



**LEGISLATIVE ASSEMBLY  
of Prince Edward Island**

**Official Report of  
Debates and Proceedings**

**(Hansard)**

**Third Session of the 67th General Assembly**

**Friday, 15 May 2026**

**No. 28**

**The Honourable Brad Trivers, Speaker**

Published by Order of the Legislature

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

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

**Speaker** – Hon. Brad Trivers

**Clerk** – Joseph Jeffrey

**Deputy Clerk** – Emily Doiron

**Clerk Assistant** – Samantha Lilley

**Parliamentary Counsel** – Vacant

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**Sergeant-at-Arms** – Gordon Campbell

**Assistant Sergeant-at-Arms** – June Ramsay

| <b>Member and Party</b>            | <b>Constituency (District)</b>   | <b>Other Responsibilities</b>                                                                                     |
|------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Arsenault</b> , Gilles (IND)    | Évangeline-Miscouche (21)        |                                                                                                                   |
| <b>Bell</b> , Hon. Zack (PC)       | Charlottetown-Winsloe (10)       | Minister of Workforce and Advanced Learning<br><br>Minister responsible for Acadian and Francophone Affairs       |
| <b>Bernard</b> , Karla (G)         | Charlottetown-Victoria Park (12) | Third Party Whip                                                                                                  |
| <b>Bevan-Baker</b> , Peter (G)     | New Haven-Rocky Point (17)       | Third Party House Leader                                                                                          |
| <b>Burridge</b> , Hon. Jill (PC)   | Stratford-Keppoch (6)            | Minister of Finance and Affordability                                                                             |
| <b>Compton</b> , Hon. Darlene (PC) | Belfast-Murray River (4)         | Minister of Land and Environment                                                                                  |
| <b>Croucher</b> , Hon. Robin (PC)  | Souris-Elmira (1)                | Minister of Education and Early Years                                                                             |
| <b>Curran</b> , Brendan (PC)       | Georgetown-Pownal (2)            |                                                                                                                   |
| <b>Deagle</b> , Hon. Cory (PC)     | Montague-Kilmuir (3)             | Minister of Health and Wellness                                                                                   |
| <b>DesRoches</b> , Tyler (PC)      | Summerside-Wilmot (21)           | Government Whip                                                                                                   |
| <b>Dillon</b> , Susie (PC)         | Charlottetown-Belvedere (11)     | Deputy Speaker                                                                                                    |
| <b>Dollar</b> , Hon. Kent (PC)     | Brackley-Hunter River (15)       | Minister of Housing and Communities                                                                               |
| <b>Henderson</b> , Robert (L)      | O’Leary-Inverness (25)           | Opposition Whip                                                                                                   |
| <b>Hudson</b> , Hon. Ernie (PC)    | Alberton-Bloomfield (26)         | Minister of Fisheries, Rural Development and Tourism<br><br>Minister of Transportation, Infrastructure and Energy |

| <b>Member and Party</b>            | <b>Constituency (District)</b>      | <b>Other Responsibilities</b>                                                                                |
|------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Lantz</b> , Hon. Rob (PC)       | Charlottetown-Brighton (13)         | Premier<br>Minister responsible for Indigenous Affairs<br>Minister responsible for Intergovernmental Affairs |
| <b>MacEwen</b> , Sidney (PC)       | Morell-Donagh (7)                   |                                                                                                              |
| <b>MacFarlane</b> , Matthew (G)    | Borden-Kinkora (19)                 | Leader of the Third Party                                                                                    |
| <b>MacKay</b> , Matthew (PC)       | Kensington-Malpeque (20)            | Government House Leader                                                                                      |
| <b>MacLennan</b> , Hilton (PC)     | Tyne Valley-Sherbrooke (23)         |                                                                                                              |
| <b>McNeilly</b> , Gordon (L)       | Charlottetown-West Royalty (14)     | Opposition House Leader                                                                                      |
| <b>Perry</b> , Hon. Hal (L)        | Tignish-Palmer Road (27)            | Leader of the Official Opposition                                                                            |
| <b>Ramsay</b> , Hon. Barb (PC)     | Summerside-South Drive (22)         | Minister of Social Development and Seniors<br>Minister responsible for the Status of Women                   |
| <b>Redmond</b> , Hon. Jenn (PC)    | Mermaid-Stratford (5)               | Minister of Economic Development, Trade and Artificial Intelligence                                          |
| <b>Simpson</b> , Carolyn (L)       | Charlottetown-Hillsborough Park (9) |                                                                                                              |
| <b>Thompson</b> , Hon. Bloyce (PC) | Stanhope-Marshfield (8)             | Minister of Agriculture<br>Minister of Justice, Public Safety and Attorney General                           |
| <b>Trivers</b> , Hon. Brad         | Rustico-Emerald (18)                | Speaker                                                                                                      |
| <b>Vacant</b>                      | Cornwall-Meadowbank (16)            |                                                                                                              |

[The Legislature met at 10:03 a.m.]

[Hon. B. Trivers in the chair]

Matters of Privilege and Recognition of Guests

**Speaker:** Members, this year, 2026, marks the 175<sup>th</sup> anniversary of responsible government in Prince Edward Island; that's been mentioned a couple of times. Responsible government is central to our democracy. Under this system, of course, Executive Council is accountable to the Legislative Assembly.

To learn more about responsible government, hon. members are invited to refer to documents that I will be tabling a little later today, and there will also be information on the Legislative Assembly's website.

To mark this important anniversary, the Office of the Speaker and the Office of the Clerk are jointly organizing a Responsible Government 175 campaign. It'll feature events throughout the rest of 2026.

[10:05 a.m.]

The Office of the Speaker and the Office of the Clerk look forward to announcing more details soon. For now, we considered that Victoria Day weekend would be a very appropriate time to announce the campaign since it was during the reign of Her Majesty Queen Victoria that the Island achieved responsible government in 1851.

Thank you, members.

I'd like to go to the hon. Premier for recognition of guests.

**Hon. R. Lantz:** Thank you, Mr. Speaker, and thank you for that little history lesson.

Good morning, everyone. Good morning on a Friday; a beautiful Friday. I'm sure everyone is excited for what looks to be a beautiful long weekend, Victoria Day weekend. We're looking forward to the proceedings today. Welcome to everyone watching online and welcome to those in the gallery.

Mr. Speaker, if you've gone out to eat this week, you'll notice that every restaurant seems to be packed full of families. There's a simple reason for that – over the past week, UPEI has hosted their multiple convocation ceremonies. I want to

extend my sincerest congratulations to all the graduates. I hope you all take some time to celebrate and be proud of all your hard work and determination. Once again, congratulations to all the graduates.

This Sunday, Victoria Park is going to be buzzing with excitement. The 2025 Canadian national champs, the PEI Senior Islanders baseball team, will be back in action to start their 2026 season. I want to wish them best of luck as they kick off their 15<sup>th</sup> season this year.

I want to recognize a remarkable young musician with deep roots here in Prince Edward Island, Miss Isabella MacLellan. Welcome, Isabella. Glad to have you here. Isabella is joined in the gallery here today by her family, including her grandmother, Carol, and her mother, Dawn. Welcome, everyone; glad to have you here. Her family – father Philip MacLellan, grandparents Carol and the late Everett MacLellan, and aunt Taryn MacLellan – is from Pleasant Valley, Mr. Speaker, as you would know. Isabella continues to return here to reconnect with her family and her community.

Isabella's journey with the violin began at the age of three. She spent the last two summers as a member of the National Youth Orchestra of Canada. On May 27<sup>th</sup>, she'll graduate with a bachelor of music in violin performance from McGill University. Now, Isabella has been accepted into the prestigious master's program in violin performance at Eastman School of Music in Rochester, New York, an extraordinary accomplishment as she pursues a career as an orchestral violinist. Congratulations. We really look forward to hearing you perform here in PEI in the future. Thank you for being with us here today.

Again, I wish everyone a beautiful long weekend. I hope everyone takes the time to spend time with family and enjoy some well-deserved rest.

Thank you.

**Speaker:** The hon. Leader of the Opposition.

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

It's a pleasure to rise today and welcome all those who are watching online and those who are joining us in the gallery today. As was mentioned, Isabella, congratulations on your

accomplishments so far. We look forward to watching your career blossom even more. Along with your grandmother and your mother, Carol and Dawn, welcome to today's proceedings.

Also joining us in the gallery today is one of our great help upstairs, one of our staff – Shreesh Agrawal. Shreesh graduated yesterday from UPEI. His parents came here from Tanzania to be with him and to celebrate with him. We have his father, Sanjay, his mom, Rekka, and his sister, Shriya. Sheera is here from Vancouver. She's an engineer over in Vancouver. Welcome to today's proceedings, and congratulations, Shreesh.

With that, I'll wish everyone a great day in the Legislature. Let's get lots of work done, and wish everyone on Prince Edward Island a great Victoria long weekend.

Thank you.

**Speaker:** The hon. Leader of the Third Party.

**M. MacFarlane:** Thank you, Mr. Speaker.

Good morning to everyone. Welcome back for another great day of debate here in the Legislature. Welcome to everybody watching online and in the gallery today. Great to see you in the gallery. I hope you all enjoy the proceedings today.

Congratulations to you, Isabella, and your family for your accomplishments. I'm looking forward to seeing great things to come for you in the future.

Welcome to Shreesh and family. Welcome to the Legislature. Great to see you all out here today.

[10:10 a.m.]

Yesterday, late afternoon, I had the pleasure of introducing one of the province's newest King's Counsel appointments. Ryan MacDonald, who, together with Brendan Hubley, two lawyers in the PEI bar, were honoured with the distinction of King's Counsel designation. Together with the Attorney General, the Minister of Justice, and multiple justices of our Supreme Court and our Provincial Court, it was a great event, a great evening to recognize the incredible contribution to the legal community – a former law partner of mine, Ryan MacDonald, and a friend of mine, Brendan Hubley, Sen. Libbe Hubley's son. A

very nice event and, of course, His Honour Dr. Salamoun and Marie Dunne-Salamoun were gracious hosts to have us in Government House.

The Central Region Sport and Recreation Council has organized a variety of activities and sports for people of all ages in central PEI. This council is funded through go!PEI. For example, we have flag football in Kinkora and Englewood, group hiking, biking, ball hockey, and the multi-sport program to introduce toddlers to a variety of outdoor activities – a really active council promoting activity and active lifestyle. Registration is available online at the Central Region Sport and Recreation Council Facebook page. I'd encourage everyone to check that out and see what's available.

Seniors 55-plus tea is another event coming up in my neck of the woods in Borden, May 20<sup>th</sup> and June 17<sup>th</sup> at 11 a.m. in the common room at 190 Howatt Street Building B. All seniors are welcome to attend. That's a very active seniors community there. They do a lot of things together in those seniors buildings on Howatt Street. I know that will be an active event for those individuals.

As we embark on the long weekend, I wish everyone a great long weekend. It looks like we're going to have some sun in the forecast. It gives us chance to get out and do some yard work. I know we're all looking forward to doing that.

Thank you, Mr. Speaker.

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

**G. McNeilly:** Thank you, Mr. Speaker.

Just a pleasure to rise today to wish everybody a happy long weekend in Charlottetown-West Royalty. I hope that you get out there and enjoy hopefully some nice weather. Welcome everybody in the gallery here today. It's great to have you.

I just wanted to rise to echo the Premier's sentiments about Colin MacAdam, who is a good friend of mine who will be inducted into the 2026 Hall of Fame coming up shortly. It made me reflect on his career and, when they first started out, what he and Jared Connaughton did for PEI and how it reshaped how we look at track and field and athletics in Prince Edward Island. So, a big shout-out to Colin and Jared.

Jared, he ran in one of the fastest races of all time. He finished seventh in the Beijing 200-metre Olympics. His career should be one that we echo and model. That partnership is an incredible partnership now and into the future.

Thank you, Mr. Speaker.

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

**K. Bernard:** Thank you.

I'd like to welcome back colleagues and staff and our Pages today, Jorja, Jackson, and Eva – thank you for being with us.

Isabella and family, thank you for being here and best of luck to you. An impressive career already.

To Shreesh's family, a very warm welcome. I first met Shreesh when he was involved with UPEI Student Union. We worked a lot together, and I really valued that working relationship. One of the things that always struck me about Shreesh and international students was the fact that they leave their families for such long periods of time, and the sacrifice and the strength that that takes. I heard that you were here yesterday and it really warmed my heart; it must have been a nice reunion. Welcome. I hope you enjoy your time here.

This weekend is my favourite weekend of the year, so everyone, get outside. Summer is coming. Enjoy yourselves, and enjoy today's debate.

Thank you.

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

**H. MacLennan:** Thank you, Mr. Speaker.

Welcome to my colleagues and the people in the gallery here today, and anybody watching from District 23.

[10:15 a.m.]

This Sunday in Tyne Valley, it's the annual rubber ducky race. It looks like it's going to be a beautiful day. There's all kinds of activities for the kids and families. They're going to have a barbecue. Gordie MacKeeman is doing the music. It's going to be a fantastic afternoon. It

starts off at one o'clock. The first duck that goes across the finish line, the winner gets \$1,000, so it's well worth it. Half the proceeds go to the soap box derby and the other half goes to the Oyster Festival parade. I'd just like to say thanks to Rob MacNeill and all his volunteers for putting this on every year.

Thanks.

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

**P. Bevan-Baker:** Thank you so much, Mr. Speaker.

Picking up on that theme, on my drive in today not rubber duckies but real duckies in the pond beside the North River roundabout; they hatched yesterday. Yesterday, I saw the mom sitting on the nest and today, mom and dad were on the pond with five or six little ones. So, that's nice.

Shreesh, how lovely to see you in the gallery. It was a real pleasure and an honour to be on the stage yesterday when you walked across at UPEI. Congratulations for that. You're a wonderful young man and you have a great career ahead of you.

Finally, talking of great careers, Isabella. I'm not sure if you know my daughter, Kate, but she is a violinist who teaches at McGill – or used to teach at McGill, actually – and was with the National Youth Orchestra as well. She was actually the concert master of the National Youth Orchestra; I think the only Islander ever to have that honour. Anyway, I really wish you well. Eastman is a fabulous school, and that's a great honour.

Thank you very much, Mr. Speaker.

**Speaker:** The hon. Member from Summerside-Wilmot.

**T. DesRoches:** Thank you, Mr. Speaker.

I'd just like to welcome everybody back into the House today, everybody in the gallery – it's always nice to see people in the gallery – and everybody watching from District 21 back home.

I wanted to get up today because there are two big events happening this weekend in Summerside. For all the hockey fans, we have the quarter finals day today with the

Summerside Western Caps taking on the Truro Bearcats; it's a Maritime hockey final. And then on Victoria Day, it's like Christmas to me – harness racing comes back to the Summerside Raceway. It's the first race card of the season. If someone is looking for something to do this weekend, you can either catch some hockey or catch some horse racing.

Thank you, Mr. Speaker.

**Speaker:** Members, I just wanted to rise quickly. Of course, great to see Isabella and Carol and Dawn, and like the Member from New Haven-Rocky Point, making a little Island connection here. Carol's brothers are Wayne Dickieson of dairy fame, and Herb Dickieson, of course, who is no stranger to this Legislature. But they hail from Pleasant Valley. Isabella's father, Philip, was born and lived in Pleasant Valley. Ten years to the day later, another Philip MacLellan was born – Gene MacLellan's son. Of course, Philip's sister is Catherine MacLellan, the famous musician, and her daughter's name is Isabel MacLellan. This is Prince Edward Island – I had to get up and tell that.

Thank you, members.

#### Statements by Members

**Speaker:** The hon. Leader of the Third Party.

#### **Community Services and Infrastructure**

**M. MacFarlane:** Thank you, Mr. Speaker.

The vibrant communities – big and small, rural and urban – that make up our province are where Islanders live, work, and play. An important part of ensuring that our communities can continue to thrive is ensuring that they have the services and infrastructure Islanders depend on.

These include community centres, parks and sports fields, rinks and gyms, local museums – places where Islanders of every age can play sports, share knowledge and history, spend time with their neighbours, host community events and meals, learn a new hobby or craft, listen to local music, and so much more.

Right now, in the community of Cornwall, residents are working hard to raise money for an additional ice surface at the APM Centre. This would provide much needed additional ice time for the over 600 youth across the 13

communities who play hockey, ringette, and skate at the centre.

Recently, the APM Centre's expansion committee was awarded \$50,000 for this project through the Kraft Hockeyville contest, which is wonderful news, but more support is needed. These are exactly the kinds of projects that government should get behind in order to support our youth, support health and wellness, and support the overall community.

Across our province, dedicated volunteers are working hard in their communities to raise money for infrastructure upgrades and new builds. Instead of this government investing millions of dollars into the NHL, I'd suggest that the Premier and his ministers look a little closer to home and fund projects that actually benefit everyday Islanders.

Thank you, Mr. Speaker.

**Speaker:** The hon. Member from Charlottetown-Belvedere.

#### **Expanding Scope of Practice in Pharmacy**

**S. Dillon:** Thank you, Mr. Speaker.

I rise today to highlight the need for continued expansion in the scope of practice for pharmacists here in Prince Edward Island and the importance of ensuring we keep pace with our Maritime neighbours.

Pharmacists on Prince Edward Island are already making a meaningful difference in our communities. Programs like Pharmacy Plus allow Islanders to receive treatment for a wide range of common conditions, from urinary tract infections and strep throat assessments to skin conditions among others, right in their local pharmacies. Pharmacists can also prescribe medications, provide important vaccines, and deliver timely care that is both accessible and convenient, especially for those without a primary health care provider.

[10:20 a.m.]

This expanded role helps to ease the pressure on our health care system and improve access for Islanders every single day, but we also know there is more that can be done and more that pharmacists are willing to do.

Across the country and in our neighbouring Maritime Provinces, pharmacists are increasingly being called upon to expand their service even further, whether that means delivering additional vaccines, helping manage chronic illnesses, or playing a greater role in ordering and monitoring tests. These are trained professionals who want to practice to their full extent and to their education and their training, and doing so will strengthen our health care system.

Meeting the needs of Islanders' health care requires forward thinking, working together, and a willingness to fully utilize the expertise already within our communities.

Thank you to our pharmacists across Prince Edward Island for their dedication, their professionalism, and the care that they provide Islanders every day.

Thank you, Mr. Speaker.

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

### **Challenger Baseball**

**H. MacLennan:** Thank you, Mr. Speaker.

I rise today to recognize an incredible initiative that is hitting it out of the park for youth across our region: Challenger Baseball.

Run in partnership with Little League Canada and Baseball Canada, this program ensures that children living with physical or cognitive disabilities have a place where they can truly belong. It's about much more than just the game. It's about teaching teamwork, resilience, and courage in a safe, fun environment where every athlete can build independence and lasting friendships.

This program is a key part of the Jays Care Foundation, which has had a massive impact across our country. To date, over 14,900 participants have benefitted from the Challenger programs. There are now 417 programs active across Canada, supported by over 620 educators and coaches specially trained in programming.

I am also excited to highlight that the Atlantic All-Star Series is fast approaching, taking place August 1<sup>st</sup> and 2<sup>nd</sup> in Antigonish, Nova Scotia. There are teams from all across the Maritimes participating in it, including PEI. This event is a

wonderful opportunity for our local athletes to showcase their skills and spirit on a larger stage.

I want to extend a sincere thank you to the volunteers, the coaches, and the donors who raised the funds and put in countless hours to make this possible. Your dedication ensures that every child, regardless of ability, gets the chance to play ball.

### **Responses to Questions Taken as Notice**

#### Questions by Members

**Speaker:** The hon. Leader of the Opposition.

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

On Monday, Moody's downgraded PEI's outlook to negative and warned that this government's spending and borrowing is pushing the province in the wrong direction. Yesterday, S&P Global Ratings is saying the very same thing. Two major rating agencies are now sounding the alarm about this government's financial management, and this Premier still wants Islanders to believe that everything is under control.

### **Fiscal management (further)**

Question to the Premier: How many more warnings does this government need before it finally admits PEI's finances are headed in the wrong direction?

**Speaker:** The hon. Premier.

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

I've had the opportunity to sit in on a couple of the calls with the bond rating agencies with the Minister of Finance and Affordability. We've presented our fiscal management plan, our comprehensive expenditure review. We are, of course, in difficult fiscal circumstances here, as are many provinces across the country who are also getting downgrades on their outlook.

We have a plan. We're restraining our spending. But we're continuing to invest in the priorities of this government so that we're still delivering programs and services that Islanders rely on.

**Speaker:** The hon. Leader of the Opposition.

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

This Premier likes to talk about other provinces being in the same boat. We're talking about PEI, and it was this Premier and this government that put PEI in this position.

Yesterday, the Minister of Finance talked about debt management plans and fiscal anchors, but Islanders understand something that this government apparently doesn't: borrowing money every year is not a debt reduction strategy. This government keeps spending, keeps borrowing, and keeps pushing the problem further down the road.

Question to the Minister of Finance: What is this government's actual timeline to stop growing the debt and finally begin paying it down?

**Speaker:** The hon. Minister of Finance and Affordability.

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

[10:25 a.m.]

As I mentioned yesterday, we have \$360 million in sinking funds right now to go against upcoming debts. We're contributing to a general sinking fund this year. We've built that general sinking fund; we're contributing money. We're contributing interest that we're earning off other funds that we have, liquidity reserves.... All that money is going into debt reduction. That's part of the debt management strategy, and we're going to continue with that.

Thank you, Mr. Speaker.

**Speaker:** The hon. Leader of the Opposition.

**Hon. H. Perry:** Mr. Speaker, I don't know why this minister wants to use the word "sinking" so much. It must be in her mind the whole time she looks at the finances of Prince Edward Island.

This government loves to talk about fiscal guardrails and financial anchors. Now, S&P is warning that PEI's debt burden is getting dangerously close to government's own fiscal anchor of 40 percent per GDP. There were no opposition targets. These were the government's promises to Islanders.

Question to the Premier: If this government breaks its own fiscal anchors, what exactly was the point of setting them in the first place?

**Speaker:** The hon. Minister of Finance and Affordability.

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

We haven't broken them. We have not broken the 40 percent net debt to GDP. That was a part of our clear plan and our management plan and our budget that we laid out this year. We are under 40 percent net debt to GDP. I think we currently sit at 38, which is actually mid-range on the national level. We're probably sitting five or six in the country right now with our net debt to GDP.

Thank you, Mr. Speaker.

**Speaker:** The hon. Leader of the Opposition.

**Hon. H. Perry:** Mr. Speaker, 38 is very close to 40 percent.

The warning signs are piling up, and opposition has been calling on government to get their finances in order and so has the Auditor General. Moody's says PEI's outlook is negative. S&P says the same thing. TD Economics says PEI finances are sharply deteriorating. RBC says there is no path back to balance in this budget.

At some point, this government needs to stop blaming everybody else, and admit its financial management is failing Islanders.

Question to the Minister of Finance: When will this government admit that the permanent deficits and endless borrowing are not a financial plan?

**Speaker:** The hon. Minister of Finance and Affordability.

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

Yes, of course. It's challenging times. We're seeing across the country – everyone is in a deficit position. Every province in Canada right now is in a deficit position, and we are, too. It's significant challenges and significant pressures that we're experiencing right now.

The big question in here is: How are we spending that extra money? It's on health care. It's on education. It's on social development. It's

on supporting Islanders where they need the support right now, and we'll continue to do that.

Thank you, Mr. Speaker.

**Speaker:** The hon. Leader of the Opposition.

**Hon. H. Perry:** Mr. Speaker, let's talk about health care and let's talk about supporting Islanders.

Many seniors in community care facilities right across Prince Edward Island are being placed in an impossible situation. Staff are telling us that residents who rely on routine prescription renewals no longer have access to physicians who previously provided that care, leaving many without timely refills for essential medications, with 30 of 51 residents in one facility alone lacking a family doctor.

#### **Prescription renewals for seniors**

Can the Minister of Health explain what plan is in place to ensure seniors can access prescription renewals without being forced into already overcrowded emergency rooms?

**Speaker:** The hon. Minister of Health and Wellness.

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

I'm not sure of this particular situation that the member is speaking to or which home this is in. Perhaps it's an issue across a number of them, but I can certainly go back and look into it to find out what's going on and if we can find a solution.

**Speaker:** The hon. Leader of the Opposition.

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

The one in particular I talked to was, of course, the co-operative seniors home in Tignish, but I've reached out to others and they're in the same position. Any senior who's in a community care facility that does not have access to a family doctor is in the same position. In Tignish, there was Dr. Fox, who was there for years and now comes back as a locum; was giving prescription refills. Now, Health PEI has said: "No more."

Dr. Blackman, who works in Tignish right now, cannot take these patients on, so these patients – 30 senior citizens in a 51 community care

facility – do not have access to a family physician, nor to prescription refills.

Minister, what are you going to do about it now?

**Speaker:** The hon. Minister of Health and Wellness.

**Hon. C. Deagle:** Well, Mr. Speaker, I'll have to go back and talk to Health PEI to find out what the situation is and see if we can find a solution.

Thank you.

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

**C. Simpson:** Thank you, Mr. Speaker.

Statistics Canada reports that 71 percent of Canadian youth aged 12 to 17 have experienced bullying. We know that bullying is a significant issue here on Prince Edward Island.

#### **Bullying in schools (further)**

Question to the Minister of Education and Early Years: Minister, what is the department's response to this staggering figure, and do you believe that this is a reflection of the stats here on PEI?

**Speaker:** The hon. Minister of Education and Early Years.

**Hon. R. Croucher:** Yeah, those stats are alarming. They're numbers that we don't want to see here in our province.

[10:30 a.m.]

I certainly think that we've demonstrated as a government that we take bullying seriously. We have the cyberbullying strategy that the minister spoke about yesterday. We invite guest speakers here to the province. We're trying to get as much education out to the public and to our students that bullying is not acceptable.

We have to curb it somehow. We're going to continue that work.

Thank you.

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

**C. Simpson:** Thank you, Mr. Speaker.

In addition, 71 percent of Canadian teachers report that they actively intervene in bullying situations, yet 25 percent of students feel supported by their teacher. Obviously, there seems to be a disconnect.

Question to the same minister: Do you feel PEI-specific data would look different? And stop telling us, please, about what's exactly working and what is tangibly happening to support teachers and students right now.

**Speaker:** The hon. Minister of Education and Early Years.

**Hon. R. Croucher:** Certainly, we know the challenges that our school staff are facing. We're very, very grateful for the incredible work that they do each and every day. I know that their job is challenging right now with the level of violence and the incidents that we see, not only here in Prince Edward Island but right across the country.

We have things like PBIS, social-emotional learning. We have the Canadian Centre for Child Protection fully engaged with our province. They've been great partners in educating not only our department but the entire system, including our teachers, on these bullying behaviours and how to address them and how to deal with them.

It's not a problem that's going away. It's not a problem that we're backing down from, either. We're going to continue to invest. We're going to continue to work on it.

Thank you.

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

**C. Simpson:** Thank you, Mr. Speaker.

There is some good news, I think. The Compass survey recently reported that bullying seems to be on the decline here on PEI, which is promising. However, we question whether or not students are continuing to report, or whether or not they've just given up.

Question to the same minister: Minister, how would you respond to that? Is there a sense that students continue to report bullying, or have they simply given up trying to reach out for help?

**Speaker:** The hon. Minister of Education and Early Years.

**Hon. R. Croucher:** No, I don't think anyone has given up. Certainly, our system has not given up. Certainly, our educators have not given up.

I think that we've made our schools inclusive. We've made our schools a welcoming place. We've made it known that students should and need to reach out when they're in trouble, when they feel like they're being bullied or targeted in any way, shape, or form.

We're introducing a new code of conduct which will be stood up by the start of the new school year. I'm hoping that's going to give a baseline and some direction for staff and students on how they not only act in school but how they approach these issues such as bullying.

That's just one of the things that we're doing in the department to help give our students and our educators the tools they need to deal with this.

Thank you.

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

**C. Simpson:** Thank you, Mr. Speaker.

I've been asking the Minister of Education and Early Years what other sections within the department have been cut. We clearly know that the early years division has been cut, but we're unclear whether or not any other area within the department received any sort of cuts to their budget.

### Education and Early Years funding (further)

Question to the same minister: Minister, would you please let us know what other sections within your department received any cuts through this budget process?

**Speaker:** The hon. Minister of Education and Early Years.

**Hon. R. Croucher:** Again, we're going to be debating my budget very, very soon here; I'm hoping maybe next week. We can have those discussions at that point.

We've invested more than \$15.5 million into the early years sector. We've grown our budget by

almost 9 percent this year alone in Education and Early Years. But I look forward to having those discussions on the floor shortly.

Thank you, Mr. Speaker.

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

**C. Simpson:** Thank you, Mr. Speaker.

I, too, look forward to that. I wish we could get an answer whether or not there have been cuts.

I've also been asking about the supports to Acadian and Francophone families that have been recently cut as well. That's \$52,000 cut to the very language and culture of our families. I've been hearing from people from Evangeline and throughout the province about these concerns. You know what, Mr. Speaker, if government could take one-half or even less of a travel nurse salary – of one travel nurse salary – that would cover this. The minister continues to say: "Stay tuned, something is coming."

[10:35 a.m.]

#### **French language supports (further)**

Question to the Minister of Education and Early Years: Will you do what's right and please reinstate the much-needed program for Acadian and Francophone families?

**Speaker:** The hon. Minister of Education and Early Years.

**Hon. R. Croucher:** Thank you, Mr. Speaker.

The member across talks about cutting one part of the salary of a travel nurse. We need our travel nurses. My older sister is a resident at the Colville Manor, and I thank God every day that she has those travel nurses there to take care of her.

As far as committing to reinstating the funding that the member speaks about, I can't commit to that today.

Thank you.

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

**C. Simpson:** Thank you, Mr. Speaker.

Can't commit to that today, and I understand that. I keep hearing that. He and the Minister responsible for Acadian and Francophone Affairs continue to say that something is coming.

Question to the Minister of Education and Early Years: When is that coming? When is that announcement?

**Speaker:** The hon. Minister of Education and Early Years.

**Hon. R. Croucher:** Again, I can't commit to giving her a timeline on that today as we deal with the fiscal position that the Province is in. We're trying to find cost savings across government. The opposition continues to tell us that we need to get our deficit down. We've had to make some very, very difficult decisions throughout this budget process.

But again, to answer her question, I can't commit to a timeline today.

Thank you.

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

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

This year's mandate letters – well, first the Premier wrote the mandate letters, then the ministers wrote back to the Premier, so it was kind of a little bit different. I want to ask about the Minister of Housing's mandate letter. It says: "With colleagues in Health and Wellness, Social Development and Seniors, and Justice and Public Safety, develop and implement an integrated provincial response for Islanders with complex needs who are experiencing homelessness."

#### **Provincial response to homelessness (further)**

Can the Minister of Housing elaborate on what this is going to do?

**Speaker:** The hon. Minister of Housing and Communities.

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

As I brought the question from Friday back yesterday, there has been a committee formed

with senior officials across four departments who are working on that.

Thank you.

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

**G. McNeilly:** Can the Minister of Housing confirm that this committee has been in place for years?

**Speaker:** The hon. Minister of Housing and Communities.

**Hon. K. Dollar:** I can't put an exact date on it, but I know it hasn't been years; it's been maybe months.

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

**G. McNeilly:** Question to the Premier: Is there going to be a Cabinet committee on this subject or is this the committee that's been in place for years? You were Housing minister 4 and 6. I have to know what we're doing and what direction we're taking with our most vulnerable people on Prince Edward Island.

**Speaker:** The hon. Premier.

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

There's been ongoing work across departments in government to create a system of care for people with complex needs. That's been ongoing since I was minister. That work continues. We're doing good things in Prince Edward Island. I had conversations over the weekend with people from different parts of the country about this issue in fact, and we were complimented for how we're managing this problem. It's a difficult problem, there are no silver bullets, but we're working hard with stakeholders all across the province.

I know if you travel around this country, you'll see some dire situations, unfortunately, with people struggling with complex needs of addiction and homelessness. We're doing the best we can. We're working with stakeholders all around the provinces to implement solutions that care for people who need it.

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

**G. McNeilly:** I'm just confused why, on May 5<sup>th</sup>, there was the words "develop and implement" if this was already implemented before. And if we're getting complimented, I don't think the 21 people who have just been added to the HIFIS numbers are going to be too happy about that. Those numbers are up, Mr. Premier.

Question to the Minister of Housing: Minister, are you aware that the HIFIS numbers have increased to 227 from 210 people and Islanders, meaning that those people are homeless in Prince Edward Island, and what are you doing over there to house them?

**Speaker:** The hon. Minister of Housing and Communities.

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

I am aware of the HIFIS numbers, and I want to mention to the member that those numbers do include the people that we are sheltering, the people that are in our supportive housing, and I even believe it includes incarcerated people. There is capacity at our emergency shelters. Mr. Speaker, we can't force people to go to the shelter.

Thank you.

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

[10:40 a.m.]

### Summerside shelter

**G. McNeilly:** Will the minister confirm that just last night in a Summerside shelter, they were at 120 percent overcapacity. Nobody is forcing them to go; they don't have a place to live. Were those numbers correct from last night? Was there 120 percent capacity at the Summerside shelter?

**Chair:** The hon. Minister of Housing and Communities.

**Hon. K. Dollar:** Mr. Speaker, I don't have the numbers for last night, and I'll have to take the member's word for it.

Thank you.

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

**G. McNeilly:** Over the winter, will the minister confirm that the numbers that your department and the minister over there were reporting were wrong? I FOIPPed the numbers for the Summerside shelter use; it says 100 percent, and they're much higher than that.

Will the minister confirm that your own numbers, on your own website, are understated?

**Speaker:** The hon. Minister of Housing and Communities.

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

I want to thank our operator in Summerside for being accommodating. Yes, they were at 100 percent for January and February. The last two months, I believe they were down to 82 and 80. What happened last night, I'm not sure. I haven't been updated.

Thank you.

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

**G. McNeilly:** Will the minister start to commit to reporting the actual numbers? Because you are reporting the wrong numbers, and it's been ongoing over there for eight out of the last 10 months. It's saying it's 100 percent capacity when it's more like 120-130 percent capacity.

This is a real problem in Prince Edward Island because people don't have a place to live. The numbers are going up. The services might be there, but you're understating. We can't fix the problem when you don't have a committee and you're understating the numbers.

**Speaker:** Member, did you have a question?

**G. McNeilly:** Will the minister on the other side come back with the actual numbers so that Islanders can see that the problem is much worse than the minister is stating?

**Speaker:** The hon. Minister of Housing and Communities.

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

I don't know how much more open we can be, publishing them online. He can go on and see them.

I'm going to give credit to the operator in Summerside for being accommodating to make sure that these people aren't homeless, that have a roof over their head every night. As you mentioned there, the taxi line in the budget – we will take them where they need to go. We will make sure people have a roof over their head every night.

Thank you.

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

**G. McNeilly:** Then go back and fix your contract because it's a 10-bed shelter and you're overtaxing the shelter operator. You're not giving them the supports that they need in all the different promises. You have a major problem, Mr. Speaker. This department has a major problem on their hands.

Will you come back and report the actual numbers so we can see how to fix the problem? And fix your mandate letter too so it's something that Islanders can trust in, because this is not it.

**Speaker:** The hon. Minister of Housing and Communities.

**Hon. K. Dollar:** Mr. Speaker, I will talk to the operator in Summerside.

**Speaker:** The hon. Leader of the Third Party.

**M. MacFarlane:** Thank you, Mr. Speaker.

Last night on *Compass*, the Premier said that my criticism of his IRAC review and my call for actual action was “not realistic.” The Premier has done nothing but defend IRAC, and I have no confidence that this review will be acted on, even if it does expose serious issues.

## IRAC

Question to the Premier. IRAC is not working for Islanders. By the time this review is due in November, you could establish a land commission focused and dedicated on protecting our land to take over the administration of our *Lands Protection Act, P.E.I.*, including the current investigation into Bliss and Wisdom landholdings. What is so unrealistic about that?

**Speaker:** The hon. Premier.

**M. MacFarlane:** Thank you, Mr. Speaker.

And what's unrealistic – I wasn't criticizing his opinion about the review; I was criticizing the fact that he's calling for IRAC to simply be abolished. Regulatory bodies like this exist everywhere. They're there to administer statutory legislation. They're adjudicating decisions. They're regulating various sectors within this province. It's an appellate function that they undertake.

What we're doing is looking for opportunities to modernize/optimize the way that IRAC does its work. We're reviewing its structures, its roles, its responsibilities, its mandate. This is long overdue. Nothing like this has been done since the inception of IRAC. For 35 years, there's never been a broad, external, independent review. I committed to do this, and we're getting it done.

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

**M. MacFarlane:** Mr. Speaker, I was disappointed to hear the leader of the Liberal Party out of step with the Leader of the Opposition in saying he agrees that a review is all that's needed. Since the day we had to use a subpoena to finally find out that the 2018 IRAC land investigation never actually resulted in a report, it has been clear that IRAC is broken.

[10:45 a.m.]

Question to the Premier. Islanders don't want a review, Mr. Premier, and you know it. Instead of wasting time and \$375,000 of tax money, why don't you immediately start working to establish an energy commission focused and dedicated to take over the oversight of Maritime Electric and their rates? What's so unrealistic about that?

**Speaker:** The hon. Premier.

**Hon. R. Lantz:** Mr. Speaker, the Leader of the Third Party seems to think he has all the solutions to complex problems that require investigation and consultation with stakeholders. These are complex problems that need very close attention. There are no silver bullets in this case.

This is something we committed to do, to review IRAC. We've got an independent investigator, a commissioner under the *Public Inquiries Act*. He's got powers to subpoena documents, to

inquire with Islanders. He's got the resources to bring in skilled expertise to do this. This is something I committed to throughout the leadership race. It was in the Speech from the Throne. This is something I committed to. We're taking action. We're getting it done.

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

**M. MacFarlane:** It's not done yet, Mr. Speaker.

We had all these commissions before; that's how IRAC was created. The template exists. We're not re-inventing a new wheel here. We don't need to do that. IRAC isn't working for Islanders. The Premier knows it, but when asked about IRAC decisions, he defends them at every turn. This is completely out of touch with what Islanders are saying and the lack of trust that they have in IRAC, and the clear evidence of where IRAC is failing.

Question to the Premier: There is no need for a review, Mr. Premier. Show some leadership by starting to implement the recommendations of Islanders today. What is so unrealistic about that?

**Speaker:** The hon. Premier.

**Hon. R. Lantz:** Mr. Speaker, as I said, IRAC's mandate has expanded greatly over the 35 years that it's been in existence. The issues that it deals with have become far more complex. I think there's certainly room for improvement. This is the exercise we're embarking on: how to optimize that so it's working well on behalf of Islanders.

I know that the Leader of the Third Party understands this. He's making a public stand that differs, I think, from the realities that he knows. He made a living administering the *Lands Protection Act, P.E.I.* on behalf of clients for land transactions that went through his law firm. I know he understands this. I know he understands the complexities. The political solutions that he's offering here are too simple to implement. We're undertaking a comprehensive process to do this correctly.

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

**K. Bernard:** Thank you.

Yesterday during budget debate, the Member from Charlottetown-West Royalty questioned the Minister of Health of the removal of the Province's wellness strategy, which focuses on preventative measures rather than reactive health care. The minister was quite dismissive, asking what a strategy would do to make people more active. Ironically, shortly after, I received a government release titled: "Input wanted on Chronic Pain Strategy."

### Strategy and supports for chronic pain

A question to the Health minister – asking you your own question: What will a strategy do to help people living in chronic pain today?

**Speaker:** The hon. Minister of Health and Wellness.

**Hon. C. Deagle:** Thank you very much, Mr. Speaker.

I think on this wellness strategy that the Member from Charlottetown-West Royalty has been asking for, for I think about five years now, we have the Live Well action plan where we can take action. We know what we have to do. I don't think completing the strategy that the Member from Charlottetown-West Royalty has asked for will help complete those goals, but our Live Well action plan will.

**Speaker:** The hon. Member from Charlottetown-Victoria Park, first supplementary.

**K. Bernard:** Thank you.

In all seriousness, I am happy to hear that this is on the minister's radar. I've heard from many Islanders who live in constant and chronic pain who struggle to access affordable care on PEI. Many of them struggle with the cost associated with many of the treatments that help reduce chronic pain like physiotherapy, massage therapy, or osteopathy.

Question to the minister: While you work on this strategy, will you also act and implement financial supports for people living in chronic pain to access the therapies they need?

**Speaker:** The hon. Minister of Health and Wellness.

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

It's certainly a good question. I think back to yesterday evening. We were at the Pharmacy Association social. One of the things that they had mentioned was helping those in chronic pain and if their scope was expanded, they would be able to assist with that and provide that care in communities across PEI. So, I think that's something that the Department of Health can look at to help expand that scope. I think that would be a huge help in dealing with chronic pain.

Thank you.

**Speaker:** The hon. Member from Charlottetown-Victoria Park, second supplementary.

[10:50 a.m.]

**K. Bernard:** Thank you. I was also at that same event, and it struck me how simple it would be and what an impact it would be, so I hope government announces that on Tuesday.

Arthritis is one of the leading causes of chronic pain in Canada. A recent report titled *Arthritis Action Now – the Plan to End Arthritis in Canada* is an unprecedented solution that provides a clear roadmap to prevent arthritis, improve treatment, and ultimately find a cure. Many of its recommendations would be life changing for anyone who lives with chronic pain for any reason.

Question to the Minister of Health: The review was done for you. When can we expect its recommendations to be implemented?

**Speaker:** The hon. Minister of Health and Wellness.

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

We do have some good news – that we've recruited another rheumatologist who will start, I believe, in the fall if I remember correctly. I think that will bring the complement from two to three, which will be a significant help in improving the access for Islanders dealing with chronic pain, so we're really looking forward to that.

Thank you.

**Speaker:** The hon. Member from Charlottetown-Belvedere.

**S. Dillon:** Thank you, Mr. Speaker.

I feel like I'm going to tag back on to the other members' questions, but we've seen the impact that programs like Pharmacy Plus have had across Prince Edward Island. By allowing pharmacists to assess common conditions like strep throat and skin issues, we are delivering timely care that is accessible and convenient.

### **Scope of practice for pharmacists**

Question to the Minister of Health and Wellness: Given the success of the Pharmacy Plus program, can you update us on how the department is looking to further expand the scope of practice for pharmacists?

**Speaker:** The hon. Minister of Health and Wellness.

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

The department is actively working with the Pharmacy Association on how we can expand the scope of practice. I know that many of the members last night were at the social that was put on by the Pharmacy Association, and they outlined a number of areas where scope could be expanded. I would say probably Nova Scotia and Alberta would seem like the golden standard across Canada on how the scope can be expanded, but we're certainly working with them and looking at how we can expand that.

**Speaker:** The hon. Member from Charlottetown-Belvedere, first supplementary.

**S. Dillon:** Thank you, Mr. Speaker.

As I've noted before, it's important that we keep pace with our Maritime neighbours, especially Nova Scotia, who are increasingly calling on pharmacists to manage chronic pain conditions and play a great role in ordering tests. Our pharmacists are highly trained health professionals who want to practice to the full extent of their education right here at home.

Question to the same minister: How is government working with the provincial pharmacy partners to ensure our regulations stay modern and align with the expanded roles that we're seeing in our other Maritime provinces?

**Speaker:** The hon. Minister of Health and Wellness.

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

The direction I've given the department is I would like to work to expand their scope as quickly as possible. Part of that has to be consultation with the Pharmacy Association to ensure that they're prepared and they have the resources and training to offer all of that. But what I am hoping for and the direction I've given is that we can work to change the regulations to at least add ear infections and sinus infections to their scope of practice. We would hope to have an announcement in mid-to-late June.

**Speaker:** The hon. Member from Charlottetown-Belvedere, second supplementary.

**S. Dillon:** This is a good news story.

Mr. Speaker, utilizing the expertise already within our communities is just forward thinking. By allowing pharmacists to handle routine monitoring and testing, we strengthen the entire health care system and ensure Islanders get the right care.

To the same minister: Can you explain how expanding the scope of pharmacists can reduce the overall pressures in our health care system?

**Speaker:** The hon. Minister of Health and Wellness.

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

That's a bit of a rhetorical question. I think there's no question about how it helps increase access to primary care. There have been over 300,000 – well, there are obviously not 300,000 Islanders, but 300,000 interactions with our pharmacists in Pharmacy Plus, helping increase access to primary care across PEI because obviously we have, I think, the highest per capita number of pharmacies in Canada on the Island.

But as I had mentioned in my previous answer, we'll look to expand to ear infection and sinus infection, to expand their scope, and hopefully have an announcement sometime in June.

Thank you.

**Speaker:** The hon. Member from Summerside-Wilmot.

**T. DesRoches:** Thank you, Mr. Speaker.

For a number of months, Islanders were patiently – or, rather, impatiently – waiting for the beverage container program to roll out. It went through a number of different ministers and now it's here with this Minister of Land and Environment.

[10:55 a.m.]

### **Beverage container program**

A question to that minister: Now that the beverage container program is in place and people's basements are cleaned out, the question around the recycling fee when they purchase beverages and containers that can be recycled is coming up. Minister, how or what is to be charged to the consumer when buying beverages in recyclable containers?

**Speaker:** The hon. Minister of Land and Environment.

**Hon. D. Compton:** Thank you, Mr. Speaker.

Hon. member, we're really pleased to get this across the line. Now we can empty out our barns and our basements. It has taken a while. We've been working with beverage producers to ensure that that happens.

It's done through Encorp Atlantic. It's a not-for-profit. The price for a container to be recycled – and there is a fee, an eco-fee or an environmental handling fee – ranges between one and four cents, depending on what type of bottle it is.

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

**T. DesRoches:** Thank you, Mr. Speaker. Back to that same minister.

Minister, consumers are feeling like they're getting the wool pulled over their eyes. They thought they were going to get five cents extra back for their bottles and containers, and now they're paying that much more in a recycling fee.

But the big thing that is coming up is the recycling fee is different at every store. When you go to different stores, some put a two, a four, or no recycling fee on it. Why is this happening?

**Speaker:** The hon. Minister of Land and Environment.

**Hon. D. Compton:** Thank you, Mr. Speaker.

Really, government has no skin in this game. It's between the producers and the retailers. They negotiate. There is a chart. Depending on what type of a bottle it is, they negotiate what the price will be.

It is included. It can either be embedded in the cost of the item, or it is on your receipt when you go through the checkout. Again, it's between the producers and the retailers.

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

**T. DesRoches:** Mr. Speaker, back to that same minister.

Minister, I thought it might have been a little bit of social media hype, so I went around to all the stores last night when I got home and realized that some put it on their receipts as four cents, some put it on their receipts as two cents, and some don't have it on their receipts.

So, minister: How can we stop the stores from taking advantage of the customers who don't know what the price is until after they buy the product?

**Speaker:** The hon. Minister of Land and Environment.

**Hon. D. Compton:** Thank you, Mr. Speaker.

Hon. member, I would say that consumers need to be diligent – look at the receipts to see if it's on there and see what the cost is. Check out the price of what you're paying for pop. I'm glad the hon. member got to do a little bit of research last night.

Hon. member, again, it's between the producer and the retailer, but I would say to Islanders: check your receipt, check the price that you're paying, compare the two, and consumer beware.

Thank you.

**Speaker:** The hon. Leader of the Opposition.

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

This government loves to talk about openness and transparency, but when it comes to the time to actually deliver it, Islanders get a very different story.

On this government's own FOIPP website, it says it should be answered within 30 days. But in reality, requests are delayed, records are slow-walked, and Islanders are left waiting while government continues spending public money behind closed doors.

### FOIPP process

Question to the Premier: If the law says 30 days, why has this government allowed delays to become the norm instead of the exception?

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

**Hon. B. Thompson:** Thank you, Mr. Speaker.

I'll let the member know that FOIPP falls under me, my department. They, at times, can be busier than other times, but the goal is for 30 days. Sometimes the requests outweigh the abilities that they have.

Thank you, Mr. Speaker.

**Speaker:** The hon. Leader of the Opposition.

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

When government wants a headline, they issue a polished press release. But when Islanders want the contracts and the numbers or the details behind those announcements, suddenly the answer is: "File a FOIPP request."

Recently, when the *Guardian* asked the Department of Health about changes to the only QEH unit dedicated to psychiatric care for children and youth, they refused to provide details and told reporters to file a FOIPP request instead. Delay after delay with this government.

Question to the Premier: Why does the government treat basic public information like a secret unless Islanders pay a fee and fight it? What is this government so afraid that Islanders will see?

**Speaker:** The hon. Minister of Health and Wellness.

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

Obviously, I'm not aware of what Health PEI does or says to the media, but I think in this case, if I recall a few weeks ago when I was doing an interview with Stu Neatby, I think I gave him the email that listed all the deficiencies and how Health PEI was looking to mitigate it. I'm kind of looking at him there in the press gallery. I think I gave that – no, did I not give it to you? I can provide that to him. It's not a big secret, Mr. Speaker.

**Speaker:** The hon. Leader of the Opposition.

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

But this minister should be aware of what Health PEI does.

[11:00 a.m.]

Our office alone has several FOIPP requests currently delayed. This is not just one file and it's not just one mistake. It's a culture – a culture of delay, concealment, and a government that always has time for an announcement, but never time for disclosure. Many of these delays conveniently push responses past the close of, let's say, this sitting of the Legislature, allowing government to avoid accountability and dodge questions from this House.

Question to the Premier: How can Islanders hold this government accountable when the very system designed to provide answers is buried in delays and unnecessary barriers?

**Speaker:** The hon. Premier.

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

This government has been open with both the public and this whole Legislature in unprecedented ways. I've described before in this Legislature – one of the only Legislatures that I'm aware of in western parliamentary democracy where a majority government hands over control of subcommittees to the opposing parties. They have the ability to conduct all kinds of investigations and compel documents at these committees, which they do.

We share unprecedented amount of detail of our budget with this entire Legislature. All of the annual reports, which for years were backlogged, are up to date. We share draft

legislation, and we consult with the opposition parties about our legislation before this House.

Many ways in which this government has been open and transparent with the public and this Legislature.

**Speaker:** The hon. Leader of the Opposition.

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

My head is spinning from all that, I can tell you.

A government that delays records, hides contracts, and forces Islanders through a broken FOIPP process is not being transparent; it's buying time.

Question to the Premier – I'll ask you again: What is this government so afraid Islanders will see?

**Speaker:** The hon. Premier.

**Hon. R. Lantz:** Mr. Speaker, we're not afraid of anything.

I will go back to my previous answer – that we've been transparent in many, many ways that previous governments have never even considered. We're open and transparent. The FOIPP process works well but sometimes gets overwhelmed.

We'll continue to be open and transparent with the people of Prince Edward Island.

**Speaker:** The hon. Leader of the Opposition, final question.

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

The Premier is afraid of telling Islanders what the cuts are in this budget.

Doug Ford's government in Ontario just pushed through changes that exempt the Premier, Cabinet, and political staff from disclosing emails, texts, phone records, and other records under freedom of information laws. Those changes were made retroactive, and Ontario's Information and Privacy Commissioner warned they would make Ontario less secure and less transparent than any other jurisdiction in this country. Now, we know this Premier looks up to Doug Ford.

Question to the Premier: Will you stand in this House today and commit to speeding up delayed FOIPP requests, ending the culture of secrecy, and never taking Prince Edward Island down Ontario's path of weaker transparency laws?

**Speaker:** The hon. Premier.

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

We're proud that it was the PC government of Pat Binns that brought in the *Freedom of Information and Protection of Privacy Act* in Prince Edward Island. The Leader of the Opposition likes to needle me a bit when I use examples across the country. I think just earlier in Question Period he said the Premier likes to compare ourselves to other provinces in this country, which is what he's just done.

In that case, no; we don't intend to follow that path that Premier Ford has taken in Ontario.

Statements by Ministers

Presenting and Receiving Petitions

#### Tabling of Documents

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

**K. Bernard:** Thank you.

By leave of the House, I beg leave to table the arthritis action plan for Canada entitled *Arthritis Action Now – The Plan to End Arthritis in Canada*, and I move, seconded by the hon. Leader of the Third Party, that the said document be now received and do lie on the Table.

**Speaker:** Shall it carry? Carried.

The hon. Member from Charlottetown-Hillsborough Park.

**C. Simpson:** Thank you, Mr. Speaker.

By leave of the House, I beg leave to table a letter to the *Guardian* from the UPSE president titled "PEI government did not consult with early learning sector before child care cuts," and I move, seconded by the hon. Member from O'Leary-Inverness, 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.

[11:05 a.m.]

**G. McNeilly:** Mr. Speaker, by leave of the House, I beg leave to table the HIFIS report. HIFIS looks at homeless shelters, violence against women shelter, and hotels/motels; unsheltered people in their vehicles, streets, and outdoor encampments; and hidden homelessness – couch surfing or discharged into homelessness from correctional institutions, medical facilities, mental health facilities, and substance use. We see that it's up 21 people; chronically homeless, they're up five; and homeless veterans are up six, which are very concerning. 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:** By leave of the House, I beg leave to table the minister mandate letter, which shows that government has no idea how to handle that. They're going to develop and implement an integrated provincial response for Islanders with complex needs who are experiencing homelessness, but the committee already exists, so I don't know why that's in the mandate letter. 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 Summerside-Wilmot.

**T. DesRoches:** Thank you, Mr. Speaker.

By leave of the House, I beg leave to table beverage container receipts with recycling fee added from the big box stores in District 21, and I move, seconded by the hon. Member from Tyne Valley-Sherbrooke, that the said document be now received and do lie on the Table.

**Speaker:** Shall it carry? Carried.

The hon. Minister of Land and Environment.

**Hon. D. Compton:** Thank you, Mr. Speaker.

By leave of the House, I beg leave to table the chart of the deposit fees that are charged for the various types of bottles that we purchase, and I also encourage people to visit [worththereturn.ca](http://worththereturn.ca) for information on consumer recycling fees. I move, seconded by the hon. Minister of Finance and Affordability, that the said document be now received and do lie on the Table.

**Speaker:** Shall it carry? Carried.

Hon. members, by leave of the House, I beg leave to table two documents relating to celebrating the 175<sup>th</sup> anniversary of responsible government in Prince Edward Island: one document relating to the history, and one document relating to the practice. I should mention that they've done a great job preparing these documents. I believe Ryan Reddin updated them. My assistant, Bailey Clark, worked to develop a really amazing new logo, so I highly recommend you check that out. I move that the said documents be now received and do lie on the Table.

Shall it carry? Carried.

Reports by Committees

Introduction of Government Bills

Government Motions

#### Orders of the Day (Government)

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

**Hon. B. Thompson:** Thank you, Mr. Speaker.

I move, seconded by the hon. Minister of Finance and Affordability, that the 1<sup>st</sup> 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:** I move, seconded by the hon. Minister of Housing and Communities, 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.

The hon. Deputy Speaker to chair the Committee of the Whole House to consider grant of supply to His Majesty.

[S. Dillon in the chair]

[11:10 a.m.]

**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'd like to bring onto the floor?

**Hon. C. Deagle:** Yes, please.

**Chair:** Shall it be granted? Granted.

I feel like she's not quite so strange, but if you could say your name and title for Hansard, please.

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

**S. Dillon:** Okay, so for those of you that are following along, we are on page 100, and we just carried the total Chief Public Health Office, and we're moving on to Mental Health and Addictions Office.

Mental Health and Addictions Office

Mental Health and Addictions Office

"Appropriations provided for the Mental Health and Addictions Office to help coordinate initiatives for all Islanders, including the Mental Health Strategic Plan, creation of an Addictions Strategic Plan, supporting the Mental Health and Addictions Master Plan transformation, and supporting the Mobile Mental Health Response Service." Administration: 8,200. Equipment: 4,500. Materials, Supplies, and Services: 148,500. Professional Services: 3,695,600. Salaries: 729,000. Travel and Training: 17,700. Grants: 5,628,400.

Total Mental Health and Addictions Office:  
10,231,900

The hon. Leader of the Third Party.

**M. MacFarlane:** Thank you, Chair, and welcome back to the table.

Can you explain what appears to be an overall reduction of about \$3 million to this section?

**Karen Stanley:** That would relate to the elimination of the grant to the Alliance for Mental Well-Being.

**M. MacFarlane:** Okay. So, that money is no longer going to the alliance, but what about all the projects and programs that the alliance was supporting?

**Karen Stanley:** The Department of Health and Wellness will take over any firmly committed grants that the alliance had, so we will finish them out. The recipients will receive the full funding.

**M. MacFarlane:** But when we look at the grants line, it seems like there's almost exactly \$2 million, if not more, \$3 million in a reduction in grants. So, how do we support the grants that the groups were getting?

**Karen Stanley:** Sorry, I'm just trying to think of the best way to explain this.

We had given them the funding each year. When we had given them \$2 million, say, for two years ago, the amount that they committed was, say, \$2 million over three years. So, they gave out year 1 funding and then put years 2 and 3 funding into a separate bank account. They are returning all of those funds to us, and then we will be using those funds to put out the grants.

That is not recorded in our books here, but what will happen is that – we have actually received the funding back, and for accounting purposes, we will defer that revenue and take it into income as we spend the money. So, there's no net change to the government's bottom line.

**M. MacFarlane:** So, as part of this decision to make this shift away from the alliance, was there consultation done with the alliance as to what programs and projects were being supported at that time and how far along those were in the pipeline?

**Karen Stanley:** No.

**M. MacFarlane:** Okay, so if there was no consultation done with the alliance, then how

does the department know what projects and programs need to be continued to be –

**Karen Stanley:** There was no consultation done before we had made this decision. However, the alliance provides us with reports semi-annually. So, we receive reports, we know what projects that they're spending, and that's just part of the general agreement that we have with most of the people that we have funding agreements with; they are reporting requirements. So, based on those reporting requirements, we knew what grants, how much they had spent so far, and what was left.

**M. MacFarlane:** When I look at the grants section for Mental Health and Addictions Office, there's only eight or nine listed there. Now, we all know that the alliance did a lot more than that.

**Karen Stanley:** As I said previously, they are not on here because it's not new funding. It's funding that we had already put out.

[11:15 a.m.]

**M. MacFarlane:** So, where do we see the complete list of carryover of what was funded under the alliance and what will continue to be funded by the department?

**Karen Stanley:** It's not on the listing.

**M. MacFarlane:** But where do we see it?

**Karen Stanley:** The alliance website has a list of the projects that they have provided, so that would be the list where you could find out what projects that they have funded over the past four years.

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

**K. Bernard:** Thank you, Chair.

I'm going to jump off that line of questioning a little bit. I don't fully understand the process because I keep hearing "cohorts of funding." Do you know what I mean by that?

**Karen Stanley:** I do, actually. They refer to it as a cohort or a cycle. I believe they have one cycle per year. They have two different streams, but the largest portion is usually administered in February or March of each year. So, that would be the primary funding that they give each year;

they only give it once a year. So, the first year would have been cycle 1 or cohort 1; second year, cycle 2 or cohort 2.

**K. Bernard:** I think I heard you say that the Alliance for Well-Being lost their operational funding – they're not going to operate there – but all of the organizations that they supported will still be receiving their money.

**Karen Stanley:** Yes, that is correct. So, if they were committed funding in cycle 4 or cycle 5 – they had agreements – the government will be taking over those agreements and honouring the funding.

**K. Bernard:** So, the sixth cohort, they don't get their funding.

**Karen Stanley:** We're still working through that at this point in time.

**K. Bernard:** And I mean, it makes sense to me that the operational funding goes back to wherever it goes, as a cut for government, but I guess I would advocate that these organizations still get their money because in talking with a couple of them, they're quite devastated that their projects may not be able to continue, and as far as they know, they're not getting their funding.

Do you have any sense of when this might be figured out?

**Karen Stanley:** No, we're still working through the process. I don't know when.

**Chair:** Hon. Member from Charlottetown-Victoria Park, do you want to – are you going to start something new?

**K. Bernard:** Let me gather my thoughts, yeah. Thank you.

**Chair:** Okay. I'm going to go to the hon. Member from Charlottetown-West Royalty.

**G. McNeilly:** Yeah, just a specific question to follow up on that. Spinal Cord Injury PEI was one of the groups that was told they lost funding; it was \$262,000 over three years.

Are they going to get that funding?

**Karen Stanley:** Were they a cycle 6 organization, or were they a previous year?

**G. McNeilly:** Without hearing all of that, I think they're cycle 6. They were told in March they were going to get it, then they were told they were going to lose it. It was three years, \$200-and-some thousand; that's important for that organization. I just want to make sure that they will get that funding.

**Karen Stanley:** I cannot commit to that at this time. It's something that we're working through.

**Hon. C. Deagle:** It would also have to be – in order for that, Treasury Board would have to approve that. I can't commit to you that that would happen.

**G. McNeilly:** Okay, and I know you're working through that, and I appreciate that.

There was another project; I think it was up east and it was a wellness project, and it would be the same kind of question. They were approved and then it went through.

So, do you anticipate...? I'm just confused why it would have to go to Treasury Board if the money was allocated, then came back, and you have the money.

**Karen Stanley:** Because we will have to enter into an agreement, and with Treasury Board policies, any agreement over \$250,000, we have to get Treasury Board approval for.

**G. McNeilly:** Okay. Can you tell me a little bit about – just a couple questions – including the mental health strategic plan in this section? Can you tell me about where we are with that plan and what year we're into the mental health strategic plan? Is that the 10-year plan that...?

**Karen Stanley:** Yes, and that's something that I believe in the near future, we will be going out to RFP to get some assistance in preparing a new plan.

**G. McNeilly:** New plan?

**Karen Stanley:** Yes.

**G. McNeilly:** Because it went from 2018-2028? Is that the correct plan? So, you're looking at....

[11:20 a.m.]

**Karen Stanley:** As per my notes here, we'll be working on a suicide prevention strategy and a mental health and addictions provincial strategy.

**G. McNeilly:** That's good to hear. The suicide prevention strategy – I'm really interested in both of those, so I look forward.... I'll ask more questions on that.

Are there any anticipated times where that is going to start?

**Karen Stanley:** As I mentioned, we will be going out in the near future to an RFP for some consultants to help us with the process.

**G. McNeilly:** Okay.

**Chair:** The hon. Leader of the Third Party.

**M. MacFarlane:** Thank you, Chair.

So, the salaries line – it's a small section for salaries, but relative to that, there's a jump in the salaries. Are there new people being brought into this section?

**Karen Stanley:** Yes. During '25-26, we added a director to that organization. Before, we had had, I believe, six staff. So, we had added a director. The salaries for that – I think I may have mentioned this when we were doing the departmental management because we had taken funds from positions which were vacant over there and moved them over here so that there were no net new salaries, just a reallocation of salaries.

**M. MacFarlane:** So, does there need to be increased staff to administer these programs that the alliance was previously in charge of?

**Karen Stanley:** No, they will be administered in-house with current staff.

**M. MacFarlane:** Okay. And I know a previous question was asked about Treasury Board, but I wasn't sure if I got the answer. Why does Treasury Board need to approve funding commitments that have already been committed by the alliance?

**Karen Stanley:** Because they were committed by the alliance, and we have to enter into new agreements with these organizations, and we require Treasury Board approval for all agreements over \$250,000.

**M. MacFarlane:** So, I guess I'm going to circle back then, since I have my last question on it.

Where is the money going to come from if Treasury Board needs to approve these commitments over again that have already been approved by the alliance and we have \$3 million less in grant money? I guess there's still a disconnect in my mind about where the money is going to come from.

**Karen Stanley:** The alliance returned those funds to us, and we will be using those funds. You will not see the in and the out here because there's no new net spend.

**M. MacFarlane:** Okay, thank you.

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

**K. Bernard:** Thank you, Chair.

So, with the alliance being cancelled and the contracts now coming into the department, what will that look like? What kind of funding now will the department take to take on those contracts? I just want to make sure that government has a plan to take over those contracts and they're not just left kind of hanging.

**Karen Stanley:** No, we will administer those contracts with the same type of reporting and requirements as we would do any contracts. So, there will be no additional internal resources added; we will just use our current resources.

**K. Bernard:** The alliance had received \$250,000 to do the brain study certification. Do you have the numbers of how many people have been trained, and is that something that government plans to continue?

**Karen Stanley:** I have a note on that; I'll just grab it. I don't have the numbers, but I do have some information about the Brain Story program.

Brain Story: there are public facing educational resources, including Brain Story. They will remain available online at no cost to Islanders.

But I will bring back the numbers – I do not have those – but there's still no cost to Islanders for the online resources.

**K. Bernard:** That's a great resource, I'd love to see government really push that because that would be amazing for Islanders to take, even just for their own kind of growth.

[11:25 a.m.]

So, I'm curious now what it's going to look like. No new staff have been hired. Before, was there some sort of process to decide who would be better suited to apply for grants through the mental wellbeing alliance or who would be best to apply through government, like the Autism Society, for example?

**Karen Stanley:** No, the alliance was actually a separate entity, so there was no cross-work between the two organizations.

**K. Bernard:** And I'm looking at the Adventure Group. I'm curious that.... Oh, there's nothing in the budget for this year. Am I looking at the wrong line?

**Karen Stanley:** No, you're not. The department had been funding an RN for the outreach centre, and that is being taken over by Health PEI. Health PEI will now be providing an RN, so the Adventure Group itself will not require funding for the RN.

**K. Bernard:** Okay. Who do they receive their operational funding through?

**Karen Stanley:** Housing.

**K. Bernard:** Through Housing, okay. So, now the Adventure Group, the Community Outreach Centre, would receive no funding from the department.

**Karen Stanley:** Actually, that's not true. We are still providing them with some funding for security. It's a small amount. I believe we just entered into the agreement for that.

**K. Bernard:** Just a comment: it's funny that the security is through Health. It doesn't matter; it just seems funny.

**Karen Stanley:** Agreed.

**K. Bernard:** Yeah. Okay, I'm good.

Thank you.

**Chair:** The hon. Leader of the Third Party.

**M. MacFarlane:** Looking at the lines, there are multiple lines. I think there are five for mobile mental health response. I haven't added them all up but it does add to a fair amount. I know it's still a fairly recent program. What's being done

to evaluate and monitor the successfulness of the program?

**Karen Stanley:** We actually will be issuing an RFP for an evaluation of the program and looking at the program to see how it's working, what could be improved, and such.

**M. MacFarlane:** That's being issued or has issued or will be issued?

**Karen Stanley:** Will be issued.

**M. MacFarlane:** And is there a return date on that?

**Karen Stanley:** No, because we have not actually issued it yet, so I don't know any dates.

**M. MacFarlane:** Some of the lines are getting quite an increase – but maybe not, just because we only have the actuals to February 28<sup>th</sup>. I'm learning as we go here. Is it contemplated that even that big differential there on the ambulance service is going to be the number we need – going from \$400,000 to \$1.1 million?

**Karen Stanley:** Yes. The ambulance services would be the funding that we pay to Island EMS, and that funding that we have there is based on a slight economic increase but it is based on actual expenditures historically.

**M. MacFarlane:** And on the Medavie side of it and the police side of it, there have been issues in that sort of mutually collaborative working arrangement. Has that been worked out?

**Karen Stanley:** I can't answer that. I do not know the answer.

**Chair:** Yeah, I don't know if that's a budget question. That's more a question for them.

**M. MacFarlane:** For who?

**Chair:** I assume for Medavie and policing.

**M. MacFarlane:** Okay. Is that something that's going to be looked at in this review that's yet to be undertaken?

**Karen Stanley:** I would assume so.

**Chair:** The hon. Member from Charlottetown-Victoria Park had a question.

**K. Bernard:** Thank you, Chair.

I'm just looking at Our Landing Place. They have an operating grant, and I know that their queer-centered therapy.... Are they an online service?

**Karen Stanley:** I know they do do some of their services online. I can't say if they're exclusively online.

**K. Bernard:** Here, budgeted, we have \$275,900. That seems like a lot if it's online. So, I'm curious if that's a funding agreement. That just seems like a lot for online. I'm not complaining about it; it just seems like a lot for an online service.

[11:30 a.m.]

**Karen Stanley:** In my notes, I have that Our Landing Place provides mental health services to individuals, couples, partners, families, and groups utilizing master's level counsellors and therapists. It provides 1,040 direct clinical hours per annum based on an average of 20 direct clinical hours per week. Patients accessing the service must be on a waitlist for therapeutic services. However, Our Landing Place will not serve patients under the age of 12 through this agreement.

**K. Bernard:** Okay.

**Chair:** Do you want another question?

**K. Bernard:** No, my brain needs to think about that.

**Chair:** You think about it.

The hon. Leader of the Third Party.

**M. MacFarlane:** I'm trying to find the line for the critical incident stress management. Has that been changed, their funding?

**Karen Stanley:** No, it's still there. We provide them with \$77,000 of funding annually.

**M. MacFarlane:** And has that changed? Is that amount consistent?

**Karen Stanley:** That amount is consistent.

**M. MacFarlane:** Okay. Is there data kept on the calls and the use of that program? Because I do hear about it from some of the volunteer first responders.

**Karen Stanley:** We do not – I do not have access to that data. I’m assuming that the organization has that data.

**M. MacFarlane:** I think that’s all I have, Chair, on this section.

**Chair:** Okay.

Charlottetown-Victoria Park, did you have another question?

**K. Bernard:** Just one thing to see if this is the right section: Would there be any section here about mental health and addictions beds, or is that all with Health PEI?

**Karen Stanley:** Health PEI.

**K. Bernard:** Okay. Thank you.

**Chair:** Okay, I actually have a question if that’s okay. I don’t ask many, but I wanted to know – I see in this area that you have mobile mental health under policing. How many...? Can you tell me (Indistinct)

**Karen Stanley:** There would be three: one for the City of Charlottetown, one for the City of Summerside, and one for the RCMP.

**Chair:** Is that new funding?

**Karen Stanley:** No, we’ve been doing that for a few years.

**Chair:** Are these officers paid for to provide assistance to mobile mental health?

**Karen Stanley:** Yes.

**Chair:** I guess I determine how many questions I get to ask.

**Hon. C. Deagle:** I have someone else on the list.

[Laughter]

**Chair:** I just have one more. Through standing committee, we did hear – I don’t know about the one from Summerside, but definitely the one from the RCMP – that that funding is actually for them to be part of the Bridge team. Do you know anything about that?

**Karen Stanley:** The Bridge team would be funded through, I believe, Justice and Public

Safety, and not through us. This funding is for the mobile mental health services.

**Chair:** And it’s not new?

**Karen Stanley:** It’s not new.

**Chair:** Okay. Next person on the list.

The hon. Member from Charlottetown-West  
Royalty, did you have a question?

**G. McNeilly:** I wasn’t on the list, but.... Thank you very much.

**Chair:** Sorry about that. I have you down here, but you were wondering around so I wasn’t sure whether that was....

**G. McNeilly:** Okay, thank you.

I just went back and looked; it was 2016-2026, the ten-year mental health strategy. So, will we be able to get that strategy in place so there’s no lapse in that strategy, or are we looking at 2027?

**Karen Stanley:** I can’t answer that. I do not know how long it will take to develop the strategy.

**G. McNeilly:** Yeah (Indistinct)

Thank you.

**Chair:** Shall the section carry? Carried.

Total Mental Health and Addictions Office:  
10,231,900

Shall the section carry? Carried.

Health Innovation

Health Innovation

“Appropriations for Health Innovation which provides project leadership and support to facilitate the implementation of innovations across the health care system including optimization of scopes of practice, supporting changes to traditional practice and process models, and implementation of technologies. This work includes project management and leadership throughout the development, implementation, monitoring, and evaluation phases.” Administration: 6,000. Equipment: 3,500. Materials, Supplies, and Services: 2,000.

Professional Services: 56,500. Salaries: 501,700.  
Travel and Training: 7,000.

Total Health Innovation: 576,700

The hon. Member from Charlottetown-West  
Royalty.

**G. McNeilly:** Just a couple of quick ones, just about the health innovation fund that was announced last year; it ran for a year and now it's no longer. I don't know how we're going to be innovative with health in a year when the fund was cut. So, how did that go? I know that some of the programs – it was very successful.

[11:35 a.m.]

What's the plan for that?

**Karen Stanley:** We have no funding to continue that program.

**G. McNeilly:** But was there a discussion about.... Health innovation takes a while, as the guest would know. Is there going to be a report about how successful those programs were? Where do they go from here? There were some pretty good programs. I want to thank your staff for putting it out. I just don't understand the strategy. It almost came out, and then it was like: "Well, this is only a year."

**Karen Stanley:** It was only a one-year pilot program that was not continued. When it was announced, it was only for one-year funding. It was made very clear that it was not continued operational funding.

**G. McNeilly:** Was this because you got money from the federal government?

**Karen Stanley:** No, it was not done through federal government.

**G. McNeilly:** I think that's going to be all my questions on that because I just don't understand the strategy. Maybe we don't only need a wellness strategy; now we need a health innovation strategy, too.

Thank you, Chair.

**Chair:** The hon. Leader of the Third Party.

**M. MacFarlane:** Thanks, Chair.

The scope of the section is very broad. I mean, we're talking optimization of scopes of practice, supporting changes to traditional practice and process models, and implementation of technologies, yet it only has a total budget of \$576,000. I guess I'm wondering how the section can be expected to be effective with that budget.

**Karen Stanley:** This is a very small group but a very mighty group. They work on many broad projects. These are project managers. They work with different areas to help them get their projects across the line.

**M. MacFarlane:** I asked yesterday about redundancies with Health PEI. We have the transformation office at Health PEI. Do these groups work together and supplement and complement each other or is there (Indistinct) –

**Karen Stanley:** There's not duplication. In some cases, they would work together on something, but in a lot of cases, what this group would work with is the policy, the pre-work, and then when it gets to the operational part, that's when it would go to Health PEI because there is a distinction between what the two organizations do.

Historically, while the transformation office was getting up and running, there may have been more assistance with Health PEI, but now that they have their own, this group is definitely focused more on what is happening right now. Scope of practice is a big one. The *Canada Health Act* is a big one that they're working on. There are interprovincial agreements.

**M. MacFarlane:** Your opinion is that they complement each other, that there wouldn't be value to be achieved by moving it all under one roof or the other?

**Karen Stanley:** No, because of the delineation between policy and operations.

**M. MacFarlane:** You had mentioned a number of projects that this section is working on. Do you have them at your fingertips?

**Karen Stanley:** They were integral in the physician practice-ready assessment model. We had mentioned that in health workforce development. That, again, is an example of how this group works to get something across the line, but then it goes to health workforce

development. They work with the different areas.

They have worked on the scope of expansion and inclusion, particularly for naturopathic doctors and optometrists, or I should say, most recently; the *Canada Health Act*, based on the federal government's 2025 interpretation letter; the pharmacists' expansion of scope; and interprovincial health services agreement.

**M. MacFarlane:** You mentioned the naturopathic doctors. What's the status of that organization coming under the RHPA?

**Karen Stanley:** The department has continued to work to bring additional health professions under the *Regulated Health Professions Act* to support consistent standards, oversight, and public protection – naturopathic doctors and stenographers. Work is also underway to enable scope of practice expansion for health professions already regulated under the act – optometrists. These efforts align with approaches used for many health fields within the province and across other Canadian jurisdictions.

**M. MacFarlane:** That's a great answer. Thank you.

[11:40 a.m.]

The professional services line – is that adjustment further to the answer you gave to Charlottetown-West Royalty's question? Because I'm seeing it's about half.

**Karen Stanley:** Yes. You may also notice that we didn't actually spend any money last year, so because historically they haven't been spending their funds, we did reduce it.

**M. MacFarlane:** I'm sorry if I missed it, Karen. Did you mention the electronic medical records implementation as part of what's –

**Karen Stanley:** That's in the next section. That's digital health.

**M. MacFarlane:** But it's not being evaluated under this section.

**Karen Stanley:** That's correct.

**M. MacFarlane:** Okay. Thank you, Chair.

**Chair:** Shall the section carry? Carried.

## Digital Health

“Appropriations for Digital Health which provides leadership and support for the administration, development, and implementation of digital health initiatives including: MyHealthPEI portal, e-referral, and Digital Health Strategy.” Administration: 8,600. Materials, Supplies, and Services: 5,000. Professional Services: 158,100. Salaries: 512,900. Travel and Training: 5,500.

Total Digital Health: 690,100.

The hon. Leader of the Third Party.

**M. MacFarlane:** So, this section's been pretty well cut in half. How come?

**Karen Stanley:** Yes. The funding from last year was primarily due to a funding agreement with Canada Health Infoway which ended on March 31<sup>st</sup>, 2026.

**M. MacFarlane:** What's the consequence of that?

**Karen Stanley:** The projects that we were using to fund that, most of those had finished, and so now we are working on new projects as indicated here.

With this area, it works on a mix of capital and operating. When you see the capital budget, you will see things such as e-referral, MyHealthPEI – those would be under this area. Most of their expenditures are actually in the capital budget. This would be for the core team who is looking after that, but their costs are not directly related to capital expenditures.

**M. MacFarlane:** You mentioned in the last section, Karen, that this is where the EMR is found, but I don't see EMR in the description.

**Karen Stanley:** I guess I misspoke. When EMR was actually originally put together, it was in here. Once it became operational, it's now in Health PEI.

**M. MacFarlane:** Can you bring us up to date on all of what is in here? This was all very new last year. There was the MyHealthPEI, and then there's the – I guess there's the digital health strategy.

**Karen Stanley:** Yeah, absolutely. So, the digital health strategy – it's still in here. The goals of

that strategy are to help people manage and improve their health, enable connected care across the system, enhance the use of digital health tools, and to build the foundation for a data-driven learning health system.

Also, there is the MyHealthPEI, which was launched this year and continues to expand.

There is the digital health literacy campaign. You may have seen that, particularly in social media.

The e-referral project, which is an initiative aimed at improving how health care providers across the province send and receive referrals and consult requests.

There's also AI scribe, which is a pilot project to secure an innovative initiative designed to support health care providers in primary care settings across Prince Edward Island. Its goal is to reduce the time nurses and physicians spend on administration documentation so they can focus more on patient care.

There's also Connected Care. That is a multi-year initiative designed to modernize and better connect the health system by improving how information flows between patients, clinicians, and digital health tools.

Then, there are other initiatives. I had mentioned that the funding agreement with Canada Health Infoway had expired. We are in talks to get additional funding for '26-27. It couldn't be recorded here because it's not actually agreed upon and we don't have an agreement, but those are some of the areas that they're working on.

**M. MacFarlane:** That's great. Thank you for that.

So, the AI scribe and the MyHealthPEI – maybe I'll start with the MyHealthPEI. What's been the uptake on that?

**Karen Stanley:** I don't have any stats on that, but that is definitely something we can bring back.

**M. MacFarlane:** The AI scribe program – I guess I'm wondering, does this section evaluate the efficacy of that program as –

**Karen Stanley:** No. This is about implementing it.

[11:45 a.m.]

**M. MacFarlane:** So, where is that program being evaluated and monitored, and feedback from physicians and so on?

**Karen Stanley:** Once it is up and operational, the responsibility will transfer to Health PEI.

**M. MacFarlane:** Thank you, Chair. That's all I have.

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

**G. McNeilly:** Just a couple questions. Do the professional services – I hear all that, but I would think that we would be putting more into professional services under digital health, especially with the changes and how quickly things are moving.

**Karen Stanley:** And we are, but it's through capital.

**G. McNeilly:** Oh, is that what you were talking –

**Karen Stanley:** Right. That's the difference between.... You'll see that the budget last year was \$865,000; we only spent \$330,000. Again, we do our best to estimate how much we think is going to be operating and capital, but it really depends on when the item goes into operations.

Again, I hate to say this – it's an accounting thing. There is a certain line when you can capitalize and then you have to operate. We do our best to kind of judge that, but that's why it kind of changes. This year, a lot of our professional services would be in capital.

**G. McNeilly:** I get that. It's just concerning from being in this chair because we see that. I take your word for it because you've done a great job and the teams have done a great job. It's just quite concerning just to see that on paper.

My last question would be – MyHealthPEI portal. I know you're working on a media campaign. Is there something more concrete we can do to get to our senior population that needs to be using that?

**Karen Stanley:** Well, there's also – any time you're at a physician or a practice, there are signs up there. There are times, I believe, when

they can come in and they can help them get set up on that. We are definitely doing more than just social media.

**G. McNeilly:** Okay, perfect. I just want to say thanks to the guest for all her hard work and coming in. She's done a great job as always. Prince Edward Island is lucky to have you and the teams behind what you're doing.

**Hon. C. Deagle:** Thank you.

**G. McNeilly:** Not you.

[Laughter]

**Chair:** Shall the section carry? Carried.

Total Health Innovation: 1,266,800

Shall it carry? Carried.

Total Department of Health and Wellness:  
171,645,400

Shall it carry? Carried.

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

**Hon. C. Deagle:** Yes, please.

**Chair:** Shall it be granted? Granted.

Just before we get started, I'll let you know we are on page 103 if you're following along in the book.

If you could just state your name and your title for Hansard.

**Christine Sewell:** Christine Sewell, chief financial officer, Health PEI.

**Chair:** Welcome.

Corporate Services

Corporate Services

[11:50 a.m.]

"Appropriations provided for the operations of the office of the Chief Executive Officer and for the provision of corporate services in the areas of corporate communications, transformation and strategy, legal services, policy, planning and evaluation, emergency management, business

continuity, infection control, quality and risk, patient relations, accreditation, and ethics. This section supports the operations of the Board of Health PEI." Administration: 505,500. Equipment: 140,600. Materials, Supplies, and Services: 69,400. Professional Services: 966,200. Salaries: 9,644,300. Travel and Training: 155,100.

Total Corporate Services: 11,481,100

The hon. Leader of the Third Party.

**M. MacFarlane:** Thank you, Chair. Welcome, Christine.

Looking at the consulting fees line, maybe I'll start with that one, in the big book at HPEI 3 there.

I'm just wondering – it looks like almost four times was spent, looking at the forecast from what was budgeted, and then we're back down to 623,000. I'm wondering if you could explain what's going on there.

**Christine Sewell:** The increase in the '25-26 forecast relates to unbudgeted, one-time contracts with KPMG, Ernst and Young, Odgers Interim Canada, and Odgers Berndtson Canada. So, the difference between the '25-26 budget and the next year budget is just an inflationary cost that we apply to the base budget line. So, that is the difference in the budget, and then the forecast are those contracts that we had.

**M. MacFarlane:** So, those weren't budgeted expenses – all of those that you said – in last fiscal year, and now we're just budgeting inflationary costs. But is there any thought that we could be looking at more of those external consulting fees again this year that aren't budgeted for?

**Christine Sewell:** That Ernst and Young contract has ended. It ended in the fall of 2025. So, we aren't expecting to see that same level of expenditure continue, no.

**M. MacFarlane:** Okay. And looking at the salaries line, it looks like there's about a \$1.5 million increase for the salaries for this office. Why such an increase there?

**Christine Sewell:** The increase reflects two things – first is the approved executive leadership structure, and the second is the

collective agreement premiums and benefit increases.

**M. MacFarlane:** So, how many more people are in this section now, in the CEO's office, such that that salary increase is such as it is?

**Christine Sewell:** The budget for the leadership structure was inclusive of two chief positions that are in this section; that's the chief transformation and strategy and the chief governance and risk. So, that's those components.

**M. MacFarlane:** There are two?

**Christine Sewell:** Correct. It's not the full leadership complement that's been approved. The other chiefs are reported in other sections like finance, people and professional practice, and medical affairs. In total, we have 6.2 chiefs, so two are in here.

**M. MacFarlane:** Okay. So, the previous CEO that was here – now she's no longer with us. Where in the budget do we see where her severance and her severance package compensation benefits? Where is that? Is that all contained within this section as well?

**Christine Sewell:** In the listing of positions, you'll see our budget estimate for the CEO position. We wouldn't budget for anything like a severance cost, which is one-time in nature and an unknown cost.

**M. MacFarlane:** Okay, so the funds that were paid out for her severance package would be showing up in what section? I know you wouldn't budget for terminating future CEOs – at least I don't imagine you would – but where are the funds that were already paid out that we know of?

**Christine Sewell:** They wouldn't be reflected in the numbers. They weren't taken into consideration when we were preparing these numbers, and they're not something that we typically budget or forecast for. You may see them in the annual report when we report on the actual expenditures.

**M. MacFarlane:** Okay, thank you for that.

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

**G. McNeilly:** Thanks very much for being here. It's your first time in this chair; you're doing a great job, and welcome.

Just to get back on the three contracts that you mentioned; can you give me what was expended on those – the Odgers, the KPMG, and the Ernst and Young?

[11:55 a.m.]

**Christine Sewell:** I can. Under KPMG – this was a contract that we started in 2024, so maybe I'll give you the total under that contract was \$7.6 million. That was spread over two fiscal years, and it was also spread into diagnostic imaging as well as corporate services because they were looking at the DI strategy. So, that's the total for the Ernst and Young contract.

For Odgers Interim, this was a \$2 million contract. It included an interim CFO – a first individual there – an interim HR executive, an interim medical leader, an interim chief medical officer, and a second interim CFO.

The Odgers Berndtson was a contract for \$700,000. It supported the recruitment of provincial department heads of oncology, medicine, emergency medicine, pediatrics, provincial medical directors of anesthesia, critical care, family medicine, mental health and addictions, and then recruitment of the chief of people and professional practice, chief of transformation and strategy, chief of governance and risk, chief operating officer, and CFO.

**G. McNeilly:** Thanks. That's an awful lot of money. That's over \$10 million for basically getting us through a certain period of time. I don't really have as much information on the Ernst and Young. It sounded like it was – did we contract with them to recruit or were they doing services within Health PEI as well?

**Christine Sewell:** That contract with Ernst and Young was an interprovincial shared services health program. There was a CEOs organization gathering to look at opportunities for the Atlantic Provinces to collaborate, and that's what that contract supported. My apologies; I didn't mention that was \$250,000.

**G. McNeilly:** So, that was \$250,000, but did you mention that it was \$700,000?

**Christine Sewell:** \$700,000 was for Odgers Berndtson, which was for a lot of the

recruitment of those medical leadership and for the chief positions. So, that one was the recruitment, and the other Odgers was for providing interim contracts for individuals who worked in the organization.

**G. McNeilly:** Okay. Are there any forecasted dollars going to those three companies in this budget for this year?

**Christine Sewell:** Again, the KPMG contract has ended. The Ernst and Young contract has ended. There are no interim leadership agreements with Odgers, so that's all ended as well. We do have some recruitment ongoing for some of the unfilled positions, so those costs will be funded within the anticipated budget that we've allocated.

**G. McNeilly:** Are we contracting with them for the CEO position?

**Christine Sewell:** There is right now an RFP, or request for proposals process, that will go out to contact recruitment firms who will express interest or put in their interest in assisting with the recruitment. We'll go through the competitive process and award a contract for the CEO recruitment that way.

**Chair:** The hon. Leader of the Third Party.

**M. MacFarlane:** Thanks, Chair.

The purchased services line – could you tell us what that \$271,000 was put towards?

**Christine Sewell:** Purchased services relate to strategic planning services, communications and media relations support, and then marketing and advertising.

**M. MacFarlane:** I could probably dig into some of that but I think I'll move on, Chair, and just ask about the travel and training line, which seems high. We're talking almost \$200,000 forecasted to be spent. Why is this number so high for this office for travel and training?

I guess I'll just follow up with that and say – because we have heard from previous strangers on the floor in sections that there's been a concerted effort across departments to try and reduce travel and training as an effort to keep the costs down, the spend down.

**Christine Sewell:** (Indistinct) wholesome detail, I might also just mention that Health PEI

similarly is working to reduce discretionary costs to the greatest extent possible.

[12:00 p.m.]

Maybe to give more of a sense of how that breaks down, there is out-of-province travel budgeted about \$26,000; in-province, about \$49,000. Then there are education courses: \$38,000. For board members, that budget is in this line as well, and \$22,000 is budgeted there. In-service training is about \$10,000. So, it is travel but also training.

**M. MacFarlane:** Thank you for that.

I don't know if I heard any questions asked about the transformation office. I guess one of my questions would be: Is that transformation office currently filled with positions?

**Christine Sewell:** Yeah. The budget for the transformation office is \$500,000. That includes 2.5 funded FTEs, and then there are also ten temporary unfunded positions that are offset by vacancies in infection control, legal strategy, performance, and public relations.

**M. MacFarlane:** I guess I'm not really sure about the unfunded positions. Is it that this office is fully staffed?

**Christine Sewell:** They are fully staffed. Initially, when the contract was entered into to advance work on a number of those priority initiatives – like the patient medical homes, workforce recruitment, patient registry modernization, and a few of the other ones that have been reported on in those phases – the team was being established internally. So, now that the team has been established, the contract has ended and then those individuals can carry on that work.

**M. MacFarlane:** And is this the only section where there would be funding allocated for the transformation office?

**Christine Sewell:** As I mentioned, a few of those workstreams do show up in our provincial diagnostic programs, so that would be where some of the costs will also be reported on that contract, for example. But these are the only staff.

**M. MacFarlane:** Okay. Thank you for that. I guess, if I have one more, I'll ask about the chief positions, which have the C class or chief

position ranges for their salaries – have a range of almost \$100,000. Was this the classification that the PSC gave to these positions?

**Christine Sewell:** Sorry, was the classification in the grid? Yes, it was developed in collaboration with the Public Service Commission, Health PEI, and the Public Service Commission also had an independent third-party report look at Atlantic Provinces to develop comparators. That comparator report then informed the salary grid for the chief positions.

**M. MacFarlane:** Okay. Thank you for that.

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

**G. McNeilly:** Thank you.

In corporate services, I only see two chief executive officers in here: chief executive officer and chief transformation and strategy. Are the other chiefs, because you mentioned there are 6.2. Is there funding associated with the other sections?

**Christine Sewell:** Correct. There's a chief in finance for the CFO; there's the chief of professional practice under people and professional practice. The chief academic officer, which is a 0.2, is in medical affairs, along with the chief medical officer.

**G. McNeilly:** Okay. I'll ask some questions on those later.

In this section, we have eight marketing and communication officers. Are those positions all full, and why are they in corporate services?

**Christine Sewell:** I don't have a vacancy rate on that team, I don't believe. I can check.

Under our communications team the executive director position is vacant, but I don't have further detail on the staff under the communications team.

**G. McNeilly:** And there used to be a chief executive officer of communications. Was that the position you're talking about, or is that in another...?

**Christine Sewell:** No, there is no longer a chief of communications under the new strategy. There is an executive director of communications. That position is not filled.

**G. McNeilly:** Okay. And out of the 6.2 chief executive officers, what vacancies...? I know the – oh, I forgot the name of it; I'm just kind of panicking there – governance and risk, her term is expiring soon. Is that going to leave a vacancy in that or is somebody going to backfill that position?

[12:05 p.m.]

**Christine Sewell:** Apologies because I was remiss in not mentioning the chief operating officer, as well, which is in hospital services.

So, we had one existing vacancy: the chief of people and professional practice. You're correct that the chief of risk and governance has resigned the position; last day of the term is today. So, that position will become vacant effective Monday.

**G. McNeilly:** So, that position will be vacant, as well as the COO. How are you going to recruit into those positions? Are we going to expect more funding to do a competition for those positions?

**Christine Sewell:** You mentioned the COO position. We were able to fill that chief operating officer internally with a candidate, so there was no contract to do sort of the other style of recruitment.

For recruiting for the other positions, first I would mention that before we undertake any recruitment, we look at the positions, we look at opportunities for our organizational structure, we prioritize, and then when we're in position for recruiting, we'll always try to use internal resources first. So, we have an internal workforce recruitment stream, so we would try and recruit that way. We work with our colleagues in Public Service Commission and try those recruitment strategies first.

Then, failing that, they sort of become a hard-to-recruit-to position where we may go to the next step, which would be to look at support to do that.

**G. McNeilly:** Excellent answer. That's good.

And in this section, which is kind of I find a little bit strange but good – under patient relations, is that section fully staffed? I know that they might have to reach – the patient navigator does a good job of.... It's in the department. How do we coordinate those two

under patient relations, and is that section fully staffed?

**Christine Sewell:** Apologies, I don't have the vacancy for that team either, but we can bring that to you.

**Chair:** The hon. Leader of the Third Party.

**M. MacFarlane:** I actually do have a question, Chair, if I might bring that up here. I know it's not on this section, but it's on a missing section. I think it used to be a human resources section that had a big budget. Where has that gone to or rolled up into another place?

**Christine Sewell:** People and professional practice.

**M. MacFarlane:** So, that's.... Okay.

Okay, that's all I had; just to clarify, Chair.

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

**G. McNeilly:** Oh, yeah, it's on the next page. I'm good.

**Chair:** Shall this section carry? Carried.

#### Health Informatics

"Appropriations provided for the operation of Health Analytics, privacy and information management, including record information management, *Freedom of Information and Protection of Privacy Act*, and *Health Information Act*." Administration: 2,500. Equipment: 69,200. Professional Services: 110,700. Salaries: 3,351,900. Travel and Training: 22,200.

Total Health Informatics: 3,556,500

The hon. Member from New Haven-Rocky Point.

**P. Bevan-Baker:** Thank you, Chair.

I'm just looking at the discrepancy between the estimate and forecast from last year in the salary line. So, was there a position lost or...?

**Christine Sewell:** There were position vacancies. I can provide a little bit more information.

**P. Bevan-Baker:** Sure. I just see it goes up quite substantially this year, so I was just wondering what the reason for that is too.

**Christine Sewell:** We had two health information specialist positions and two data analyst positions vacant for most of the year, and then one record information management coordinator vacant for part of the year, so that accounts for the difference between last year's budget and the forecast. Then, the '26-27 estimate, the increase relates to collective bargaining, and there are three additional positions added in there this year.

[12:10 p.m.]

**P. Bevan-Baker:** I'm assuming that this is the – informatics is the collection of data in order to sort of inform the decisions that are made. So, I'm wondering who in the department is actually – sorry, I'm reading a section that I haven't actually prepared to do this for, so my apologies. The data is obviously quite complex. Do we have experts who are specifically assigned to evaluate that data and transform it into policy suggestions?

**Christine Sewell:** Yeah, this area is analytics/access to information. FOIPP requests and things of that nature fall in there. Records management falls in here. Again, all the FOIPP, the privacy act, the *Health Information Act*. We have specialists in the legislation who are equipped to manage data and records in this area.

**P. Bevan-Baker:** Were there any major health data breaches this year? I know in Education, there was a big issue, but I don't know if I've heard of any particular concerns in the health field.

**Christine Sewell:** I have that complaints or breaches that were reported to the Privacy Commissioner in '25 were six. There were seven in the prior year, so a slight decrease in the number being reported.

**P. Bevan-Baker:** In those instances, is that where the legal fees that were incurred in this department – is that what they would have been for?

**Christine Sewell:** I don't have any further detail on the legal fees.

**P. Bevan-Baker:** Okay. I think that's all I have for this section, Chair. Thank you.

**Chair:** Shall it carry? Carried.

#### Interoperative Electronic Health Records

"Appropriations provided for the development, implementation, and support for the integrated electronic health record and virtual care."  
Administration: 94,000. Equipment: 854,300.  
Materials, Supplies, and Services: 7,496,400.  
Professional Services: 81,100. Salaries: 5,853,500. Travel and Training: 71,900.

Total Interoperative Electronic Health Record: 14,450,700.

The hon. Member from New Haven-Rocky Point.

**P. Bevan-Baker:** Thanks.

Is there where we would find the AI scribe funding?

**Christine Sewell:** Yes.

**P. Bevan-Baker:** Great. Are we using the same program that they used in Ontario? Because I know there were some concerns about the security of the data related to that program.

**Christine Sewell:** I'm not familiar with the Ontario one. This one that we have was Tali AI Scribe.

**P. Bevan-Baker:** I don't know if it's happening in all offices, but patients are given an option. I remember Summerside-Wilmot, I think, talking about this when he attended a couple of weeks ago. You have to get the okay from the patient, consent from them, before it can be used.

I'm assuming at some point this will be universal across all doctors' offices but will that necessity for consent remain even after it's fully adopted, assuming that happens?

**Christine Sewell:** It is a pilot I think to do exactly what you're saying: to evaluate how it rolls out, how patients receive it, how it works for physicians. Then at the end of the pilot, the intention would be to do an assessment and analysis before you would roll out something large-scale with those considerations.

**P. Bevan-Baker:** I really love the idea of using AI appropriately to help us, but of course, we do have to be careful about how we do that.

In the offices where it is currently being utilized, is it just the primary care providers? Is it doctors and NPs, or RNs and LPNs? Is anybody in the office able to access it?

**Christine Sewell:** It's physicians and nurse practitioners using it.

**P. Bevan-Baker:** Right, so no RNs, no LPNs who work and perhaps are the only ones that see a patient at a particular time.

**Christine Sewell:** I understand it's with the note curation and documentation. The provider providing the care would be the one getting the information that needs to be documented. They'd be the ones using the technology.

**P. Bevan-Baker:** Right. Is this also the section where we could see information about data sharing between doctors' offices or medical homes, for example, and hospitals?

[12:15 p.m.]

**Christine Sewell:** This section does have the electronic health record, so it would include the systems that we have – our clinical information systems that we use in long-term care, in hospitals, and in community, yes.

**P. Bevan-Baker:** Without disclosing too much of my own personal information, I had an appointment in Halifax just a couple of weeks ago. Their system could not even access the name of the specialist that I had seen here on Prince Edward Island. The onus seemed to fall on the patient to be able to transfer the information that was involved in my visit there back to the specialist here. Again, they couldn't even access the name of the doctor, nor my GP.

That seems like a really fundamental problem. How are we going to fix that, especially as we rely more and more on a regional service model?

**Christine Sewell:** I do believe that there was a data strategy being worked on by the Atlantic Provinces. I don't know if the minister has any more information on the data strategy that the ministers might be looking at, but I wouldn't...

**Hon. C. Deagle:** I do not.

**P. Bevan-Baker:** I saw the big smile on your face, minister. I thought you were going to say everything's peachy.

**Hon. C. Deagle:** I think probably the issue is that each province uses different platforms/products, and they don't all necessarily talk to each other, but I think PEI leads the way in Canada when it comes to electronic medical records.

**P. Bevan-Baker:** Yeah, I mean, it...

[Interjection]

**P. Bevan-Baker:** [Laughter] Yeah, it's disappointing that we didn't have a more – and I'm not putting this on this department; of course not. The provinces did this in a very siloed approach without properly talking to each other, and we were not first to the table. But it does; it disappoints me that we don't have a coherent system where.... I mean, in the U.K., for example – obviously a far, far, far bigger system than we have here – they've managed to make it a universal system across all aspects. It took a long time to do that, but they went out with that goal in mind.

I'm just wondering – you mentioned, I think, that there is some dialogue going on between ourselves and our neighbouring provinces, but is the ultimate goal that we will have a single system, either nationally or perhaps let's talk just regionally in the Maritimes?

**Hon. C. Deagle:** Yeah, I think we'd have to start with Atlantic Canada first; would probably be a good first step. But I'm sure that would be the ultimate goal. I couldn't really put a timeframe on that, but it would be ideal, of course. As you just explained with your personal situation, it's not ideal for the patient.

**P. Bevan-Baker:** Okay. I think I'm fine for this section, Chair.

**Chair:** Shall it carry? Carried.

Total Corporate Services: 29,488,300

Shall it carry? Carried.

Page 104.

People and Professional Practice

People and Professional Practice

“Appropriations provided for the provision of leadership, assistance and support to all divisions within Health PEI in the areas of human resource policy and planning, workforce recruitment and staffing, labour relations, and occupational health and safety. The division also provides support for professional practice, the nursing mentorship program, critical care and emergency education program, payroll services, French language services, and integrated disability management.” Administration: 274,400. Equipment: 51,400. Materials, Supplies, and Services: 1,049,000. Professional Services: 2,749,100. Salaries: 17,785,400. Travel and Training: 2,346,100. Grants: 6,658,900.

Total People and Professional Practice:  
30,914,300

The hon. Member from Charlottetown-West  
Royalty.

**G. McNeilly:** Thank you very much.

This used to be the HR section – human resources. Why was it changed to people and professional practice, and when was that done?

[12:20 p.m.]

**Christine Sewell:** This year was a change that we made to the budget presentation to bring in both the professional practices and the human resources under one section of the budget. That was implemented this year. It includes HR and also the professional practice component.

**G. McNeilly:** What changes did that bring on? Obviously, you just said we merged with people, which is HR, both in the department and professional practices, but the salary line stayed pretty.... Was it just in name alone or did we merge a few sections together?

**Christine Sewell:** The merging of that workforce recruitment unit did occur last year. That was from the Department of Health and Wellness into Health PEI. Now, there's one singular unit under here. That would be more the structural change that happened.

**G. McNeilly:** If I do recall, back when it was in the department I'm thinking about the number of 14 staff in there. Was it 14 staff, and do we have a full complement of recruiters at this time?

**Christine Sewell:** Our combined workforce recruitment and marketing team is about 31 FTE.

There are 14 positions vacant in this entire section for professional practice. Five of those are in workforce recruitment, four are in professional practice, three vacancies in labour relations, and then one in organizational development, and one in occupational health.

**G. McNeilly:** If we're sitting at about half the workforce – we're trying to recruit people, but we're only recruiting with half the amount of the staff that we have. Has it been a difficult time recruiting into those positions? Those are crucial positions for our health workforce and we're only sitting at about maybe 50 percent vacancies.

**Christine Sewell:** Those 14 are across the entire people and professional practice, five of which are in recruitment. That would be five of those....

**Hon. C. Deagle:** That wouldn't be quite 50 percent.

**G. McNeilly:** Yeah, okay. That's a little bit better. I'm glad to hear that. Obviously, I'd want those five recruited, but I was looking at bigger issues there.

When we're talking about the salaries, the spend on it last year – obviously, the change was done some time this year. It was \$18 spent on that and then we're budgeting \$17.7 million next year. Was that transition done and completed then? Is that reflective of this budget?

**Christine Sewell:** Yes, the transition is completed.

**Chair:** The hon. Leader of the Third Party.

**M. MacFarlane:** Thanks, Chair.

I see this section, as we've talked about here, includes workforce recruitment. I don't see the word retention in there. Does it also support retention efforts?

**Christine Sewell:** Yes, it would support retention and a number of, I would say, areas in the people and professional practice could support retention – labour relations, occupational health and safety....

**M. MacFarlane:** So, there's dedicated recruitment staff. Do we have dedicated retention staff?

**Christine Sewell:** Not dedicated retention staff under that kind of heading, no.

**M. MacFarlane:** I see this section also has responsibility for the nursing mentorship program. That program is continuing. There is money in the budget for that to continue?

**Christine Sewell:** Yeah, no change.

**M. MacFarlane:** Can you tell us what would make up the budgeted \$1 million amount for materials, supplies, and services?

**Christine Sewell:** Yes. That line item would include the materials being used by the R and R team, health promotions, and other supplies.

[12:25 p.m.]

**M. MacFarlane:** I'll just keep, then, going down the list there on the travel and training. It was underspent, forecasted to be underspent, but now we're budgeting more than last year. That's a big, big number. I get the recruitment side of it here, but can you explain the return on the investment that we're getting for over \$2 million in travel and training?

**Christine Sewell:** This line item includes recruitment, relocation expenses, in-province travel, out of province, and then those education courses, Bachelor of Nursing mentorship programs, and then in-service training. We are working, as I mentioned, to manage our discretionary spending across items like travel and being as efficient, as judicious as we can in the use of it. The increase again, from '25-26 to '26-27 is just applying the inflationary increase to a budget.

You did notice that we didn't spend as much as we had budgeted last year. If we're able to continue achieving our objectives and our mandate with the lower cost, we will look at adjusting the budget in the future, but I think similar narratives need a little bit more history to make sure they're not one time. So, that travel budget that we have just reflects what we would have normally, historically spent in the area.

[M. MacKay in the chair]

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

**G. McNeilly:** Thank you, Chair.

Can you let me know how many, if we budgeted enough for grievances, and how many open grievances that we have in Health PEI?

**Christine Sewell:** I don't believe I have information on grievances specifically; I don't have those details.

**G. McNeilly:** And I'm just looking at special services, legal fees, regarding that, how do the legal fees get discussed? That's not enough legal fees, I guess, for HR. I'm just trying to think, is there not a legal component, or is the legal component of that handled in-house in the legal section?

**Christine Sewell:** So, we do have the legal section up in the corporate services that we went through. That's where we have our in-house legal team.

**G. McNeilly:** Okay. So, when we're looking at the grants for the allied health incentives, education bursaries, those two lines, those are kind of static year-to-year I think, right? Why is the allied health incentives in here when we see those in other sections? Why would it be in here? I mean, because incentives would be like.... Should that not be in medical affairs or...?

**Christine Sewell:** So, it would be return-in-service for allied health. Our medical affairs section is just for the physicians.

**G. McNeilly:** Oh yeah, I think it's actually the nurse's section, which went to the department – okay, perfect. That's it for me for now, thanks.

**Chair:** The hon. Leader of the Third Party.

**M. MacFarlane:** Thank you, Chair.

The purchased service line general is \$1 million; did you address that already, Christine, in your previous response? I'm just wondering what that number's about.

**Christine Sewell:** Yeah, purchase services was materials, supplies, and services – some of the marketing. We also have in here funding between Health PEI and Finance and

Affordability for Peoplesoft work as well under there.

**M. MacFarlane:** So, maybe a question to the minister: You had indicted previously that there was going to be a review of staffing in Health PEI, is that where we would see allocation for that in this section?

**Christine Sewell:** I would be able to speak to that. So, the review that we're conducting around the efficiencies and the positions that we have will be managed internally by existing staff. So, it's being led by finance and HR in our operations team to conduct that review, so it's not contracted out or consulted out.

**M. MacFarlane:** You say finance, and you mean within Health PEI exclusively?

**Christine Sewell:** Correct, yes.

**M. MacFarlane:** Okay, thank you for that.

[12:30 p.m.]

I know the member previous was asking questions, I think, on incentives and the education bursaries and the allied health workforce recruitment incentives. Did you drill down in answering the other member's question on the workforce recruitment incentives? I think you mentioned return in service agreements. Is there more than that?

**Christine Sewell:** The return in service does account for the increase. The extra \$1.2 million is for return in service, and then that supports nurses, midwives, psychologists, and allied health professionals.

**M. MacFarlane:** So, it's expanded. I see there is over a million dollars being added to the workforce recruitment incentive. Has it expanded to take in – you mentioned allied health professionals, midwives, so it has expanded to catch more.

**Christine Sewell:** I believe that it may have captured those previously, but this is the estimate of how much it will cost for the recruitments that we'll have planned and how much it will be utilized.

**M. MacFarlane:** I guess I'm trying to get a handle on if it's going to be the same catchment pool of frontline workers that they're going to

get more greatly incentivized with options, or if it's expanding the pool of who's eligible.

**Christine Sewell:** Again, I believe all the criteria is the same and no changes to the criteria, but the volume and the usage would increase. The budget increase is related to the number of return in service agreements executed but not changes to the thresholds or the amounts that people are getting.

**M. MacFarlane:** In coming to these incentives, what consultation was done with the various – whether it be the unions or the professional groups?

**Christine Sewell:** Again, without any changes, they're the existing programs that were administered by the Department of Health and Wellness and then transitioned to Health PEI when the recruitment team transitioned.

I believe that would have been done by the department when they established the programs, but we've not implemented any changes to them, so we've not re-engaged on any kind of change.

**M. MacFarlane:** You can probably tell I'm just trying to make sure that the incentives speak to the frontline workers where they're at and responds to what they believe are needed to ensure retention and recruitment, but I guess I'm hearing that your understanding is that they do.

I don't really have a question on it, Chair. Thank you.

**Chair:** Shall the section carry? Carried.

Total People and Professional Practice:  
30,914,300

Shall it carry? Carried.

Financial Services

“Appropriations provided for the administration and operation of financial accounting, auditing, materials management, financial reporting systems, financial planning, and analysis.”  
Administration: 1,239,200. Debt: 302,400.  
Equipment: 37,900. Materials, Supplies, and Services: 564,300. Professional Services: 956,800. Salaries: 11,022,500. Travel and Training: 74,700. Grants: 4,000.

Total Financial Services: 14,201,800

The hon. Member from Charlottetown-West  
Royalty.

**G. McNeilly:** Thanks. This is your section, so you'd know it pretty well.

The internal audit function that was talked a lot about in standing committees – is that position being looked at to be filled?

**Christine Sewell:** Yes.

**G. McNeilly:** So, there's an open job competition for that now.

**Christine Sewell:** It closed and we did identify a successful candidate who has not yet commenced their work.

**G. McNeilly:** Good. Thanks a lot. The Auditor General mentioned that quite a bit.

In this section, I noticed that your professional services were overspent by close to half a million dollars. We spent \$1.1 million last year. Why was there such an overspend?

**Christine Sewell:** The professional services in the forecast included some of the ARO – or asset retirement obligation – and actuary work that was contracted out. I believe through the committees we've mentioned the Grant Thornton and Deloitte contracts. Those were in there.

[12:35 p.m.]

Then, we also started a contract for the Medicare audit. That contract was entered into in '25-26, and it's 14-month pilot so it also continues into '26-27 in this part of that budget.

**G. McNeilly:** In standing committees, it was mentioned, too, that there was a huge lack of staffing in this section at one time. I thought that's what the Grant Thornton contract was for, was for staffing. How much was that – I think it was \$200,000. Was that because we were lacking staff? I think it was before you got here.

How many staff members – I think it was quite a few staff members that were out. Could you just explain a little bit about how we made it through? Are the finances in order at this time?

**Christine Sewell:** Yeah, I there were about five or six vacant positions at the time that there was an interim chief financial officer. That interim

chief used the savings in the salary lines to do the contracted work to make sure that the work was getting done; was successful in recruiting a full complement of the team, so those have been staffed up. Now, the remaining contract that we have going forward supports us on that Medicare audit, which was also work that was identified as being necessary by the Auditor General.

**G. McNeilly:** Okay, yes. I remember that.

That would explain – there is an even line between your salaries. It was basically static – let's say static – last year, but really, that was an underspend. What we just described – I guess I'm just not understanding the salary lines. It was forecasted for \$10 million; spent \$10 million. How much of that money went to outside? Was it the \$200,000? Is that where the \$200,000 is in the salary line?

**Christine Sewell:** That salary line – we also had collective agreements that were negotiated that started affecting the '25-26 salary lines. You get the net effect of those two things, effectively. You've got savings from vacancies and then you have higher wages for the individuals that you do have staffed. Those positions – I believe they were all filled in October. It wouldn't have been a full year that they were vacant.

**G. McNeilly:** I thank you for that because it's hard for us to figure out where that money was paid for when it's an outside, so I appreciate that.

You're looking at an extra \$1 million in salaries. Is that because all the positions will be filled for the next coming year?

**Christine Sewell:** And also the collective agreements.

**G. McNeilly:** Collective agreements, yeah.

Thank you, Chair.

**Chair:** The hon. Leader of the Third Party.

**M. MacFarlane:** Thanks, Chair.

The Gertrude Cotton Trust wasn't paid out. Can you explain why? No applicants or no eligibility for it?

**Christine Sewell:** Sorry, I do have a note on this. The board for that trust decides when to pay out the funds, so that decision is sort of made

independently by that board. When we get notice to pay the funds, then we do pay those.

I do believe I have a little bit more information.

Yeah, there is a board of trustees. It's the Minister of Education, the manager of TD Canada Trust, and a resident of the province who's chosen by the first two directors. We just administer and service the paymaster.

**M. MacFarlane:** So, it could be that in any fiscal year, that doesn't get paid out based on timing.

**Christine Sewell:** And then we may see a multi-year where you don't pay for a couple of years and then you make a more significant payment every few years, opposed to just the \$4,000 in any single year.

**M. MacFarlane:** The professional services line – I think there was a question on the \$366,000 spent on the facilities planning. Did you review what facilities that included? I guess I'm wondering if it included the mental health hospital, as a specific question.

**Christine Sewell:** I don't have any further details, but I believe that mental health hospital is a project being delivered by the Department of Health and Wellness, so it wouldn't necessarily be one that Health PEI is leading. But that's something – I don't have the details on which sites. I'd have to get those for you.

[12:40 p.m.]

**M. MacFarlane:** Okay. Looking at the forecasted amount on the travel and training line, there was quite an overspend forecasted there, and now we're budgeting back to what it was in last year's budget. What was the additional travel and training, if you could tell us that?

**Christine Sewell:** There was some additional travel for the interim CFO position that was incurred, as well as some rent costs. That was the increase.

**M. MacFarlane:** I think Charlottetown-West Royalty asked about the CFO position. Gord, did you ask about the CFO?

**G. McNeilly:** The CFO position? Her position? No. The old ones, maybe a little bit.

**M. MacFarlane:** Sorry, I heard that there was an application received, but I wasn't sure if that was for the CFO position.

**Christine Sewell:** We had an internal audit position that was vacant for a number of years, and we have been successful in recruiting that position but did not start it.

**M. MacFarlane:** What about the previously interim CFO position? Has that been filled?

**Christine Sewell:** The CFO position has been filled, yes.

**M. MacFarlane:** Okay, just – [Laughter]

**Christine Sewell:** By myself.

**M. MacFarlane:** (Indistinct). No, I just wanted that clarification. Congratulations. Thank you.

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

**G. McNeilly:** I don't think I have anything else in this section. Thanks.

**Chair:** The hon. Leader of the Third Party.

**M. MacFarlane:** I might just have a couple of more, Chair. There's a couple of lines on the financial planning and audit. I know that went up a little bit there, but quite an overspend. What was it that created the overspend on the financial planning and audit? And why are there two lines separate, both for financial planning and audit?

**Christine Sewell:** The two sets of contracted work, we had the Deloitte contract and the Grant Thornton contract that were done. Then we also have the 14-month pilot for the Medicare audit and the contract that's been entered into with Medavie for that.

**M. MacFarlane:** The million-dollar debt line, what's that about? Is it tied to something that wasn't budgeted for like agency staffing or...?

**Christine Sewell:** It's an allowance for doubtful accounts. It effectively adjusts the amount of the asset that we have for the accounts receivable. When we believe that the account may not be collectable, then we want to write down that asset, so we'll record a bad debt expense to adjust that. These typically relate more to out-of-province where there was a bill that we deem uncollectable. We do make every effort to

collect it before we've written it down. Writing it down also doesn't preclude us from continuing for recovery at some point in the future.

**M. MacFarlane:** Could you give an example of what might fall into this category of an insecure debt that may not be collected? You mentioned out-of-province primarily, which, I get that.

**Christine Sewell:** Past due accounts may arise from Canadian patients with no health care cards or non-Canadian patients. In some circumstances, there may be some long-term care. The daily rate that's billed – there are some instances where those residents have no funds in the estate to pay those. Those would be examples.

**M. MacFarlane:** So, we're talking individual accounts here; we're not talking third-party vendors or providers of services. We're talking amounts that we would pay from the Province to cover either Canadians travelling abroad or people coming here who don't have health cards.

**Christine Sewell:** We wouldn't refuse service to an emergency patient who may be non-Canadian and not have coverage. They'd receive the service, and then they'd receive an invoice. Then we'd make every effort to collect on that invoice, but in some instances where they have returned to their home country, it's very difficult for us to collect on that. Then we'll take an evaluation of how much we have on that receivable and sometimes write them off as a bad debt, indicating that it's unlikely to recover or collect those amounts.

[12:45 p.m.]

**M. MacFarlane:** Maybe just my last question on that would be: Who does the enforcement or the collection efforts on that? Is that within Health PEI or somewhere else in the government?

**Christine Sewell:** I believe it's managed by Health PEI. We certainly manage the accounts, and we handle the write-downs and the evaluation of those accounts, but I'd want to check for you because I think we may also avail ourselves of some Crown debt collection type agency that would act on our behalf.

So, if I may get back to you on that one.

**M. MacFarlane:** Sure. Thank you for that.

Thank you, Chair.

**Chair:** Shall the section carry? Carried.

Total Financial Services: 14,201,800

Shall it carry? Carried.

Hon. members, yesterday there was an addendum tabled by the Premier that provides pages 105 and 106. We'll be circulating the revised copies that will replace the ones currently in your budget books. I'll be reading and putting the questions on these revised pages.

So, while those are being handed out, I will read into the script.

Medical Affairs

General Administration

"Appropriations provided for the administration of the *Health Services Payment Act* and for the development of partnerships between physicians and other collaborating professionals. This section is responsible for grants and physician supports per the Physician Services Agreement and other physician medical training programs." Administration: 177,800. Equipment: 7,000. Materials, Supplies, and Services: 367,400. Professional Services: 10,537,600. Salaries: 8,975,900. Travel and Training: 320,200. Grants: 5,159,800.

Total General Administration: 25,545,700

The hon. Leader of the Third Party.

**M. MacFarlane:** Thanks, Chair.

Is there an explanation from the table as to what's changed, just so we're.... Was it a material change?

**Christine Sewell:** Yes, there was approximately \$2 million in the forecasted amount that was reported under the in-province physician lines under the grants, and it belonged in this section. And again, it's in the forecast column.

**M. MacFarlane:** Okay, thank you for that.

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

**G. McNeilly:** Yeah, so that \$2 million – and thanks a lot for correcting that. I'm sure it was

just a.... Obviously, let's just talk about that line. Grants – you spent, last year, \$7.5 million. The numbers that we had were \$5 million. Can you talk about the difference, and will that affect the bigger book at all? Would that affect anything in the big book?

**Christine Sewell:** This one, yes, because the grants – it would change the section that it is reported in because right now in your big book, you'll have the "Medical Affairs – In Province Physician Services," miscellaneous grants, fee for service overhead. You're going to see \$2 million in the forecast line there, but that \$2 million has been moved up into the "Medical Affairs – General Administration" line.

And if I may, I'll speak to what these are. Under the physician services agreement, there are a number of new grants that were introduced. They're administered by the Medical Society of PEI, so Health PEI provides the funding and then MSPEI distributes those funds based on the eligibility and the PSA. So, when we introduced those new grants, we didn't have historical information for them.

What I would say is we have fully funded the PSA, but some of those amounts – it's primarily in the in-province physician line. We'll usually see a little bit of movement between fee-for-service and physician lines and these. What I would assure the committee is that we have the funding available for the PSA; this is one component of the PSA, which is the grants that we flow through MSPEI.

**G. McNeilly:** Okay, that's good news. When signing the PSA, there were new grants that were developed for – not fee-for-service, but salaried doctors, is that correct?

[12:50 p.m.]

**Christine Sewell:** Well, this also is a grant for fee-for-service. It's an overhead stipend that was introduced for fee-for-service physicians. That was introduced in the PSA. It is for eligible fee-for-service physicians to address the costs of their overhead. That is the piece that we, in error, had in the wrong section.

**G. McNeilly:** Thanks a lot for the clarification. I understand what that means. We always ask this question every year: What's the rate now between salaried doctors and fee-for-service doctors? What's the percentage at now in Prince

Edward Island? Do you have those numbers by any chance?

**Christine Sewell:** I do have those.

**G. McNeilly:** I guess it's 78-22. I'm just guessing. No, maybe 72.

**Christine Sewell:** Percentage of salaried physicians, 51 percent; sessional, 17 percent; contract, 9 percent; and then fee-for-service, 20 percent as at January 2026. So, about 20 percent fee-for-service.

**G. McNeilly:** Okay, I was close. So, 20 percent – that number is going down. Is that incentive to try to bring more doctors into a fee-for-service model or was it just something that was in the...? Because the balance is going more towards salaried physicians. Is there any thought about what direction we're going in with that?

**Christine Sewell:** I believe – not having the benefit of being part of the negotiations – there is an overhead cost to the fee-for-service physicians that this helps acknowledge.

**G. McNeilly:** Okay. Perfect.

In this section, we talk about the master agreement or the physician services agreement. The MOA was paused in attachment to that agreement. Where does it stand at this time, and how much is in this budget for fees around that negotiation?

**Christine Sewell:** The fees were split, 50 percent to Health and Wellness and 50 percent to Health PEI. Our costs incurred were \$254,000 in Health PEI.

**G. McNeilly:** So, that was \$254,000, and I remember discussing with the minister – what's the anticipated...? Because it's paused right now, so we're at a stage right now where – I don't really know what a pause would be, but I'd like it to be unpaused and settled.

How much is the foreseeable cost? Do we have enough in the budget to make sure we get that deal signed? What's the anticipated signing of that deal?

**Christine Sewell:** If I may just maybe provide a bit of detail on the paused activities, and then there are also some continued activities.

**G. McNeilly:** Okay, perfect.

**Hon. C. Deagle:** (Indistinct) need to hear them again. I said them last week in Question Period.

**Christine Sewell:** The paused activities are selecting the practice model – so, models A, B, C, and D that are in there, that is paused; updating individual job descriptions; the SUR calculation and monitoring, which was a performance metric; and quality improvement indicators. Those are paused activities.

The activities that are continuing are the panel size – the 1,300 patients per 1.0 FTE with an option for 1,600 panelled patients; the panel patient incentive continues; shadow billing continues; and submitting timesheets continues.

So, there are elements of the PSA that are underway, and then the elements that are also paused.

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

**K. Bernard:** Thank you, Chair.

I'm looking at the salaries here, underspent by a little over \$1 million. Were there issues with getting staff there, and has that been rectified?

**Christine Sewell:** Yes, the recruitment in this area has been a challenge. I'll just see if I have additional detail. There were various vacancies – various medical director roles and seven physician assistant vacancies throughout the year – which resulted in that underspending.

[12:55 p.m.]

Obviously we talked a little bit about the recruitment initiatives, and the team that's supporting that, and recruitment being high priority to fill those vacancies.

**K. Bernard:** So, they're not filled yet but being worked on.

**Christine Sewell:** Being worked on actively. A couple have been filled, but there are still some.

**K. Bernard:** Okay. And under legal fees, were these to support the disagreement with family doctors over the memorandum of agreement?

**Christine Sewell:** I don't have any additional information on those legal fees. We did talk about the total cost for the MOA being

\$254,000, though, which would have included some legal fees, yes.

**K. Bernard:** So, would any of those legal fees be included in that, or are these separate?

**Christine Sewell:** It's in this unit, yeah.

**K. Bernard:** But I mean under this line here, under the Professional Fees – Legal.

**Christine Sewell:** That's where they would show up, yes.

**K. Bernard:** Any update on that about where we are in those conversations?

**Christine Sewell:** I do not have an update on the timing.

**K. Bernard:** Under physician support, there's almost \$10 million. Can you tell us what that's for?

**Christine Sewell:** Under the physician services agreement, Health PEI is required to cover the cost of supporting staff for salaried and contract physicians, and clinical equipment and supplies. That includes salaried staff in both Health PEI facilities and in private landlord clinics. Support staff that are provided by those landlords might include medical office assistants, licensed practical nurses, or administrative support. That's our funding through those agreements to provide that support staff to those physicians.

**K. Bernard:** There's a huge overspend on consulting fees. The budget was \$94,000 but \$589,600 was spent. I'm wondering what those funds went towards.

**Christine Sewell:** Some of those – when we spoke earlier about the transformation office and the contract that was done and some costs were reported in other areas, this did include some of the purchased service under that. Looking at hallway medicine, that was in there as well, and then the professional contract services included the PSA negotiations and those legal fees.

**K. Bernard:** Okay. Thank you.

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

**G. McNeilly:** On the salaries line there was a major underspend, which is kind of unusual

because of the contract negotiations. This area has –

**Hon. C. Deagle:** I think we answered this.

**G. McNeilly:** Really? Okay, well, maybe I'll be specific: Do you have a manager of longitudinal family medicine specialists – that role – and do you have a director? Are those positions filled?

**Christine Sewell:** The executive director of medical affairs is, I believe, in late stages for recruitment. It's filled on an interim basis, and I believe they've just successfully recruited the family medicine lead. But this included, again, various medical director roles and seven physician assistant vacancies through the year. That was the underspend.

**G. McNeilly:** I just didn't hear that last part.

**Christine Sewell:** That was the underspend: various medical director roles and seven physician assistant vacancies.

**G. McNeilly:** I've seen that org chart over and over, and that has had a lot of holes in it. I know that you're working hard to recruit, but that's been an area of concern because we need to make sure we get that section right with recruiting.

[1:00 p.m.]

The medical – the residency program, I notice the budget is up \$700,000. Does that have anything to do with the master service agreement? There's a line, I think it's section 8 in there in the MOA, about family physicians taking on residents in the future and for them being compensated for that.

**Christine Sewell:** That would be in the medical education section, which is the next section. This is just general administration.

**Hon. C. Deagle:** We could carry this one and go to that one.

**G. McNeilly:** Just hold on a second. Let me have a look.

Okay, I'm good for this section. Thank you.

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

**K. Bernard:** Thank you, Chair.

Can you tell us what's included in the physician retention program?

**Christine Sewell:** I have information on the physician leadership bursary fund, but I don't believe I have the other recruitment. I could take that back and provide you details.

**K. Bernard:** That would be great. I wonder if you have anything for the physician leadership development fund. That was another one that I was wondering about.

**Christine Sewell:** I just have the physician leadership bursary fund details.

**K. Bernard:** Okay. The Miscellaneous Grants – Human Resources, what are those for?

**Christine Sewell:** We have miscellaneous grants for Canadian Agency for Drugs and Technology in Health, the Canadian Standards Association, health care technology, IWK Atlantic Provinces Pediatric Hematology/Oncology Network, and then Canadian Post-MD Education Registry under miscellaneous grants.

**K. Bernard:** The locum support program is over \$2 million now. I'm wondering, besides salaries, what that covers.

**Christine Sewell:** It provides reimbursement of eligible expenses including travel, air fare, car rental or accommodations, coverage of licensing fees with the PEI College of Physicians and Surgeons, coverage of Medical Society of PEI dues, a daily stipend for days worked to help offset additional expenses for locums from out-of-province practicing on PEI, and travel mileage and travel time are eligible for reimbursement as well.

**K. Bernard:** Would you say that we're competitive with other provinces in recruiting locums?

**Christine Sewell:** I wouldn't want to speculate on that component.

**K. Bernard:** Okay. So, nothing was spent under the Miscellaneous Grants – Human Resources on this, but it sounds like you had a list of things. I'm wondering what that gap is. Where is that?

**Christine Sewell:** What I provided to you is all the miscellaneous grants that fall under that

miscellaneous grant category. I can give you amounts if that's helpful.

**K. Bernard:** No, I was just curious because there were a couple there, but that's okay.

Kind of the same question for the IWK Atlantic Provinces Pediatric Hematology/Oncology Network; there wasn't anything spent under that. Is there any reason for that?

**Christine Sewell:** I do have that the budget is \$28,000. It provides assistance in communication, education, and development of standards in health services and clinical care, and research related to that.

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

**G. McNeilly:** Thanks.

I'm hearing that we have been fairly successful in recruiting specialists to Prince Edward Island. The problem now is that we don't have enough workspace for the professionals. Is there anything in this budget regarding workspace modifications across Prince Edward Island to accommodate doctors coming in and being recruited?

**Christine Sewell:** Typically, the physical space will tip over our threshold to the capital, so it would be capitalized and is captured in our capital plan.

[1:05 p.m.]

Other pieces that support the physicians fall more into the building and materials – setting them up with office equipment, IT, computers, and those types of pieces fall into that line – but generally the space becomes a capital item.

**G. McNeilly:** Yeah, and I mean, capital is the bigger project, and that's something that I've heard. So, I do see that your materials, supplies, and services number is kind of small, and I just hope there's enough money in there that we can do more because we have to act quickly on that.

The other thing is, is there anything in here looking at a relocation fee? I know doctors get up to \$10,000 to relocate. That number seems a little bit low and not on par across the Maritimes. Is there anything here that we're helping with doctors' or professionals'

relocation fees, to get the number up from \$10,000, upwards to a Maritime average?

**Christine Sewell:** There's no change in the relocation fee in the budget.

**G. McNeilly:** I'm good. Thanks.

**Chair:** Shall the section carry? Carried.

Total General Administration: 25,545,700

Shall it carry? Carried.

Medical Education

"Appropriations provided for the provision of leadership, assistance, and support to all divisions within Health PEI in the areas of academics office and medical residency program." Administration: 490,200. Equipment: 7,600. Materials, Supplies, and Services: 17,300. Professional Services: 3,950,400. Salaries: 968,300. Travel and Training: 67,300. Grants: 843,800.

Total Medical Education: 6,344,900

The hon. Member from Charlottetown-West  
Royalty.

**G. McNeilly:** I'll ask my question now about the medical residency program. Can you just speak to...? That number has gone up by \$700,000. What are we getting for that?

Well, there was an underspend, actually, of \$700,000. Yeah, it was an underspend. So, it's going back up to where it was. Why was there an underspend? I'll change my question.

**Christine Sewell:** There was an investment delay in the medical school positions that led to the underspend in the forecast.

[S. Dillon in the chair]

**G. McNeilly:** What does that mean, exactly? A delay? I don't understand. Just maybe expand a little bit on that. I'm not –

**Christine Sewell:** Setting up the new program and growing the program so when we set the '25-26 budget, we made estimates about the pace and the recruitment and how fast that would happen, and we're just off from the budget that we set for ourselves. Going forward, as we continue implementing the program, then

we see the funding. It's an expected pace of expenditure for establishing the medical school.

**G. McNeilly:** Does that mean that we had less residency spots in Prince Edward Island last year or next year?

**Christine Sewell:** Yeah, it grows every year. That's all the detail I have on the investment delay, so if I could maybe bring you back a little bit more detail on the specifics.

**G. McNeilly:** Please. And the reason why: the MOA had a section – I think it was section 8 of the MOA, which is paused – talking about incentives for doctors to take on residency students. Do you know if that has been looked at or has that been settled? Are you going to incentivize doctors to take on residency students in the future?

**Christine Sewell:** I believe that that issue was resolved.

**G. McNeilly:** Okay, perfect. Under this, too, in medical education, we see that the budget was underspent in salaries by about half a million dollars. Was that FTEs that were – did we have trouble filling the workforce in this section?

**Christine Sewell:** Yes.

**G. McNeilly:** Oh, that wasn't a great question.

**Chair:** That was a great question.

**G. McNeilly:** Thanks.

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

[1:10 p.m.]

**K. Bernard:** Thank you, Chair.

The administration line has increased quite significantly. I'm wondering if you can tell us why.

**Christine Sewell:** My apologies. Could you please repeat?

**K. Bernard:** No, that's okay. The administration line is increasing quite substantially and I'm just wondering if you can tell us why.

**Christine Sewell:** We're adding additional rental expenses for residency for physician rotations and promotional items.

**K. Bernard:** Under professional services, what did the funding for consultation fees go towards?

**Christine Sewell:** Are you looking at the \$3,600 consulting fee?

**K. Bernard:** Yeah.

**Christine Sewell:** I don't have any additional detail on that.

**K. Bernard:** I'm sorry, I missed this. I'm wondering if the member was asking about the medical residency program.

**G. McNeilly:** A little bit. I would like to ask again.

**K. Bernard:** If I ask the same questions, just let me know.

Does it mean that we're low on residency seats, the underspend?

**Christine Sewell:** As we grow the UPEI seats, then there are reduced seats at Dalhousie – sort of that offset – but I don't have more specific details on the itemization of that that I committed to bring back.

**K. Bernard:** Okay. And this may be part of it that you bring back, but I was just looking for a general kind of update on that. So, it sounds like you'll be bringing some of that back.

The preceptors were underspent again. What are you doing to increase that work?

**Christine Sewell:** Resolving that issue of the compensation for the matching of the physician teachers – we resolved that issue.

**K. Bernard:** And the medical seats at Memorial were underspent by about \$200,000. Did we not fill the Memorial seats?

**Christine Sewell:** Under the Memorial seats, the total number of students is declining. There were 16 in '24-25, then 12 in '25-26, and then there will be eight in '26-27.

**K. Bernard:** That's not because there have been any cuts to the Memorial seats, but just kind of a natural decline in students not applying?

**Christine Sewell:** As we increase the UPEI cohort, then we would decrease the seats here.

**K. Bernard:** So, that is government decreasing Memorial seats.

**Christine Sewell:** But not decreasing the number of learners because we have the UPEI medical program increasing.

**K. Bernard:** Yeah. Okay.

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

**P. Bevan-Baker:** Thanks.

I'll just actually follow on from Charlottetown-Victoria Park there. I appreciate your explanation there that the seats have gone down at Memorial but the number of learners has not decreased. But I see that for this budget, it actually goes back up again to what last year's budget estimate was. I'm just wondering how those two things square up.

**Christine Sewell:** You're looking at the professional and contracted services line?

**P. Bevan-Baker:** No, the medical seats at Memorial University. Last year it was budgeted \$813,000 and the forecast is \$616,000, but we're back up to \$813,000. I imagine that that would not go up again if the number of seats has gone down. That's all.

**Christine Sewell:** You're correct, yes, because the 16 seats are associated with a budget of \$800,000, but the lower \$600,000 would be in correlation with the 12 seats. So, yes, you are correct. We shouldn't expect to see that go up.

**P. Bevan-Baker:** So, that amount there was budgeted for 16 seats, but you're saying that we're likely not going to be funding 16 seats?

**Christine Sewell:** Because we have the PEI medical school.

**P. Bevan-Baker:** Sure. Right. Okay.

I'm not sure I've come across a situation where there's a – is it a mistake, then, in the budget?

[1:15 p.m.]

**Christine Sewell:** The \$800,000, I believe, would then be too high, yes. I will bring that

back as part of the overall update on the delta – the variance.

**P. Bevan-Baker:** I appreciate that. Thanks.

I think a final question for this section, and it's on the medical school. It's not a large amount of money, but I'm just wondering what the student rotation program is. It was underspent last year. It's about \$19,000. I think it's the medical school.

**Christine Sewell:** This one is clinical rotations. Some students can claim remuneration for expenses while they're on a clinical rotation. That might include travel and accommodation. It does require receipts. Then all those claims are processed through the medical education office up to \$20,000.

**P. Bevan-Baker:** Thank you. That's all I have for this section.

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

**G. McNeilly:** Just one final question there. Are there any positions in particular that would be the underspend? I just asked a question; I should have put them together. There was less staff working in this section. Were there any positions in particular that are vacant?

**Christine Sewell:** I don't have specific listing of the positions.

**G. McNeilly:** The travel and training – because we're partnering with Memorial in the future, should we see that number going up because we have to go to Memorial? Would that have anything to do with the students, or would that be in another section?

**Christine Sewell:** This section is just the 5.8 FTE running the medical education under the leadership of the chief academic officer. It would be the travel and training for just those 5.8 FTE.

**G. McNeilly:** Perfect. I'm good, thanks.

**Chair:** Shall the section carry? Carried.

In-province Physician Services

“Appropriations provided for the payment of in-province Physician Services including Family Practice, Emergency Physicians, and

Specialists.” Professional Services: 144,543,600. Salaries: 69,725,300. Travel and Training: 731,000. Grants: 23,400.

Total In-province Physician Services:  
215,023,300.

The hon. Member from Charlottetown-West Royalty.

**G. McNeilly:** Under salaries, this is the difference between – professional services would be fee-for-service and then salaried would be in the salary line, correct?

**Christine Sewell:** Correct.

**G. McNeilly:** Salaried – this looks like we budgeted for \$58 million; we spent \$52 million. What would be the percent of doctors we missed out on, you know what I mean? There's quite a bit of difference – \$6 million difference. How many doctors would that be reflective of?

**Christine Sewell:** I have physician vacancies in primary care, 8.2 FTE, and then in psychiatry, 3.6 FTE, largely making up that \$6 million.

**G. McNeilly:** And then I see that we're budgeting \$69 million next year. Is that because of the agreement signed, the master agreement?

**Christine Sewell:** There was a schedule C investment that was multi-year. This is the last year. It set out investments in physicians. For this third year and final year of that schedule, the investment includes additional funding to add for family medicine physicians, neonatologist, internal medicine, dermatologist, psychiatrists, psychiatry, anesthesiologists, and medical microbiologist. These were agreed to and planned investments under that schedule C that are funded in here.

**G. McNeilly:** I just need to ask one more question because I'm not familiar with what the schedule C is. Are we getting any federal money with that or is that – what does a schedule C mean, just for the two people watching?

[1:20 p.m.]

**Christine Sewell:** It was a negotiated agreement, I believe, with the investments that would occur over a period of time and adding additional funding for new positions to be created. It grows our complement of funded physician positions.

**G. McNeilly:** Okay, I'm following you now. Okay. Thank you very much.

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

**K. Bernard:** Thank you, Chair.

The budget here is being increased by \$27 million, and I'm wondering what new physician positions have been added. Is that what you just answered?

**Christine Sewell:** That was that list.

**K. Bernard:** Okay, sorry. I realized that as I was asking the question.

I hope this one wasn't asked – I kind of zoned out for a second – but we underspent by about \$6 million in Salaries last year. Is that due to a lack of salaried physicians?

**Christine Sewell:** Yes, I provided the FTE complement of the physician vacancies that made up that.

**K. Bernard:** And under professional – the fee for service, you talked about that too, didn't you?

[Interjection]

**K. Bernard:** No? Okay. Gosh, I'm sorry.

The Professional Services, the fee-for-service contract and sessional general practice and specialists – are more doctors coming on as fee-for-service?

**Christine Sewell:** We did see an increase in the fee-for-service billings, which led to the increase. We saw surgery increases in fee-for-service billings as well as hospitalists, orthopedics, emergency, and ophthalmology, and an increased utilization in radiology as well. So, those are the areas that accounted for the increase.

**K. Bernard:** Okay, and the fee-for-service physicians – am I correct in saying they don't work in medical homes?

**Christine Sewell:** I don't know. I can't confirm that. I'd have to check that for you.

**K. Bernard:** There's an increase of \$15 million to that line as well. Will that result in a larger

complement? On the professional services – fee-for-service.

**Christine Sewell:** It does provide a higher budget; it will reflect the rates and negotiated PSA, but the positions that we have funded – the funded positions are on the salaries line.

**K. Bernard:** Do the fees include paying for HR consulting fees if a private firm were used?

Just ignore that for now. Sorry, I'm going to try that again.

The grant to MS PEI, – the one that was budgeted for \$23,400 but \$2 million was given. I'm wondering what that covered, and this year it's back to \$23,400, so was it just a one-time grant?

**Christine Sewell:** That is the amount that was in the tabled correction page. So, that's where the \$2 million was initially published in the in-province physicians, but it should have been up under general administration with the other grants. This was just a coding issue with some of those new grants that we put here but should be up there. With those grants now correctly reported in the amendment page, they're all in the general administration grant line.

**K. Bernard:** Okay, thank you.

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

**P. Bevan-Baker:** Thanks, Chair.

Just going back to the salaried versus fee-for-service, when you look at the increases from last year to this, or at least the projected increases, it looks like there's a fairly substantial – at least in a percentage wise – increase in the expectation of salaried positions and less so in the fee-for-service.

Does the Province have a particular goal in mind, either short- or long-term, for how many physicians work under a fee-for-service model, verses how many work under a salaried model?

**Christine Sewell:** The larger increase that you see in the salaries isn't reflective of a policy choice to incentivize. Both lines reflect the PSA and the collective agreement increase, and then the salary line has gone up additionally because of those new funded physician positions in those areas that I mentioned. So, you see a higher

increase there because we have created more funded positions.

**P. Bevan-Baker:** Okay, thanks for the explanation. Are we exploring any other potential ways to pay our physicians? I know some other jurisdictions use hybrid models, capitation; is that something that's being considered by the department or by Health PEI?

[1:25 p.m.]

**Christine Sewell:** I wouldn't be able to comment on that complement.

**P. Bevan-Baker:** Okay. I don't think I have any more questions for this section.

Thank you, Chair.

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

**R. Henderson:** Just to branch off a little bit from New Haven-Rocky Point there, as a former Minister of Health, at that time I think 75 percent of the physicians were fee-for-service and 30 percent salary. What's that combination now, or percentage, just to give me a ballpark...?

**Christine Sewell:** Twenty percent are fee-for-service now.

**R. Henderson:** Twenty percent fee-for-service, so it's basically inverse from what it once was.

That's it. Thanks.

**Chair:** I'm going to back to the hon. Member from Charlottetown-West Royalty, who's been so patient.

**G. McNeilly:** Oh, no, I don't know if I'm on the list or not. I only have a couple questions here.

For the Purchased Service – Physician Support, I don't know if I've seen that line before. What is that? Purchased Service – Physician Support.

**Christine Sewell:** Sorry, which line?

**G. McNeilly:** It's in the big book under professional services. Purchased Service – Physician Support.

**Christine Sewell:** The \$53,000?

**G. McNeilly:** Yeah.

**Christine Sewell:** I don't have any additional detail on that line. I'd have to bring that back to you.

**G. McNeilly:** Okay. I'd just like to ask because I know we're doing more purchased service agreements – whether it be RCWs, physios, and different things – and I'm just interested in what that....

**Christine Sewell:** Any of those purchased services wouldn't be in the physician budget. They would be in hospital – acute care hospitals, community hospitals, and long-term care. That's where those purchased services would be.

**G. McNeilly:** Yeah, and that's why I find it strange that that's in here, but you're going to bring it back, and I appreciate that, so thanks.

I'm good, Chair.

**Chair:** Shall it carry? Carried.

#### Out-of-province Health Services

“Appropriations provided for the administration and payment of out-of-province health services under the *Hospitals Act* and the *Health Services Payment Act*.” Professional Services: 66,441,700.

Total Out-of-province Health Services: 66,441,700

The hon. Member from Charlottetown-West Royalty.

**G. McNeilly:** Maybe just an overview. This number has gone up quite considerably. Sometimes it's other provinces signing their master agreements, but I would just like to, if there's a general number, break down in comparison to last year about how much out-of-province services we're using, just to get a gauge of things. We spent an extra \$13.3 million.

**Christine Sewell:** I can give you some trending on the patient counts because we have the physician and then the inpatient cost and the outpatient costs.

The number of patients that received physician services in '23-24 was 62,000, and then that went up to 65,000. The number of inpatient

charges in out-of-province – the number of patients was 1,400 in '23-24. That increased to 2,700 in '24,25, and then outpatient went from 8,400 to about 17,000 in the following year.

So, overall, that's a total patient count under out-of-province has gone from 72,000 to just over 86,000. So, you see that increase in utilization reflected really in the budget estimate and that trend.

**G. McNeilly:** Those are big out-of-province utilization numbers. Is it because we've been...? Is there a trend there to doing more out-of-province stuff, like vascular surgery and things that we don't do here? Hematology, oncology.... Is that what's happening, in your mind? These numbers are.... We've got to get control of these numbers somehow.

**Christine Sewell:** I know it was mentioned last year about the umbrella agreement. That is in those final legal reviews, that discussion of the tri-party agreement with Nova Scotia, New Brunswick and PEI. That will establish that umbrella agreement to cooperate and work together for the subspecialty services.

[1:30 p.m.]

I know when we look at our programs on Island, it takes a certain volume to have a sustainable program. So, really, working in partnership with the other Atlantic Provinces to make sure all of the Atlantic Provinces have sustainable specialty programs. And then, you're right, when we look at vascular, there was an initiative to do that contract with Own Health to support vascular patients on-Island. I would say, yeah, they're exploring all opportunities to provide care where it is needed.

**G. McNeilly:** Very good answer for coming in to – I mean, she knows her stuff here – for coming in to a tough job where you have to know absolutely everything. I appreciate that. That answer is – because there's a lot of history behind that with different CEOs and different things.

You mentioned an umbrella agreement. I guess, in this chair, I was always under the impression that we were going to work on things individually with the different specialties but now we're talking about an umbrella agreement. I just need some more information about what that entails because that's a big piece, whether we sign on with other provinces, it's been a long

time coming. We're looking at an umbrella agreement now, we're not doing it individually through different areas – vascular heart, different things.

**Christine Sewell:** An umbrella agreement would establish a framework to work together and to cooperate and then, yes, you would have sub-specialty that you would have to work through individually as well, but it would set up that framework as an overarching strategy and cooperation.

**G. McNeilly:** I'm really glad to hear that. My last question on that, I'm looking forward to that. Maybe the guest can't answer but are we talking in the very near future or are we talking – how close is that agreement to being signed or have discussions with the other provinces progressed that we're close to signing an agreement?

**Christine Sewell:** As of March 12<sup>th</sup>, there was a final legal review.

**G. McNeilly:** Good.

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

**K. Bernard:** Thank you, Chair.

Looking at the health services appeal, there was \$267,600 spent. Can you tell us a little bit about what that is?

**Christine Sewell:** It's not related to appeals. It was an item that we put there to track. It's the Own Health contract agreement. I'd have a bit more information on Own Health. That's where it's reported. It's a vascular care model partnership to implement a community-based vascular care model. That's the cost and the agreement that's reported on that appeals line but it's not appeals; it's just being tracked there.

**K. Bernard:** Under the hospital services line, it was overspent by over \$10 million. And then for next year, we've budgeted – for this year – \$50,508,410. Do we expect that number to stay relatively consistent or do we anticipate it will go up again like it did last year?

**Christine Sewell:** These are the reciprocal billings with New Brunswick and with Nova Scotia. That's where those billings are reported. We have estimated, based on our projected model for the usage of those, and believe that

the budget that we have will be sufficient for the volumes we expect to see.

**K. Bernard:** On physician services, do you expect less to be spent on that than this year?

**Christine Sewell:** You're on the out-of-province? I just want to make sure I know.

**K. Bernard:** Yeah, physician services. It was budgeted \$14 million, and \$16 million spent. The next year only budgeting just under \$16 million.

**Christine Sewell:** Utilization-based (Indistinct) for that project.

**K. Bernard:** How much – and I don't if, I'm assuming it would be under this section – but how much we spend on mental health and addictions out-of-province care?

[1:35 p.m.]

**Christine Sewell:** I might have that. Our mental health services out-of-province was Homewood, I have as \$325,000.

**K. Bernard:** So, it's only Homewood? You don't have anything for Portage or anywhere else?

**Christine Sewell:** That's what I have just for the breakdown; that's all that's been included here.

**K. Bernard:** I'm wondering, for that number that you gave for Homewood, is that kind of the max or is it based on need?

**Christine Sewell:** I believe that may be a total, but I can get you more detail on what that is.

**K. Bernard:** Okay, thank you.

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

**P. Bevan-Baker:** Thank you, Chair.

I'm just going to go back to some of the questions that Victoria Park just asked about your projections for this year. You gave the numbers of pretty dramatic increases in a number of areas for in-hospital care and physician services, and again, not quite repeating her question, but the budget has not increased this year for either of those lines. I'm just wondering, given how much it's increased

in the last year and that trends tend not to suddenly flatten out like that, what's the basis for assuming that we won't have a similar increase this year?

**Christine Sewell:** You saw the increase really from the budget into the forecasted utilization, but it is a difficult area to forecast. There are a lot of factors that we take into consideration. We've used a methodology that we do believe will be reliable and accurate this year for that.

**P. Bevan-Baker:** Okay. Is this the place where we would find funding for the private MRI clinic in Moncton?

**Christine Sewell:** No, that would be under hospital services and diagnostics.

**P. Bevan-Baker:** I'm sorry, I missed the last part.

**Christine Sewell:** There's diagnostics under the hospital services.

**P. Bevan-Baker:** Okay, so we haven't reached that section yet?

**Christine Sewell:** We've not reached that section yet, no.

**P. Bevan-Baker:** Okay. I'm good for this section.

Thanks, Chair.

**Chair:** The hon. Member from Charlottetown-Victoria Park, do you have another question? Because I cut you off.

**K. Bernard:** I do, I have one more question, and it's just following up on what you said you would bring back in terms of Homewood. I'm wondering if you could also provide us with a breakdown of the number of applications that you would get versus what is covered.

**Christine Sewell:** I'm not sure. I will certainly look into it, but I'm not sure what information or data we might have around that.

**K. Bernard:** Okay, thank you.

**Chair:** Shall the section carry? Carried.

Total Medical Affairs: 313,355,600

Shall it carry? Carried.

## Hospital Services

## Acute Care Hospitals

“Appropriations provided for the delivery of a wide range of programs and services for QEH and PCH including: Emergency Department and Outpatients, Surgical Services, Ambulatory Care, the PEI Cancer Treatment Centre, and Inpatient Services.” Administration: 4,478,300. Equipment: 282,500. Materials, Supplies, and Services: 65,766,200. Professional Services: 18,891,900. Salaries: 195,990,600. Travel and Training: 481,100. Grants: 843,500.

Total Acute Care Hospitals: 286,734,100

The hon. Leader of the Opposition.

**Hon. H. Perry:** Thank you, Chair.

So, the corrected information that we received showed two lines that were changed: materials, supplies, and services; and professional services. What was the reason for that?

**Christine Sewell:** We had budgeted \$8.5 million for agency staffing, but in our system, when we coded it, it pulled into the materials and supplies line instead of the professional services line. So, the correction that we’ve done is to move that \$8.5 million for the budget that’s been allocated for the agency staffing from materials and supplies to professional services.

**Hon. H. Perry:** So, your total acute care didn’t change...

**Christine Sewell:** That is correct.

**Hon. H. Perry:** ...because you just pulled from one to another? I’m just trying to figure that out because the numbers – you have 65 and 18; I guess that’s.... I’m doing the quick math. That wouldn’t change your bottom line. So, I was just asking that question for....

**Christine Sewell:** It did not change the bottom line. It was just an error where it had been pulled and reported –

**Hon. H. Perry:** Right, you pulled out of one and put it in the other.

[1:40 p.m.]

**Christine Sewell:** And it was never our intention to have it in materials and supplies. We

budgeted it for the agency staffing, but we hadn’t noticed that at the time that the initial budget was prepared. So, it was just an error in our system that it got reported in the wrong line.

**Hon. H. Perry:** Okay, perfect. I’m fine.

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

**K. Bernard:** Thank you, Chair.

How much budget was allocated for planning the new private surgical clinics initiative that was referenced in the throne speech?

**Christine Sewell:** For planning?

**K. Bernard:** Pardon me?

**Christine Sewell:** My apologies. For planning?

**K. Bernard:** Yeah.

**Christine Sewell:** I have the cost of the vision centre, but apologies, I don’t have – can you give me a little bit more detail on what...?

**K. Bernard:** In the throne speech, one of government’s commitments was planning a new private surgical clinic initiative. So, I’m just wondering if there’s money in the budget for that.

**Christine Sewell:** I would – let me –

**Hon. C. Deagle:** Sorry. I don’t believe so.

**Christine Sewell:** No, I don’t believe it was additional for the plan. Certainly, anything that is awarded through the RFP would require – but our internal planning to put that out, I don’t think, would have required –

**Hon. C. Deagle:** Yeah, which would take some time anyway. It would have to be built, so....

**K. Bernard:** And has Health PEI completed a cost-benefit analysis on private surgical clinics versus expanding public clinics?

**Christine Sewell:** I don’t have that with me. I’d have to look for you.

**K. Bernard:** Okay. I’m moving over to professional services and I’m looking at the nursing line, the travel nurses. This year we spent \$24,610,600 when we had only budgeted

\$85,000, and now this year we've only budgeted \$290,600. I know that one of government's plans was to work on better forecasting. Do you honestly believe that you're only going to spend that much?

**Christine Sewell:** That is the correction of that \$8.5 million. There's no correction done in the big book, but the tabled pages that corrected that would have, then, the budget that you would look at; \$8.5 million is what we have budgeted there. That correction would be in professional services. It's budgeted for agency staffing. You won't see it in your original big book. You will see the change in the professional contract line in the bolded pages.

**K. Bernard:** So, then, does that mean – sorry, I'm just looking at the two differences there – budgeting roughly \$8,500,000 for travel nurses?

**Christine Sewell:** Yeah, \$8,500,000 for travel staff, agency staffing, yeah.

**K. Bernard:** And this year we spent \$24 million. So, \$8,500,000 is what we're spending on travel nurses this year?

**Christine Sewell:** That's the budget that we've allocated. As you noted in the '25-26, we've not historically budgeted for the agency staffing. We did see the use increase, and we know that the cost is at a premium, and then we know that we had some overcapacity as well, so where we were trending down in our usage, we started to trend up. So, we have allocated a budget for the agency staffing this year, and then do have plans to now resume winding down and minimizing usage of agency staffing in the upcoming year.

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

**P. Bevan-Baker:** Thanks, Chair. Again, I will carry on from where Charlottetown-Victoria Park left off.

That \$8.5 million represents just a third of the budget that we used last year. I know the minister has said how crucial agency nurses are to keeping certain aspects of the medical system going, and I'm not going to dispute that. It just seems incredibly optimistic to imagine that two-thirds of the services that they provide are suddenly going to be rectified.

[1:45 p.m.]

I'm looking for, I guess, rather than you saying, "Yeah, that's what we anticipate," but what – maybe the minister would be a bit better to answer this: How can we justify that level of optimism?

**Christine Sewell:** There are a few pieces – and certainly, if you want to add, minister, but maybe internally, from an operational perspective, I'll talk about what we're doing.

We're working to reduce the reliance with enhancing internal mobility, centrally managing the agency staff contracts, implementing non-solicitation clauses, and then aligning our practices with national practices. Then the other component that's really important is obviously recruitment, so we've been extending the offers for the new grads.

There is a bit of time where you'll have agency staffing while the new grads are training on site, then they'll begin filling in some of the positions.

The other piece I might mention is that compensation and incentives are also some things that tend to get addressed through bargaining. I can't speak too much more through bargaining, though, because the collective agreement is under bargaining. But compensation, retention, recruitment, and then with ours, the mobility of our workforce, are the strategies to reduce that.

**Hon. C. Deagle:** And I guess, to be honest, if more money would be needed for agency staffing, we'd have to go to Treasury Board and go through that process. There's really no – I'm just going to be bluntly honest. I'm not going to try and spin it.

**P. Bevan-Baker:** Thanks. I appreciate your candor, minister, on that. I fully anticipate we will have to see a special warrant here again and –

**Hon. C. Deagle:** There is another section, I believe, that has \$10 million or so for agency staffing, but Christine can answer that.

**Christine Sewell:** Yeah, if I may, minister. We have the agency staffing that we use in acute care hospitals, where we've budgeted here, then we also incur agency staffing in long-term care facilities and in community hospitals. So, as we go through each of those sections, you'll see that

there is a portion of agency staffing budgeted in those areas as well.

**P. Bevan-Baker:** I realize we're talking about different sections now, but just to clarify that, the \$10 million you said that we may find elsewhere in this budget – if you add all of those together, perhaps we get closer to the \$24 million that we spent last year?

**Christine Sewell:** In totality, our budget that we've allocated to the agency staffing is \$16.5 million across all of those areas.

**P. Bevan-Baker:** All of them, okay. I'm wondering if you have a list there of the actual agencies that we use that provide travel nurses to Prince Edward Island.

**Christine Sewell:** I have a listing of the staffing, but I don't believe I have the contracted entities. I'd have to bring that one back.

**P. Bevan-Baker:** I would absolutely appreciate that coming back.

I know the minister spoke a week or two ago about the potential of creating a regional system of provision of travel nurses or agency nurses. I'm just wondering whether there's any budget here allocated to the establishment of that, or even the discussions between PEI and our neighbours here in the Maritimes.

**Hon. C. Deagle:** No.

**P. Bevan-Baker:** No. So, do I assume that initiative is not going to go forward then?

**Hon. C. Deagle:** It would just be in the very early stages right now, discussions that wouldn't require any budget.

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

**K. Bernard:** Thank you, Chair.

Under Purchased Services – General, there's a \$4 million spend. What's that for?

**Christine Sewell:** That is the PEI Vision Surgical Centre.

**K. Bernard:** Is that new? I don't know what that is.

**Christine Sewell:** That is a contract to provide eye surgeries at the vision centre.

**K. Bernard:** And that's not the same thing as the cataract...?

**Christine Sewell:** Yes, it is.

**K. Bernard:** It is? Okay. So, we use Bed Bath and Beyond, or whatever, the old building. I know that they had to stop doing appointments because they had run out of money. If my memory serves me correctly, this was the same amount they were given last time – which I guess that would tell me, wouldn't it?

[1:50 p.m.]

Has that gone up? As I look for it.

**Christine Sewell:** We've not made any amendments to the contract, but as of April 1, the new year of the contract carried over, so operations have resumed as normal.

**K. Bernard:** I guess I would just hate to see us kind of have the same thing happen again if we're not budgeting them with what they need. I guess I just put a plug in there that I hope that that's kind of an open discussion because it's kind of pointless to have it if it's not able to operate.

The consulting fees – only \$26,900 was budgeted, but \$354,200 was spent. Can you tell us what work that funded?

**Christine Sewell:** There was the executive search for the chief operating officer, and then recruitment for interim executive services, and a chief communication officer in there as well.

**K. Bernard:** Under the Purchased Service – Physiotherapy, that one was overspent by more than \$65,000. Was that funding to a specific physiotherapy clinic?

**Christine Sewell:** I don't have a vendor detail. I'd have to get it for you.

**K. Bernard:** We've underbudgeted this line for the last few years, so why again would we only be budgeting \$3,200 when we know it's going to be higher?

**Christine Sewell:** If I may, when I bring the vendor – I don't have the historical information;

I only have '24-25. So, if I could look at the history and what's going on as part of that....

**K. Bernard:** Okay, thank you.

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

**P. Bevan-Baker:** Thank you.

I'm looking at the out-of-province travel support program. I see that we spent more than double what was budgeted last year. Can you tell me what that is actually – is that Hope Air?

**Christine Sewell:** It is Hope Air. In the '25-26 year, we had the MRIs that were being performed off-Island, so with the MRI travel, there was an increase in the usage of Hope Air.

**P. Bevan-Baker:** I see we're back down to pretty much what we estimated for last year. Is that because we will no longer be using that off-Island MRI, if that was responsible for the increase?

**Christine Sewell:** That contract has expired. It ended on March 31<sup>st</sup>. That's correct.

**P. Bevan-Baker:** I mentioned – I think I asked about it in the previous section; you said it's in diagnostics – the MRI clinic.

**Christine Sewell:** Yeah, the MRI piece is still coming up under provincial clinical services.

**P. Bevan-Baker:** Okay, would you prefer I hold my questions on that until then?

**Christine Sewell:** Yeah.

**P. Bevan-Baker:** Okay. There's a vascular service agreement; it was unbudgeted, but almost three-quarters of a million was spent. I'm wondering if you could explain that.

**Christine Sewell:** Apologies; under the professional services?

**P. Bevan-Baker:** I think so. I'm sorry; I'm trying to find it myself here. It's just a note that I have.

Oh, yeah, it's the very top line, actually, in the big book. There was nothing budgeted last year. What I have is grants for vascular services agreement, and then \$716,000 last year, but we're back down to almost nothing again this

year. I'm just wondering – what, was that a particularly complex case, or...?

**Christine Sewell:** That was vascular clinic renovations and equipment; so, one-time expenditures.

**P. Bevan-Baker:** I'm sorry, I missed the last word. It was a vascular clinic?

**Christine Sewell:** Vascular clinic renovations and equipment.

**P. Bevan-Baker:** Alright, thank you.

There's an increase in salaries here of about \$20 million. I'm wondering what portion of that goes to frontline staff versus administration. Is that also just the result of the collective agreement? That would be a part of it, I assume.

[1:55 p.m.]

**Christine Sewell:** Yes, it is the collective agreement. Yeah, collective agreement and premiums. I know we have, obviously, the positions listed in the big book, but I don't have a breakdown for how many would be in a union. I do have on average how many of our staff would be – if you'll give me one moment. On average, 89.4 percent of our FTEs are union.

**P. Bevan-Baker:** Okay. I appreciate that, thank you.

I have no further questions on this section, Chair.

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

**G. McNeilly:** Thank you very much.

I was listening to the professional services. I understand what's happening for years of watching the underspends and I get that. I hope we can get to a point where we are decreasing our reliance on agency staff, but I'm seeing it expand to other things like the colleague from Victoria Park just mentioned, physiotherapy – \$70,000 – how many physiotherapists did we have to get for our acute hospitals in from outside of the areas?

**Christine Sewell:** On our agency staffing listing, I have one allied health OT and four RT for a total of five allied health in the agency staffing.

**G. McNeilly:** It doesn't sound like much, but we don't need – we should have physios enough to be in our hospitals. I'm worried about that number, as well as pharmacists, purchase services, pharmacists' services; that's new. We're having trouble with our staffing levels of pharmacists in our hospitals, is that correct? If we're having to a purchase service for pharmacists, that would be a....

**Christine Sewell:** I just want to confirm what that might be running (Indistinct) to because it's not part of the agency staffing contracts. I just want to confirm to see if I have additional detail on.... I don't have additional detail, but I can bring it back.

**G. McNeilly:** Okay, just bring them back, for sure.

On here, miscellaneous professional services, miscellaneous is a funny word to use. Is that travel RCWs or are travel RCWs at all used in our acute care hospitals? What would be the miscellaneous professional services? I'm just trying to put a couple of questions into one?

**Christine Sewell:** I do have, on our agency staffing list, six RCW-PCW in nursing long-term care, yeah.

**G. McNeilly:** And if they're in the long-term care, that would be in the long-term care section, I think.

**Christine Sewell:** I believe it would be, yeah.

**G. McNeilly:** So maybe just bring back the miscellaneous professional services, if we can. And then professional fees, legal, we're budgeting – well, there shouldn't be much in hospitals – but we're budgeting \$70,000 for next year for professional fees legal in hospitals. Is that – just maybe what that would be. I find it funny that a legal line is in here.

**Christine Sewell:** I don't know that I have additional detail. I do note the decrease in the forecast so if that's something that we can (Indistinct) trying to come down, then we'll adjust it. But I don't think I have – no detail on the legal.

[2:00 p.m.]

**G. McNeilly:** I think I want to ask more questions, but I think I'll just leave it for now.

Thank you.

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

**C. Simpson:** Thank you, Chair.

My question is just a point of clarity. I'm wondering when we talked about the grants for out-of-province travel support, is that solely for Hope Air?

**Christine Sewell:** Yes, as far as I know, that's the only one I have listed.

**C. Simpson:** The third quarter forecast had the expenditure up but the budget is at down. Is there flexibility within the budget if it's needed more or will that be expanded service? Is there flexibility if there's more need for that, I guess, or would it just be cut off?

**Christine Sewell:** If it's required, it will be utilized. You see that in the '25-26 forecast. But that increase really was related to the MRIs off-Island. With the increased travel off-Island to receive the MRI, we saw that increase in the usage of the out-of-province travel support. With that contract ending on March 31<sup>st</sup>, we wouldn't expect to see the same volume in the upcoming year, which is why the budget has gone back down to its base amount.

**C. Simpson:** Has the criteria for people to be able to utilize Hope Air – in other words, whatever criteria it is to select and who gets the service and who doesn't – has that changed in any way.

**Christine Sewell:** I believe that Hope Air might manage their own eligibility criteria based on your income and your number dependence and how much you're traveling. Our budget and what we have provided is no change; there's not any change in funding, criteria, or eligibility from our perspective but I wouldn't be able to speak to if Hope Air had made any changes to their.

**C. Simpson:** Okay. I'm good, Chair.

Thank you.

**Chair:** Shall the section carry? Carried.

Before we move on to page 107, Community Hospitals, I'm going to call just a brief recess.

[The Committee recessed from 2:02 p.m. to 2:06 p.m.]

**Chair:** Okay, continuing on page 107.

#### Community Hospitals

“Appropriations provided for the service delivery and program needs for Western, O’Leary, Souris, and KCMH community hospitals to deliver a variety of medical hospital services including short-term acute care, outpatient and emergency services, convalescent/rehabilitative, palliative, and respite care.” Administration: 853,100. Equipment: 99,100. Materials, Supplies, and Services: 6,341,300. Professional Services: 5,594,700. Salaries: 30,940,500. Travel and Training: 108,400.

Total Community Hospitals: 43,937,100

The hon. Member from O’Leary-Inverness.

**R. Henderson:** Thanks, Chair.

I have a few questions on this section pertaining to the O’Leary hospital; the Community Hospital O’Leary is the official title.

I commend the previous minister, Minister McLane. We had a meeting with him, I think I’m going to say December of last year, and he toured the hospital and seemed to be quite impressed, but I’m sure they say that all the time anyway. But anyway, the issue – shortly after he left, ambulatory care was stopped or shut down, that service in O’Leary. I’m just wondering: Has it been reinstated? Is there an intention to maintain it for the remainder of the year? And I can explain more on ambulatory care and the way it works in the west, but anyway, let’s start with O’Leary.

**Hon. C. Deagle:** I feel like you know the answer to this already.

**R. Henderson:** I do.

**Christine Sewell:** I don’t have a service level detail in the budget that would indicate that there was a reduction in this service. Was there a particular service...?

**R. Henderson:** What had happened was that the ambulatory care nurse that was in the position took another position – I think a management position, if I might add. But anyway, they

deferred all the patients going to ambulatory care to Western in Alberton.

In the past, there has been a bit of an alternation if – sometimes, if there was somebody going out on a maternity leave, they might defer people to O’Leary, as an example, depending on where they were coming from.

But it’s really an essential service at the hospital in O’Leary. It, in fact, has a higher percentage of people going to that location than they were to Western but it was very close. I’m just trying to get a sense of – because there are certainly rumours that it’s not going to be reinstated. I think that would be a tragedy and a disappointment for me as an MLA. So, I’d like to get some sense.

Minister, have you any intentions to remove ambulatory care out of O’Leary?

**Hon. C. Deagle:** It’s not something I’ve been briefed on, to be honest, but I can speak to Health PEI. I don’t know if Christine has any information on it, but I can talk to Laurae and see what the intentions are there. I’ll be honest; I’m not sure.

**R. Henderson:** Okay. I’ll go on to a couple of other questions. At least he’s not aware of it, so I guess we can say that’s good.

[2:10 p.m.]

There was an announcement a while back that they were looking at – it happened in Colville Manor – adding spaces for long-term care. There certainly were some rumours that they were going to do that in O’Leary as well. Has that happened or are there any intentions to change any of the additional – adding long-term care beds to places like the chapel in the hospital in O’Leary, or office space, or even ambulatory care space?

What’s the status of adding more long-term care beds in places that may be putting them into an overcapacity situation?

**Christine Sewell:** We were looking at options to use unconventional spaces to address the overcapacity situation. The overcapacity has been trending down, so some plans that we had that were for temporary moves, we have paused those plans to give more time to take a broader look because we don’t have quite the same level of pressure in the higher level of overcapacity

that we had. So, we have paused some of those programs where we were looking to create, and now we can do a re-evaluation.

**R. Henderson:** I appreciate that because I have, too, heard that it was paused. They certainly were looking at different options at Community Hospital O'Leary regarding that. I think I understand that they've basically filled the respite beds with permanent residents. I can live with that; that's not – although I do think respite is a valuable service.

Anyway, I just would like to be involved if there are any decisions that do that because like I say, it can have pretty big ramifications on the facility, and staffing, and the list goes on.

How many patients are awaiting long-term care in acute care at the hospital in O'Leary? As an example, minister, there's 13 acute care beds in that facility. They provide, as it says there, convalescent, rehabilitative, palliative, and other services. I know that you may not have a number, but just an average.

**Christine Sewell:** Between January and April, our overall alternate level of care was about 26 to 30 percent.

**R. Henderson:** Okay. I guess my other question is – there seem to be some issues around administration within the hospital in O'Leary and Western. Usually they've been sharing an administrator, but who is the administrator? Has that position actually been filled? I guess I don't need to know who, but is that position a permanent position at the moment? Is there somebody responsible for Community Hospital O'Leary for an organization like the foundation to go to? I know there's been a temporary person there; I just don't know if they're permanent or not.

**Christine Sewell:** I do have a name of an administrator listed for community hospitals west.

**R. Henderson:** Well, I'd be curious to that, yeah.

**Christine Sewell:** Apologies – I don't know if I'm allowed to....

**Hon. C. Deagle:** In here, you can say anything.

**Christine Sewell:** Can I...?

**R. Henderson:** Fine by me.

**Christine Sewell:** Is that okay if I say the name and then you...?

**R. Henderson:** You can spell it, maybe.

[Laughter]

**Hon. C. Deagle:** I think you're probably fine.

**Christine Sewell:** Is it okay? I have Cheryl Banks as the administrator for community hospitals west.

**R. Henderson:** I'm not so sure she's there, but anyway, that was my point, I guess. I was kind of wondering if she's still there in that position or whether it's a temporary position. But anyway, I do know her quite well, actually.

My final question, I guess, is on professional services. You took quite a drop, from \$8.9 million to \$5.5 million. Is that for travel nurses that were in, say, Western and Community Hospital O'Leary because there are travel nurses in both of those locations?

**Christine Sewell:** That is correct. It's related to the agency staffing.

**R. Henderson:** Okay. I'm assuming you're anticipating a lot less travel nurses, then, this time around?

**Christine Sewell:** Yes, we are anticipating reducing the usage on the travel nursing.

**R. Henderson:** I guess a follow-up to that would be: What would be the difference and why you're expecting less? Was there something happen that says you're going to get less travel nurses in community hospitals this coming year?

**Christine Sewell:** We are working on the recruitment. We have a number of new graduates that have accepted positions. We're working on recruitment, working on retention, working on some of the flexibility for our workforce – those are the driving factors behind our....

**R. Henderson:** I hope you're successful.

Thanks.

**Chair:** The hon. Leader of the Third Party.

**M. MacFarlane:** Thank you, Chair.

[2:15 p.m.]

I know we heard the same thing last year – that we were going to use travel nurses less – and the exact opposite ultimately happened, but I see.... And I don't know what steps are being taken to reduce, but you did say some, Christine.

But if I'm looking at the budget big book right, there's \$4 million for Purchased Service – Nursing. That's the agency nurses that we're talking about? Do we know what community hospitals are primarily needing the agency nurses – where they're going? Or if it's easier to break it up on a dollar spend as to what hospitals are getting the money for the....

**Christine Sewell:** Yeah, it might be easier for me to share the listing because I don't want to read a bunch of numbers off for you, but we have them and we can provide them.

**M. MacFarlane:** Okay, that's fine. I'll wait for that to come around.

Another chronically underbudgeted line that seems to take more money is the telemedicine line, where only \$21,300 was budgeted but it looks like we could be \$471,000, and then we're back to budgeting for \$23,300. Can you explain that one, please?

**Christine Sewell:** I have that that is Maple Corporation, monthly fees for the software licensing at Western Hospital.

**Chair:** The hon. Leader of the Third Party.

**M. MacFarlane:** That was for Western Hospital? Specifically Maple for Western Hospital?

**Christine Sewell:** Specifically Maple for Western is what I have. I don't have additional detail, so I can provide – but you're interested in the telemedicine and the historical actuals? You're interested in understanding how it's trended every year?

**M. MacFarlane:** Well, it does seem to be overspent every year, and only budgeted at \$21,300, and to see it come in at almost half a million, and it's for the Maple service for one hospital.... Why are there not other community hospitals included in that Maple telemedicine program?

**Christine Sewell:** I'll provide the details for you.

**M. MacFarlane:** Okay. Then the other line – just keeping going down for ease of reference – the physiotherapy line also seems to have regular underbudgeting based on the spend that comes in; we're at a quarter of a million dollars, but yet we're only budgeting \$4,000.

How come the physiotherapy line gets so out of whack?

**Christine Sewell:** The note that I have is that this is multiple patients requiring the physio at KCMH.

**M. MacFarlane:** I guess my final point I'll make on it is just historically we come in well over the budget on it. So, if you can bring back information to show – I don't know; if you could explain it.

**Christine Sewell:** Happy to. Thank you.

**M. MacFarlane:** Okay. Thank you.

**Chair:** The hon. Leader of the Opposition.

**Hon. H. Perry:** Thank you very much, Chair.

Can you tell me, for Western Hospital, what you have for a bed count and what the utilization of those beds are?

**Christine Sewell:** I have the bed count. I may not have occupancy.

[2:20 p.m.]

My apologies; can I bring that back for you? I'm just having a difficult time finding it.

**Hon. H. Perry:** Sure. The reason why I'm asking is in the past there's been a discrepancy with what the hospital has and what was on the government webpage, so I'm just wondering if it's accurate today, which is 25 total – 23 medical and 2 palliative.

**Christine Sewell:** I found the information I have at Western. I have 23 acute, 2 palliative; 25 total beds at Western as of February 2026.

**Hon. H. Perry:** Were those palliative – are they being used for that purpose, or are they being used for long-term care or for other patients other than palliative?

**Christine Sewell:** I don't have occupancy, but I can check.

**Hon. H. Perry:** If you could, get that and bring it back.

What's the vacancy rate for RNs at Western?

**Christine Sewell:** I do have that. As of January 21<sup>st</sup>, 2026, the Western Hospital ED had a 41 percent RN vacancy rate, which was 2.6 out of 6.3 full-time equivalents. The inpatient unit had a 94 percent RN vacancy rate, which was 5.9 FTE and two temporary vacancies.

**Hon. H. Perry:** So, recently, it was mentioned multiple times in this House the grads from the UPEI School of Nursing – the majority of them had signed on. How many of those – because I know there's probably five at least from my district. How many have signed on to Western?

**Christine Sewell:** I have total numbers. I don't have facility specific. I'd have to get that for you.

**Hon. H. Perry:** You have total numbers of...

**Christine Sewell:** The numbers of expressions of interest that have been issued and then accepted, but not by site. So, I'd have to get you the site specific.

There was a matching that was done with the intention of minimizing the agency staffing and matching new grads to those positions specifically, so I can check Western for you.

**Hon. H. Perry:** Okay. Thank you.

**Chair:** The hon. Leader of the Third Party.

**M. MacFarlane:** Thank you.

Is there money in the budget to plan for the replacement of the Kings County Memorial Hospital? I know it's capital, but for planning purposes.

**Christine Sewell:** It is capital on that side. The planning is under way. The planning dollars are in the capital plan, yes.

**M. MacFarlane:** Just quickly, continuing the trend of what I see is underbudgeting, then we spend more and then go back to budgeting for the reduced amount – just the snow and grass line. We were up to \$200,000 last year on snow

and grass, and then we're budgeting back to about \$128,000. What would be the thinking behind – with fuel prices increasing, I'm sure the contractors are increasing their prices. Why would we reduce that spend back by \$75,000?

**Christine Sewell:** We typically have our base budget, and then we apply cost of living – so, a standard inflationary rate. You're correct that often the inflationary pressure that we see on our inputs are higher than a standard CPI rate, so I think you've identified a good one for us to look at where we have multiple years of trending to make those adjustments.

**M. MacFarlane:** I appreciate that because it would make for more accurate budgeting, it would seem, when we see a trend of what the spend is.

The Island EMS collaborative emergency paramedic service line.... Is that – so, nothing was spent. Again, is that not proceeding or not going ahead, that initiative?

**Christine Sewell:** I don't have any detail on why that expenditure didn't occur in '25-26, but it is budgeted for going forward despite the lack of expenditure. I don't know if I have anything specific on that. I don't have further details on that line.

**M. MacFarlane:** Is that something the department could send back, or the second could provide more information on?

**Christine Sewell:** Yes. Yeah, we can provide information on why the expense didn't occur.

**Chair:** Shall the section carry? Carried.

[2:25 p.m.]

Provincial Clinic Services

“Appropriations provided for the delivery of diagnostic imaging, laboratory, and pharmacy services in PEI hospitals.” Administration: 892,400. Equipment: 71,100. Materials, Supplies, and Services: 17,944,200. Professional Services: 5,633,500. Salaries: 43,848,600. Travel and Training: 208,200.

Total Provincial Clinical Services: 68,598,000.

The hon. Member from Charlottetown-West  
Royalty.

**G. McNeilly:** Is this the total – the purchase service DIFFICULT – that would be the diagnostic imaging, the Moncton services, correct? Is that the total of that \$3.1 million?

**Christine Sewell:** That is correct.

**G. McNeilly:** Are we entering in – I see we're forecasting \$2.9 million – we're entering in to another full year of services with the Moncton MRI facility?

**Christine Sewell:** We've not entered into any additional contract at this point but we do have the funding available to address the service needs that might be required for MRI and MRI wait times.

**G. McNeilly:** Has Health PEI entered into any arrangement with the Summerside MRI facility?

**Christine Sewell:** We do not currently have any active agreement.

**G. McNeilly:** You're just putting the money there just in case. Did we get caught up enough? Do we have enough capacity in-house because we are spending, on this line, we are spending \$68 million for this and other services? I guess my question is are we fully staffed in in-house services for diagnostic imaging in Prince Edward Island?

**Christine Sewell:** We are nearly fully staffed specifically for the MRI component. Your question was – we have budget in case we require the service and we can enter into the contract. We've not entirely caught up on wait list so we have that flexibility there to enter into contract if we need.

But, yes, we have been staffing up. That workforce is a key component. We have two new MRI technologists starting this year, and I believe there's another one coming on as well, so we'll be fully staffed on the MRI front.

**G. McNeilly:** I just don't know why. If we're looking at purchase agreements with nurses and we're always budgeting low with travel nurses and agency nurses, it would seem that we're budgeting high on a diagnostic imaging service that we're saying that we're not going to use. I just don't see – there's a dichotomy there I'm fully understanding. Why are we keeping it at \$3 million? It just –

**Christine Sewell:** I wouldn't say not that we wouldn't use but that we don't have any big active contracts right now to use that, and that we have those funds to make sure we're managing. We have a single MRI that we're operating and, again, workforce is a key component. We've made strides but in the event that we do require additional capacity to manage that, that it's.... Our forecast last year exceeded the budget that we had in place as well.

**G. McNeilly:** Okay. Thanks, Christine.

**Chair:** The hon. Leader of the Third Party.

**M. MacFarlane:** I heard Christine say that there's no contract with Moncton and no contract with Summerside. I think there's a new MRI, maybe, coming online in Charlottetown. Is there any contract with that facility?

**Christine Sewell:** There is not. It's not open not or operational yet as far as I know.

**M. MacFarlane:** The arrangement we have with Moncton, is there a penalty provision that if there's 90 percent or more missed appointments, do we have to pay for Islanders who don't make their appointment – do we still pay for those?

[2:30 p.m.]

**Christine Sewell:** We do pay for Islanders who miss their appointment. The number is low; I don't think I have it in my book, but we could provide the numbers. But we do pay within the contract because it's a business that is staffed and has scheduled and is prepared to receive them. When our patients don't show, we do still – they incur a cost for that; we fund it.

**M. MacFarlane:** I'd be interested if that information could come back. It's important if we're paying for a service that's not being delivered for whatever reason it might be, I think.

What lab services do we not provide internally because that's a big number, too. We're budgeting \$2.3 million.

**Christine Sewell:** I do have detail on that. Those are lab tests that we can't perform within the province. Some examples are genetic testing, newborn screening, pre-natal screening – those are specialized tests that only a major laboratory like the national microbiology lab can perform. We purchase those services.

**M. MacFarlane:** Yeah, it's still a big enough number, though, isn't it – \$2.3 million? I have no idea what it would cost for us to be able to move in the direction of being able to do those, but I'm sure the department is looking at it to see whether it's cost effective at some point or not, given the amount of money we're spending on it.

What about the line from Materials and Services? What's the biggest component of that \$18 million budgeted line.

**Christine Sewell:** On the Materials and Services, we have lab and medical supplies and drugs, general lab supplies for pharmacy, radioactive isotopes. But drugs would be a high cost in there.

**M. MacFarlane:** You mentioned isotopes. That would be a big expense, I'm sure, but this doesn't cover drugs. The section say pharmacy services, but it doesn't cover anything drug-related.

**Christine Sewell:** Let me get my details on our drug program. Our provincial pharmacy services that are in this line coordinate procurement, storing and preparing compounding, distribution and dispensing of medications in our acute care facilities, long-term care, community hospitals, accounts or treatment centre, Hillsborough Hospital. It's patient-specific medications provided to approximately 500 hospital in-patients daily and 600 long-term care residents across PEI.

**M. MacFarlane:** Okay, thank you for that.

**Chair:** Shall the section carry? Carried.

Total Hospital Services: 399,269,200

Shall it carry? Carried.

Community Health and Seniors Care

Primary Health Care and Chronic Disease Management

“Appropriations provided for general administration of the division and the delivery of programs including: program development, Integrated Chronic Disease Prevention and Management, Organized Stroke Care, and operations of the provincially-owned health centres.” Administration: 1,774,700. Equipment: 198,200. Materials, Supplies, and Services:

2,384,100. Professional Services: 5,741,100. Salaries: 47,445,200. Travel and Training: 265,200.

Total Primary Health Care and Chronic Disease Management : 57,808,500

The hon. Member from Charlottetown-West  
Royalty.

**G. McNeilly:** Thank you, Chair.

Just on salaries, you had about a \$4 million underspend on salaries. Just maybe looking for general information on that.

**Christine Sewell:** There were delays in hiring and vacancies. We had 111 FTE vacancies, medical secretaries, nurse practitioners, LPNs, RNs, and physio.

[2:35 p.m.]

**G. McNeilly:** Oh, that's got to be quite a few. I guess before I've asked about breakdowns of that, but where is – I would fully expect to see, if that was the case, your purchase services in this section be higher if we're so under, but I only see a few little things in there. If we don't have those staff, what is it saying to the other staff? That's why people are burning out and I'm just worried about that. Where are their major concerns? Is it LPNs/RNs right now?

**Christine Sewell:** So, from those, the volume, 33 medical secretaries, 21 nurse practitioners, nine LPN, 5.9 RN, 7.5 SW, and 5.6 physio. So, the highest proportion of those FTEs was in the medical secretary, followed by NP. So, recruitment of NPs has been positive recently.

**G. McNeilly:** Okay, and I didn't expect to ask about medical secretary; it seems like a tough position to recruit into. That's probably putting a lot of work on actually, people like the other ones that are still there. Why are we seeing such a difficult ability to recruit medical secretaries into Health PEI?

**Christine Sewell:** I don't know the specifics on what the educational requirements might be or the barriers to recruiting them. They're under active recruitment of course, and we hope to see the successes there, but I'm not sure if it's educational or an experience criteria.

**G. McNeilly:** Yeah, and then looking at your Professional Services line, you'd budgeted for

almost \$10 million, you only spent \$3 million. Why was there such a big underspend there? And the Professional Services are going back up to \$5 million, splitting what it was last year.

So, what was the underspend for? I'll just ask that question.

**Christine Sewell:** The largest underspend there was related to the virtual care project.

**Chair:** The hon. Member from Charlottetown-West Royalty, I'll put you back on the list after this question.

**G. McNeilly:** Okay. So, the virtual care is not being utilized as efficiently; why are we underspending so much money on virtual care? Is it that we just put more money, so we know it's there?

**Christine Sewell:** We had a large budget for the virtual care. We didn't end up spending it in '25-26. We are working on a virtual care strategy that will make sure it's integrated with our PMHs – our patient medical homes – make sure services aren't being duplicated and delivered efficiently. So, while we're developing the virtual care strategy, then for the next year we're not anticipating seeing that large increase in the expenditure until we have that in and we're moving forward. So, work's underway on the strategy though.

**G. McNeilly:** Okay, thank you.

**Chair:** The hon. Leader of the Third Party.

**M. MacFarlane:** So, this section includes operations of the provincially owned health centres. What would they be? What are the provincially owned health centres? I don't need a list of all of them, just an example.

**Christine Sewell:** It would be the PMHs, the patient medical homes are provincially owned health services centres.

**M. MacFarlane:** (Indistinct).

**Christine Sewell:** Patient medical homes in the primary care.

**M. MacFarlane:** Oh, okay. So, does this section promote the expansion of new patient medical homes throughout the province? Or where would we see allocation for standing of new

patient medical homes? I understand some of that could be capital as well.

**Christine Sewell:** You're right, so the budget has support for our 18 active patient medical homes. There are nine patient medical home new builds or expansions in progress through capital plans primarily.

[2:40 p.m.]

**M. MacFarlane:** Yeah, so nine that are currently being expanded or new builds. I'm trying to think in my head...as far as an expansion of an existing patient medical home, I know the South Shore clinic, I think, was recently expanded. Is the Hunter River, Central Queens medical home being expanded on that list?

**Christine Sewell:** I have on the list for upcoming projects for patient medical homes, I have Summerside CHC, Gulf Shore, Charlottetown Royalty Mall, Cornwall, The Mount, Central Queens, Hillsborough, Kensington, and Three Rivers CHC.

**M. MacFarlane:** Are there dollar amounts attached to each of those homes as well?

**Christine Sewell:** I believe the dollars for the expansion are all in the capital plan.

**M. MacFarlane:** What's the fee-for-service optometry? Maybe I'll just ask that question: What is the fee-for-service regular pay optometry cover? Sorry to make you bounce around.

**Christine Sewell:** On the big book?

**M. MacFarlane:** Yeah, HPEI 4. It was overspent for the second year in a row. Again, it's one of those instances where we don't always budget what the spend usually is.

**Christine Sewell:** I'm sorry, could you repeat the amount?

**M. MacFarlane:** I'm seeing that there was a budgeted amount of \$305,000 but the forecasted spend is actually more than twice that at \$654,000. I guess I'm wondering what is included in fee-for-service optometry.

**Christine Sewell:** May I take that one away? I'm just having a difficult time finding it, my apologies.

**M. MacFarlane:** Yeah, that's fine. It's taking too much time.

**Christine Sewell:** We have it on the record so I know the question.

**M. MacFarlane:** Okay, thank you.

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

**G. McNeilly:** If we have 111 FTEs that are vacant, doctors aren't included in this, correct, because they're in the other section?

**Christine Sewell:** Correct.

**G. McNeilly:** So that wouldn't include the doctor numbers. It's various. In the KPMG report, they said they were only operating at 47 percent capacity. Can you tell me in general how – are we still at 47 percent capacity for our medical homes across the province or did that number go up?

**Christine Sewell:** Some of them would have gone up. I have a listing of the core team that's filled for all 18 of them but maybe we could table that unless there was a specific one you have because I have the core team filled percentage. Some of them have gone up and are at 100 percent but some of them are not. I could table that for you.

**G. McNeilly:** I would have asked about the university one but I'll just take the tabled documents would be fantastic.

I do want to ask about the organized stroke care. How are we doing staffing-wise with our stroke – would that be the stroke unit or is that the program outside to manage and assist people with their components to getting back to living after suffering a stroke? Sorry to make you change.

**Christine Sewell:** I have information on the stroke program. I just don't know that it's in this section. It's under the chronic disease prevention. We're on the primary health. My apologies, I did find it.

**G. McNeilly:** You're doing good; I couldn't do it. Probably your minister couldn't either. Oh, I'm sorry.

**Hon. C. Deagle:** You'll never have to worry (Indistinct).

**G. McNeilly:** Well, keep it up there.

[2:45 p.m.]

**Christine Sewell:** I have that we have the stroke coordinator and I have information on the program but if you were looking for specific staffing numbers and vacancies, I don't have that so I'd have to bring that back.

**G. McNeilly:** That's okay. Is there anything there about the colorectal cancer screening moving to 45?

**Christine Sewell:** Yes. So, we have made that change. It is funded in the budget.

**G. McNeilly:** Perfect. Is there any dollar amount that that will cost?

**Christine Sewell:** It's quite low amount, actually, I think. It was quite a low incremental amount.

**G. McNeilly:** \$250,000?

**Christine Sewell:** No, like tens of thousands of dollars difference.

**G. McNeilly:** Good, excellent. Maybe we can Table that information, I just find that it's a good new announcement. I think it's good for PEI, and anytime we get a chance to tell people to make sure you get screened is a good thing in here.

So, thank you very much. That's it for me.

**Chair:** The hon. Leader of the Third Party, do you have more questions?

**M. MacFarlane:** No.

**Chair:** Okay. Shall this section carry? Carried.

Public Health and Children's Developmental Services

“Appropriations provided for leadership, management, program development, and service delivery of Public Health Nursing, Family Nutrition, Speech Language Pathology, Audiology, and the Pediatric Psychology Unit. This section also provides leadership and coordination of services to children with complex needs.” Administration: 276,100. Equipment: 18,600. Materials, Supplies, and Services: 424,000. Professional Services:

161,300. Salaries: 13,928,200. Travel and Training: 191,800. Grants: 60,000.

Total Public Health and Children's Developmental Services: 15,060,000.

Questions? It's a bit of a draw.

The hon. Member from Charlottetown-West Royalty.

**G. McNeilly:** Just wondering about the pediatrics psychology unit and the discussions we've had over the last couple weeks about the planning of that. Is that fully staffed, and what is the move for that and when is it happening?

**Christine Sewell:** That was the relocation of the Child and Youth Unit; it is a capital project so it's under development. I don't have a timeline for you, so I'd have to bring you the timeline of when that may complete design and construction and then open. I also don't have the vacancy rate of the staffing complement.

**G. McNeilly:** There's been multiple plans for that, so just whichever plan we're going with now, I hope the original one with going to Unit 9 or PC Unit 9 would be the most sensible one.

**Chair:** Member, we are trying to get through this as best we can. Do you have question?

**G. McNeilly:** Yeah, that's an important question there, that was more of a statement.

When we're looking at the salaries, there's an overspend on salaries. What was that for in the budget?

**Christine Sewell:** So, we did do some staffing up to address some adult vaccinations and waitlists and flu clinics and to address some of the overtime. So, that was the increase in the forecast.

**G. McNeilly:** Okay. So, then the budget is going up a little bit next year; will that cover that off? Do they expect that overtime to have to continue, or was that a one-time vaccination?

**Christine Sewell:** Yeah, we wouldn't expect the overtime to have to continue and with dealing with some of the waitlists by the staffing up then we wouldn't expect that to continue.

**G. McNeilly:** There's a purchase service therapeutics and I'm not sure what that was for,

purchase service – well, there's one – might as well answer this – purchase service therapeutics, then a purchase service general; what were each of those lines for?

[2:50 p.m.]

**Christine Sewell:** I don't have any additional details on that, so I'll have to bring that back.

**G. McNeilly:** I'll just say maybe just bring those back, and then I'd be done with this section.

Thank you.

**Chair:** The hon. Leader of the Third Party.

**M. MacFarlane:** Just on the salaries line, I heard the question asked about the overspend, but I'm sorry if I missed it on the – we're budgeting now for \$14 million for salaries, up \$12.7 million. Was that question asked in previous sets?

**Christine Sewell:** It was. There was an increase in salary expenditures in '25-26 for adult vaccinations, addressing some wait lists, running food clinics, and some overtime. We wouldn't expect the overtime to continue.

**Chair:** I'm just going to just remind us that we should listen because I think the Member from Charlottetown-West Royalty who had just asked that question.

Ask your next question, the hon. Leader of the Third Party.

**M. MacFarlane:** I don't think that was my question, though, Chair. My question was on why the \$14 million for the next fiscal year. I heard the answer as being the explanation for the overspend of the last –

**Christine Sewell:** Oh, apologies. The increase from '25-26 to '26-27 was the collective agreement bargaining.

**M. MacFarlane:** All of that increase of \$1.3 million is due to the increase in collective agreement. There are no new positions hired?

**Christine Sewell:** It's 105 FTEs in this area. No, there are no new investments in additional positions in the budget.

**M. MacFarlane:** A couple of areas here that I see in the description: speech language

pathology. I hear from some people about a shortage in that section. Is there consideration given to either adding a new position or are those positions all filled?

**Christine Sewell:** There would be no incremental more position in the budget. I don't have the vacancy rate so I'd have to bring back the vacancy rate to see if it's filled and if there's a vacancy there.

**M. MacFarlane:** Maybe if you would and a similar question with respect with pediatric psychology. That's another area that I hear, at least, where there's deficiency or there's wait times. I guess that's the question, are those positions full as well?

**Christine Sewell:** I don't have the filled data. I don't have the filled position and vacancy rate specifically on those FTEs so I'd have to take it back.

**M. MacFarlane:** I'll pick it carefully here. Are there off-Island arrangements to support any of the services provided here if there's undue wait times or insufficient staffing?

**Christine Sewell:** I'm not aware of any. If I was going to check, I'd need probably more information, but I'm not aware of anything like that in this section.

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

**K. Bernard:** Thank you, Chair.

I just have one question, maybe a couple. The 1000 First Days initiative, I know it never ever got off the ground but is that a project that government is not working on at all?

**Christine Sewell:** I don't have any information that it's in this budget. May I ask, was it in Health PEI before?

**K. Bernard:** It's been a program that I ask about every single year because it was announced but never put in. I just never give up hope that maybe it's something that's being worked on.

**Christine Sewell:** I don't have any new investments related to that in the budget.

**Chair:** Shall the section carry? Carried.

[2:55 p.m.]

#### Province Dental Programs

"Appropriations provided for services to achieve and maintain good dental health under the Provincial Dental Care Program, School Oral Health Preventative Program, Long-term Care/Community Care Preventative Dental Program, and Cleft Palate Orthodontic Treatment Funding Programs." Administration: 51,500. Equipment: 14,300. Materials, Supplies, and Services: 143,300. Professional Services: 6,127,500. Salaries: 3,133,400. Travel and Training: 50,000.

Total Provincial Dental Programs: 9,520,000

The hon. Member from New Haven-Rocky Point.

**P. Bevan-Baker:** Thanks, Chair.

My first question is regarding the open contract with the Dental Association here. Can you give us an update on where that is?

**Christine Sewell:** It is under negotiation, so I can't speak to any of the specific details. You're correct. It's open. It's being negotiated, but I can't, out of respect for the bargaining, speak to it.

**P. Bevan-Baker:** Sure. Yeah. I understand that, and I appreciate that. I'm just wondering if you have a goal – a timeline – on which you're hoping to conclude those negotiations.

**Christine Sewell:** I don't have an anticipated timeline to conclude. I know that it is.... Yeah. It has ended, and is in.

**P. Bevan-Baker:** Okay. The federal dental program came into effect in the last couple of years. I see there's a pretty substantial saving in professional services here. Is that as a result – at least in part, or totally because of the federal dental program?

**Christine Sewell:** Yes, it is.

**P. Bevan-Baker:** I don't know if you can explain how those two programs – there seems to be some overlap in who could qualify for one or the other, or both, and how those programs are married together. It seems like it's complicated.

**Christine Sewell:** It is complicated for the eligibility.

So, we have the provincial dental program which is income assessed. It's a payer of last resort, so that might be the easiest way to explain that if somebody is eligible for the federal program, they may receive their service and then the federal program would pay for that. Then, the provincial program would be that payer of last resort picking up the cost that weren't covered under the federal program.

**P. Bevan-Baker:** From a strictly budgetary process or point of view, does the money that we get – the money that is provided for the federal portion of the dental program that Islanders are accessing – does that flow through the province, or does that go straight from the federal program to the individual dental offices?

**Christine Sewell:** It's not in Health PEI's budget, so unless it's in the department's budget, as I understand, the dentists would sign up under the federal program and work through there to have their eligibility. This just covers a contract for the dentists who have signed up to provide service under the provincial program and then received their reimbursement through Health PEI.

So, this fund only covers the provincial program. It doesn't address or cover anything with the federal government.

**P. Bevan-Baker:** Looking at the savings that were realized last year, it was about \$1.5 million. I see that this year, you're anticipating it's actually going to go up more than – well, almost \$2 million actually. Can you explain why that is?

**Christine Sewell:** The increase reflects the new contract methodology and estimates.

**P. Bevan-Baker:** I appreciate that. So, obviously, there's an anticipation that the costs per unit of service are going to go up.

**Christine Sewell:** Correct.

**P. Bevan-Baker:** I understand why you cannot talk about the details of that.

There was a concern – it was probably a year ago now – that was brought to my attention of the number of dental seats at Dalhousie School and funding that used to flow through the

provincial government to the Nova Scotia provincial government and then to Dalhousie to secure those seats. Would that funding be found in this part of the budget?

**Christine Sewell:** It would not be found in this part of the budget. I am not certain if it would be found in Workforce and Advanced Learning, potentially.

**P. Bevan-Baker:** Finally, on the public, I presume the salary section here is for the public dental services. Is that correct?

**Christine Sewell:** That's correct.

[3:00 p.m.]

**P. Bevan-Baker:** Okay. There was talk – I know this would be a capital expense – of a mobile dental unit being.... Is that operational now? Is that why we have a pretty substantial salary increase?

**Christine Sewell:** It is in operation, yes. It was put in storage for very cold months and then we use portable units for the long-term care prevention. It is in operation, though, yes.

**P. Bevan-Baker:** In terms of the – well, it's used in a few facilities as I understand it, particularly the long-term care units. I'm really pleased that's there because that was a real gap in the provision of public dental services to a very needy population.

Does it go around all of the nursing homes here and retirement homes, whether they're public or private?

**Christine Sewell:** I have that it provides to vulnerable populations long-term care, community care centres, schools lacking physical space for preventative dental services, outreach centres, and shelters.

**P. Bevan-Baker:** Okay, a pretty wide range.

I don't think I have any more questions in this section.

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

**G. McNeilly:** Didn't know what that pause was all about there. Just a comment, too, I'm looking at a letter, too, for the provincial dental care plan, the PDCP, which is under here. It's from

the association. They just said they would like to maybe get back or talk a little bit more. I could read the letter but it's not bad. They just maybe encouraging whoever, the Department of –

**Chair:** Member, you've got to have a question.

**G. McNeilly:** – to get back and talk because it does relate to vulnerable Islanders. That's all I really wanted to say out of that. I appreciate it.

Thank you, Chair.

**Chair:** Shall the section carry? Carried.

**An Hon. Member:** Call the hour.

**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]

**Speaker:** The hon. Deputy Speaker.

**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.

The hon. Member from Member from  
Kensington-Malpeque.

**M. MacKay:** I move, seconded by the hon. Member from Tyne Valley-Sherbrooke, that this House adjourn until Tuesday, May 19<sup>th</sup>, at 1:00 p.m.

**Speaker:** Shall it carry? Carried.

[The Legislature adjourned until Tuesday, 19  
May 2026 at 1:00 p.m.]