not going to be done by the fall. It'll be done sometime probably after the next election when it won't even matter to this government at that time.

Let's get it done. Let's make the changes now. Why do we need another review? We've kicked the can down the road. Another review.

[Interjections]

Speaker: Thank you, member.

Presenting and Receiving Petitions

Tabling of Documents

Speaker: The hon. Premier.

Hon. R. Lantz: Mr. Speaker, I present herewith a message from His Honour, the Honourable Dr. Wassim Salamoun, Lieutenant Governor of the Province of Prince Edward Island, which said message is signed by His Honour.

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

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

[The Deputy Clerk read the following message]

Honourable Brad Trivers, M.L.A.
Speaker of the Legislative Assembly
197 Richmond Street
Charlottetown, PEI

Dear Mister Speaker:

His Honour, the Honourable Dr. Wassim Salamoun, Lieutenant Governor of the Province of Prince Edward Island, hereby transmits the Supplementary Estimates of the Province of Prince Edward Island in Support of the Supplementary Appropriation Act 2026 that was required to carry out the public services of the Province for the fiscal year ending March 31, 2026.

In accordance with the provisions of the *Constitution Act, 1867* and the Prince Edward Island Terms of Union, 1873, and the *Financial Administration Act*, His Honour recommends the same to the Legislative Assembly.

[2:10 p.m.]

Commended by,

James Aiken
Clerk of the Executive Council
and Secretary to Cabinet

Honourable Dr. Wassim Salamoun
Lieutenant Governor

at Charlottetown, Prince Edward Island
this 14th day of May 2026

Speaker: The hon. Premier.

Hon. R. Lantz: Mr. Speaker, by command of His 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 2026*, and I move, seconded by the hon. Minister of Finance and Affordability, that same be now received and do lie on the Table.

Speaker: Shall it carry? Carried.

The hon. Premier.

Hon. R. Lantz: Mr. Speaker, I move, seconded by the hon. Minister of Finance and Affordability, 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 despatched.

Speaker: Shall it carry? Carried.

The hon. Premier.

Hon. R. Lantz: Mr. Speaker, I present here with a message from His Honour the Honourable Dr. Wassim Salamoun, Lieutenant Governor of the Province of Prince Edward Island, which said message is signed by His Honour.

Speaker: Hon. members, I'll ask the Deputy Clerk to read the message from His Honour.

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

[The Deputy Clerk read the following message]

Honourable Brad Trivers, M.L.A.
Speaker of the Legislative Assembly
197 Richmond Street
Charlottetown, PEI

Dear Mister Speaker:

His Honour, the Honourable Dr. Wassim Salamoun, Lieutenant Governor of the Province of Prince Edward Island, hereby transmits an addendum to the Estimates of Revenue and Expenditure, pages 105 and 106, required to carry on the public services of the Province for the Fiscal Year ending March 31, 2027, and also until the passage of the estimates for the Fiscal Year ending March 31, 2028.

In accordance with the provisions of the *Constitution Act, 1867*, and the Prince Edward Island Terms of Union, His Honour recommends the same to the Legislative Assembly.

By Command

Jamie A. Aitken
Clerk of the Executive Council
and Secretary to Cabinet

Honourable Dr. Wassim Salamoun
Lieutenant Governor

At Government House, Charlottetown
Prince Edward Island
this 12th day of May, 2026

Speaker: The hon. Premier.

Hon. R. Lantz: Mr. Speaker, by command of His Honour the Lieutenant Governor, I present herewith an amendment to the Estimates of Revenue and Expenditure for the Province of Prince Edward Island for the fiscal year ending March 31, 2027, for pages 105 to 106, and I move, seconded by the hon. Minister of Finance and Affordability, that same be now received and do lie on the Table.

Speaker: Shall it carry? Carried.

The hon. Premier.

Hon. R. Lantz: Mr. Speaker, let me provide an explanation.

Page 105 includes an update to information in the 2025-26 budget forecast under Medical Affairs division – that’s on page 105 and top of page 106: \$2.1 million in grants in 2025-26 forecast was mapped to In-Province Physicians section and should have been mapped to General Administration section. This expense is related to physician overhead and is administered by the Medical Society of PEI.

And on page 106, under Acute Care Hospitals, the amendment includes transferring \$8.5 million from material, supplies and services to professional services for the 2026-27 budget estimate. There is no increase in total expenditure under Acute Care Hospitals.

I move, seconded by the hon. Minister of Finance and Affordability, that consideration of the amendment to the estimates be referred to the Committee of the Whole House on the consideration of the grant of supply to His Majesty.

Speaker: Shall it carry? Carried.

The hon. Leader of the Opposition.

Hon. H. Perry: Thank you, Mr. Speaker.

By leave of the House, I beg leave to table Moody’s ratings. It’s Moody’s ratings that changes the Province of Prince Edward Island’s outlook to negative. I move, seconded by the hon. Member from Charlottetown-West Royalty, that the said document be now received and do lie on the Table.

Speaker: Shall it carry? Carried.

The hon. Leader of the Opposition.

Hon. H. Perry: Thank you very much, Mr. Speaker.

By leave of the House, I beg leave to table a PEI Nurses’ Union member update on negotiations, and I move, seconded by the hon. Member from Charlottetown-West Royalty, that the said document be now received and do lie on the Table.

Speaker: Shall it carry? Carried.

The hon. Member from Charlottetown-West Royalty.

G. McNeilly: Thank you, Mr. Speaker.

By leave of the House, I beg leave to table a document that was released August 21st, 2025, talking about travel nurses. It says:

“Instead of continuing to compensate our nursing, Health PEI is increasingly relying on private agency nurses...yet vacancy numbers are still climbing. But until vacancies are addressed through real sustainable retention and recruitment strategies, removing them simply places the burden back on the frontline nurses without compensation.”

I move, seconded by the hon. Leader of the Opposition, that the said document be now received and do lie on the Table.

Speaker: Shall it carry? Carried.

The hon. Member from Charlottetown-West Royalty.

G. McNeilly: Thank you, Mr. Speaker.

[2:15 p.m.]

By leave of the House, I beg leave to table the scope of violence on Prince Edward Island regarding nurses, in their release about a month ago. It talks about 137 people surveyed; 35 percent are experiencing violence more than five times in a 12-month period. I move, seconded by the hon. Leader of the Opposition, that the said document be now received and do lie on the Table.

Speaker: Shall it carry? Carried.

Reports by Committees

Introduction of Government Bills

Speaker: The hon. Minister of Finance and Affordability.

Hon. J. Burrridge: Mr. Speaker, I beg leave to introduce a bill to be intituled *Supplementary Appropriation Act 2026*, and I move, seconded by the hon. Minister of Health and Wellness, that the same be now received and read a first time.

Speaker: Shall it carry? Carried.

Deputy Clerk: Bill No. 27, *Supplementary Appropriation Act 2026*, read a first time.

Speaker: Minister.

Hon. J. Burridge: Thank you, Mr. Speaker.

The schedule attached to this act lists the total amount of special warrants approved under the authority of the *Financial Administration Act* since the last sitting of the House.

Orders of the Day (Government)

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

Hon. B. Thompson: Mr. Speaker, I move, seconded by the hon. Premier, that the 1st order of the day be now read.

Speaker: Shall it carry? Carried.

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

Speaker: Minister.

Hon. B. Thompson: Mr. Speaker, I move, seconded by the hon. Premier, that this House do now resolve itself into a Committee of the Whole House to take into consideration the grant of supply to His Majesty.

Speaker: Shall it carry? Carried.

I'd like to ask the hon. Member from Charlottetown-Belvedere to chair the Committee of the Whole House.

[S. Dillon in the chair]

Chair: The House is now in a Committee of the Whole House to further consider the grant of supply to His Majesty.

Minister, do you have a stranger you would like to bring onto the floor?

Hon. C. Deagle: Yes, please.

Chair: Shall it be granted? Granted.

Good afternoon. Can you please state your name and your title for Hansard?

Karen Stanley: Karen Stanley, director of finance, Department of Health and Wellness.

Chair: Okay. For those of you that are following along, we are on page 97, under Community Health Programs, which we have not carried. I'll just read it back over and see if anyone else has questions.

Community Health Programs

"Appropriations provided to support community health policies and programs, including, but not limited to: primary care, chronic disease management, public health, women and gender-diverse people's health, fertility supports, blood services, and organ and tissue donation and transplantation." Administration: 26,800. Equipment: 19,000. Materials, Supplies, and Services: 171,500. Professional Services: 450,500. Salaries: 1,371,400. Travel and Training: 22,000. Grants: 9,506,800.

Total Community Health Programs: 11,568,000

The hon. Member from Charlottetown-Victoria Park.

K. Bernard: Thank you, Chair.

Yesterday when we left off, I think I had asked – I think I already asked about that, actually, the Best Start program. I will go back there for one minute. Is there any information...? You kind of talked a little bit yesterday about some new things, but is there any other additional information that you can provide about Best Start?

Karen Stanley: Nothing that I can provide, but I can definitely take it back and see what we can do.

[2:20 p.m.]

K. Bernard: I've had a lot of conversations with the people at Gender Affirming Care PEI. Right now, they tell me that we're leading the country, basically, in our policies for gender-diverse people. What scares me is that they're getting cut. I believe it was the 2025 budget that they had \$125,000 and they found out they were getting a cut. What concerned them about that is that they were going to have to cut their research piece, and that's where the big gap is.

So, the money that they have budgeted in here – \$40,000 – is that for a specific position? Is that for the navigation position? Do you know?

Karen Stanley: I believe so, but I'm going to double-check.

Yes, it is for the navigation.

K. Bernard: I know that they've asked for more money. Is there any wiggle room for them? I mean, we've been learning a lot about the gap in research, and like they said, that's where they see their most important work being. So, is there any funding being allotted to them for research?

Karen Stanley: Not from our department.

K. Bernard: Okay. Is there any new money in the budget here – one of the things they had said was that they felt that the best place for a trans health navigator would be with the department because they have a better scope and more access to things. Is there anything in this budget or any talks for any budgets coming up to have a trans health coordinator?

Karen Stanley: There's nothing in this budget.

K. Bernard: Okay.

Chair: The hon. Leader of the Third Party.

M. MacFarlane: Thank you, Chair. Welcome back, Karen.

Can you take us through the professional services line to see estimate versus last year's forecast, and then going forward? It's quite a fluctuation there.

Karen Stanley: There is quite a fluctuation. As you can see, there's the list of the ones that we had. The variance, again, is partially because of invoices. The actuals that are there are up until February 28th, so it does not include any invoices that we received in March. That would have taken care of probably about half of that \$150,000 variance.

The variance between the actuals and the budget forecast was about \$150,000, but \$75,000 of that was actually used in invoices that we received in March. The other is items that we were hoping to get finished during the year but just did not.

M. MacFarlane: Looking at the \$450,000 budgeted going forward, I don't see a breakdown or details as to what's contemplated.

Karen Stanley: No, and that's because we don't have a specific plan for it. If we have a contract and we know it's going for multiple years, we will put it in. At this point in time, we don't have it allocated to anything specific.

M. MacFarlane: I know this comes up about – how do you budget when you don't have the plan for it, to borrow your words, Karen? How do you know what to allocate?

Karen Stanley: What we do is we look at what the big-picture plans are. So, we may not know who we're giving the money to, but we may look at if they're looking at doing particular items. We also look at what was spent historically. Based on what we know, we make our best estimate.

M. MacFarlane: This section includes organ and tissue donation and transplantation. Is the newly announced liaison in this section, or is that Health PEI?

Karen Stanley: No, they will be in this section. They will be in here.

M. MacFarlane: Okay. Can you tell us a little bit about that position? That's included in the salaries line for this current budget.

Karen Stanley: It is not. Can I tell you anything about it? No, I cannot.

M. MacFarlane: Just on that last point, is the person going to be hired in this fiscal year?

[2:25 p.m.]

Karen Stanley: That is our intention. What we may do – as you noted, we have \$450,000 in professional services. We may take a look at that position and decide we want to reallocate some of those professional services to cover off that salary. We don't know that. I'm not saying that is what we're doing, but that is an option.

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

G. McNeilly: Thank you very much.

It says primary care under here – community health programs. What would be under primary care in this section?

Karen Stanley: We have a team that works with Health PEI. We look after the policy part of primary care. There was a primary care renewal. The activities include policy considerations around establishing patient medical homes, integrated patient medical neighbourhoods, along with establishing services for those awaiting patient medical home affiliation such as the Pharmacy Plus program, unaffiliated virtual care program, primary care access clinics, and the promotion of the primary care and chronic disease programs. We do the policy side of the work that Health PEI does.

G. McNeilly: Would the federal negotiations be a part of this or in the other section before? The policy part would have been the \$56 million that was received about the five-year agreement.

Karen Stanley: That would have been in the previous section.

G. McNeilly: Yeah, okay.

How many people on that team? That's a big job to do the policy on that.

Karen Stanley: There are three people specific to that team, but they are able to access people from our health innovation team as well as our policy and planning team as they require.

G. McNeilly: We talked before about the grants from the mental health alliance going somewhere in one of the sections. Was it community health programs it was going into?

Karen Stanley: No. The grants from the alliance – do you mean the funding that we have been giving to the alliance?

G. McNeilly: Yeah.

Karen Stanley: We're not technically reallocating those, but you mean the grants that they were doing that we're going to be assuming? They're actually not showing up on our budget.

For accounting purposes, they have returned the funding to us. Then we will be administering them on their behalf, so there's no net expenditure.

G. McNeilly: As an opposition member, do I just say: pretty please, I hope you do that?

Karen Stanley: No, we will be entering into contracts with these individuals to do that.

[Interjection]

Karen Stanley: That actually does belong in mental health and addictions, but we will be entering into contracts to take over the grants. We probably will see the expenditure and the revenue in the mental health and addictions section next year.

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

K. Bernard: Thank you, Chair.

I'm looking at the Beck Exercise Physiology Inc. for the provincial chronic pain program. That's budgeted \$69,100. Is that the only place where we'll see any budget line for chronic pain management?

Karen Stanley: No. Chronic pain management is actually a section within this division. So, it has its own staff. It has work on a cancer action plan. They do other work. We have GLA:D physiotherapy; there are also different physiotherapy companies. We do other things within that. We're also working on a chronic pain strategy.

K. Bernard: That kind of answers my next question because we've heard from a few people recently that say that the province just isn't set up to support people who are living with chronic pain well enough.

So, a two-part question: Is there any new money in this budget for chronic pain management, above and beyond the strategy?

Karen Stanley: No. We will focus on the strategy first. That will be the funding that's in '26-27. Based on what the strategy recommends, we will budget accordingly.

K. Bernard: Do you have any brief information on that strategy? I don't know if you need to put aside funds for broad public consultation – because I'd really like to see this include broad....

Karen Stanley: We do actually have funds for public consultation. Some of those professional

services that were unallocated will be used for hiring someone to help us with that.

[2:30 p.m.]

As well, some of the funding that's in materials, supplies, and services will be for the costs associated with actually holding the consultations.

K. Bernard: Okay. I think I'm good. Thank you.

Chair: The hon. Leader of the Third Party.

M. MacFarlane: Pharmacy-led clinics – can you explain what that line is? It looks like there's nothing for this year, but we're looking at half a million for next year?

Karen Stanley: Yes, and that originally came up in our budget last year; however, due to a variety of delays, it was not implemented this year. We are still working through our internal processes to get that up and running.

what we're hoping that would be is you would be able to go to a pharmacist or book an appointment with a pharmacist, and within their scope, they would be able to assess you. That would be tied in with the Pharmacy Plus program.

M. MacFarlane: So, is that \$448,000 earmarked just to get that up and running, or is there compensation within there for the pharmacists who are doing that additional duty?

Karen Stanley: The compensation for the pharmacists that are doing the additional work would actually be within the Pharmacy Plus program because it's within their scope that is part of Pharmacy Plus. Some of that \$400,000 is to help the pharmacies get up and running in case they are incurring additional costs. Right now, as we're still working through it, we don't know what those additional costs may be, but that is what it's for.

M. MacFarlane: Okay. Has there been pretty fulsome consultation with the Pharmacy Association about moving in this direction, and with the funding that's being allotted?

Karen Stanley: There has been consultation.

M. MacFarlane: The provincial blood coordinating program is getting quite a bump up, there.

Karen Stanley: Yes, it is.

M. MacFarlane: \$800,000, roughly?

Karen Stanley: Yes.

M. MacFarlane: Can you explain what's happening with that program?

Karen Stanley: That is a national program that is operated through the Canadian Blood Services agreement. As it's a national program, we are only one of 13 different voices at the table. So, for the '26-27 agreement, they actually got a 15 percent increase. I will note that PEI did not vote in favour of it, but as I said, we are one of 13 voices. So, they had a 15 percent increase this year on top of the 30 percent increase that they had the year before.

M. MacFarlane: Okay. (Indistinct)

Karen Stanley: Yes, we have to give it to them. We have no choice.

M. MacFarlane: Okay. Could you explain a little bit more about what that means? I know you say we voted against it but we're one of 13 votes; it sounds like it carried. It's a big dollar amount.

Karen Stanley: Absolutely. That's costs of changing their services, providing their services, capital infrastructure.... They provide a plan, but once it is approved at the table, we have no choice but to go along with it. But it is to improve upon their services, capital components.... Yeah.

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

G. McNeilly: Boo. Not you guys, but them.

Hon. C. Deagle: Member, do you have a question?

G. McNeilly: Oh, am I on?

[Laughter]

G. McNeilly: I hope you got that.

Chair: I didn't mean to wake you up, but....

G. McNeilly: Sometimes it's hard being –

Hon. C. Deagle: Ding-dong.

[Laughter]

G. McNeilly: Oh, we have some fun in here.

Chair: Hon. Member from Charlottetown-West
Royalty, do you have a question?

G. McNeilly: Yes, I do have a few questions.

Just talking about the organ and tissue donation program – I've always looked at that line because it's kind of an indication of what we're doing, how many organ and tissue donations we have been able to provide. I kind of always ask that question. I notice that the money is increasing, but it might just be a standard increase.

Could you give me a little bit of information on that?

Karen Stanley: The budget is staying the same year over year. What we actually spent last year was less than what we had budgeted. That's why the forecast – that's why it looks like it went up. It's based on utilization.

We aren't changing the program; it's just based on the utilization, and we are hoping for a higher utilization.

G. McNeilly: Okay. Yeah, I'm hoping so too.

[2:35 p.m.]

I know the questions were probably asked on IVF/fertility, but I want to ask about last year's spend. It's quite a bit under, if I do remember. I think the budget is usually about \$400-and-some-thousand, and it looked like we spent \$269,000. Why were we not hitting – was it a lack of people coming forward that we didn't...?

Karen Stanley: It is utilization-based. It's based on how many people apply as well as what they have submitted during the year.

G. McNeilly: I know it's been frustrating talking to the community. I'm sure the Chair, maybe, has asked questions on this, too. I'm excited about the changes. The community does have some concerns without – there's not a whole lot of detail out yet. When do we expect that the detail is going to be out about the \$1.1

million? Because what they're saying is this could give an opportunity for people to try to have a baby, that haven't had it before, and that's what we want to do.

How you reach a number of \$1.1 million, I don't know. What are the plans? I don't know what the plans are.

Hon. C. Deagle: I'd say we're working on it.

Karen Stanley: We're working through our internal processes, developing the details so that when we do announce the processes, we'll be able to give everyone the exact details that they need.

Hon. C. Deagle: We don't want to launch it and there not be any details and then we're left being criticized for "Why aren't you ready for it?" So, I think get the details right and then we'll launch it, hopefully relatively soon.

G. McNeilly: Okay. One of the questions that they asked: Is there given any consideration to looking – in the past in the little bit of time that has gone by.... When a program like this gets announced, there are already people that maybe are in the system trying.

I think that was clear from the Chair. Maybe she can help me.

Chair: (Indistinct) answer these questions.

G. McNeilly: Yeah. She's done a lot of work on this so if she wants to ask those questions. The families are coming to us – "We tried, we did this." Is it going to be retroactive? Is there any portion of this looking at being retroactive?

Hon. C. Deagle: Of course, it'd be nice to be retroactive, but I don't know if that's realistic or a possibility. I think as we kind of work through the details here in the next number of weeks, we'll have to iron that out. But then the issue becomes: How far back do you go? That's always a concern.

G. McNeilly: Yeah, and I'm glad to see the money. I'm supportive of where we're going. I look forward to those details. I know your staff are working hard. You've got great staff working on this.

I'd like to just ask on the next line; I'll leave that alone. From there on, I hope things are going to be announced sooner rather than later.

Hospice PEI – I’ve worked alongside them before. There is obviously an increased need for hospice services on Prince Edward Island. I kind of maybe put that in my budget request over the last years, personally; you probably saw it there.

But \$50,000 – what they’re saying is it isn’t enough to meet the demand. They’re a volunteer-based organization. Was there any consideration to giving them more money in the budget? I see it’s the regular amount, but this is an increasing service and they do great work. Can you just speak about that maybe fairytale possibility? Because it’s the same.

Karen Stanley: We had many requests from many organizations. We did the best we could.

Chair: The hon. Leader of the Third Party.

M. MacFarlane: Thank you, Chair.

I know on the discussion on the living donor reimbursement program, I think, Karen, the answer was that you’re budgeting back up to the \$20,000, hoping that the numbers – you want the numbers. It’s on uptake. I get that’s why we didn’t spend that full amount.

Is there any money in the budget to promote organ donation through living donors to try and make sure that we’re actually spending what we’re budgeting for for that important line?

Karen Stanley: Yes. Any advertising that we would do would be included in the materials, supplies, and services budget, so there is funding there.

M. MacFarlane: Materials, supplies, and services budget – we’re only budgeting forty – sorry, I’m on the wrong section.

[Interjection]

M. MacFarlane: Yeah, okay.

Karen Stanley: I’m not saying all \$171,000, but I’m saying there is funding available to do advertising.

[2:40 p.m.]

M. MacFarlane: That’s obviously important, especially when we’re seeing government budgeting a certain amount – not a big amount by any stretch of the imagination; \$20,000 is peanuts in a budget the size of this. So, it would

be really nice to see that money being fully utilized by people who could be reimbursed who are living donors.

The vision loss rehabilitation line is getting another \$100,000. Can you explain what that’s going to be put towards?

Karen Stanley: That is their economic increase based on their multi-year agreement.

M. MacFarlane: It says Vision Loss Rehabilitation Canada.

Karen Stanley: They actually have an office on PEI. It’s located on Grafton Street. So, we actually work with the local organization and give them the funding.

M. MacFarlane: So, I’m taking from that increase that it’s well utilized, that there’s a big demand for whatever it is that this service provides.

Karen Stanley: Absolutely. I’m just wondering if I have a little blurb on what they do.

I do not. I’m sorry. But what they do is they help people with their transitions. When they’re first diagnosed – you have the CNIB, but this actually helps them when they are doing.... When they’ve lost their vision, they help them figure out how to use the white cane, they help them with the Braille, they have equipment that they can lend. I went and did a tour; that’s why I know.

M. MacFarlane: Thank you.

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

G. McNeilly: I’m going to merge one question all into one.

For the salaries – I’m sure it’s been asked, but there was obviously an underspend. The collective agreements would have brought everything up naturally, but I’m seeing it’s stable. For what the spend was this year, we were down – it’s budgeted at \$1.37 million. Are there some positions merging, or was there unused funding in that section?

Karen Stanley: There were a variety of temporary positions which were vacant. That’s why you see the reduction from budget to

forecast. So, we had eliminated those because they had not been filled in a few years.

G. McNeilly: Are they in the book?

Karen Stanley: No, they wouldn't be, because they were temporary positions. What's in the book is permanent positions, so you don't see the temporary positions.

G. McNeilly: Okay. I could ask more, but I'm just going to keep going. I want to just talk about the PEI race and ethnicity data collection projects. Well, there are three lines there. I'm glad to see those. Can you tell me a little bit about – was that done with the Black Cultural Society, that project that they were working on, or was that something different?

Karen Stanley: I'll have to bring that back. I don't have any notes on it.

G. McNeilly: There are three lines I'm asking about: the cancer action plan initiative and race ethnicity data collection, the PEI race and ethnicity data collection, and the race-based data collection. I think I know what it is, and I'm glad to see it. It's that there wasn't any data collection done in Prince Edward Island for the Black population or different populations, and that's important data for them and their communities.

Karen Stanley: I actually found some information, just in a different section. It's a partnership between the department, Health PEI, and the Canadian Partnership Against Cancer. The project will voluntarily collect information about race and ethnicity when people apply for or renew their PEI health card starting on April 1st, 2026. The information will be used to help better understand differences in health outcomes by race, identify gaps in care, and improve services.

G. McNeilly: Yeah, and I'm glad to see that. The Black Cultural Society has talked about that for a while. There are different blood elements and different things that are important. I know a little bit about it, and I'm glad to see that. Thanks a lot for investing in that as we see it here.

The only other question I had – chronic disease: Would the colorectal screening move to 45 be in this –

Karen Stanley: Health PEI.

G. McNeilly: It's just in Health PEI.

Karen Stanley: That's correct.

G. McNeilly: So, there's no policy work that –

Karen Stanley: The policy work would have been done, but the actual expenditures related to that were in Health PEI.

G. McNeilly: Oh, okay. Thank you.

Chair: Shall the section carry? Carried.

[2:45 p.m.]

Total Community Health and Policy: 59,905,800

Shall it carry? Carried.

Pharmacy Services

Pharmacy Services

“Appropriations provided for the oversight, guidance, and delivery of provincial drug programs in PEI. The provincial drug programs are mainly delivered through community retail pharmacies, or in the case of Provincial Pharmacy, delivered directly to clients. The unit provides oversight for the federal bilateral Drugs for Rare Disease and National Pharmacare agreements.” Administration: 72,800. Equipment: 9,900. Materials, Supplies, and Services: 40,700. Professional Services: 2,996,900. Salaries: 2,079,100. Travel and Training: 9,100. Grants: 70,955,700.

Total Pharmacy Services: 76,164,200

The hon. Leader of the Third Party.

M. MacFarlane: Thank you, Chair.

There are a few items/lines that I'd like to ask about. The high cost drugs line looks like it's being reduced by about \$3.9 million. How is that the direction for covering drugs?

Karen Stanley: We're making some changes to some programs. They will not affect Islanders directly. They will be changes related to the switch to biosimilars, which we are anticipating will save the government money. That would be part of the savings in there.

As well, we are watching the price of the drugs and monitoring those. Based on all of that

information, we feel there will be some savings in the high cost drug program. Again, it's utilization based, so if there is more uptake, we will adjust accordingly.

M. MacFarlane: Biosimilar drugs – I guess, sometimes known as generic drugs as well?

Karen Stanley: It's a little bit different.

M. MacFarlane: And they're not always interchangeable, either.

Karen Stanley: That's correct.

M. MacFarlane: Has there been consultation done with the people who would know about that as far as whether that's going to be satisfactory and actually capable of being introduced with Islanders?

Karen Stanley: We actually started implementing the program in November of 2025. All of that work had been done up to that point in time. These are anti-VEGF biosimilars. They're highly similar, cost-effective alternatives to branded ophthalmic biologics such as Lucentis and Eylea and they're designed to treat retinal diseases such as wet AMD.

M. MacFarlane: Okay, I'm not going to dig any further into that, but I guess my concern remains about whether or not interchangeable drugs are in fact interchangeable simply because the generic manufacturer says they are. I know they're not always the case.

The \$4 million decrease in funding for this line – does that mean there won't be any new drugs added to the formulary?

Karen Stanley: We're always looking to add more drugs to the formulary. We did add quite a few funds over the last few years through the IAAPD; the government has now assumed those additions. We try to add new drugs every year. There is nothing planned right now for this year, but that does not mean that there won't be new drugs added.

M. MacFarlane: I probably have more on that program, but I'll just move on for now to Pharmacy Plus, which gets a lot of talk in the Legislature. Great program. The former minister spoke so highly of it as well. Looks like we're adding \$1 million to it. Can you explain what's contemplated?

Karen Stanley: The budget is actually the same year over year, but the uptake was actually lower last year. We had a budget last year of basically \$3 million. We actually only utilized \$2 million, but we kept the budget at \$3 million because we are hoping to make improvements to the program to utilize all of that funding.

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

K. Bernard: Thank you, Chair.

I think I just have one question. In the big book on page 7, it says the growth hormone program and this year is budgeted \$94,700. What is the growth hormone program?

Karen Stanley: It may take me a couple of minutes to find that one.

[2:50 p.m.]

Okay. The program was implemented to provide closely supervised treatment of growth hormone-deficient children. There are only currently about seven clients using it, and we pay out – in the last couple of years, about 50 claims.

K. Bernard: Okay.

I'm good. Thank you.

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

C. Simpson: Thank you. Hi and welcome back.

Just looking at the Diabetes Program – Glucose Sensor. That's dropped a wee bit. Just wondering if you can talk to us a little bit about that, Karen.

Karen Stanley: We left the budget at the same as what the budget was the previous year. We did actually indicate that the forecast was a little bit higher; however, based on the information that we know, we're hoping that it will come out the same as the budget last year.

However, as I've mentioned before, all of these are utilization-based, and if more funds are needed for that area, we will just reallocate and monitor accordingly.

C. Simpson: Reallocation if there's flexibility, I understand that, but is there a contingency for

the just-in-cases? What if you can't reallocate from one budget to another?

Karen Stanley: When you look at not the big book but the little book, you'll see that the budget estimate for '25-26 was \$71,067,000, but we actually are forecasting \$72,122,000. It's utilization-based. We will not turn people away.

C. Simpson: Ostomy supplies – is that a return for people who pay it up front and they get reimbursed? Is that how that works?

Karen Stanley: Yes.

C. Simpson: Do you find delays potentially – I can't really frame it, minister, but in the ostomy use, I've heard from people that it's a challenge to pay up front and then get reimbursed. Was there ever any consideration to changing that?

Karen Stanley: It would be hard because it's a reimbursement of expenditures that they've paid. It's not saying that everyone gets a certain allocation each year. It is based on what they actually spend. It would take a reconfiguration of the program. I'm not saying it's out of the question, it's just not an easy change.

C. Simpson: Thank you, Chair.

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

G. McNeilly: Thank you, Chair.

I think this is probably, I think maybe year 2 of pharmacare. How much did we receive in pharmacare rebates back to the province? Would that be the rebates...?

Karen Stanley: That's the rebate line in the big book.

G. McNeilly: \$20 million?

Karen Stanley: Yes.

G. McNeilly: Okay, so last year we received \$21.6 million for 11 months, but I'm sure that's just a one-time payment. This time we're getting \$20.5 million. Was that for utilization?

Karen Stanley: It's utilization. It's also based on product listing agreements we have with the manufacturers. When they expire, we have to do new negotiations with them. Depending on the arrangements that we make, sometimes we get

better product prices than before, sometimes we don't get as good prices. Overall, it is utilization-based, but it's also based on what they're offering us for a reduction in price.

G. McNeilly: And then the national pharmacare and diabetes has a different line, along with contraception. Is that an expense or a revenue?

[2:55 p.m.]

Karen Stanley: Both. We get the funding from the federal government, but then we actually administer the programs, so there is revenue that is offsetting that. The contraception is essentially offset one to one. The diabetes program is not offset. We actually spend significantly more than we receive.

G. McNeilly: Okay, interesting. I just saw that. But that is in the pharmacare program, just in a different – it's outside...?

Karen Stanley: Right.

G. McNeilly: Okay. Then, I guess I'm still talking because I didn't know if we had an exchange there.

The diabetes programs – just going to ask a general question about it all. Is the age still 25 to receive those, and is there any chat about...? I'm not sure –

Karen Stanley: Let me double-check that because I have a feeling it may have changed, but I'm not 100 percent positive.

G. McNeilly: It didn't change?

Karen Stanley: No, I think it did change a couple years ago from 25.

G. McNeilly: Yeah, there's no age limit on it? Okay, I'm just... The Minister of Economic.... Yeah, because I didn't research....

Chair: (Indistinct) questions. [Laughter]

G. McNeilly: Thank you. Sorry.

Chair: No, I'm just teasing. Go ahead.

G. McNeilly: I messed this all up. I'll be quiet for a second.

Karen Stanley: I'm going to have to get back to you. I'll bring that back on the ages. I believe it

changed, but I don't have anything noted on here.

G. McNeilly: Okay. The private nursing home program – it's gone up a little bit, but I just noticed the nursing home in my area, Garden Home, which is private, switched users. I don't know if that had anything to do with a new type of a program?

Karen Stanley: Garden Home isn't private. It's public.

G. McNeilly: Did I say...? No, yeah, private nursing home program. Sorry.

Karen Stanley: Right, so private wouldn't cover Garden Home because Garden Home is a public nursing home.

G. McNeilly: Really?

Karen Stanley: Oh, sorry, no. I'm sorry. Yes, it is. You said they changed users?

G. McNeilly: Yeah, I just saw that they announced that they're going to go to a different company, and I didn't know why they would be doing that. It's just more of a...

Karen Stanley: The company could be the pharmacy that it has an association with. That would be the owner's prerogative.

G. McNeilly: (Indistinct) Yeah, okay. It doesn't get them (Indistinct)

Chair: The hon. Leader of the Third Party.

M. MacFarlane: Thanks, Chair.

The ostomy supplies program – I've had someone reach out. Maybe you can sort of take me through how the program operates because what I was told is that it's not income-based, that everyone gets the benefit up to the certain amount; I believe there's a cap on it. The concern was that even if you have private insurance and you get the same coverage as someone who doesn't have private insurance....

I guess the question that I would have.... I'm not remembering the details well enough, but the question I have is whether it should be on a graduated scale based on income to provide more support for the lower-income community, either with private insurance or without? Because there's always a deductible, a cap as to

how much you can get covered under the program.

So I guess the question is whether or not the program could provide additional funding to those who might need it more at the lower income levels.

Karen Stanley: My notes here do say that the eligible supplies based on household income to a maximum of \$240,000 per program year, so to me, that would indicate that it was tested, but I can confirm if it is or isn't income-tested.

As far as looking at changing it, we always try to review our programs to make sure that we are offering the best programs for what we're spending.

M. MacFarlane: Okay. I may send a note to the minister with the concern that I've heard if you don't have any more information at your fingertips there, Karen.

Karen Stanley: Okay.

M. MacFarlane: The substance use harm reduction is \$2 million across the board. Is that methadone? What does that cover?

Karen Stanley: It was previously referred to as the opioid replacement therapy program, or methadone program, starting June 1st, 2022. It was replaced with the substance use reduction program.

[3:00 p.m.]

The new program provides 100 percent coverage of opioid replacement treatment, including methadone or a solution of buprenorphine and naloxone – oh my gosh – Sublocade, Probuphine, as well as alcohol use disorder medications, including acamprosate and – I'm sorry; I'm butchering the pronunciations of these words – naltrexone, with no out-of-pocket costs for eligible Island residents. These changes are anticipated to result in approximately a doubling of program spend.

M. MacFarlane: So, these are drugs administered both through provincial detox clinics as well as the retail pharmacies?

Karen Stanley: These would be the retail pharmacies. Anything that would happen in the provincial would be under Health PEI, under their budgets.

M. MacFarlane: Okay. Jumping around a bit, back up to the high cost drug program. Is the line “Rebates” related to that? Is there federal money supporting our high cost drug program?

Karen Stanley: “Rebates” has nothing to do with federal funds. The rebates – what they are is.... There’s the list price for all drugs. So, if I, Karen Stanley, went and purchased a drug, they would charge me X amount of dollars. Because as a province we purchase more, we get a preferred pricing, but that preferred pricing depends on a variety of things. So, instead of reducing the price, they just give us a rebate on the price to come back to the preferred pricing.

That is the difference between the list price and what we actually pay from all the different drugs. So, it’s not just high-cost; it’s all of the drugs.

M. MacFarlane: Is there any federal support under the high cost drug program?

Karen Stanley: Nothing specific. We do have federal drug programs. We have the national pharmacare, which is the diabetes and the contraception. As well, we have the drugs for rare diseases, and that could be through any of the different programs.

M. MacFarlane: Okay, thank you.

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

C. Simpson: Thank you, Chair.

My apologies if this question was asked when I stepped out.

Financial assistance – it’s dropped down a bit, but I was surprised to see financial assistance here and not in Social Development Seniors. What does that mean, Karen, in this budget?

Karen Stanley: The financial assistance program provides both prescription and non-prescription medications to individuals who are eligible under the authority of the *Social Assistance Act*. So, it does tie into that. The social assistance program clients obtain their prescriptions from the Island retail pharmacies of their choice, which is why it falls under ours. There’s no cost to the clients. The Department of Social Development and Housing – oh, changed the name – is responsible for enrolling and removing the residents from the program.

C. Simpson: So, it’s a cooperative, back and forth between the two.

Karen Stanley: Absolutely.

C. Simpson: Okay, thank you.

The transplant drug program – again, you talk about how this is on a usage basis, but my experience is that once you are on a transplant drug, that’s for life. You’re going down; so, we have fewer people in need, or better pricing on meds, or...?

Karen Stanley: In 2024, there were 2,000 people that went through the program. The number of clients were – sorry, 2,035 claims. There were 161 clients. In ’25-26, there were only 155 clients.

C. Simpson: Okay. Glucose sensor – again, same principle? Fewer people needing the...?

Karen Stanley: Correct.

C. Simpson: The need for those?

Karen Stanley: It’s based on usage.

C. Simpson: Okay, but if more people come back, then –

Karen Stanley: Yes.

C. Simpson: Okay, I’m fine. Thank you.

Chair: Total Pharmacy Services: 76,164,200

Shall it carry? Carried.

Health Workforce Development

Health Workforce Development

“Appropriations provided for workforce planning, development of training and bridging programs, and innovation in the healthcare field.” Administration: 44,700. Equipment: 65,500. Materials, Supplies, and Services: 84,800. Professional Services: 797,400. Salaries: 1,715,400. Travel and Training: 39,400. Grants: 940,000.

Total Health Workforce Development:
3,687,200

The hon. Member from New Haven-Rocky Point.

[3:05 p.m.]

P. Bevan-Baker: Thank you, Chair.

Hi, Karen.

Karen Stanley: Hello.

P. Bevan-Baker: I'm going to jump in the conversation as my colleagues had to leave for a minute.

The first thing I want to ask about is the salaries line here, Karen. I see it drop. We underspent considerably, 600-and-something thousand, but the plan is to spend up again. Did we just have unfilled positions? Is that what that is?

Karen Stanley: It is. So, this is a combination of the section which actually does the health workforce development, but also the program called transition to registered nursing in Canada.

We had a hard time filling those positions last year, the nursing positions to operate that program, but thankfully, during the last few months, I believe half – if not more than half – of the positions are now filled. So, we do plan on going back to the full complement.

P. Bevan-Baker: That's great news. Thank you.

I'm looking at the internationally educated nurses bursary program, which is in the big book. Last year, we spent \$141,000; this year, we're budgeting \$65,000. Is that because it was underspent? Did we not need it last year? Is the demand for it down?

Karen Stanley: It was a pilot program, so we're just reviewing the program. We're reviewing it based on the utilization, about – is the amount of money that we're giving appropriate to the nurses, or to the professionals?

So, it's just a review of the program. Based on the review of the program, we are looking at having a reduced spend. That being said, it is utilization based, so if we have the new people, we would continue to pay them.

P. Bevan-Baker: So, the funding would come from elsewhere within the envelope.

Karen Stanley: That's correct.

P. Bevan-Baker: Okay.

I see the physician practice ready assessment is also listed here for half a million dollars last year and going up to \$875,000 this year. Is that a fee that we pay to Nova Scotia to carry out the assessments there?

Karen Stanley: That's correct. Nova Scotia is in the process of setting up their own program – their own physician practice ready. So, the money that we have paid this year was to help with their capital costs and their setup cost.

After that, we will be paying \$175,000 per seat. That is for five seats; it would be \$875,000. If we put through less, we will pay less, But yes, it's on a per seat basis.

P. Bevan-Baker: That's interesting. That's an interesting way that we're paying for it.

That's a pretty significant amount of money per seat – \$175,000. What do we get for that? Is this not something that we could potentially establish here domestically on Prince Edward Island?

Karen Stanley: It could. This is something that we're entering into while we're looking at what our options are. Since they were already in the process of setting it up, it was easier to piggyback with them to start while we look at how much it might cost us to actually set up our own practice.

P. Bevan-Baker: You probably don't know the answer to this, Karen, but do you have any idea how much Nova Scotia pays per seat that they put through that office? I'm just wondering if we're getting a deal here, getting stiffed.

Karen Stanley: I do not believe we're getting stiffed. I can't elaborate more than that, but no.

P. Bevan-Baker: The bridging program for RNs – I see that there's a placeholder here for 160-something thousand. Is that correct – \$176,000? Is that program well utilized? Can you give us an idea of how many RNs or how many nurses are actually using the bridging program for the RNs?

Karen Stanley: Most of my numbers here are a combination of the RN bridging and the transition to registered nursing because we kind of offer the programs together, but let me see what I have here.

It's a 32-week program for internationally educated nurses. Since May 2024, five learners have completed the RN bridging program alone.

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

C. Simpson: Thank you, Chair.

Just curious about – the budget line for English language testing has been removed. Do we look at English or French testing or proficiency from internationally trained?

Karen Stanley: I believe so, yes. When they had to go to do the English testing, we would help supplement the costs.

C. Simpson: But there's no budget this year for that.

[3:10 p.m.]

Karen Stanley: That is more of an oversight, because there was no budget last year, and obviously, we spent the money.

C. Simpson: Do you know what that cost would be?

Karen Stanley: I would assume that it would probably be the same as what the forecast was for this year.

C. Simpson: Thank you.

Can you tell me what that forecasted amount for that proficiency...?

Karen Stanley: Sure.

The English language testing – we really only have a forecast of \$1,000, and that's based on what we spent so far this year.

C. Simpson: And do we do the same for French as well?

Karen Stanley: I do not know. I can find out.

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

G. McNeilly: Thank you.

Just the physician practice writing assessment – the Member from New Haven-Rocky Point was asking about it. That Nova Scotia program –

when does that start? We have five seats, and are they all full?

Karen Stanley: No, they are not all full. The program is just starting, and based on the assessment from Health PEI and the recommendations applicants, we will do it. I do not believe that we have five people actually committed as of right now, but the program isn't quite operational yet.

G. McNeilly: And are they starting that in September? Do you if they're...? Because I'm just thinking about people in my area who are trying to just (Indistinct).

Karen Stanley: I don't know actually when it's starting.

Hon. C. Deagle: Do you have names of potential candidates?

G. McNeilly: Yeah.

Hon. C. Deagle: You should pass them on.

That's medical affairs – reach out to them and see if they do qualify because we'd love to fill the pilot.

G. McNeilly: Yeah, I know you would. I will.

If anybody is watching, which I doubt, but I mean, we'd really like them to sign up. This is an opportunity here. I don't know what the threshold is to get in. Obviously, the member would know.

Just my last question on it – I think it's a great opportunity. I'm glad that we're heading into this area because, I mean, Nova Scotia did it and I know that some doctors were looking at that, and now that we're partnering on, that gets up where we need to get to, then they can come back. My question is: Do they come back to Prince Edward Island? Obviously, we're investing in. Is there a return of service attached to that, and do they do their practical stuff in Prince Edward Island?

Karen Stanley: I believe there's a return in service attached to it because we normally do that when we're paying for seats. Where they do their practical work, I do not know.

G. McNeilly: The RN recruitment service – I can't remember if that's what the member was

asking about, but there's no money attached to it next year. Was that already asked about?

Karen Stanley: No, I think you're referring to the RN referral.

G. McNeilly: The consulting?

Karen Stanley: It's a small program that we've never actually had a budget for, so we do have a forecast of \$7,500. It's actually very similar to the English language testing. We had a forecast of \$7,500. It's very ad hoc, so one year we may have \$7,500, the next year we may have nothing. So, we do not have a dedicated budget; we just reallocate funds if we do have the expenditures.

G. McNeilly: A clarification.

Chair: Sure, member.

G. McNeilly: Where it says, "Consultation – the RN recruitment services," and the...

Karen Stanley: Oh, okay. I thought you were talking about the RN referral grant.

G. McNeilly: No, sorry. The \$132,500 for last year, but there's no money allocated this year.

What was that consultation for and what did we get for that money?

Karen Stanley: That is funding that we are paying to an outside recruitment service that when they bring us substantiated leads, we pay them a certain amount of money. That contract ended in January of 2026. That's why you don't see any dedicated spend for this year.

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

K. Bernard: Thank you, Chair.

[3:15 p.m.]

I'm wondering about government and Holland College – the practical nursing programs that government funds. I don't know where we would find it in the budget line, but I'm told that that funding is no longer being – that that program is going to stop. Not the program, sorry, but there's extra.... There's government funding to increase the nursing workforce is what it was for. So, there's the regular cohort, but then government funded two additional

cohorts, and I'm told that funding is being cut in 2027.

Karen Stanley: That would be under Workforce and Advanced Learning.

K. Bernard: Okay, I will hold my question until then.

Chair: The hon. Member from New Haven-Rocky Point.

P. Bevan-Baker: Going back to the bridging program for the registered nurses, I'm trying to see exactly where that is in this section.

Karen Stanley: You won't. We put all of the expenditures for the RN bridging program and the transition to registered nursing together as one lump sum. It has its own section, but all of the expenditures are intertwined with the workforce.

But, to kind of give you an idea, the combination of the transition to registered nursing in Canada and the RN bridging – the two programs combined – have a budget of about \$1.5 million.

P. Bevan-Baker: Excuse my ignorance, Karen, but what is the difference between the transition to nursing and the RN bridging program?

Karen Stanley: The transition to registered nursing in Canada, or TRNC, is the recruitment of internationally educated nurses is a key area of recruitment to help adjust.... The department has partnered with Saskatchewan Polytechnic to deliver the transition to nursing in Canada program to IENs with the essential education skills and training required for successful transition to registered nursing in Canada.

The TRNC – so not the bridging but the other one – is a 14-week program. It's a much more condensed program which combines online theoretical learning with in-person lab sessions and clinical practicum experiences. The program significantly accelerates the pathway for IENs to integrate into the health care system, allowing them to obtain essential knowledge and practical skills in a much shorter time.

The RN bridging program is a 32-week program. It's much longer for this to update their credentials to meet the competencies. It depends on where you are in the spectrum and to which program that you go into.

P. Bevan-Baker: Yeah, I really appreciate that explanation, Karen.

As I understand it, the first program you described there is for internationally trained RNs to bring them up to a level of Canadian standards for licensure.

Karen Stanley: Correct.

P. Bevan-Baker: The other program is for perhaps LPNs or some –

Karen Stanley: Not LPNs. There is a separate program that – it falls under Workforce and Advanced Learning – is for an LPN to RN transitioning program. That's something completely different.

P. Bevan-Baker: Oh, wow.

Karen Stanley: This, again, is a bridging program for internationally educated nurses. They just may need more than the 14-week program; they may need a longer period of time.

P. Bevan-Baker: I'm sorry, I am confused. I've always thought the bridging program is to help....

Karen Stanley: No.

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

C. Simpson: Thank you, Chair.

The bridging program, would there be one similar in here, Karen or minister, for people who are RNs but their license has lapsed?

Karen Stanley: It's my understanding that they could be eligible for the RN bridging program, which is noted as one for internationally, but they could go back and take the RN bridging program. But there's nothing specifically for that.

C. Simpson: Okay. The person that I'm aware of in my district – so then, I can ask them to come to apply.

Karen Stanley: Yes, they should reach out to someone in our workforce development area, and they can help them out, or the College of Nurses could probably help out as well.

Chair: The hon. Member from New Haven-Rocky Point.

P. Bevan-Baker: I do have one final question, I think, on this section, Karen, and it's to do with the grants. I see that that was underspent by \$150,000 last year. I'm wondering what grants were not given. This is the very last line.

[3:20 p.m.]

Karen Stanley: Yes. We had had funding in '25-26 for an accelerated medical administrative assistant program. That program never did actually get implemented. We had decided not to move forward with it just because of the changes in – there are other programs that they obviously can go forward through, they're just not accelerated programs. Just with the changes that are going on in Health PEI, we're not sure if there is still a need for an accelerated program, so we didn't get the program up and running.

P. Bevan-Baker: That's fine. I'm good. Thank you, Chair.

Chair: Total Health Workforce Development: 3,687,200

Shall it carry? Carried.

Moving right along. Page 99, for those that are following along.

Chief Public Health Office

Chief Public Health Office

“Appropriations provided for administration of the *Public Health Act*, supervision of provincial public health programs, immunization programs, disease surveillance, and communicable disease control.” Administration: 28,700. Equipment: 5,000. Materials, Supplies, and Services: 7,020,300. Professional Services: 748,500. Salaries: 2,065,100. Travel and Training: 19,000.

Total Chief Public Health Office: 9,886,600

The hon. Member from New Haven-Rocky Point.

P. Bevan-Baker: Thanks, Chair.

Karen, the first line I'll look at is the materials, supplies, and services. I see last year it was

overspent by almost \$1.5 million. What's the reason for that?

Karen Stanley: This is where the drug programs that are actually operated by the CPHO are, so that is the cost of the drug programs. Again, these are utilization-driven programs. We believe that there are some programs that may have been recently introduced so that the one-time uptake is higher, so we do not believe that the utilization will be as high this year.

That's kind of why, based on what we know right now, we're assuming we will not need as much money. We will be able to go back to what the budget was in the previous year.

P. Bevan-Baker: You sort of preempted my next question, which is that it's going back down again, but you've explained why.

What were the drugs that we overspent on – the \$1.5 million – last year? It's a pretty significant sum.

Karen Stanley: The biggest one that we overspent with is actually the COVID vaccine. So, in '25-26, it's the first year that the Province had to actually pay for the COVID vaccine. There was a little bit of a higher uptake, but there was also a significant increase in the COVID vaccine cost over what we had anticipated, so we did actually overspend on that by half a million dollars alone in that one particular program.

Again, based on what we know for the pricing for next year, as well as where we're seeing the trends in uptake, we are anticipating that it should go down closer to what we had originally budgeted.

P. Bevan-Baker: Again, I think this is also under professional – oh, no, it says under professional services, not materials, supplies, and services. It's the drug checking and harm reduction measures. I think there was a grant to PEERS Alliance for that. Is there any change in that grant, Karen?

Karen Stanley: It went up by 2 percent, I believe. Economic increase.

P. Bevan-Baker: I've spoken to a few folks in PEERS Alliance about this program – although not recently; I fully admit that – and that seems

like a very small increase. Is the money that they received last year – is that meeting their needs?

Karen Stanley: As I had said with other – many organizations have asked for additional funding. We weren't able to accommodate all of them, but they were able to meet the criteria of what they were set out to do in the contract with that funding.

P. Bevan-Baker: They were? Okay.

There's a heat alert and response system here for \$51,000. Can you explain what that is, Karen? That's also under professional services, I believe.

Karen Stanley: Oh. Sure. That is a community engagement consultation. That is part of what we refer to as the heat adapt work that we're doing. Let me see – addition of hired staff. I'm going to have to find out exactly what this actually means.

[M. MacKay in the chair]

[3:25 p.m.]

So, heat alert response system – that's what HARS stands for. We were doing some consultations. This is actually a really good news story, this HARS program, I think with climate change and things becoming hotter and just everything.

This is a climate change and health capacity building program. It's with the Government of Canada, and it's for the implementation of the heat alert response system for PEI. It's conducting community engagement sessions across PEI, identifying stakeholders working with heat-vulnerable populations, establishing an advisory committee to support the development of implementation, identifying alert triggers and their respective response plans, drafting a response plan protocol, and identifying a range of mitigation measures to be initiated.

That expenditure that you were talking about was the consultations that I have listed in here.

P. Bevan-Baker: I'm assuming most of the expenses here to operationalize this would be in a capital budget in terms of –

Karen Stanley: It depends on what comes up. Right now, we are still in the development stage. We have the funding for the development.

Depending on afterwards what we may need, we will put it in the operating or capital budget accordingly.

P. Bevan-Baker: How many heat alerts were issued last year, Karen?

Karen Stanley: I do not know.

P. Bevan-Baker: Okay. I think final question in this section, Chair. It's the \$195,000 in the variance line. What is that for?

Karen Stanley: That's actually the amount of unallocated funds for professional services in '26-27, the \$195,000, and it's under the budget estimate for '26-27.

P. Bevan-Baker: Okay, alright. Great, that's good. Thanks.

I'm fine for this section, Chair. Thank you.

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

G. McNeilly: Just under the materials, supplies, and services, I'm not sure if that was talked about, that \$1.5 million overspend. Could you just talk about that –

[Interjections]

G. McNeilly: Oh, you did?

Karen Stanley: But basically, the overspend was related primarily to the COVID vaccine. The costs came in higher.

G. McNeilly: Salaries – were those just regular adjustments that it was up? Is this area fully staffed? In another area, we talked about variances of – people that weren't in there, with temporary positions. Is this the situation...?

Karen Stanley: This area is fully staffed, yes.

G. McNeilly: Fully staffed? Okay, the numbers next year are down from what the spend was. Why is that?

Karen Stanley: It is currently fully staffed with permanent staff. There are some casual dollars that we are hoping to see a reduction in.

G. McNeilly: Casual dollars. You hope – so you're not going to re-staff those positions?

Karen Stanley: These would be casual staff. We had a lot of people coming in and out last year. There may be permanent staff that were on leave and such, so we had to bring in casual staff to backfill them, which means that we were paying twice for the same position. This year, we are currently fully staffed so we were hoping not to have that funding.

G. McNeilly: Okay. Is infection control in under this section?

Karen Stanley: This section – for seniors homes, infection and prevention is actually in the seniors section.

G. McNeilly: Okay, we just passed it. And that's fully staffed, too?

Karen Stanley: Yes.

Chair: Shall the section carry? Carried.

Total Chief Public Health Office: 9,886,600

Shall it carry? Carried.

Population Health Assessment and Surveillance

“Appropriations provided for monitoring and reporting on health status and trends in the Province. The unit supports evidence-based decision-making and promotes continuous improvement by generating, analyzing, and interpreting information.” Administration: 2,800. Equipment: 2,800. Materials, Supplies, and Services: 15,600. Professional Services: 71,200. Salaries: 549,700. Travel and Training: 300.

Total Population Health Assessment and Surveillance: 642,400

The hon. Leader of the Third Party.

M. MacFarlane: Thank you, Chair.

Just a few quick questions, I think, on this section if I might. I'm just looking at the professional services line. Again, it looks like there was an issue there, that nothing was spent and then we're budgeting for something. Can you explain that?

Karen Stanley: We were able to do all the work that we thought we may have to outsource – we were able to do that in-house. However, we don't know if we'll be that lucky again next

year. We may actually need those professional services. Also, there may be some consultations and such that we may want to do.

[3:30 p.m.]

M. MacFarlane: That's sort of the high-level contemplation, then, for the \$71,000 that's –

Karen Stanley: That's correct.

M. MacFarlane: I guess it comes back to our previous discussion of nothing certain but you're putting that line in there in case it's needed?

Karen Stanley: Absolutely. I think I had noted yesterday that we like to see a trend of at least two or three years before we reduce the budget just because we don't know if it's a one-off or not.

M. MacFarlane: Okay. Just looking at the description of the section: "Supports evidence-based decision-making and promotes continuous improvement by generating, analyzing, and interpreting information." What information and what output/outcomes come from this section?

Karen Stanley: This section does a lot of work in collaboration with other areas. Before, when I was talking about the race and ethnicity data collection project, I had to go jump somewhere else to find out what the description was. This was the area. They work collaboratively with a lot of other people. They are working quite closely with the community health programs on that race and ethnicity. The multi-substance surveillance survey – they're working with health promotion on that; they're working on a dashboard with that.

There are specific areas of work – do surveillance of communicable and chronic diseases, substances and health states, monitoring of the population health, population-based research, and program evaluation.

M. MacFarlane: I think that's fine. Thank you, Karen, for that.

Chair: Shall the section carry? Carried.

Total Population Health Assessment and Surveillance: 642,400

Shall it carry? Carried.

Health Promotion

"Appropriations provided to support the health and wellness of Islanders and to promote a proactive process to enable Islanders to increase control over, and to improve, their health. The unit is responsible for implementing the provincial Wellness Strategy across Government, and in partnership with non-government organizations and communities including the development, coordination, and evaluation of a comprehensive and integrated Provincial Tobacco Cessation Program." Administration: 7,200. Equipment: nil. Materials, Supplies, and Services: 495,800. Professional Services: 406,500. Salaries: 855,300. Travel and Training: 5,200. Grants: 91,500.

Total Health Promotion: 1,861,500

The hon. Member from Charlottetown-Hillsborough Park.

C. Simpson: Thank you, Chair.

This division is responsible for the wellness strategy. Help me understand the Live Well PEI grant that's now gone and how that happened.

Karen Stanley: Sure. The Live Well grants, these were very small grants. They were provided to local communities and schools for wellness activities. They were supporting worthwhile local initiatives, but managing a large number of low-value grants was requiring a significant amount of staff time and administrative efforts. As part of the new Live Well area that we're going into – we have a new Live Well strategy – we would prefer to focus the staff on more items which would have a broader, more beneficial area.

C. Simpson: Would that include alcohol reduction in the plan that's attached to that?

Karen Stanley: Yes. In May of 2024, the Live Well PEI consultation paper was released for public. The results were released to the public in 2025. It shows that Islanders value wellness and want to be empowered towards healthy living through the 25 actions proposed through the Live Well PEI wellness plan.

Government has established a multi-sector Live Well PEI action committee to prioritize and implement the wellness action plan. They've approved the establishment of the community action networks, one for each of the five Live Well health behaviours, one of which is alcohol.

C. Simpson: Thank you. I'm good.

Chair: The hon. Leader of the Third Party.

M. MacFarlane: Thank you, Chair.

Just looking at the grants page at HW 7, it looks like there are some groups losing some money. The Adventure Group Community Outreach – nothing budgeted going forward for that group? Sorry, I'm in the wrong section there.

[3:35 p.m.]

The provincial wellness strategy is dated. Is there a new strategy?

Karen Stanley: There is the Live Well PEI consultation paper that was issued, and we are working on that. There are action committees to prioritize and implement the wellness action plan.

M. MacFarlane: Okay. Am I right, though, that that current strategy expired in 2018?

Karen Stanley: Yes. We are replacing it with the Live Well PEI wellness action plan.

M. MacFarlane: So, it's being replaced. So, we're going to see this section updated to remove the wellness strategy altogether, and it's being replaced with the Live Well action plan?

Karen Stanley: We probably should have updated the verbiage, yes, to remove that.

M. MacFarlane: Okay. And the tobacco cessation program – am I in the right section for that? Yes.

Karen Stanley: Yes.

M. MacFarlane: Okay. Any changes to that? I'm not seeing anything other than the tobacco quitline.

Karen Stanley: There are no changes to that per se, but we did make significant changes to the cessation program last year, in the last fiscal, by putting it into pharmacies. That would be in under the materials, supplies, and services. There was an increase in the uptake. The budget was not increased because we're not sure if that's going to be a sustained uptake increase, but it is something that we're monitoring.

M. MacFarlane: Okay. Is that why we see that bump in the forecasted amount on materials, supplies, and services?

Karen Stanley: That's correct.

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

G. McNeilly: Thanks a lot.

So, we're abandoning the wellness strategy? Are we abandoning it?

Karen Stanley: No, but we are now doing the Live Well action plan and have the organization out there.

G. McNeilly: I've sat in this chair for five years looking at the wellness strategy – as you know, Karen – and I've lowered my expectations from year to year, but I do believe that we need a wellness strategy. We've even said it here: the Live Well is a concept. It's not the strategy, necessarily, I think. I know there are five action points and it's been working that way, but would you agree that we need a wellness strategy in Prince Edward Island?

Karen Stanley: I am not able to make a comment on that.

G. McNeilly: So, when do we expect the Live Well strategy – which is new to me here, after asking a lot of questions on this. When is it going to be completed? It's been ongoing for four, five years.

Karen Stanley: Something different than the actual wellness consultation paper and the action plan that was released?

G. McNeilly: Yeah.

Karen Stanley: The results of the consultation paper were made public in 2025, and then we have the wellness action plan that was at the same....

G. McNeilly: I listened to the grants and I'm disappointed in that. That's the one, when I turn to the budget book – it's not much money, but it's a symbol of.... If we're going to have it called Health and Wellness – I said this before and I just want to get it on record – we need to invest more money in wellness upstream activities. To reduce the health grant funding is, in my opinion, not the right approach.

Was there much concept given to that with cutting that \$100,000? There's \$90,000 left from \$191,000. If you said it was too hard to administer those, why did you even bother leaving any money in those?

Karen Stanley: The funding that's left is not for the wellness grants. The funding that is left is for funding that we give towards the 1-800 quitline as well as a few other organizations.

G. McNeilly: So, we've moved the grants to zero?

Karen Stanley: The wellness grants, yes.

[3:40 p.m.]

G. McNeilly: So, the Live Well PEI wellness grant program that's in here – is that what we're talking about here? Before, it was \$137,000, and now it's zero?

Karen Stanley: That's correct.

G. McNeilly: How much of that money is going to go out to the people? I know there's money.... I guess my question might be, to this – you cut the Mental Health Alliance. I would have fully expected that funding to go into this grant program where you have staff that are able to administer that and have the experience doing that. Was that a consideration? Why don't we see that in here in this section?

Karen Stanley: The funding for the alliance was eliminated.

G. McNeilly: So we cut wellness grants here and we cut wellness grants in another section. This is not – I mean, thanks for giving me the time; I appreciate it. I'm trying to stay calm. I feel like.... That's the one reason I got into politics – to make sure that these lines in health promotion were going to be activated. I feel like we're taking a massive step backwards.

Minister, can you tell me why this direction was taken when you're the Minister of Health and Wellness? What does this say about wellness in Prince Edward Island?

Hon. C. Deagle: Well, Chair, I think, as we've seen in Question Period a number of times, the opposition is criticizing our financial position that we're in, my exact point being today that we go through the budget line by line and they ask

for more money for nearly every section. It's not a reality.

They're difficult decisions, but I think there are probably better ways that we can support wellness and get people active than just simply relying on grants going out to specific groups. I think we probably have to re-look at how we promote wellness across PEI. I think if you looked at where some of these grants went to, I would probably question the effectiveness of some of it. Some of them I think, yeah, you could say for sure were.

Kind of, I guess you could say, working on something right now, I think, to help promote youth in sport, perhaps through KidSport, to help families with the cost of that and keeping youth active in organized sport, whether it's hockey, soccer – any organized sport. I think if we can focus our energy on that and in other areas, I think we can help improve the overall wellness of everyone in PEI.

G. McNeilly: Thanks a lot for asking about that. I know that the minister is active and wants to see kids be healthy and active. I would say the same thing. I just – when you come into these chairs, you're like, okay, this is the money and this is where it's going. I don't have any control about where it's going. I would do things differently, too, like the minister just said.

But it's the concept when you see two different areas, and I'm just worried about that, that it shows maybe that the planning aspect of things wasn't there. This section blatantly has the wellness strategy in it, and I haven't seen one in five years. If the wellness strategy was there, we would know where we're going. That's all I'm asking for. So....

Hon. C. Deagle: I just question: What does a wellness strategy...? Does that get people active?

G. McNeilly: It's a conceptual thing where we get direction about where we're going with wellness, where we're going with activity. We have a –

Hon. C. Deagle: I don't think it's rocket science that we need people to be active. I don't think we need to write a paper on how to get people active.

G. McNeilly: But you just cut the money from all we had.

Hon. C. Deagle: Which I don't think was actually doing that.

G. McNeilly: Your government has been managing this fund for seven years.

Hon. C. Deagle: I just disagree 100 percent with you – 100 percent on that – on how we can people active. I think there are better ways to do it.

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

Maybe I'm not in the right section, but I guess what I was getting on is the Smoke-Free Places issue. Is that under this section? It could be under the next two, so I just don't want to start off and get shut down early.

Karen Stanley: It depends on what you mean. Smoking cessation and trying to get people to quit is under this area. Enforcement of the *Smoke-Free Places Act* is under the next section.

R. Henderson: Okay, I'll wait. Sorry, Chair.

Chair: The hon. Leader of the Third Party.

M. MacFarlane: Thanks, Chair.

[3:45 p.m.]

Just further on the smoking cessation, we talk about smoking cessation – and I know this is a subject close to the minister's heart, you know, vaping – is there vaping cessation or is it all captured into one?

Hon. C. Deagle: I think so, yeah.

Karen Stanley: It's all captured under one, smoking and vaping.

M. MacFarlane: Okay. We have a 1-800 tobacco quitline which looks like maybe \$33,000 spent. We're bumping that up to \$50,000, so we're looking to make more investment into the tobacco quitline?

Karen Stanley: No, the \$33,000 is what we had paid to February 28th. It's the same amount; it's a contract.

M. MacFarlane: Okay. If we're holding the same amount year over year on this and if we're also including vaping cessation into it, are we able to accomplish all of those goals holding the

budget the same, or do we need to put more money into this to try and deal with both vaping and cigarettes?

Karen Stanley: We feel that the budget is sufficient to do their mandate.

M. MacFarlane: Do we know how many calls come in to the hotline?

Karen Stanley: I do not have any information on that.

M. MacFarlane: Okay.

I think that's all I have, Chair.

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

G. McNeilly: So, we're talking about a wellness strategy. It's in the description. And now the minister is saying that we don't need one? Obviously, it's been important enough that it's in the description in the budget block.

Have we abandoned all plans for a wellness strategy? I do believe and I know we need one. Even though you think it's a small concept, it's not. We've got to figure this out and make sure that the population of Prince Edward Island gets healthier. We need you to take leadership in that. It's not about any one program. It's about where we're going as a whole.

Are we abandoning that concept? If you're abandoning it, why didn't you just take it out of the budget book that you presented here on the floor?

Hon. C. Deagle: If he wants a wellness strategy, I guess we can try and do one. I don't know what it does, but sure. Another report to collect dust.

G. McNeilly: It's not that. It's about where we contribute to our resources and where we're putting our finances, whether it be chair yoga for 75-year-old people, whether it be moving the free pool passes from 80 to 75. We need a strategy to figure out how we're going to keep people healthy. Those are just two examples of where we're going. How you build active transportation trails, how we get people using them in greater essence across Prince Edward Island – those are all things that would be part of a wellness strategy, in my mind.

So, I do believe it's important. I think I've made my point on that. I appreciate the conversation that we're having and the debate that we're having, but I would like that – you've abandoned the grants for health promotion. I want you to just make sure that we're doing something with that strategy.

In the consultation piece, we see it here, there's a budget of \$406,000. A lot of it is Live Well. What do you foresee those things being in the future? All we see is the dollar amount. I know all these things might change a bit. What is going to be there in the future and this year for that?

Karen Stanley: I do not have a detailed plan for how they plan on spending the money next year.

G. McNeilly: Is the alcohol strategy that was worked on ready to be released?

Karen Stanley: It's my understanding, in the near future.

G. McNeilly: Is it completed at this time? What does the near future mean? What are we talking about?

Karen Stanley: I do not have an exact date.

G. McNeilly: That's all I have for this section.

Thank you.

Chair: Member from New Haven-Rocky Point.

P. Bevan-Baker: Thank you.

I only have one question here, and it was sparked by the Leader of the Third Party's question around the tobacco cessation program. At one point, vaping was being promoted as a cessation vehicle. I just want to make sure that we're not in any way funding any vaping programs and pretending that they're –

Karen Stanley: Absolutely not.

P. Bevan-Baker: Okay, that's it. That's all I wanted to know.

Chair: Shall the section carry? Carried.

Total Health Promotion: 1,861,500

Shall it carry? Carried.

[3:50 p.m.]

[S. Dillon in the chair]

Chair: Environmental Health Services

“Appropriations provided for services to educate, consult, and inspect under the *Public Health Act* in areas such as food protection, accommodations, institutional facilities, and slaughterhouses. Inspection services also includes enforcement under the *Tobacco and Electronic Smoking Device Sales and Access Act* and *Smoke-Free Places Act*.” Administration: 18,100. Equipment: 800. Materials, Supplies, and Services: 29,800. Professional Services: 75,400. Salaries: 1,473,800. Travel and Training: 61,200.

Total Environmental Health Services: 1,659,100

The hon. Member from O'Leary-Inverness.

R. Henderson: Just a few questions. I guess I'll start off just on the smoke-free places issue itself.

I know during my time as the Minister of Tourism, we made some changes to parks and smoke-free places, but I still see an awful lot of places that I would say are so many feet from the entry of a doorway or things of that nature. Is there any enforcement in this budget to enforce this *Smoke-Free Places Act*, and do you have any intentions, minister, to expand that or to make PEI a totally smoke-free province? How would you handle all that?

Karen Stanley: There's no additional funding to expand those services.

Hon. C. Deagle: Honestly, member, my focus is on.... Well, we've already increased the age of vaping, which is – this is kind of in the previous section, but vaping and smoking. We'll increase cannabis to 21 and the nicotine pouches to 21 as well, which is the new way of these big tobacco companies to get youth addicted to nicotine.

What I would say is that I think the trend line is pretty good on the number of individuals smoking. I know this is not quite related to exactly what you're saying, but I think we're seeing a positive trend. It takes time to really, I guess you could say, gather that data. I think my bill was about six years ago now, so you're really just starting to be able to analyze that data to see if it's working.

R. Henderson: I guess my point is that it's also only as good as the enforcement around that. If we're not making sure that people aren't smoking too close to sites or public spaces, the list goes on, then we're really not doing – and I'm a non-smoker, but I understand people who – my dad was a hopeless smoker. I get the addiction side of it.

But I do think that we've made great strides. We don't seem to have smoking rooms as much as we used to, and there are more places with signs up. But I think there needs to be a greater sense of enforcement.

I'm going to lead that into my next question. You're probably well aware the situation that happened on Lennox Island with the shutdown of some of the vaping on Lennox Island. Was there a certain amount of money that had to be increased to do that enforcement? Was the Province the one responsible for the enforcement? Why were they enforcing that on Lennox Island? Because generally, a rule of thumb is that Lennox Island would be autonomous to some of the rules and regulations that the Province would hold.

Karen Stanley: I'm not able to answer your question. I know we do have environmental health officers. We added funding for a new one last year. This year was the second half of the funding for that position. I know they are very busy; the number of our inspections that they have completed has gone up, almost double in the past four or five years.

As to where they do and why they do it, that's not something I can speak to.

R. Henderson: Were there any discussions with the Lennox Island Band Council regarding the enforcement of those regulations on Lennox Island?

Hon. C. Deagle: I do believe there has been. I can't recall exactly. I was briefed on it a while ago, but I think maybe perhaps we could bring back an answer that provides the detail you would be looking for because I think the Public Health office could answer that more thoroughly than myself or Karen.

R. Henderson: I appreciate that.

[3:55 p.m.]

The final section on this that I wanted to talk about a bit was the interprovincial trade implications that we had talked about here when it comes to, say, the meat inspections and things of that nature. As I understand it, any food products that are exported off of Prince Edward Island would have to go through CFIA. I do see that you've got an increase in your budget for meat inspections. You're doing some increase there.

Have any of those changes actually occurred that are going to allow food products to be inspected provincially and still marketed and sold outside of the province, or was that something that just never materialized over a period of time?

[Interjections]

R. Henderson: Yeah, health care meat inspections. [Laughter]

Hon. C. Deagle: I can't say that I know that one, but we can take that back.

R. Henderson: Yeah, I stumped you.

Chair: You good?

R. Henderson: No, I was just saying – I never really got an answer, I guess, to say –

Karen Stanley: The answer is I don't know the answer, but it is something we can bring back.

R. Henderson: Oh, okay, you'll bring that back. Okay. I guess no further questions on that section on my end.

Chair: The hon. Leader of the Third Party.

M. MacFarlane: Thanks, Chair.

Just further on that, the section includes slaughterhouses. We're talking inspections of the Atlantic beef plant for one, and all other abattoirs that exist in the province?

Karen Stanley: Yes. We inspect 12 different premises – slaughterhouses.

M. MacFarlane: There's not a huge line for that, for all 12. It looks like – I see \$41,000 budgeted for meat inspection, and that's veterinary services. That's contracted out to the vet college?

Karen Stanley: We share the cost for the meat inspections with the Department of Agriculture, so it is actually probably, between the two departments, about twice that much. That's just our half of that.

The veterinary services.... You're wondering who actually does them?

M. MacFarlane: The only thing – it says veterinary services, so I assumed – incorrectly, perhaps – that it's the vet college.

Karen Stanley: No, it would be a variety of different vets that we pay for.

M. MacFarlane: Okay. The smoke-free places – of the salaries on the salaries line, how many positions are devoted to enforcement, further to the questions O'Leary-Inverness had asked?

Karen Stanley: Specifically for smoke-free places, it's my understanding that.... There are ten environmental health officers, and they are divided amongst all the areas that they inspect.

M. MacFarlane: On the enforcement side, do you have any information as to how many contraventions were noted by the officers, or fines issued for violating smoke-free places?

Karen Stanley: I do not have that information, but I can see if I can get that.

M. MacFarlane: Yeah, I think that would be good because, just further on this line of questioning, if these places don't believe that there are enforcement officers available – it's like speeding on the highway. If we know there's no police, people will speed with impunity, but if there is actually a notable presence of enforcement officers, it might help with the smoke-free places.

Some people have really strong reactions to smoke, and I think we all see incidents where the proximity to the building is not being honoured with respect to smoke-free places.

I think my last question on this section is: Was there a move in last year's budget to move the food safety course online? Was that done?

Karen Stanley: Yes, and we're actually working with ITSS in order to do that.

M. MacFarlane: I didn't catch the name of who you're working with.

Karen Stanley: We're working with – sorry – government's IT Shared Services.

M. MacFarlane: Oh, ITSS to do that. Okay. Would that online program replace the in-person scheduled courses?

Karen Stanley: I'm assuming that they would do a variety of both.

M. MacFarlane: Okay. That's all I have for this section.

Chair: Shall the section carry? Carried.

Total Environmental Health Services: 1,659,100

Shall it carry? Carried.

[4:00 p.m.]

Total Chief Public Health Office: 14,049,600

Shall it carry? Carried.

Hon. C. Deagle: Madam 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.

[Hon. B. Trivers in the chair]

S. Dillon: Mr. Speaker, as Chair of a Committee of the Whole House having under consideration the grant of supply to His 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.

Orders Other Than Government

Speaker: The hon. Member from Kensington-Malpeque.

M. MacKay: Mr. Speaker, I move, seconded by the hon. Member from Tyne Valley-Sherbrooke, that the 29th order of the day be now read.

Speaker: Shall it carry? Carried.

Deputy Clerk: Order No. 29, *Financial Literacy Week Act*, Bill No. 105, ordered for third reading.

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

H. MacLennan: Mr. Speaker, I move, seconded by the hon. Member from Charlottetown-Belvedere, that the said bill be now read a third time.

Speaker: Shall it carry? Carried.

Deputy Clerk: *Financial Literacy Week Act*, Bill No. 105, read a third time.

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

H. MacLennan: Mr. Speaker, I move, seconded by the hon. Member from Charlottetown-Belvedere, 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 yea.

Some Hon. Members: Yea!

Speaker: All those against, say nay.

The bill has passed and it is unanimous.

Motions Other Than Government

Speaker: The hon. Member from Kensington-Malpeque.

M. MacKay: Mr. Speaker, I move seconded by the hon. Member from Charlottetown-Belvedere, that Motion 43 now be called.

Speaker: Shall it carry? Carried.

Clerk: Motion No. 43: Placing nurse practitioners in emergency departments to relieve ER pressures.

The hon. Member from Summerside-Wilmot moved, seconded by the hon. Member from Tyne Valley-Sherbrooke, the following motion:

WHEREAS emergency departments across Prince Edward Island are facing unprecedented pressures, leading to long wait times for patients

and high levels of burnout among healthcare staff;

AND WHEREAS nurse practitioners are highly skilled healthcare professionals authorized to diagnose, order and interpret tests, prescribe medications, and perform medical procedures;

AND WHEREAS the integration of nurse practitioners into emergency department teams has been shown to improve patient flow, reduce wait times for low-to-moderate acuity cases, and enhance the overall quality of care;

AND WHEREAS utilizing nurse practitioners to their full scope of practice within an emergency setting allows physicians to focus on more complex, life-threatening cases;

AND WHEREAS providing timely access to medical professional assessment in the ER is essential for patient safety and the well-being of all Islanders;

[4:05 p.m.]

AND WHEREAS nurse practitioners have been used and continue to be placed in some of our emergency rooms across the Island;

THEREFORE BE IT RESOLVED that the Legislative Assembly urge the government of Prince Edward Island to implement a program to permanently implement nurse practitioners in emergency departments across the province to help manage patient volume and reduce wait times;

THEREFORE BE IT FURTHER RESOLVED that the Legislative Assembly urge the government to work with Health P.E.I. to develop a sustainable recruitment and retention strategy specifically for nurse practitioners in emergency care settings to ensure long-term stability in our healthcare system.

Speaker: The mover of the motion, the hon. Member from Summerside-Wilmot, to open debate.

T. DesRoches: Thank you, Mr. Speaker.

This motion is one that – I don't know about everybody else in this House, but I know that I heard it a lot when I was on the doorsteps, and I still continue to hear it a lot when I'm on the doorsteps when I go through my district and

touch base with residents. They all have the same thing to say about nurse practitioners. I haven't had one person say something bad about a nurse practitioner. For the ones who have used them, it's great, and they're in a lot of different settings.

When I look at the motion – we condensed the motion down so that it was a few points that made sense and were there. When we started, it was a couple of pages, and it was: “Jeepers, we’ve got to cut this down. We’ve got to get this so everybody can read it and everybody can understand it.”

I look at the very first clause: “Emergency departments across Prince Edward Island are facing unprecedented pressures, leading to long wait times for patients and high levels of burnout among healthcare staff.”

Well, nurse practitioners can see roughly 70 percent of the patients that go through an emergency room. In 2023, the numbers at Prince County Hospital were – I believe it was 72 percent of the patients that went through the emergency room could have been seen by nurse practitioners. You take 72 percent of the patients that could have been seen and let them see a nurse practitioner, and that allows our physicians to work and see the patients that really need a physician, not the ones that are in there with a common cold or runny nose or something like that. The patients that really need to see a physician, the physicians are in there for them.

When a patient goes in to the emergency room, they're triaged. Level 1 and 2 have to be seen by a physician, but levels 3, 4, and 5 can be seen by a nurse practitioner. And the numbers are out there. I don't know what the numbers are for this year; I have the numbers for 2023. But when you look at a simple search on wait times at Prince County Hospital – the last time I checked, a couple days ago to see where it was at, it was at a five- to six-hour wait. When you looked at levels 3, 4, and 5, 64 percent of them were in that 3, 4, and 5.

If you do a simple search of the wait now at Prince County Hospital, you'll see that the wait is up to a six- to seven-hour wait. There are nine patients that are being seen by the physician right now. How many of them could have been seen by the nurse practitioner? Then you look at the 16 that are in the waiting room. There are ten of them, so 67, 66 percent could have been seen by a nurse practitioner. So, if we could get nurse

practitioners in the emergency rooms, it could cut those wait times down.

And they have been in there. We did have a nurse practitioner in the emergency room in Summerside for a couple of weeks. Since then, she's moved on to the ICU for different reasons. We won't get into that today.

There's also a time through the week when, the way the schedule works at Prince County Hospital, there is an extra doctor on once a week, I believe that's what they told me when I was up there.

A couple of weeks ago, I needed the services and I did not want to sit up there for the long times with the back that I put out. So, I was watching, and I was watching, and one morning, I got up and at seven o'clock I looked at it, and it was a one- to two-hour wait. Well, it wasn't a fast run. I was scurrying pretty good; couldn't even get my own shoes at the time, with my back. I had to have my wife, Jillian, get up and help me put my socks and shoes on so I could get up there.

But when I did get in, they told me: “Yeah, it's a good day today. We have an extra doctor on because of the way the schedule falls. This normally happens once a week.” When you see that, once a week when that extra doctor is on, when you have that one- to two- or two- to three-hour wait, that's manageable. That's what people want to see. By getting a nurse practitioner in there that could be seeing 70 percent of the patients, it's just going to take those wait times down.

[4:10 p.m.]

The second clause: “Nurse practitioners are highly skilled healthcare professionals authorized to diagnose, order and interpret tests, prescribe medications, and perform medical procedures.”

Well, a nurse practitioner – they're not just someone off the street. They have a lot of schooling. They go through for their bachelor of science and they go through for their nursing, and then they've got to keep going. These individuals are highly skilled individuals, and they're doing what they know how to do. A nurse practitioner isn't going to try to do something that they're not trained in and all that. And when they see the different patients that run through those waiting rooms – their skillset is a

skillset that we need and we need in the emergency room. Anything that will help those wait times.

If we go through and we read the third one – “the integration of nurse practitioners into emergency department teams has been shown to improve patient flow, reduce wait times for low-to-moderate acuity cases, and enhance the overall quality of care.”

That speaks for itself. We’ve seen open letters from the Nurses’ Union supporting this. They want to see the nurses and nurse practitioners use their full scope of work, work to their abilities. It’s absolutely crazy to think that we’re getting all these nurses and nurse practitioners coming out – we had ten of the 12 that graduated here just a couple months ago that we retained in the health care system, and they’ve been placed in different areas. I do believe we’re going to get a couple in Summerside – the minister has told us – and they’ll be going to the new patient medical home.

It will be so great to get one or two of them and have them on a regular rotation, even if it isn’t every day. If we could get them on a regular rotation in the emergency department, and people knew.... I take myself for example. When I put my back out, I sat there in some agony for a couple days watching that wait time, but if I knew that on a Monday or Wednesday or on every Monday/Wednesday/Friday there was that extra help there – you might not go in on the Tuesday if you knew it was going to be a little better on the Monday or Wednesday.

Our wait times in the emergency rooms are coming down. They’re getting down a lot better than they were. We won’t even touch on where they used to be, but they are getting a lot better. I consistently check the phone, I consistently go on the wait time, and it’s great now to see that they’re in single digits. We’re not seeing these exorbitant wait times.

And then we go into the next clause: “Providing timely access to medical professional assessment in the ER is essential for patient safety and the well-being of all Islanders.”

Well, when you look at – someone goes in and they get triaged, and they’re triaged 1, 2, 3, 4, and 5. A doctor has to see levels 1 and 2; they’re the most urgent patients. A level 3 is someone that – I believe the way they put it is someone that might be in need of more urgent care if left

unattended. We have to move these people through as quick as possible, and nurse practitioners can clean up some of the 4 and 5 urgencies while the doctors work on the 1 and 2, and slip into that 3 where they both can go.

The next clause: “Nurse practitioners have been used and continue to be placed in some of our emergency rooms across the Island.”

I believe it was back in 2024 when the announcement came out that we’re going to start using the nurse practitioners in a couple of the emergency rooms across the Island and in other areas in our hospitals, and what a great announcement it was. We’re starting to use nurse practitioners to their full scope of practice in our hospitals. They’re doing it outside the hospitals, but now we’re starting to get them in our hospitals, in our ERs.

That’s just one clause that I really wanted to see in there because – in 2024, when that announcement came out, I was pretty happy to see that because this has been something that we’ve heard. This has been a campaign commitment of this government. I was glad to see it, but now I want to see it go one step further. I want to get it in there and integrated in all the time.

[4:15 p.m.]

We go to the resolution: “Therefore be it resolved that the Legislative Assembly urge the government of Prince Edward Island to implement a program to permanently implement nurse practitioners in emergency departments across the province to help manage patient volume and reduce wait times.”

That right there is the whole point of it. We need to permanently get nurse practitioners in our emergency rooms across this Island. If 70 percent of the patients in an emergency room can be seen by a nurse practitioner, then it’s a no-brainer. If 70 percent can be seen, let’s get nurse practitioners in there.

This here, the resolution in here to permanently implement nurse practitioners in the emergency rooms – they are in our emergency rooms now, and all across our Island they’re in emergency rooms, but we need to have a system in place that permanently puts them in there.

And then: “Therefore be it further resolved that the Legislative Assembly urge the government

to work with Health P.E.I. to develop a sustainable recruitment and retention strategy specifically for nurse practitioners in emergency care settings to ensure long-term stability in our healthcare system.”

Well, I do believe that this is one here that Health PEI is doing a great job. They retained ten of the 12 nurse practitioners that just graduated. They have programs in for their RNs to transition into nurse practitioners. It's one of those things that if we can get them in and retain them, it's great for our system.

Mr. Speaker, if you do a quick Google search – I know you're an AI guy; I'm not, but I got into the Google search and Google searched nurse practitioners in emergency rooms. It comes up that they will reduce wait times, alleviate physician burnout, and bridge critical gaps in primary care. Well, that's exactly what they do. That's exactly what this motion is speaking to, and that's why we have to do it.

The reducing wait times – once again, 70 percent can be seen by a nurse practitioner; let's let them. Alleviate physician burnout – well, you know, as bad as it is for us to look at the wait times at the emergency rooms and we see, like today, a six-hour wait time, just imagine what those physicians are going through, run off their feet all day.

If we can take some of the burden off them, I'm all for it because I'll tell you, I received excellent care a couple of weeks ago when I found myself in the emergency room – excellent care. The doctors were great. I sat there and I was thinking, you know, today was a good day; it was only a three-hour wait time. But what about those days when those doctors are run all day? They've got non-stop – I can just imagine some of the abuse that they take, the verbal abuse that some of the patients would have.

You see it in the ones that are sitting in the waiting room, where they're getting upset and they're sitting there, and they're getting cranky. You hear some of the things they say, and you can just imagine when they finally get into a doctor. Hopefully there's not a lot of verbal abuse, but I do see at some of the doctor's offices – you'll see the sign up that they do not tolerate any verbal abuse. I'm assuming that it gets portrayed on our primary care physicians. If we get nurse practitioners to lower that wait time, it will alleviate some of these pressures, which might alleviate the burnout.

Like I said, we've seen the unions, the Nurses' Union, come out and they want these nurse practitioners to work to their full ability, work to their scope, expand their scope of practice. Let's get them doing exactly what they were.

It was a campaign commitment the last two campaigns that this government had. They are touching on that. They're starting to utilize them more in there, in the emergency rooms and in our hospital settings. Is it enough? Well, it's never going to be enough until we see no wait times. That's a little unrealistic, but heck, if we can get there, let's get there.

We need to expand the scope of practice, or better yet, we need to allow our nurse practitioners to practice to their full scope. These nurse practitioners go through school, they do everything, and it's not just the nurse practitioners. Our health care system is starting to expand the scope of practice for all in the health care system and allowing them to practice to their full scope.

I saw it with – I didn't realize there was a walk-in blood clinic in Summerside. I didn't realize that. It's been there for a while. When I had to go get some blood drawn the other day, I walked in and I looked at my number. You pull your number. I looked at it 39 was the number, but there's no sign up to tell you what number is next.

[4:20 p.m.]

So, I sat down, and the fellow that was sitting beside me, I knew him and I asked him: “What number are you?” He said he was No. 22. I'm sitting there saying, well, 39, 22 – there are 17 between us. Anyways, they called the next number, No. 14. I said: “Jeepers, 25 away.”

Well, the nurse that worked drawing blood was so effective and so – her performance was streamlined. There was no time wasted. For her to draw blood on the 25 patients before me and me – I was out of there in 52 minutes. I couldn't believe it. There was no even trying. She put the band on, and she found my vein, and boom, she was in it. She was talking to me, and she said, “Okay, we're all done,” and I was like, wow. I couldn't believe it.

We're expanding the scope of practice of everybody in the health care system and using all the health care providers to their full scope of practice. So, to expand the nurse practitioners'

scope of practice and use them to their full ability – it's perfect. Like I say, I heard it going door to door, and I'm sure lots of other people heard it going door to door – to use nurse practitioners.

There are two different ways that nurse practitioners are used as a primary care provider. They can either be used as a team-based integration where they work through a patient medical home – which is a great system. They're a great system. They have patient panels and the doctor has patient panels and it's everybody under one roof, a one-stop shop. You have that, and then you have your nurse practitioners that have their own patients. They can carry 800-1,200 patients and you go see them for whatever you need. It's perfect to use these nurse practitioners like that.

The ten that just graduated, the two that are coming to Summerside – I believe it's two; the minister told us here in Question Period he thought we'd have two. We'll take them with arms wide open, and there's a brand-new patient medical home that's going to be opening very soon – a nice-looking building that was a nice addition to District 21 compared to the old, dilapidated building that was on the ground. It's nice to see that opened up. The minister is working with the doctors in the area and they're going to move some in there and hopefully even find some new ones to work with these nurse practitioners to take some people off the registry.

To put them in the ER and allow them to work to their full scope, or to put them in a patient medical home and allow them to take patients or allow them to work under a doctor – there's so much that we can do with these nurse practitioners.

I brought it up in Question Period here a couple weeks ago, and it's not something that all doctors want to see. I had gotten a two-page email from one who didn't agree with it because nurse practitioners are not doctors, and it was sent to the Minister of Health as well. They didn't like the fact that we were comparing them to doctors. I'm not trying to compare them to doctors. I just want to have the nurse practitioners work to their full scope.

The patient registry has 34,000 people on it – 34,000 people – and in the Summerside area, there's 10,436. When we take the population of the Summerside area, that's one out of every

three that doesn't have a primary care provider. There are a lot of people that use that waiting room because of that. One out of every three people don't have a primary care provider in the greater Summerside area. If we can get nurse practitioners in there and take the wait times down, that will make those people without a primary care provider a lot happier when they sit there.

It's something that we've seen growing in the last month or two. The patient registry has been coming down, but the Summerside area kind of took a bump and then went up. We lost some doctors that had some pretty big patient panels. So, if there are more people accessing the emergency room, then let's have the ability to get them in and out of there quicker.

[4:25 p.m.]

The nurse practitioners are invaluable to the system, and to get them in a setting like the emergency room, on a regular rotation so that people know that they're there – it doesn't have to be 24/7 coverage, but if they knew that the emergency room had nurse practitioners every other day, eight to four or nine to five, whatever it is, whatever they want to work out, that would go a long way.

We had 10 out of 12 retained out of the last class of graduating nurse practitioners. If we can keep doing that every year, maybe we will get to the point where they're on a regular rotation in the emergency rooms.

But it's one of those things that if we don't push for it, it's not going to happen. We need to get them in there because with wait times that are at five, six, seven hours and one out of three people in the greater Summerside area not having a primary care provider, they need somewhere to turn. They need somewhere to go.

That's where the last part of this resolution – to ensure the long-term stability of our health care – comes from. We have nurse practitioners in there. We have them in our hospitals now. We need to allow these nurse practitioners to practice to the full of their ability, to expand their scope and allow them to meet their full abilities, and get them in the positions that we need them, get them in the positions that the residents will see it the most.

Having a nurse practitioner in a clinic is great, but that doesn't benefit everybody. It benefits

the people that are able to go to that clinic because they're on the registry, but for the people that are not on a registry, for the people that are using emergency room when they have to see a primary care physician, this is great as an option for them.

Like I say, 72-73 percent of the people in 2023 that went through the emergency room could have been seen by a nurse practitioner. The numbers – when you check it today, it's high sixties; 66-67 percent of the people right now in the emergency room could have been seen by a nurse practitioner.

I don't think there'd be one person – if you walk in that emergency room right now and said, "Hey, there's 66 percent of you that can see a nurse practitioner; are there any of you who don't want that?" I don't think anybody would say no to a primary care provider if you had it there for them.

That's more or less where this comes from. We've got to get them in the emergency rooms. We've got to do everything we can to keep them there and to make it a permanent fixture in our emergency rooms. It's working in a couple of places. We had one in Summerside for a little less than two weeks, and people loved it. I talked to a couple of people in the district that went to the emergency room that happened to see this nurse practitioner. She was amazing. Now she's since moved; she's in the ICU. The people that she works with there have nothing but good to say about her; a great nurse practitioner.

But she didn't stay in the emergency room, so we have to figure that out. We need to get the supports in place for them to keep them in the emergency room, and we've got to do whatever we have to to make sure that this is a viable solution for the future. To place nurse practitioners in the emergency room to alleviate ER pressures – that is something that has to be done.

On that, Mr. Speaker, I just wanted to pass the floor on.

Speaker: I'd like to call upon the seconder of the motion, the hon. Member from Tyne Valley-Sherbrooke.

H. MacLennan: Thank you, Mr. Speaker.

It's my privilege to rise today to second this motion brought forward by the hon. member

from District 21. This actually is an issue I feel very strongly, along with financial literacy, and it was a commitment I had since 2019.

When I was knocking on doors during the last election, I spoke with countless Islanders who felt the health care system was moving too slowly for their families. I made a promise then to advocate for practical frontline solutions, and that is exactly what this motion represents. It's about taking a priority I've held since day 1 and turning it into a permanent reality for our health care system.

[4:30 p.m.]

Emergency rooms across our province play a critical role in ensuring that Islanders receive timely, life-saving care; however, we all know that many of our emergency departments regularly experience prolonged wait times and overcrowding. This is deeply frustrating for patients, challenging for families, and exhausting for frontline health care workers.

A significant portion of emergency room volume is made up of patients whose conditions are non-life-threatening conditions that still require medical attention but not necessarily the full resources of an emergency physician. When these patients are left waiting, it contributes to congestion and delays for everyone.

This is where enhanced collaboration between government and Health PEI can make a meaningful difference. Nurse practitioners are highly trained, regulated health professionals with advanced education and clinical expertise. They are qualified to assess patients, diagnose illness, order and interpret diagnostic tests, prescribe medications, and manage treatment plans.

Many nurse practitioners already serve Islanders in primary care, long-term care, and community health settings with excellent outcomes. Allowing nurse practitioners to take on a more structured role in managing low-acuity patients in emergency departments or adjacent urgent care streams can help ensure patients receive timely care from the right provider at the right time.

This approach aligns with a core principle of giving good health system design, ensuring each professional is able to practice to the full scope of their training. It is not about replacing physicians, nor is it about diminishing the roles

of emergency medicine specialists. Instead, it is about strengthening team-based care and ensuring emergency physicians are able to focus on patients with the most complex and critical needs.

For patients in Prince Edward Island, the benefits are clear: less time waiting in emergency departments, faster assessments for minor injuries or illness, a clearer pathway to a primary care or community follow-up. For families, it means less time in overcrowded waiting rooms. For health care workers, it means a more sustainable workload and a safer clinical environment.

However, meaningful system change requires planning, collaboration, and accountability. To ensure this initiative is successful, we need dedicated oversight to manage the implementation of nurse practitioners in the system. This means having a clear structure to oversee clinical guidelines.

As legislators, we understand that meaningful system change requires planning and accountability. Government's role, in partnership with Health PEI, is to ensure that the policies, the funding structures, and the frameworks support this kind of innovation. This means ensuring clear clinical guidelines, appropriate staffing models, access to diagnosis, and strong collaborative relationships between the physicians, the nurse practitioners, the nurses, and allied health professionals. It also means evaluating outcomes, listening to frontline experience, and making the adjustments as needed.

Prince Edward Island has always relied on collaboration and adaptability to deliver essential services. Expanding the role of nurse practitioners in the emergency departments reflects those values. It is a practical, patient-centered response to a very real challenge facing our health care system today.

[4:35 p.m.]

Ultimately, this is not about bureaucracy or job titles. It is about Islanders who need care – people who are unwell, anxious, or injured, and who deserve timely, respectful, and effective treatment. By continuing to work together across departments, across professions, and across this House, we can improve how emergency care is delivered in this province and ensure our health

care system remains responsive, resilient, and focused on those that it serves.

Once again, Mr. Speaker, I would like to thank the mover for this motion and for bringing it forward.

Thank you.

Speaker: The hon. Minister of Health and Wellness.

Hon. C. Deagle: Thank you very much, Mr. Speaker, and thank you to the mover and the seconder of this motion.

The motion is “Placing nurse practitioners in emergency departments to relieve ER pressures.” They’re already allowed to work in – they can work in the ER, so I’m not really sure what the motion is trying to accomplish. But I guess, certainly, we could support it. But I just want to be clear on a few things.

Obviously, there would be specialized training to work in an emergency department. As broad of the scope that a nurse practitioner has, how important they are, and the care that they can provide – which is extremely valuable – they still do not replace a physician. I do want to be clear on that. Just simply putting nurse practitioners in the ER isn’t going to solve all of our problems.

A nurse practitioner would also have to want to work in the ER. Oftentimes I have a lot of members come to me, and some on our own side, saying, “Well, can you just send me a nurse practitioner up east or up west?” and “I want one here and there.” That’s not really quite how it works.

When they graduate – as the member said, we retained ten of the 11 graduating NPs from UPEI. I don’t tell them where they’re working or how they’re going to work; that’s their decision, and rightfully so. If they want to work in a specialized unit or they want to be in primary care, that’s their choice.

Our focus right now as a government and Health PEI is improving access to primary care, and moving nurse practitioners out of primary care and putting them in the ER isn’t necessarily going to solve a lot of our issues, because we have 34,000 people on the patient registry. That’s the reason why we have significant wait times in the ER – because no one has any other

option but to go to the ER. So, taking nurse practitioners out of primary care and putting them in the ER – I don't know if that really would solve all the issues.

I do understand what they're saying, that if there's a low-acuity – if they're triaged and they're a 1 or a 2, maybe they don't have to necessarily be in the ER. But in most cases, they don't have a choice. That's where they have to go because they don't have a primary care provider.

I know at the KCMH, in the ER, that in the past – I don't if they're still doing this or not, but there used to be a doctor over in the health centre, and if you went into the ER and you were triaged at a – I'm not sure if I'm accurate completely on this – say a 1 or a 2, they would send you over to see the doctor, not in the ER, because it would help alleviate a lot of the pressure.

We also have a new walk-in clinic set up in Montague which operates a number of times a week. I know that the physicians when they're on call in the ER will call down to the walk-in clinic and say, you know: "I have this patient here. There's no need of them to wait seven hours. Can I send them down? Do you have an opening?" That's working well.

I certainly understand where the members are coming from, but like I said, nurse practitioners don't replace doctors. There's still a specialized need for a physician in the ER. Our focus is on primary care, increasing access to primary care. If we can increase access to primary care and get people off the patient registry, we can improve our wait times in our ERs.

[4:40 p.m.]

So, our focus right now is on recruiting folks – professionals, nurse practitioners, doctors – into primary care and opening up our patient medical homes. There's the new community health centre in Summerside – that the member is constantly at me about, on when we're going to open that; hopefully in June sometime – the idea being we want to use that as a recruitment tool to entice physicians and nurse practitioners to move to the area and work in that area. I know there there's a huge number of Islanders on the patient registry in Summerside –

T. DesRoches: It's 10,436.

Hon. C. Deagle: Quite a few, yes, quite a few, and it's unfortunate – and a significant amount in the Queens County/Charlottetown area too.

We have the new patient medical home at UPEI which is really kind of the carrot to help attract new physicians to want to work in a new – really a true patient medical home and collaborative model to help take patients off the registry where they're assigned to the patient medical home and not necessarily to one care provider.

That is what we're very used to – I have my family doctor and that's who I see – but the idea here being that you're assigned to the patient medical home, and then if a physician or a nurse practitioner leaves, you don't have 1,500 people that are affected. They're still assigned to that home and can still have access to care while we work to replace that physician or nurse practitioner.

Mr. Speaker, I'll just wrap up my comments. I'll support the motion. I think it's probably not as easy as it's explained out in the motion and there's a lot more to it, but I certainly understand the premise of it and I get what they're trying to accomplish. But our main focus at Health PEI and the Department of Health is increasing access to primary care, and that's really where we want to try and recruit individuals into.

Thank you, Mr. Speaker.

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

G. McNeilly: Thank you very much, Mr. Speaker.

Thanks a lot, mover and seconder, for this motion. It's a good debate and it's good to have this debate in Prince Edward Island.

The real crux of it is "Placing nurse practitioners in emergency departments to relieve ER pressures." Placing nurse practitioners – I don't know if you can start a motion by doing that, as the minister said. They have a freedom to work where they want. It's definitely an option, and it's a newer option, and if nurse practitioners are going to do that, they need to be supported as well. It's a new thing for the system.

But really, we're trying to.... The minister kind of talked about it too; our hospitals and our ERs are overburdened because we can't get access to primary care. If you can't get access to primary

care and have no place to go, you have to go to an emergency room in Prince Edward Island. Well, you can use Maple maybe, potentially, if that's an option for you, but when you're in an emergency situation, you have to go there.

But if you were to deal with the problem before, and had access to primary care, you could deal with these situations before it got too bad. That's the essence of primary care and having a primary care team or primary care provider, a licensed family medicine specialist, and that's where you would deal with an issue before it escalated to the point of having to go to the emergency room.

Emergency rooms are for emergencies. Obviously, some things can't be avoided, whether it be any issues that arise. In the winter time, our emergency rooms are fuller. People might slip and fall and have to go to an emergency room. There's nothing anybody can do, absolutely, but if you are dealing with something that you have let go because you can't access, and then you continue to let it go and you end up in the emergency room, that's the problem. Our access to primary care needs to be focused on that.

So, when we're talking about nurse practitioners, they have said and talked about being a profession, and an incredible profession that can actually serve in primary care roles, and can do that, and can take the pressure off of our primary care system and our doctors at that level. That's where they are incredible at, but there needs to be a few things that change, and I've kind of outlined them in questions to the minister.

[4:45 p.m.]

I think we've had a good discussion in here about where we are with nurse practitioners. They've been without a contract with the nurses since March 2025. That should be a focus right now to make sure that that contract retains and is able to recruit people in the nursing profession, especially nurse practitioners, because it is Nurses Week this week, so it's a very good motion to bring up. It's something that we hear.

But they have said there are some issues there that prevent them from working to their full scope, billing numbers being one. Nurse practitioners have also said and tried to explain how they can take more patients off the patient registry, but there needs to be incentives there

for them to do that. I'm sure the minister has heard these things, too, as well. They have also talked about it.

This is where potentially, I don't know, I might write a motion and if somebody wants to steal it before then, go ahead, but the motion that – probably not because I don't if too many people listen to me in here, Mr. Speaker but –

An Hon. Member: We're listening over here.

G. McNeilly: Are you listening?

The motion I would want to write is that we encourage the government, when they're looking at the contract negotiations, to make sure that they include having nurse practitioners in walk-in clinics. There needs to be some changes.

Hon. C. Deagle: Fee for service.

G. McNeilly: Fee for service. That's right, minister.

Hon. C. Deagle: (Indistinct)

G. McNeilly: Oh, did you hear that? On the way out. Did you hear that? I'm sure it is coming, because it needs to come in Prince Edward Island, because we're getting an increasing – if we're able to retain the nurse practitioners, they're saying to us they can set up walk-in clinics.

If you set up walk-in clinics that are nurse practitioner-based, that's an upstream kind of effect that will keep people out of the emergency rooms. That's what we want to do, where people can get access in Prince Edward Island, because access is truly the problem that we're facing right now. This is a solution.

The minister is not on record or anything, but he's talked about it and he's looking at that. That becomes an integral part of where you can get a nurse practitioner walk-in clinic and they might be able to stay open until eight or nine o'clock, and they might be able to open on a Saturday or a Sunday.

These are the crucial things, but they need a billing number to do that, as the minister said. I think that's where the future is naturally going because I do believe nurse practitioners only came into Prince Edward Island, potentially, in 2014, so....

[Interjection]

G. McNeilly: Before that? Maybe around – within the last 15....

[Interjection]

G. McNeilly: 2007? But it's a growing profession, and we're starting to get more, and they will become an integral part of things. Like they said, they don't pretend to replace anybody in the system. They do what they do and they do it very, very well. We've got to make sure that when we do this, we do it right.

I don't know if placing nurse practitioners in the emergency department to relieve ER pressure will do it. There are studies probably both ways on that, but what we need to do in that sense is to recruit more ER physicians.

We had a program that I think the minister set up where it was an associate physician or an assistant physician program that I'm sure got much of an uptake on Prince Edward Island at this time because an assistant physician – instead of having physicians in Prince Edward Island driving taxicabs like they are in my area, or a couple of physicians that I'm thinking about work.... One of them is working as an RCW in a long-term care facility in town. This is a physician with a specialty in dermatology. He speaks five different languages, did his course work in Russian, has taught in multiple different communities, and he's making \$24 an hour because he loves people, and he's doing it.

[4:50 p.m.]

He almost gave up on following through, but what he did was he came to me and said he was trying to get into the associate physician stream. The associate physician stream – he could have been accepted, but the amount of testing and the amount of different things.... He did his testing in Russian, and what he said to me is: "Imagine doing an anatomy of an eye in Russian and then having to translate it to English, and you have to do that with the entire body. You have to do that over and over again." And he did. He studied and he did whatever he could.

You're talking about an assistant physician, that's what he was going for. Since that time, I was able to connect him with another great doctor in Prince Edward Island. What he did was, he said, "Hey, you know what? I'm going to continue on to be a doctor. I'm going to

continue on." Once he spoke to another doctor on Prince Edward Island, the doctor said go for it, continue to study, continue to do whatever. I think you can do it. That's what he decided to do. He's back to studying. He studies 12 hours a day on top of everything else. He is working very hard.

But I will be there when he turns into the doctor in Canada that he should be. He will deserve it and he will be an asset. We need him to keep going. He is going to join this Nova Scotia program that was just set up, that we were just debating on the floor today, the minister and I were debating. It's good that Prince Edward Island is there. It's things like that we need to get into to. But he was going to join it before we signed up for it, meaning that we might have potentially lost him in Nova Scotia.

It's these types of agreements that are very, very important. I'm glad to see that – I'm critical of different things the government does – but I see five seats and they're \$175,000 a seat. He is hopefully going to be on one of them. He has been waiting for that to open up.

I just want to say that when make decisions about programs, sometimes they're good and this is one of them. We need him to be in our emergency rooms and ERs and he will, because we're having a heck of a time recruiting specialists.

We did get ten nurse practitioners, like the members said, or we talked about it. I hope two of them are going to Summerside. I know they will be a value added to the community. I hope we can train them all and keep them all.

But they need their contract signed. A year and plus without a contract, both with the nurses and the nurse practitioners, they're watching that. That will be a historic moment.

Hopefully, we can get that contract signed to value what they're doing and then to increase their scope of the practice and look at the billing numbers. That's how we keep the pressure off of ERs is we have to make sure that we're looking at different areas. I think walk-in clinics are one of them.

The minister did talk about the patient medical home at the University of Prince Edward Island. I forget what word he used – carrot – he's using it as a carrot. That's what he said about attracting people. It is a beautiful facility; it's a

beautiful space. I think the minister needs to put out a few more carrots because I don't know if enough people are working in the said medical home yet.

[Interjection]

G. McNeilly: No, not the stick. He's gone on record to say that this medical home is moving from a 10,000-person medical home, which is a lot of people for one medical home, but now the minister is talking about it moving to a 15,000-person medical home. A 15,000-person medical home is a big difference. There are definitely questions there.

[4:55 p.m.]

This carrot of a place will be an important part of where people get access. Right now, it's definitely not up to 15,000 people. I think the last time we checked it was more like 600, and it's been open since September. There are some nurse practitioners there but there was, last time I checked, there was only one doctor in that place. If you want to make it a flagship, you better get to scooting here because why are we not getting doctors? Why are we not retaining doctors?

The nurse practitioners and the one doctor are doing such a great job; they're doing it. Like I said, that's where, thank goodness, we have the nurse practitioners in there. But that's not enough people. You can't recruit to this – and the minister knows it – you can't recruit people from rural Prince Edward Island to work here. That's one of the things that we talked about it. You have to recruit from outside of.

By not signing the MOA with the doctors, we have stifled our recruitment for the last two years. We haven't gotten any recruiting doctors for the last two years. Normally, it's about a 65 to 70 percent recruitment and retention rate for doctors. And those are doctors that are coming out of Dalhousie – the ones that graduated – they're coming out of Memorial. There is one in Sherbrooke, I do believe. These are doctors that normally when they come back, history would say – and the great Minister of Health before, I think he had ten years of, was it two years?

R. Henderson: It was ten years in two.

G. McNeilly: Two years he was in the.... Clap your desk for that – two years he made.

R. Henderson: (Indistinct) second longest term, he is the longest.

G. McNeilly: Minister of Energy was the longest in modern history as the Minister of Health. Congratulations. He would know – he knows all this information.

But it's hard, it's hard to recruit those doctors back. Normally, we would get 65 to 75 percent retention rate, so they would come back. The last two years, we have zero – we have zero. I mean, hopefully it changes. I mean, I want somebody to correct the record. I would love somebody to correct the record, but we've got –

[Interjection]

G. McNeilly: I mean, maybe it's 78 but I don't know because this came out – this information came to the standing committee from MSPEI, who is in charge, who represents the doctors at the bargaining table and whatnot. In the document, it says zero. I'm hoping things would have changed since then.

But we need physicians to stay. We need nurse practitioners. You've done it with nurse practitioners, now with ten staying but you can't stop there. You've got to recruit the nurse practitioners from away to come and to be able to incentivize them about being in the best place in Atlantic Canada to come and work – the best place. They're welcome to come and be recruited into the emergency room but they can do so much. We need them to do so much for our great province. I look forward to them doing that.

That's the crux of why we need our nurse practitioners to be in primary care. When I'm talking about this, I just have a different philosophy and view is that if we can meet people in the patient medical home – if they can drive to the emergency room, they can drive to the patient medical home. It's a hell of a lot easier to treat somebody in a patient medical home where they're family members – it's supposed to be a family in there – rather than going to the ER.

I mean, they might need some X-rays, and they might need all that stuff, but they just need that compassion service that they know they'll have with nurse practitioners in those areas and that's really what it's all about.

There are a lot of things that I agree with. The Member from Summerside-Wilmot captured them about how important and how valuable nurse practitioners are. There are just gaps in our system. We've seen it before where this government makes decisions to solve an immediate problem when that might get us into trouble down the road.

I think about a decision that was made would have been something like the *Residential Tenancy Act* and going against an IRAC decision. It –

An Hon. Member: Call the hour.

Speaker: Members, the hour has been called. Can you adjourn debate with a seconder?

G. McNeilly: I'll adjourn debate, seconded by the hon. Member from Summerside-Wilmot.

Speaker: Shall it carry? Carried.

The hon. Member from Kensington-Malpeque.

M. MacKay: I move, seconded by the hon. Member from Tyne Valley-Sherbrooke, that this House adjourn until Friday, May 15th at 10:00 a.m.

[The Legislature adjourned until Friday, 15 May 2026 at 10:00 a.m.]