

PRINCE EDWARD ISLAND LEGISLATIVE ASSEMBLY



Speaker: Hon. Colin LaVie

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Matters of Privilege and Recognition of
Guests

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you very much, Mr. Speaker. It's a pleasure to rise again. Happy Friday to everyone.

I'd like to welcome to those joining us in the gallery. I'm pretty sure there will be some words spoken later on about one of the members of the gallery. Welcome to everyone watching from District 4 Belfast-Murray River.

I'd like to congratulate the PEI School Athletic Association for winning the 2021 Premier's Award for Sports Organization of the Year. I also want to congratulate Brett Gallant, who was presented the Lieutenant Governor's Award for 2021 Sport PEI Athlete of the Year.

March 31st until April 2nd, the 2022 Canadian Folk Music Awards return to PEI to host its 17th annual awards in Charlottetown. Although performances will be live, CFMA performances will be streamed via the CFMA website, folkawards.ca – prixfolk.ca is the French website – Facebook, and the CFMA YouTube channel for free and in real time. This year, PEI has two award nominations. Alicia Toner has been nominated for a 2022 CFMA Solo Artist of the Year award and The East Pointers for the 2022 CFMA Single of the Year award. Congratulations and good luck.

And congratulations to Sharon Drake. I don't know if anyone was listening on their ride home, last night, I believe it was. She is retiring from the QEH and from her nursing career after 51 years. She has maintained her passion, she said. It was a wonderful interview. She said her whole family believed in helping others. Her mom was a war bride and her dad was a member of the Armed Forces during the war. Throughout her nursing career, she kept a curiosity, upgraded her education and the desire to learn from all her colleagues. I want to congratulate Sharon on her retirement and

hope she enjoys it. I'm sure she'll keep busy.

I'd just like to say I hope everyone enjoys the day and their weekend.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Speaker: The hon. Leader of the Opposition.

Leader of the Opposition: Thank you so much, Mr. Speaker, and welcome back to the House on a lovely Friday morning everybody. It's always a pleasure to stand up.

I want to welcome all my colleagues back to the House, and people who joined us in the gallery today: Emily Savoie, nice to see you again, Emily; and Jennifer Ebert, who is the head of the RCMP – excuse me for not knowing what the official title of that should be – but here on Prince Edward Island and shortly to move to Newfoundland to take up a new posting in St. John's. So, Jennifer, it's lovely to see you here in the House and I wish you all the best in your new posting in Newfoundland; wonderful place to be. Enjoy St. John's and the people of that great province.

I would also like to make mention of Sharon Drake, who was interviewed yesterday on CBC. What a beautiful interview that was, somebody who's devoted her whole life to working as an RCW in our health system here. She told some beautiful stories in the interview with Matt Rainnie yesterday on *Main Street*. The care that exuded from her and everything she said was so obvious and so evident. While she is enjoying her first day of retirement today, it was pretty clear to me that she will be contributing in all kinds of ways to our community, even though she won't be working as an RCW anymore. She alluded to actually coming back to volunteer immediately. She's involved in all sorts of other things.

Thank you, Sharon, for a lifetime of commitment to helping Islanders.

PEERS Alliance – before I mention the program that I'm going to specifically talk about, I was delighted to hear about the

three-year commitment that they have made with government for core funding totaling \$750,000, an enormous step forward for that community. I want to thank government for making that commitment and ensuring that PEERS Alliance has that core funding to do the critical job that they do for their community here on Prince Edward Island.

They're introducing a new initiative which starts this Monday on April 4th. They're going to be hosting a Queer Youth Drop-in in their new office located on Queen Street. That will operate on Mondays and Wednesdays and Fridays. It will create a safe place for queer Islanders youth to go in there just to be with each other, to read, to play games, just to be part of that community and know that they are in a safe place.

I know that that's been a challenge here on Prince Edward Island for generations of people in the queer community. To know that we have core funding for a group that's going to provide exactly that is really critical and, again, I want to thank government for being a huge part and contributor to that.

Recently, on CBC's *Island Morning*, they've been celebrating the many libraries across this province. Of course, there are many of them. You see them dotted around the city here, but they're also in rural areas.

In the community of Argyle Shore, small community, but there are too many libraries there. Residents exchange books and from everything I hear, the books can fly in and fly out of there. I want to thank the people who organized those little, mini libraries across the province and make access for Islanders who might not otherwise be able to read books. It's a beautiful way of the sharing community here on Prince Edward Island to see that.

And finally, the Deputy Premier made note of the Canadian Folk Music Awards which are here in Charlottetown. I've talked about this before in the House because my daughter is here as part of a group. I want to wish Kate and Dave and Sarah – Bumerang is their group – best of luck in their award category. They are here, but also tagging along with my daughter is my grandson, whom I haven't seen in a rather long time; they live in Montreal. So I want to say a

special hi to little George Doxas, who is staying with us in Bonshaw, and he's taking a break from Peppa Pig and Paw Patrol to watch the proceedings this morning and looking forward to seeing you later, George, and we'll play trains.

Thank you very much, Mr. Speaker.

Speaker: The hon. Leader of the Third Party.

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

As always, it's a pleasure to rise and welcome everyone here. I want to welcome everyone to the gallery, and I had the pleasure to meet Jennifer out in the hallway, and thank you for your services here on PEI, and wish you all the best in your new posting in Newfoundland.

As everyone has alluded to, last evening was the PEI Sport Awards, and Special Olympic PEI athlete Amber Metcalfe was presented with the Inspiration Award and I would like to congratulate her on that.

Also, I know today is April Fools' Day, and I know in the past it was quite a time to play jokes on each other, as a matter of fact, it still is a thing in my house, and I got fooled this morning. But I do remember one time, my mom was a bit of a character, my late mom, and her brother had a pig. And he went out to feed the pig one morning, and she taken some food coloring and painted the pig three different colors, but he was pretty surprised. And he said he'd get her back, I don't know if he ever did, but I know I did see the pig and it was quite a sight to see. But anyway, it can be a good time and some lighthearted jokes pulled on people as long as it doesn't get too serious.

I look forward to the Budget coming to the floor again today and seeing how many more mistakes there'll be in it.

Thank you, Mr. Speaker.

Speaker: The hon. Minister of Transportation and Infrastructure.

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

It's certainly a pleasure for me to rise today, and I certainly want to bring greetings to all the constituents in Stratford-Keppoch, District 6.

I had the immense honor of attending a very special celebration last night, it was the retirement of the general manager for the Delta Prince Edward, Mr. James Tingley. I've known James for probably a little better than 30 years. He has worked in the hospitality industry for 40 years, and although we have never worked directly together, we have worked in many resorts and hotels at different times. But you know what, the accolades and the stories that were told about James last night, and how much he cares for his associates that he works for, or works with, and the guests that come into his hotels and resorts over the years, it was truly magnificent. So, I just want to wish James and his wife, Anne, all the best. He's not a native Islander, but he is planning to retire here on PEI and remain here on PEI, and I think that's wonderful. He's contributed much to the hospitality industry and to the tourism industry here on PEI over the years and I want to thank him for his years of dedication and service.

I'd also like to remind everybody that April 1st is today; many of us here in the House are wearing the daffodil on our lapel. That is an awareness campaign for the Canadian Cancer Society, but what I also want to remind people, is it's also major fundraising campaign for the Canadian Cancer Society; similar to the Poppy Campaign. We encourage everyone to purchase a brand-new daffodil every year to wear on your lapel and to reflect and to think about those that are going through a cancer journey, or that may have had a cancer journey. Certainly, it touches every one of us on the Island. I don't there's a family that hasn't been impacted by this disease.

So, as a past board member of the Canadian Cancer Society, I just want to ensure that we're wearing our daffodils, we're thinking about it, and that we're going to support the Canadian Cancer Society, because the research, the funds that they raise for research is how we're going to eradicate this disease.

I'd also like to recognize Chief Superintendent Ebert here today. She, of

course, is the Commanding Officer of L Division. I very much look forward to the Minister of Justice and Public Safety recognizing her a little more formally.

Last but not least, again, it is April 1st today, and I want to recognize Blake Doyle in his efforts to rouse the Charlottetown residents. I can assure them that the department of transportation and the City of Charlottetown are not planning on plowing the sports fields at Simmons to put a rotary or a roundabout in to alleviate the traffic on North River Road. I saw Blake's tweet earlier today; I responded to him privately back and forth. He was going to call it the Danny's Donut and there was going to be a drive-through in the middle.

But anyway, kudos to Blake for initiating this, and I'm sure there are going to be lots of other practical jokes played throughout the day.

Thank you, Mr. Speaker.

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

Mr. Thompson: Thank you, Mr. Speaker.

I have the privilege to rise today to recognize a special guest in our Legislature, Chief Superintendent Jennifer Ebert. She's the head of the L Division here on Prince Edward Island and has been for the past five years. I just wanted to extend my sincere gratitude to Jennifer for her leadership, her dedication and it's been a privilege to work with you over the past three years. I truly believe that our Island communities are safer, and our Island is better having you here. I wish you all the best as you take your new position in Newfoundland, and I just wish you and your family all the best. And please think of us when Newfoundland's getting that June snowstorm and – (Indistinct) –

But, sincerely thank you, and all the best.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Speaker: The hon. Minister of Health and Wellness.

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

It is a pleasure to rise here today; look forward to another great day of discussion and debate here in the Legislature.

First of all, I want to give a shout-out and say hello to everybody that maybe tuned in from up in District 26 Alberton-Bloomfield.

Later this afternoon, the Member from Cornwall-Meadowbank is going to be joining me out at the COWS Creamery on the North River Causeway. The member will be joining me to thank the staff out there, and certainly the management as well; for the Moo Let's Talk event that took place last week. At that time all of the proceeds, 100% of the proceeds from ice cream sales went to the CMHA. It was a great event, not only as far as the fundraiser was concerned, but also to raise awareness for the Canadian Mental Health Association on Prince Edward Island.

It was noted by the Minister of Finance with regard to the Sport PEI Awards that were held last evening; I have the honor, the privilege to attend on behalf of the Premier and speak briefly at the awards night. There were a lot of awards, a lot of tremendous nominees last evening, but there are two or three ones here that I do want to bring to the attention of the Legislature and to the members here.

I did have the pleasure of making the Award of Honour, together with Her Honour the Lieutenant Governor Antoinette Perry, and that Award of Honour went to Mark Arendz. As the Minister of Finance, Deputy Premier had mentioned, the Premier's Awards went for PEI School Athletic Association and the Lieutenant Governor's award, it went to Brett Gallant, and Brett also was the Senior Male Athlete at the awards last night.

I also want to recognize a West Prince chap, a great hockey player, TJ Shea. And TJ, he was the recipient of the Intercollegiate Male Athlete of the Year.

So again, congratulations to all of the nominees and award winners.

I'd also like to note, the great job that was done by the Master of Ceremonies, Matt

Rainnie and our own JoAnne Holden here from the Legislative Assembly; as always, a fantastic job by them.

Just a couple of other things to briefly touch on. It's been noted that Sharon Drake, 51 years of service to Islanders in the healthcare profession as an LPN. As the minister of health, I certainly want to extend my personal congratulations and thanks to Sharon for that 51 years and wish Sharon a long enjoyable and healthy retirement.

Finally, it's been referenced here by two or three ones that today is April 1st – was talked by the Leader of the Third Party about a joke and I look forward to hearing a little bit more on that and maybe if it had anything to do with a skunk.

An Hon. Member: Yeah.

Mr. Hudson: With that, thank you very much, Mr. Speaker.

Some Hon. Members: Hear! Hear!

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

Mr. McNeilly: Thank you, Mr. Speaker.

Ms. Bernard: Thank you, Mr. Speaker.

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

Some Hon. Members: [Laughing]

Ms. Bernard: Good morning –

Mr. McNeilly: (Indistinct)

Ms. Bernard: – good morning to my colleagues and to everyone tuning in from Charlottetown-Victoria Park and from all over the Island, and special welcome this morning to Chief Superintendent Ebert.

I lived in Newfoundland for a brief period of time and the three words that – my very first time kind of visiting the coastline – the three words that came to my mind were big, beautiful, and majestic. It was just such a magical place. They're lucky to have you, so best of luck to you on your next journey.

Another special welcome to Emily Savoie, who's joining us today. Emily has become a quick friend over the last couple of years and such a strong advocate for people living with autism and I appreciate her work so much. She's taught me a lot. We've had so many conversations about different things happening. One of the things that I think is really cool is sensory friendly businesses, so allowing families with a family member who may be living with autism to travel and to know that they're in a safe place and that they're understood; those challenges are understood.

So, thank you for being here today and I look forward to the rest of the day.

Thank you, Mr. Speaker.

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

Mr. McNeilly: Thank you, Mr. Speaker.

I thought you might have been playing an April Fools' joke, but –

Speaker: I was.

Mr. McNeilly: – you were –

Some Hon. Members: [Laughing]

Mr. McNeilly: – oh, okay, I see.

Anyway, thank you very much, and saying hello to everybody in District 14 Charlottetown-West Royalty.

I just want to take a second and to rise and echo some of the things that were said here before about the Sport PEI Awards.

There's four individuals, just want to talk about just for a second and that's the volunteers of the year were incredibly important and some of us around here know these individuals: Janice Malcolm, you can see her speed walking around Charlottetown and she's just all about other people; and Donnie MacFadyen who has done an incredible job of supporting athletes unconditionally throughout his entire lifetime. He's done incredible amount for young people; and the President's Award Lea Rand, an incredible supporter of sport. We have to say his name, Garth Turtle,

who's no longer with us, who won the President's Award; that to me is probably one of the most important awards from last night. So, Garth Turtle has made an impact on this Island, so I just wanted to recognize him.

As well, you have to go back – and I was just thinking that you have to go back maybe 20 years to the days of maybe Curtis Robinson who was at UPEI – some of you might remember his name – to get an All-Canadian award at the University of UPEI. Well it happened last night Elijah Miller was named an All-Canadian, one of the top basketball players right here from the University of Prince Edward Island. So that was named last night, so congratulations. That's a huge accomplishment – so congratulations to all five of those people.

Thank you, Mr. Speaker.

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

Ms. Jameson: Thank you, Mr. Speaker.

It's certainly a pleasure to rise on this Friday. Welcome back to all my colleagues and hello to all the good folks in District 9 Charlottetown-Hillsborough Park and thanks to those joining us in the gallery here. It's wonderful to have you here today.

These are certainly exciting times in our schools today as our parent-teacher interviews for our high school students and our K-9 staff have their school goals days, so that's the time to focus on their individual school goals.

I want to thank again, our teachers and our educational staff for exceptional job that they are doing. Our attendance rates continue to climb. Our staff absentee rate at the Public School Branch was 12% this week and 7% at CSLF, not far off from our normal staffing levels for this time of year. Student attendance is also back to normal levels with 87% of our students back in the classroom; that's an absenteeism rate of 13%, so this really is good news.

Learning isn't just about our students; we want to encourage all Islanders to life-long learners and to support that we have our annual book sale happening today and

throughout the week in at the Confederation Centre Library. I encourage all members in the House and anyone watching at home to check out that sale, it's cash only. There are some great deals and it's an excellent way to support the friends at the library.

A huge thank you to these volunteers. The friends at the library work so hard to promote and sponsor library activities. As a reading enthusiast myself and as minister, I'm extremely grateful for the volunteers and everything that do.

Finally, I just want to say thank you to whoever bought my husband's coffee in the Tim Hortons drive-thru, it was a nice treat for him, and I promise that we will pass that along.

Thank you, Mr. Speaker.

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

Mr. Trivers: Thank you, Mr. Speaker.

It's a pleasure to rise today, welcome everyone watching from District 18 Rustico-Emerald and, of course, those in the gallery; constituent, Emily Savoie, good to see you, looking dapper in your bright blue blazer celebrating World Autism Day, of course.

I apologize, I'm not quite as bright blue today.

But also, of course, Chief Superintendent Ebert, thank you –

An Hon. Member: (Indistinct) you're always working.

Mr. Trivers: – thank you, yes, thank you for all the work that you've done; particularly, in District 18, Rustico-Emerald, over the years. I know we've connected a few times on some very difficult issues, so thank you so much and best of luck.

Also, I wanted to talk about a fundraiser going on this weekend in North Rustico in memory of Rick "Snoopy" Blacquiere. Snoopy has been gone from us for five years – hard to believe that already – He was an avid oldtimer in the North Rustico Oldtimers Rec Hockey League, and also just a fantastic community member. So, the Rustico

Oldtimers are having their consolation and championship games here this Sunday, consolation at 4:20 p.m., and the champion at 5:30 p.m. It's admission by donation and all funds will go to the North Star Minor Hockey Association to help those players who can't pay for their registration and help them out with that.

It's a bit of a milestone, because this will be the last North Rustico Oldtimers Rec Hockey League and championship and consolation game in the old rink, as we look forward to having that replaced this fall. You can also donate online, just search up Rustico Oldtimers and Snoopy, and you can go e-transfer or credit card or cash donations to Barb Blacquiere.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Thank you, Mr. Speaker.

Today was actually a really important day for something that happened very far away from PEI. There's been a delegation of dozens of members of the Métis, Inuit, and First Nations communities in Rome who are there seeking a papal apology and a commitment from the Catholic Church that they repair the damage done by the Residential School System.

This morning that happened. The Pope made a formal apology, and while that is not where reconciliation begins or ends, it is a ground-breaking and historic day. I know I have been seeing comments and discussion about it this morning online. I just wanted to recognize what an incredibly important thing that is and hopefully, that we see then that the Pope will also honour his commitment to come to Canada to make that apology in person here on the ground where it matters. Then we will see that ongoing commitment from the Catholic Church to begin to actively take responsibility as a key piece of reconciliation.

Just wanted to make sure we recognize that today, that sometimes the things that happen in our communities are here, but also this is our community too, even if it's far away in Rome.

Another thing is, I would just like to point out to the Minister of Transportation and Infrastructure that native Islanders are Islanders who have moved here, choose to live here, or were born here. I'm a native Islander even though I wasn't born here, and I'm proud to be a native Islander. I'd really appreciate if we could just think about how that makes other people feel and that we need to be inclusive for everybody, regardless of where they might have been born.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: Thank you, Mr. Speaker.

Welcome to online listeners in Brighton, and of course, the visitors in the gallery.

I spoke yesterday about four powerful businesswomen, but I would like today to acknowledge that I'm personally completely surrounded by five of the most powerful women on PEI, making a real difference here in the Legislature –

Some Hon. Members: Hear, hear!

Mr. Hammarlund: – while at the same time taking care of their families and young children; a full-time job on its own. I feel privileged to work and be surrounded here.

And, Mr. Speaker, I absolutely guarantee that that is not an April 1st joke.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Speaker's Ruling

Speaker: Hon. members, on a point of order was raised yesterday by the Minister of Environment, Energy and Climate Action.

While no rule was broken in debate, I will clarify that the masking guidelines for the Chamber were decided by the Standing Committee on Legislative Assembly Management. As members are seated in their cohorts, they are free to unmask while

seated, but masks remain mandatory for everyone moving around the building.

If the Leader of the Opposition has concerns about the policy approved by the Standing Committee on Legislative Assembly Management, as a member of the committee, he or any other member, for that matter, is encouraged to bring it to the committee's attention at a future meeting.

Thank you.

Some Hon. Members: Hear, hear!

Statements by Members

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

Wellness and Development

Mr. McNeilly: Thank you, Mr. Speaker.

Last evening, I was disappointed to hear that the pool and tennis courts will be closing at the Spa Total Fitness Centre at Royalty Crossing, the former Charlottetown Mall. This is another example of how wellness has been hindered by development.

Many district residents utilize these facilities for their physical, mental, and social well-being. I think this is yet another example of how our province missed prioritizing wellness. We need to see more government dollars go in to infrastructure and programming that support people who want to live well on Prince Edward Island, and to incentivize more Islanders to make this a priority.

The government will come back and talk about their investments in their important active transportation trails, but they're being under-utilized. How can we make this a priority, if we don't even have a starting point – a wellness strategy.

The CPHO report shows that we are well over the national average in many of the top 10 leading causes of death in Canada – and shows that chronic illness like heart disease is a huge issue.

This government has the data. We have the reports; the only thing missing now is the

will of this government to prioritize Islanders' wellbeing.

Once again, I'm calling on this government to implement a detailed wellness strategy for Prince Edward Island. I am not sure how much more research we need to receive to show government just how important this is.

The simple fact is that a wellness strategy will save the province money, improve quality of life, and enhance mental health outcomes. We are at a defining moment. Our government must find the will to support Islanders in their healthy living journeys.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Summerside-Wilmot.

Carbon Pricing

Ms. Lund: Yet again, government is shrewdly negotiating a carbon pricing plan that is worse than the federal backstop. Greens wanted the money to go back to Islanders, and we always have. If you don't know how giving money back to Islanders is effective, let me give you an example.

Imagine an office building with lots of employees and not enough parking spaces. We want less cars in the parking lot, so we charge a fee every time you park. With the backstop, we divvy that up and pay it out a few times a year. Those who live close might choose to walk; some may bike; some may hop on the bus; some folks may decide to carpool.

But that now infamous person who lives in Tignish and has to drive to Charlottetown every day that the Premier waxed poetically about during the last election, that person probably doesn't have another choice. They have to drive, and so be it.

Those cheques will perhaps go towards sneakers or a bike, or to pay for the bus, or to split the cost of the person you carpool with, or whatever. Some people may use it to buy lunch. That's fine. There are less cars in the parking lot and that's what we wanted.

Will it get rid of all the cars on its own? Of course not. They'd have to do more. And government needs to do more things, too. But giving money back is efficient because it doesn't rely on the office having to figure out what works for everyone.

With the Premier's plan, that office charges to park and then uses the money to offer a limited number of bike rebates – great if you want a new bike, not so great for everyone else.

Carbon tax is a price signal. Even with a rebate cheque and for people who can change, it's effective. But there are people who can't. Governments everywhere would do well to remember that because we'll never address climate change fast enough if we expect those with the least to go the fastest.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Speaker: End of statements.

Responses to Questions Taken as Notice

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

Mr. Trivers: Mr. Speaker, a couple of days ago, the Member from Charlottetown-West Royalty asked about personal comfort allowances for Islanders in long-term care.

I did go back to try and verify exactly what the member was referring to, and in fact, long-term care clients are assessed for subsidy support by the Department of Health and Wellness and are provided the comfort allowance if they qualify.

I wanted to also clarify that all social assistance clients or assured income clients, so these are clients of social development and housing, already receive free service through Pat and the Elephant, free transit passes, and a \$25 flat rate monthly payment and reimbursement of mileage for any medical-related appointments.

Thank you, Mr. Speaker.

Mr. McNeilly: It's going up. It's going up, minister. It's going up.

Questions by Members

Speaker: For our first question, I'll call on the hon. Leader of the Opposition.

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

Last week, the Premier said that when it comes to COVID data, PEI is reporting, and I quote, "at a level that nobody else in the country is reporting."

Well, of course, that was wildly inaccurate back then and it's still wildly inaccurate today.

The Public Health Agency of Canada continues to report PEI's number on the national map as "not available".

I was disappointed by the Premier's dismissive response to my questions about Islanders who are sincerely concerned about the decreasing availability of PEI COVID data and information so that they can fully inform their personal risk assessments, and I hope that we can get a more sincere response today.

Data for personal risk assessments (further)

A question to the Minister of Health and Wellness: What will you do in the immediate short term to ensure that Islanders have access to appropriate level of data to truly inform their personal risk assessments?

Speaker: The hon. Minister of Health and Wellness.

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

With all due respect to the Leader of the Opposition, the Premier of this province always has the interests of Islanders at heart, and I assure everybody in here, we know that.

With regard specifically to the hon. leader's question, Leader of the Opposition, certainly, the information that is provided, it has been provided more frequently in the past. We look at the information that is provided by CPHO, it is detailed, it is on a

weekly basis, and I personally have complete confidence that if CPHO and Dr. Heather Morrison feels that that information, for whatever reason, needs to be provided on a more frequent basis, Mr. Speaker, that it will be.

Speaker: The hon. Leader of the Opposition.

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

I'm really more interested in what the Minister of Health and Wellness feels Islanders should have access to because he is Heather Morrison's boss. You are the minister responsible for health and wellness in this province and –

Some Hon. Members: Hear, hear!

Leader of the Opposition: – if you wished more data to be shared with Islanders, particularly those Islanders who feel vulnerable at this time, you could ask for that data, minister.

Within the last two weeks, we've had four children under 12 hospitalized due to COVID, and we've reached a point where 8,000 Islanders 19 and under have contracted COVID.

Some studies suggest that up to one in four kids develop long COVID. If that's accurate, that could mean upwards of 2,000 Island children living with long COVID.

Potential of long COVID in children

A question to the same minister: Is that number within your government's COVID risk tolerance?

Speaker: The hon. Minister of Health and Wellness.

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

The hon. Leader of the Opposition rightfully indicates that I am Dr. Morrison's boss. With that, unlike apparently some ones on the other side of the House that do not have confidence in the recommendations, the direction, that Dr. Morrison is giving to us, then I will make no apologies for that. I will

take her recommendations, I will work with her, and as I had said previously, if the Chief Public Health Officer and Dr. Morrison feels that the information is provided on a basis that is necessary at this point, I fully support her. If she feels that it needs to be provided on a more frequent basis, Mr. Speaker, I will fully support that as well.

Thank you.

Speaker: The hon. Leader of the Opposition.

Leader of the Opposition: Thanks, Mr. Speaker.

We just saw two more COVID deaths, of course, this week and all of our hospitalizations are among Islanders who are 60 years of age or older.

So, in relative terms, case numbers are growing more quickly amongst the older population, who are, of course, the ones at most risk of severe health outcomes. I personally am worried by these numbers and I know I've spoken to a number of Islanders who are concerned about these numbers and the harm that may follow. The numbers don't lie. They are showing that we are failing to reduce COVID transmission here on Prince Edward Island.

Strategy to reduce COVID transmission

Question to the same minister: How are you adjusting your strategy to reduce COVID transmission on Prince Edward Island, and in particular, what is it doing to protect those vulnerable Islanders from contracting COVID?

Speaker: The hon. Minister of Health and Wellness.

Mr. Hudson: Thank you very much, Mr. Speaker, and I do thank the Leader of the Opposition for that question.

Any loss of an Islander for whatever reason is certainly tragic. We do feel for the families, the loved ones that are impacted.

The situation now is certainly different than it was a year and half, two years ago. We look at the present variant, the present wave; yes, it has been much more contagious.

We've seen that right around the world, right here in the province.

But as I referenced the situation now: the weapons that we have, the tools that we have are completely different than the no tools that we had two, two and half years ago.

You look at the vaccination rates on Prince Edward Island, you look at the antivirals that we have available on Prince Edward Island; all of these are tools that our dedicated health care professionals use for our most vulnerable.

Thank you.

Speaker: The hon. Leader of the Opposition.

Leader of the Opposition: Thanks, Mr. Speaker.

Elsewhere in the country, on Monday, the B.C. Human Rights Commissioner wrote to their government, the B.C. government, urging that the mask mandate stay in place. Applying a human rights lens in her letter, the commissioner notes that, and I quote, "Lifting the mask mandate will do disproportionate harm to those who are already marginalized..." and that, and again I quote, "...the mask mandate is not about eliminating risk; it is about sharing the risk burden across society..."

Sharing of COVID risk burden in society

A question to the Minister of Justice and Public Safety: Do you agree that we should share the risk burden across society, or do you think that we should put all of the risk on the shoulders of seniors and Islanders with health conditions?

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

Mr. Thompson: Thank you, Mr. Speaker.

It's a very important topic that we are discussing right now and it's something that we have to think about, all Islanders, as we maneuver through the next couple weeks. It's important that the health and safety of all Islanders is our focus, but we will take CPHO's guidance through this. They've led us this far and we will continue to do that.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Thank you, Mr. Speaker.

In the 2022-'23 Budget, we have \$15 million budgeted for a COVID Contingency Fund, but there's a lot of confusion about the COVID plan moving forward.

Plans for COVID Contingency Fund

A question to the Minister of Finance: Can you explain what you plan to do with the COVID Contingency Fund?

Speaker: The hon. Minister of Finance.

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

Hon. member, hopefully we are coming out of COVID, but there is that \$15 million in place. It will be used, or available, for all departments when they come forward to Treasury Board with what their needs and wants are for supporting Islanders who are dealing with COVID, whether it's businesses or individuals.

So, hon. member, I do not have the answer for you in front of me. We have that in the Contingency Fund as we've had before, and we will use it moving forward as we need it.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: The COVID funds in '21-'22 were used for many and varied essential services, including staffing the border controls, testing clinics, additional CPHO staff, additional staff in schools, and the obvious consumable supplies like PPE, tests kits, vaccination clinic expenses, and so many more.

Last year, we budgeted \$50 million and we ended up spending more than 92 million. This year we only have 15 million.

Cuts to funds for COVID

Question to this same minister: Which of these services did you decide to cut along with the Budget?

Some Hon. Members: Hear, hear!

Speaker: The hon. Minister of Finance.

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

Hon. member, we are working our way out of COVID. We are optimistic that we will not need more funding than we had last year. We did allocate 15 million. If more is needed, we will find it and we will ensure Islanders remain safe.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Speaker: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: Mr. Speaker, I'm not optimistic about the data that I'm seeing. We're seeing significant numbers of cases on PEI. We are leading North America with our case count and the greater numbers of severe outcomes associated with those are happening, too.

We're already seeing other jurisdictions where easing public health measures too soon, when case numbers are significant, will lead to more illness and more harm to the public.

Public health measures/funds for COVID

Question to the minister: Are public health measures being relaxed because it will achieve better health outcomes for Islanders, or is it because you're cutting the Budget that funds our COVID response?

Some Hon. Members: Hear, hear!

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

Hon. member, we have been there for Islanders throughout COVID and we will continue to be there for Islanders.

Some Hon. Members: Hear, hear!

Ms. Compton: Hon. member, if you look around the world, most jurisdictions are lifting COVID restraints. Whether it's good or bad is yet to be determined, but we are expecting a booming tourism season. We are expecting that Islanders are going to move forward out of this. There is \$15 million in a contingency fund in case we need it. If we need more, we will find the money to support Islanders.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Charlottetown-Belvedere.

Ms. Bell: You know, when I was a kid, my mom used to say to me: If all your friends jumped off the bridge, would you jump off the bridge, too? I find myself saying that to my own daughter now; just because everybody else is doing it doesn't mean it's actually the right thing to do, Mr. Speaker.

Some Hon. Members: Hear, hear!

Ms. Bell: \$15 million works out to less than \$100 per Islander. A contingency fund should be enough to provide for unforeseen expenses, but we know what many of those expenses related to COVID will be, both for individuals and for businesses. We have data to show us the potential risk that's coming. There's already a sixth wave in other provinces.

Question to the same minister: How does \$15 million position us to adequately respond to any potential disruptions to health care, government services, or the economy?

Some Hon. Members: Hear, hear!

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

Hon. member, we have to look around the world and across the country. Do you want us to shut down again and not have tourism and not have the economy –

An Hon. Member: (Indistinct)

Ms. Compton: Hon. member, we will be there for Islanders. We will find the money if we need more than the \$15 million. I've

said that already and I'll say it again: We will be there for Islanders, and I thank you for your concern.

Some Hon. Members: Hear, hear!

Speaker: The hon. Member from Mermaid-Stratford.

Ms. Beaton: Mr. Speaker, we know that testing has become more difficult to access. As cases surged amidst a failure of this government to contain the spread of COVID, the pressures on testing services have led government to narrow the eligibility for testing.

Even though the CPHO is performing fewer tests in recent weeks, testing has not been made more accessible. There's a lot of confusion around the funding of testing. We've heard rumours that access to testing services will be hindered even further with some testing site workers having already received their layoff notices.

Future plans for COVID testing

Question to the Minister of Health and Wellness: Can you clear the air and tell us what your plans are for testing come April 7th?

An Hon. Member: Good question.

Some Hon. Members: Hear, hear!

Speaker: The hon. Minister of Health and Wellness.

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

With regard to what the plans are going forward for testing, the Minister of Finance, Deputy Premier, as well as myself, in answer to previous questions, as well as the minister of justice, have alluded to the fact – and I stress, the fact, Mr. Speaker – that, since the start of this pandemic, we have taken direction, we have listened to CPHO. We've listened to our experts and we will continue to do that.

Thank you.

Speaker: The hon. Member from Mermaid-Stratford.

Ms. Beaton: As a virus that can have serious outcomes, especially for those over 50 years of age and older or for immunocompromised, it's important that these Islanders continue to have access to testing.

We're fortunate to have testing sites across the Island, but if your plan is to phase out testing clinics, how will you ensure that rural Islanders don't have to travel to Charlottetown or Summerside to access these tests?

Speaker: The hon. Minister of Health and Wellness.

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

I appreciate where the member is coming from, being from one of the farthest districts from Summerside, from Charlottetown, certainly. I fully appreciate where she is coming from.

But I think, as I had said before, we do have tools in the toolbox now that we did not have before. We have the rapid test kits that are available right across the province. We have the ability then, if an individual has a positive from the rapid test, to follow up with a PCR or an ID Now test.

We also, as the member alluded to, and different members this morning have alluded to, our seniors, our most vulnerable, that we do have those weapons, those tools as well, with regard to Paxlovid, the antiviral.

That's just an example. And you look at the vaccination rates, as well.

Thank you.

Speaker: The hon. Member from Mermaid-Stratford.

Ms. Beaton: Thank you, Mr. Speaker.

Adequate testing for new variants

We have a new variant that is crossing this country. How are we going to track the

progress of new variants if we are not testing adequately?

Speaker: The hon. Minister of Health and Wellness.

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

I think that it's a valid question that the hon. member raises. But again, I go back to what I had said previously with regard to the rapid tests, with regard to ID Now testing, with regard to COVID, and that our experts at CPHO, those are the ones that are going to make those recommendations, putting forward to government. We have listened in the past and we're going to continue to listen.

One thing that I would like to emphasize, put out there, for the members in the Legislature here and for all Islanders, is the fact, the research that I have seen, the new variant, Paxlovid is very effective against it as well, so it continues to be a tool, a weapon, that we have for the new variant.

Thank you, Mr. Speaker.

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

Ms. Altass: If testing is going to become less accessible, it will be more important than ever for government to support workers and vulnerable Islanders.

For many, the cost of rapid tests and high-quality masks are prohibitive.

Future access to rapid tests and masks

Question to the Minister of Health and Wellness: What will government be doing to ensure all Islanders can continue to access rapid tests and be able to afford high-quality masks moving forward?

Speaker: The hon. Minister of Health and Wellness.

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

With regard to rapid tests, I had indicated in one of my previous answers that rapid tests are available right across the province.

Ms. Altass: But moving forward was the question.

Mr. Hudson: Moving forward, those rapid tests will continue to be available right across the province, and I certainly encourage any Islander, all Islanders, that feel that they have concerns, that they need to be tested, that they make the effort to take the time, as I'm sure that they will, to obtain those rapid tests, like I've said, that are available right across the province.

Thank you.

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

Ms. Altass: Thank you, Mr. Speaker.

It's good to hear that rapid tests will continue to be available moving forward. We will certainly hold you to account on that. I expect to see that that's what will happen.

We also recognize the importance of improving our indoor ventilation.

Supports for businesses re: ventilation

Question to the Minister of Economic Growth, Tourism and Culture: What programs and supports will be available to Island businesses and other facilities to improve their indoor ventilation?

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

Mr. MacKay: Thank you, Mr. Speaker.

We've certainly seen that my department can roll out programs when needed, and very quickly.

As COVID continues to go across Prince Edward Island, as new variants continue to come, we'll be there to act, and when programs need to roll out for the business community, we'll be there to do so, Mr. Speaker.

Thank you.

Speaker: The hon. Member from Summerside-Wilmot.

Ms. Lund: Mr. Speaker, government's Moving On plan says that as of April 7th, they anticipate no mask mandate across PEI.

Lifting mask mandate in Island schools

A question to the minister of education: Are you lifting the mask mandate in Island schools next week?

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

Ms. Jameson: Thank you, Mr. Speaker, and thank you, hon. member, for the question.

I know this has been something on the minds of many. I know that our staff, both in the department as well as the Public Schools Branch, they're meeting with the CPHO this week. Certainly, I'll have some more information as it relates to that meeting and looking forward to sharing that with the House and the public.

Thank you very much, Mr. Speaker.

Speaker: The hon. Member from Summerside-Wilmot.

Ms. Lund: Mr. Speaker, we know that in the last few weeks, cases have skyrocketed, and it's had a huge impact on the ability of teachers to be able to staff their schools.

Impact of lifting mask mandate in schools

A question to the same minister: What impact do you anticipate that lifting a mask mandate would have on the ability to keep schools staffed?

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

Ms. Jameson: Thank you, Mr. Speaker.

At this point, I haven't indicated as to whether the mask mandate will be lifted, and again, it'll be based on the guidance of the Chief Public Health Office.

I said today in my greetings, currently our staff absentee rate at the Public Schools Branch was 12% this week and 7% at the

CSLF, which is really not far off from normal staffing levels for this time of year.

As much as the hon. member across seems to be adamant about closing schools, we're going to keep them open, regardless of mask mandates.

Thank you very much, Mr. Speaker.

Some Hon. Members: Hear, hear!

Speaker: The hon. Member from Summerside-Wilmot.

PEITF's view on lifting mask mandate

Ms. Lund: Mr. Speaker, I think it's great that the minister of education is speaking to CPHO, but I have to assume she's also speaking to the PEI Teachers' Federation, so why don't you stand up and let the House know what they think of lifting the mask mandate?

Some Hon. Members: Hear, hear!

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

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

Of course, the Teachers' Federation is one of our key stakeholders and I know that discussions are being had with the Teachers' Federation, and again, there has been no decision regarding the mask mandate at this point. I'm looking forward to seeing how those discussions evolve, and as we've always done, we will take our advice from Dr. Morrison and her team.

I'm really proud of the school system, how we performed in the last couple of years, and to see us now, again, with these levels of absenteeism, I mean, things are going well despite some challenges. Things are going incredibly well, and our kids are safe in school.

Thank you very much, Mr. Speaker.

Speaker: The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Mr. Speaker.

It is incredibly important that the minister understand that the Teachers' Federation are the voice of Island teachers. They are the people being directly impacted. CPHO does not know better than the teachers on what is happening –

An Hon. Member: Oh my God.

Ms. Lund: – in schools –

Some Hon. Members: (Indistinct)

Ms. Lund: – on what is happening in –

Some Hon. Members: (Indistinct)

Ms. Lund: Do I have the floor, Mr. Speaker?

Some Hon. Members: (Indistinct)

An Hon. Member: Oh my God.

Mr. Myers: Students (Indistinct)

Speaker: Minister has the floor.

Ms. Lund: I'm not the minister. Do I have the floor?

Speaker: Member has the floor.

Ms. Lund: Mr. Speaker, teachers know what is happening in their schools –

Some Hon. Members: (Indistinct)

Ms. Lund: – and they have to be part of the conversation.

An Hon. Member: Wow.

Ms. Lund: Teachers know what is happening in their schools and they have to be part of the conversation.

If the minister doesn't know –

Mr. Myers: Parents don't matter. Students don't matter. (Indistinct)

Ms. Lund: If the minister doesn't know what the teachers are saying about this, we've got a major problem.

PEITF's agreement on changes

Question to the minister of education: Will you commit to not making changes until you have the Teachers' Federation on side with you for those changes?

An Hon. Member: Good question.

Some Hon. Members: Hear, hear!

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

Ms. Jameson: Thank you, Mr. Speaker.

These last two years, tremendously challenging, as we all know.

Certainly, the Teachers' Federation has been at the forefront of all of our discussions and our decision-making –

Some Hon. Members: (Indistinct)

An Hon. Member: No, they haven't.

Ms. Jameson: – and we will continue to consult with the Teachers' Federation, as we have done throughout this entire pandemic.

An Hon. Member: You have not.

Ms. Jameson: But the reality is, we've got a Rhodes Scholar that has been leading us –

Mr. Myers: Yes, we do.

Some Hon. Members: Hear, hear!

Ms. Jameson: – with regards to all of our public health (Indistinct) and although –

Ms. Lund: (Indistinct) education.

Ms. Jameson: – although I know, I understand that the teachers, the staff –

An Hon. Member: (Indistinct)

Ms. Jameson: – they certainly have an opinion on this. I, as minister, have an opinion on this –

An Hon. Member: You make the decisions.

Ms. Jameson: – but I am in a position whereby I do trust and value the advice of Dr. Morrison. I'm going to continue following that as minister of education, and

ultimately, the kids, those families, the staff, their health has been at the forefront of all of this.

Thank you very much, Mr. Speaker.

Some Hon. Members: Hear, hear!

An Hon. Member: End of Question Period.

Speaker: The hon. Member from Tignish-Palmer Road.

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

On Wednesday of this week, we heard the announcement from the federal minister of fisheries and oceans about the cancellation of the spring herring and mackerel fishery.

Island fishers use this as a bait for their lobster fishing fleet. Now, just four weeks before the season is set to open, some will be left scrambling to find alternative bait, and it was concerning to me just how unconcerned the provincial minister of fisheries was about this issue when he was speaking to the media.

Moratorium re: herring and mackerel (further)

Question to the minister responsible for fisheries: The Island fishing industry advocated your Premier for a standalone fisheries minister. You're their voice. Did you have any indication from the federal government prior to this announcement about this closure, and if so, what efforts did you take to advocate against it?

Speaker: The hon. Minister of Fisheries and Communities.

Mr. Fox: Thank you, Mr. Speaker.

Great question. I actually learned about the closure from the federal minister that morning. I can tell you I've been talking with my counterparts in Atlantic Canada over the last 36 hours. I have been talking with the PEIFA and representatives of those organizations, plus a lot of fishers, and I've also actually got a request out to the federal minister to have a 10-minute or a 15-minute call with her on this issue.

We believe very strongly that PEI needs a bait fishery for the future of our fishers. We support that 100%, and we will be moving forward to make sure that we get a bait fishery for this province and our fishers.

Thank you.

Some Hon. Members: Hear! Hear!

Speaker: The hon. Member from Tignish-Palmer Road.

Mr. Perry: Thank you, Mr. Speaker.

This decision will have a huge impact, as you know, on the fishing industry here on Prince Edward Island.

In the media, minister of fisheries, you stated that the decision should not affect fishermen in terms of bait for this spring, for this year; however, the fishers that I'm talking to say that they are very concerned about it, that it will affect them.

Communication and solutions re: bait

Question to the minister: Why are you hearing different messages? Who are you talking to, and what will your department do to ensure that no fisher is left scrambling for bait?

Speaker: The hon. Minister of Fisheries and Communities.

Mr. Fox: Well, thank you, Mr. Speaker. Another great question.

You know, we have to make sure our fishers have our bait going forward, and in the last 36 hours, we have had concerns from certain areas; Skinners Pond is actually one where they're thinking up there, there could be a shortage of bait.

That's why we're reaching out with industry and other stakeholders as soon as possible to find and make sure that we have a bait source for our fishers. We do have an alternative bait company on the island that started up, Bait Masters out in the Cornwall area. They're also in the discussions with us, if they can provide extra support.

I've also had conversations with other industry leaders on to make sure that our

fishers have bait and that we have a safe and prosperous fishing season this year.

Speaker: The hon. Member from Tignish-Palmer Road.

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

Our Island fishers, they know what good bait is. They know what works. They have a short window of opportunity to make their income. They know what bait works; mackerel and herring work for them.

I've had many, many calls from fishers from one end of this Island to another who are caught off guard with this announcement, and there are many fishers who make their livelihood from the bait fishery. One particular fisher told me, he said, "I have three kids. I don't know how I'm going to pay bills."

Support for bait fishery

Question to the same minister: What will your department do to provide financial support for those fishers who will be losing income as a result of this decision?

Speaker: The hon. Minister of Fisheries and Communities.

Mr. Fox: Thank you, Mr. Speaker.

In some cases, we actually have young fishers and fishers that have moved from the lobster industry to the bait fish industry, and that is their primary source. As in the past, we will work with the hon. minister from Finance PEI and economic growth. If there are supports that are needed, then we will look at those supports.

I can tell you that I just got a text message from the federal minister's office, and I'm hoping to have a call with the federal minister today.

Thank you.

Some Hon. Members: Hear, hear!

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

Some Hon. Members: (Indistinct)

Mr. McNeilly: Thank you, Mr. Speaker.

Creating a proactive culture of wellness, rather than a reactive culture responding to illness is the only way to improve Islanders' wellness and wellbeing as our population ages.

Our own Chief Public Health Officer noted in her latest report, and I quote: "There are a number of key health determinants where PEI was doing worse than..." the Canadian average, including, "...food security, physical activity, and fruit and vegetable consumption. ... Unless the current trends in physical inactivity and unhealthy eating are halted, Islanders will continue to have increasing rates of overweight and obesity."

Reactive vs. proactive wellness approach

Question to the Minister of Health and Wellness: What actions is your department putting in place to ensure our Island health culture changes from a reactive approach to treating illness, to a proactive approach to wellness?

Speaker: The hon. Minister of Health and Wellness.

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

That's a great question. I do appreciate the hon. member bringing it forward.

There's certainly a number of initiatives right across department lines. You look at my colleague, minister of environment and climate change; you look at the active transportation trails that have been developed and are being developed right across the province.

You look – and I know that the hon. member has raised concerns previously that there's not a strategic plan in place with regard to wellness, that it has expired. That is under CPHO, and in case the hon. member didn't realize or hasn't noticed, CPHO has been pretty busy the last few months.

Some Hon. Members: (Indistinct)

Mr. Hudson: Thank you, Mr. Speaker.

Some Hon. Members: (Indistinct)

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

Mr. McNeilly: Stop coming after me with your excuses, minister. CPHO is under you and we need a wellness strategy. That expired in 2018, before the pandemic hit.

You have done nothing on this file. You are the Minister of Health and Wellness, okay? Unless you're ready to take that word away from your title, you need to do more. You were given \$104,000 and you underspent by \$96,000 on this Budget line, minister.

Timeline for wellness strategy

Question to the minister: When can we expect a wellness strategy from you, sir?

Speaker: The hon. Minister of Health and Wellness.

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

It appears that the hon. member feels that I sit down, write all the strategies out myself. I do not. What happens – and just for his information, no, I do not. As in everything else, I rely on the experts. We have to have input from right across the province. That has been a challenge, certainly, over the last number of months.

I do, reiterate, yes, where is it at? It's under CPHO, and it is not an excuse; it's a reality that they have been extremely active, busy, working to protect the health of Islanders.

Going forward, as we get out of COVID and move forward, absolutely, we look at the Live Well PEI strategy and initiative that is going to be expanded. You look at the Budget, if they want to have it passed at some point in time, but you look at the Budget and the wellness initiatives in the Budget, as well.

Thank you, Mr. Speaker.

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

Mr. McNeilly: Live Well PEI is a brand, by your own words; it's not a strategy, minister. If you want wellness to be – it's under the

CPHO but you can do more about it. You can push this; this is on you.

Yesterday, a facility was forced to close its tennis courts and swimming pools. I mean, is that part of the wellness strategy? This is huge to Islanders. You give away money to tourists coming over. You can give them dollars to go out and eat but you can't build a pickleball court for our seniors, okay?

Potential wellness activity centre

Will you commit today, will you commit today to exploring, minister, a standalone wellness activity centre for Islanders? We're the only province in Canada without one. Will you commit to exploring that and look at building a wellness facility within the confines of Prince Edward Island?

Speaker: The hon. Minister of Health and Wellness.

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

The hon. member alludes to a wellness centre. We have wellness centres right across the province.

In his opening remarks today, he had alluded to no capital infrastructure. Well, let's look at the capital infrastructure that has been put in place, the improvements that we have seen, right from west to east: Jacques Cartier Arena, O'Leary Community Sports Centre, the new facility in Summerside, the new rink in Rustico. All of these are tremendous initiatives that are taking place.

We're there for all Islanders, not Islanders just in one district, Mr. Speaker.

Thank you.

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

Mr. Henderson: Mr. Speaker, respite care for seniors is an integral form of support for long-term care and home care and provides support to seniors and other individuals with chronic illnesses on PEI.

These services are delivered in many long-term care facilities on PEI, allowing families a break from providing services that

otherwise would have to be provided through long-term care and home care, giving caregivers a chance to breathe and reset.

Importance of respite services

Question to the Minister of Health and Wellness: How important is it to you, as minister, that respite long-term care services are provided by Health PEI, and do you feel that this is an essential service?

Mr. McNeilly: Good question, good question.

Speaker: The hon. Minister of Health and Wellness.

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

I do thank my colleague, the hon. Member from O'Leary-Inverness. I know that he, personally, has had loved ones in long-term care, as I have. I agree 100% with him on what he has stated with regard to respite care, how important that is.

It has been a challenge, without doubt, over the last 25, 26 months. We look at the closures that have been necessary at some of our facilities. But I agree 100% with the member, and I do thank him for bringing it forward.

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

Mr. Henderson: I do appreciate the minister feels this is a very important service, Mr. Speaker.

I know in my area, I have the Margaret Stewart Ellis wing, which has one designated bed. I believe there's three respite beds in West Prince. I think two in Summerside, four in Queens. I'm not sure in Kings County.

Number of respite beds on PEI

But I'll ask the question to the minister to see if he knows how many beds there are. How many respite beds are provided in the PEI health care system under normal operation and circumstances?

Speaker: The hon. Minister of Health and Wellness.

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

Certainly, there are respite beds available, to my understanding, in all of the facilities across the province, all of our LTC facilities. With regard to the exact number, I'll get that information. I'll bring it back for the House.

Speaker: The hon. Member from O'Leary-Inverness, your second supplementary.

Mr. Henderson: Thanks, Mr. Speaker.

I do know that there are beds in all our long-term care facilities, but this is where the question really comes to the crutch of the matter.

Your government has stated we need to prepare to live with COVID and return to a normal level of providing services regardless of our high vaccinations or our high COVID numbers.

Status of respite care beds

Today, to the minister, how many respite beds are actually operational, and even a more important issue on this, how many actually have patients in them, Mr. Speaker?

Speaker: The hon. Minister of Health and Wellness.

Mr. Hudson: Again, Mr. Speaker, and I thank the member for the question.

On a day in, day out basis, how many beds are operational, how many beds, and even more importantly, are occupied to be able to give that respite care and to provide that relief for family members, I don't have those figures on a day in, day out basis. But again, I'll certainly get that information from the department and very happy to bring it back.

Thank you.

Speaker: The hon. Member from Morell-Donagh.

Mr. MacEwen: Thank you, Mr. Speaker.

In our district, and especially in the Morell area, we had lobbied for affordable housing for some time, and we were quite excited back on June 24th, 2020 to get the news from the provincial government that there would be 10 units built.

I'll quote from that press release that indicates, "The Province of Prince Edward Island, through the PEIHC, is creating 10 mixed units in Morell on land currently owned by PEIHC. Construction is expected to begin spring 2021 and be completed by spring 2022."

I don't know about you, but it certainly feels like spring out there.

Update on affordable housing in Morell

Question to the Minister of Social Development and Housing: Can we get an update on those 10 units in Morell?

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

Mr. Trivers: Thank you, minister.

The member is such a great advocate for his constituents, and this is an important question.

I've been in this role since the spring of 2021, and this is one of the files that came across my desk. Frankly, it's taking us too long to act on this, but I'm pleased to say that we do have the project approved. It is moving forward, and I'll be happy to work with the member to make sure we have a date when we're going to break ground, and this is going to happen.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Morell-Donagh.

Mr. MacEwen: Thank you, Mr. Speaker.

The minister is good to respond to my requests, but that was June of 2020. In November of 2020, we mentioned it again in the capital budget speech about this. In August of 2021, it was mentioned in the progress report.

When will ground break on the 10 units in Morell?

Mr. McNeilly: (Indistinct)

An Hon. Member: Good question.

Some Hon. Members: Hear, hear!

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

Mr. Trivers: Thank you, Mr. Speaker.

You know, how do you answer a question like that?

Some Hon. Members: (Indistinct)

Mr. Trivers: I mean, really –

An Hon. Member: Honestly.

Mr. Trivers: – really, really –

Mr. McNeilly: Just leave it there.

An Hon. Member: Try honestly.

Mr. Trivers: – as housing minister, I want to break ground as soon as possible for as many housing units as possible.

Mr. McNeilly: (Indistinct)

Mr. Trivers: Within government, we work with the Minister of Transportation and Infrastructure, we have design, we have tenders go out. The costs – and contractors are hard to find. We're going to break ground as soon as we possibly can on this very important project.

Thank you.

Mr. McNeilly: Shovels in the ground. Shovels in the ground.

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

Mr. MacEwen: Thank you, Mr. Speaker.

I do take the minister at his word, and I know him, and the minister of transportation had been trying to move this file forward, and it has been frustrating for us and I know it's been frustrating for them too.

But there's some sort of a disconnect because, you know, we do announce it, and then it goes to transportation, it goes to tender, and I do understand there has been significant delays in the construction industry, and I get the problems there. But I feel like we should be able to use, as frustrating as this is, an example to figure out a better way going forward so that there is one person that is the lead on this right from the announcement to the tender phase and then to get them built. We need someone that –

An Hon. Member: The minister.

Mr. MacEwen: – is on top, that drives it all the way, not just waiting in between departments, because we see files like this.

Improve efficiency in project management

Minister, will you use, unfortunately, this project as a way for future tenders – to improve the efficiency of this process?

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

Mr. Trivers: Thank you, Mr. Speaker.

As usual, the member makes some extremely good points.

Really, in my time responsible for housing, after a year, I feel like I'm really up to speed on the file –

Mr. McNeilly: (Indistinct)

Mr. Trivers: – and have my finger on the pulse here.

Really, we're talking usually, generally, three to four years is what it takes for these projects to get going, as compared to in the private industry, where you're talking one to two. In this particular environment, it's even more challenging.

So, his points are very well taken. We need to find a way to streamline the process, cut the red tape, and make sure we bring these projects to fruition as quickly as possible. I see the member across nodding. I know she agrees with me 100%, as well.

Some Hon. Members: (Indistinct)

Mr. Trivers: We're working on it and we'll use this project as best we can to move that ahead.

Thank you.

Speaker: The hon. Member from Summerside-Wilmot.

Ms. Lund: Mr. Speaker, frequent testing in Island schools has been an important part of keeping cases low.

Now, to date, the province has supplied families with tests. I know the minister of education would have us believe the decision on what's going to happen next week hasn't been made yet, but if Island students are going to continue testing beyond this week, government would have already had to order more tests.

Access to rapid tests for students

My question to the minister of education: Have you or have you not ordered more tests for Island students to go beyond next week?

An Hon. Member: Good question.

Some Hon. Members: Hear, hear!

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

Ms. Jameson: Thank you, Mr. Speaker.

Again, hon. member, thank you for the question. Certainly, a lot of moving parts as it relates to our schools and I look forward to advising the House, as well as the public, regarding next steps and the advice that's provided to us from the CPHO.

Thank you very much, Mr. Speaker.

Speaker: The hon. Member from Charlottetown-Victoria Park, final question.

Ms. Bernard: Thank you, Mr. Speaker.

Many Islanders received CERB or CRB. Many caught up on bills and actually made some measurable progress toward moving out of poverty. Now, some are being denied provincial programs this year because of this

higher income from last year. Obviously, they no longer have that income.

We have reached out to the department on a number of occasions for constituents and these one-offs are fixed, reassessed, and granted eligibility.

What about all the others who may have just given up and not reached out to their MLA?

Impact of CERB on eligible programs

Question to the Minister of Social Development and Housing: When will you instruct your department to note when CERB has impacted the previous year's income to ensure that Islanders do not lose their eligibility for programs this year?

Some Hon. Members: Hear, hear!

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

Mr. Trivers: Thank you, Mr. Speaker.

This is a major concern for me. I was surprised in seeing the number of one-offs that were coming across my desk from MLAs. It was something we discussed with the department.

I've reached out to my directors and I've made sure that, for all of our programs that are means tested, we are making sure that those moneys do not impact them.

I have to say that a lot of the questions we're getting are about federal government moneys, for example, like GIS for seniors, that are also impacted. So, we're also working with the federal government to see if we can fix that problem.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Point of Order

Speaker: The hon. Minister of Environment, Energy and Climate Action.

Mr. Myers: Thank you, Mr. Speaker.

I just rise on a point of order. At the start of Question Period, the Leader of the

Opposition used language that I believe is unparliamentary.

Alleging or insinuating the untruth of a member's statement in this House has long been known to be unparliamentary and the long-held process of this House – and the Speaker can probably recall back in the day, I would probably have been called on them myself. When he said the Premier's statement was wildly inaccurate, I believe he's calling into question the authenticity and the accuracy of the – which you cannot do in the House, which is unparliamentary, and I ask for a retraction and an apology for the Premier.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Speaker: Hon. minister, I will take that under advisement.

End of Question Period

Recognition of Guests II

Speaker: The hon. Minister of Education and Lifelong Learning, for recognition.

Ms. Jameson: Thanks, Mr. Speaker.

I'd like to introduce some constituents of yours, Mr. Speaker, actually. The Little Pond Pathfinders and Rangers, welcome: Kate MacDonald, Freda Smith-McKie, who are the leaders. Emma Adair, Danielle Brewster, Chloe Rose-Kent, Caleen MacAulay – thank you all for joining us here today.

I know that the Minister of Finance and I are looking forward to having a discussion with you later on. We just appreciate your time and your interest.

Again, thanks for being here and I hope you enjoy the proceedings.

Some Hon. Members: Hear, hear!

Speaker: Thank you, minister.

Statements by Ministers

Speaker: The hon. Minister of Health and Wellness.

Medical Homes and Neighbourhoods

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

It is a pleasure to rise in the House to announce an important development in our delivery of accessible, efficient, community health care. I am pleased to announce the launch of the first five patient medical homes on PEI. This is a significant milestone in our journey to transforming how primary care, foundational care, is delivered to Islanders and for Islanders.

I want to congratulate the health care professionals at the following centres, how they have come together now as collaborative teams:

The Polyclinic and Parkdale Medical Centre, Charlottetown; the Sherwood Medical Centre, Charlottetown; Kinlock Medical Centre, Stratford; Kensington Health Centre; Cornwall/Crapaud Health Centres, Cornwall and Crapaud.

These teams continue to work with Health PEI and the Department of Health and Wellness Patient Medical Home Implementation Committee to develop and grow in their new role.

The teams will continue to add health professionals as required to serve their populations in the upcoming months, during which time the nurses, physicians, and allied health care providers on each team will develop their practices.

This new collaborative model is the preferred model of health care providers including, family doctors and nurse practitioners and will help us in the recruitment of more professionals.

More than 90% of all new family medicine graduates expect and want to work in a collaborative team-based setting. There is tremendous interest in this new approach to community health care – from community members and from health professionals.

Patient Medical Homes deliver team-based care through a model that has been developed and endorsed by the College of Family Physicians of Canada (CFPC) and

supported by the PEI College of Family Physicians.

The teams at each home will include multiple professionals, each working collaborative within the team to their scope of practice.

Several more health care providers across the province are at various stages of signing on to provide team-based care, and I look forward to announcing those in the coming months.

By working as a team, the patient medical home is more resilient and Islanders who are attached to medical homes can expect to see a health care provider more rapidly.

This announcement, and our shift in how care is offered is, first and foremost, about increasing access to care for Islanders and increasing the health and wellness of our population.

I want to congratulate each Patient Medical Home team on the work they have done to get here, and I want to thank the implementation teams within Health PEI as well as the Department of Health and Wellness for their work in reaching this milestone.

I look forward to the continued development of these homes as we continue to recruit and hire more health care providers to join and support teams right across the province.

This shift in care will take time. However, as the teams grow and more Patient Medical Homes come on stream, we will be able to accommodate more patients, ensuring Islanders have access to primary care they need.

Our goal in my department is to ensure the highest possible level of coverage to Islanders, wherever they live, whatever their challenges.

This is why, Mr. Speaker, we are pleased to continue offering the initiatives we do and building on that momentum to add more innovations as we build a system that protects health and promotes wellness for everyone in this province.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Speaker: The hon. Member from Mermaid-Stratford.

Ms. Beaton: Thank you, Mr. Speaker.

This is a great announcement. I can honestly tell you I've had experience in one of these new medical homes and I have incredible treatment when I go to the clinic that my physician works at. It's amazing how well they support each other.

I believe it was Tuesday night, I attended the Canadian Medical Association – they've started doing a series of panels where they bring in experts across Canada and talk about different areas of the health care system and where improvements should be made.

One of the topics that was discussed was working within a team and how important it was. The thing that kept coming up over and over again was: Why is burnout happening and why are health care professionals experiencing it at such a rapid pace?

One of things that they pointed to, was that connection between their patients and themselves is not as enforced – it's not there like it used to be – because we've inserted so many efficiencies into our health care system that removes the contact between patient, provider, care.

That's really the crux of why people have gotten into health care: because they want to care for people. But if you take that caring aspect out of that treatment, it really makes it hard for them to develop those relationships.

The other thing that they brought up several times was finding joy again. When you're working with like-minded people and you have that support, that's where you find joy because you enjoy the people that you're working with. I mean, we've heard that loud and clear from paramedics – they love their work, they love the people that they work with.

If we can clear the other bureaucracy to allow our health care workers to do what they want to do, day in, day out, I think we'd be shocked at just how much our

health care system would improve just by listening to them and allowing them to work in the environment that they're asking to work in.

Mr. Speaker, I learned an awful lot from that session. I learned an awful lot from my physician because whenever I go in to see her, I hear about the different initiatives and how it alleviates a lot of the stress because they have others that they can count on.

One of the things – and I have brought this up in the House – one of the things that they feel that they are missing is access to a social worker, to a psychologist and including that within their team, because what they're experiencing is, is the levels of mental health illness that come in to them as primary caregivers is increasing. A lot of it is increasing for our young people.

I've had experience, personally, of sitting with her and speaking about one of the most important young people in my life. Because she works in a team like that, she's able to provide that relationship. My daughter trusts her to no ends and that's because she's been allowed to create that relationship.

I really think what's missing in our health care system is recognizing that the people that work in it know best. The people that are working in it got in it for a reason. We've started removing the ability for them to actually find the joy in their job.

When you listen to people and you start implementing things like this, like medical homes, and provide them the support that they need every single day so that they can do the job that they love, you will see that our health care will improve.

I have to say, we still have 23,000 people that don't have access to a patient registry. We still have such a lack of walk-in clinic availability. And so, people who aren't privileged like me to have a primary health care giver to build that relationship with, then they're not experiencing that.

Minister, this an excellent announcement. I'm happy for all of these clinics. I really appreciate that you're listening, and that Health PEI is listening that this is the way to go because all professionals would agree with you in this.

So, keep on going this way and make sure they actually are listening to the people working in the system because they know best.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

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

Mr. Henderson: Mr. Speaker, I'm not certainly as enthusiastic as the Member from Mermaid-Stratford on this.

This announcement really reminds me a lot of that old commercial called Tide and Cold Water. Can you see the difference? Can I see the difference? I don't see the difference. There's no difference. You've changed the names, Mr. Speaker. You've changed it from clinic to health centres. Then it was hubs for a while under another minister. Now it's homes.

If you go to the Canadian Medical Society, yes, they are advocating for collaborative practices, not changing the name. We already have collaborative practices in many of these arrangements, Mr. Speaker.

So, we've got five. I do recall in a question I asked previously to the Premier, when will these be operational? He said, first of April.

Mr. McNeilly: Yes.

Mr. Henderson: There's nothing different here than what you've got. It's the same old stuff, Mr. Speaker.

I also note that some of the existing homes that we probably will be calling them now. If I take the one in Tignish, then we have doctors that are leaving there.

So, you know this is quite a charade, is what I would say we would be doing this. I'd like to know when the 24,000 people without a family doctor can go to these clinics; if it's tomorrow or is it later on? We don't know that information.

So, I really don't feel quite as enthusiastic about it. I do agree, we have a health care system. We want our physicians and medical practitioners of all health

professionals to work collaboratively together; I support that version. But I want to see some difference here. I want to see something that's different than just the same; whether we're washing our laundry in cold water or hot water, I want to see a difference.

I'm going to say I'm a little bit less enthusiastic about this. I will give the minister time to see how this makes a difference over the next year or so. I do note that of the five, the farthest one west is Kensington, a long way from my riding. Now, I'll argue, I have that too. We have a health centre in O'Leary; they work together, the physicians, the health professionals are all there. I suppose we're going to change the name on that to it's a new health home. And all fine and dandy, but that's not governance and trying to provide better levels of health care services of primary care to Islanders.

So, I'm less enthusiastic but we'll give it time, Mr. Speaker.

Speaker: The hon. Minister of Transportation and Infrastructure.

Stratford Infrastructure

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

Later this afternoon, I'll be joining the hon. Lawrence MacAulay, Minister of Veteran Affairs and Associate to Minister of Defense and Member of Parliament for Cardigan, on behalf of the hon. Dominic LeBlanc, Minister of Intergovernmental Affairs, Infrastructure and Communities, and Deputy Mayor of the Town of Stratford, Gary Clow, to announce several infrastructure projects for Stratford.

These projects will ensure the continued growth of the community as well as the health and safety of residents and the environment.

Our government is proud to be playing a key role in funding these projects to help Island communities thrive and we want to continue to revitalize around communities and modernize our infrastructure and build for a better tomorrow, whether it's roads and bridges that help get our goods to the market

and visitors and Islanders alike to the places they need to go safely; active transportation trails that connect Island communities and promote healthy, sustainable lifestyles; public transportation options to reduce greenhouse gas emissions; or community infrastructure like health centres, sports and recreational facilities that make our provinces more vibrant.

We are directly investing in the quality of life of Islanders for generations to come. I look forward to joining members of the media, invited guests, and Islanders watching on live stream for today's announcement at 2:30 p.m. at the Town of Stratford Town Hall.

Thank you very much, Mr. Speaker.

Speaker: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: Thank you, Mr. Speaker.

Of course, it's good news that new projects are coming online. Although we don't know exactly what they are, it's great that they are not just new roads and paving, but are associated with active transportation, public facilities like sports complexes, quality of life. It all sounds very good. I'm really looking forward to the actual project that we'll see coming online.

Thank you, Mr. Speaker.

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

Mr. Henderson: I'd like to congratulate the minister on the announcement. It sounds like it's something that will make a difference in his riding and I commend him for that. I just hope that some more announcements will happen over time in other ridings all across Prince Edward Island, Mr. Speaker.

An Hon. Member: I've never seen him so brief.

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

World Autism Awareness Day

Ms. Jameson: Thank you, Mr. Speaker.

I rise today to recognize April 2nd as World Autism Awareness Day.

The goal of World Autism Awareness Day is to increase understanding and acceptance of people with autism and inspire a kinder, more inclusive world.

La Journée mondiale de la sensibilisation à l'autisme a pour but d'améliorer la compréhension et l'acceptation des personnes atteintes d'autisme et d'inspirer un monde plus aimable et inclusif.

Individuals with autism often face bullying and isolation because their unique abilities are misunderstood. For individuals and their families, the world can feel lonely because of a lack of understanding of autism spectrum disorder.

The *Autism Coordination Act* was enacted to improve coordination of government and community autism services and provide a continuum of services to maximize inclusion. Since that time, we have seen new and expanded programs and more investments to support diagnosis, intervention, and the activities of daily life.

I want to take a moment to highlight some of these achievements over the last year. They include creating an early intervention team to improve coordination within early intervention supports, and purchasing new education resources, equipment and materials for use in the IBI program. We have increased wages for special needs and autism assistants, we have added four more autism consultants to our public school system, and we have added two additional early years autism specialists at the department over the last year.

Throughout the pandemic, our school system has made children with exceptional needs a priority, offering respite programming while our schools were closed, and additional academic supports. Health PEI Public Health Nursing also worked in collaboration with the Autism Society of PEI to offer sensory-friendly vaccine clinics for those with exceptional needs.

Additionally, Health PEI also offers the evidence based Social ABCs program to help children and families with early

intervention practices while they wait for a diagnosis.

With the continued impacts of COVID-19, our government updated its guidelines to allow eligibility to specific programs with a COVID-19 related provisional diagnosis, which has been a tremendous support for families. Health PEI has also added an additional child psychologist to its Pediatric Psychology Services to help reduce wait times for diagnosis.

There is still so much more we can do, but we are certainly making a lot of progress. Over the past year, school-age autism funding has expanded, and now covers the cost of therapeutic activities such as equine or music therapy.

Les activités telles que la thérapie équine et la musicothérapie sont désormais admissibles à l'aide financière pour enfant autiste d'âge scolaire.

And just this week, the Province and CMHA-PEI announced that Stars for Life would receive \$200,000 to help purchase supportive housing to service individuals with autism spectrum disorder.

I want to thank the Minister of Social Development and Housing and the Minister of Health and Wellness and the staff in their departments for the partnerships we have created to support individuals and their families living with autism.

And Mr. Speaker, before I sit down, I want to give a big shout-out to the amazing NGOs who work day in and day out to support our families with autism spectrum disorder.

Je tiens à reconnaître le travail exceptionnel de nos organisations non gouvernementales auprès des Insulaires atteints d'autisme.

On World Awareness Autism Day, my wish is for understanding and a greater sense of community where all Islanders are respected and appreciated for their unique contributions to our Island.

Thank you, Mr. Speaker.

Speaker: The hon. Member from Summerside-Wilmot.

Ms. Lund: Thank you, Mr. Speaker.

I'm happy to speak to this, and I thank the minister for making this statement today.

I absolutely think it's important to recognize the gains that have been made for individuals living with autism and at the same time to recognize that there's still an awful lot of work that needs to be done.

We need to make sure that we're doing more than just paying lip service to some of these things, and there are absolutely tangible actions that need to be taken at virtually every step of life for individuals living with autism and for their families. I know I hear from families on a regular basis whose students are experiencing bullying in school, for example. We still have a long way to go on increasing understanding. There's no question about that.

Some Hon. Members: (Indistinct)

Ms. Lund: We also need to make sure that we are doing a good job of – making sure individuals have access to early diagnosis. I know that in the new autism report that came forward, I did see that the minister intends to make new pathways available for school-age autism funding, but I caution the minister of cutting those supports off for people after the age of seven, because we know not having access to a proper diagnosis means that those supports for respite care, those supports for community aid, for tutoring, for those therapeutic resources, are not available. And that has a tangible impact on families and on a student's chances for success.

And another message that we are hearing loud and clear is the need for meaningful consultation with individuals who are living with autism; not just talking to the families of children, but also adults who are living with autism, because I'm hearing loud and clear from people who are not feeling heard in all of that.

Another area that I would like to highlight while I'm on my feet is the area of travel and tourism for families that are living with autism. This has been brought to my attention on a number of occasions, and in fact, we're starting to see this is an area that's being developed in other places. We

are seeing hotels moving forward with creating spaces that they are referring to as "thoughtful rooms". Those thoughtful rooms are in quiet locations. They come with toys or small games for a child. They have additional safety features. There are sensory considerations in the room.

It means that families who are living with autism have an opportunity to travel, and that actually has a profound impact because there are so many things to think about for families currently that having these steps taken makes a big difference. In fact, a lot of those hotels offer autism awareness training for individuals.

I thank the minister for this announcement, and I would ask that we consider making a pot of money available for tourism industry on PEI to do exactly that and support families further.

Thank you, Mr. Speaker.

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

Mr. McNeilly: Thank you, Mr. Speaker.

Merci à la ministre pour la chose-là, et bonne job avec ton français aussi.

Thank you to the minister for the announcement, and good job with your French too.

April 2nd, it's important, and it's neat because the Leader of the Third Party and I were just talking, and this is what – it's about awareness, it's about understanding, and the Leader of the Third Party just said: Anything we can do to help families, we must do. So, those are the conversations and those are the days like today that we look to promote.

We're applauding you on this announcement and getting up and doing this.

I also want to say, Morell-Donagh did a great job, too, with championing this file, before in the past and in this Chamber, so congratulations to him.

Stars for Life is in my district and they just got funding for housing, and I'm just delighted with that. Stars for Life takes care,

looks after, helps support people once they've aged out of the system. So, you age out of the system, and then – but they are strapped right now, and they do some incredible work, so we can't forget that transition. There has been funding put in place, but they do incredible work. There's just so many people that require the services. We have to do a little bit more, and you're doing that.

I want to say a special shout-out to the Director of Student Services, your Director of Student Services, Terri MacAdam, who has done an incredible job getting in those positions and caring about this file relentlessly. A lot of hands make small work. We have a lot of work to do on this, but happy autism day and thank you, minister.

Speaker: End of statements by ministers.

Presenting and Receiving Petitions

Tabling of Documents

Speaker: The hon. Leader of the Opposition.

Leader of the Opposition: Thanks, Mr. Speaker.

By leave of the House, I beg leave to table a letter from the British Columbia Human Rights Commissioner which I referenced in my questions earlier today where she is calling for the mask mandate to be maintained in her province, and I move, seconded by the hon. Member from Summerside-Wilmot, that the said document be now received and do lie on the Table.

Speaker: Shall it carry? Carried.

The hon. Leader of the Opposition.

Leader of the Opposition: Thanks. I have two more, Mr. Speaker.

Thank you.

By leave of the House, I beg leave to table Question Period Hansard from 23rd of March of this year, and I've highlighted a couple of statements made by the Premier that day, including, "...I would say that we're the only jurisdiction that's counting. We're the

only jurisdiction that's testing", on page 850, and on page 851, "We report at a level that nobody else in the country is reporting." And I move, seconded by the hon. Member from Summerside-Wilmot, that the said document be now received and do lie on the Table.

Speaker: Shall it carry? Carried.

The hon. Leader of the Opposition.

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

By leave of the House, I beg leave to table a transcript from Dr. Theresa Tam, the Chief Public Health Officer for Canada, with a map of Canadian reporting from all of the provinces, including six provinces for which there is no information available, including our own, Prince Edward Island, and I move, seconded by the hon. Member from Summerside-Wilmot, that the said document be now received and do lie on the Table.

Speaker: Shall it carry? Carried.

The hon. Minister of Justice and Public Safety and Attorney General.

Mr. Thompson: Thank you, Mr. Speaker.

By leave of the House, I beg leave to table justice and public safety answers to questions taken the last day of the fall sitting in 2021, and I move, seconded by the hon. Minister of Finance, that the said document be now received and do lie on the Table.

Speaker: Shall it carry? Carried.

Reports by Committees

Introduction of Government Bills

Government Motions

Orders of the Day (Government)

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

I move, seconded by the hon. Minister of Social Development and Housing, that the 1st order of the day be now read.

Speaker: Shall it carry? Carried.

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

Speaker: The hon. Minister of Finance.

Ms. Compton: Thank you, Mr. Speaker.

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

Speaker: Shall it carry? Carried.

The hon. Member from Tignish-Palmer Road to chair the Committee of the Whole House, please.

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

A request has been made to bring a stranger onto the floor.

Shall it be granted? Granted.

Hon. members, we finished the Department of Health and Wellness and Health PEI.

Some Hon. Members: (Indistinct)

Chair: Shall it carry?

Some Hon. Members: Carried.

Some Hon. Members: No.

Chair: April Fool.

[Laughter]

Some Hon. Members: Hear, hear!

Mr. Hudson: (Indistinct)

Chair: Sure, you have the floor.

Mr. Hudson: New tide is no joke.

[Laughter]

Chair: Would you introduce yourself with your name and position for Hansard?

Karen Stanley: Karen Stanley, Director of Finance with Department of Health and Wellness.

Chair: Thank you very much, and welcome.

Hon. members, we are on page 112, the Department of Health and Wellness. The section Health Recruitment and Retention has been read and is currently under debate.

The hon. Leader of the Third Party.

Mr. Gallant: Thank you, Chair.

Sigh of relief from the minister's face when he heard your April Fools' joke that this section was done.

Anyway, my question is about testing and I think it should fail under here, but why are we still stopping people in Borden and testing them when we're available to test them and not testing when we're not available and giving them rapid tests to go home with? Why do we have all that personal down there to hand out rapid tests?

Karen Stanley: That's actually not in this particular section, recruitment and retention. COVID expenditures are covered under the Department of Finance.

Mr. Gallant: They are covered under what?

Karen Stanley: Department of Finance, or maybe when we get to the CPHO.

Mr. Gallant: Your department has nothing to do with all the staff in Borden?

Karen Stanley: We do in the CPHO section.

Mr. Gallant: Okay.

Chair: That'll come up under Health PEI.

Mr. Gallant: Okay, I'll save the question for there, thanks.

I'm finished for now.

Chair: The hon. Member from Mermaid-Stratford.

Ms. Beaton: Thank you, Chair.

My question revolves around a lot of conversation that had happened over the course of the year around classification of jobs and when we're trying to recruit, it actually was really difficult to recruit because we were hearing it was taking so long for it to go through the classification process through the Public Service Commission.

My understanding is that there – we hired somebody to work specifically on that. Can you tell me is that funded, first of all, out of Health and Wellness, I think possibly, yes?

No, you're going to tell me it's Health PEI; okay.

Can I just ask are they still – like, anything about that or do we need to wait?

Chair: Member from Mermaid-Stratford, I'd prefer if you wait –

Ms. Beaton: Okay.

Chair: – just so we can keep it in the right sections, so we can move forward.

Ms. Beaton: Okay.

I don't have any other questions then.

Chair: Shall the section carry? Carried.

Health Workforce Planning and Pharmacy

“Appropriations provided for workforce planning and innovation in the healthcare field.” Administration: 10,400. Equipment: 1,300. Materials, Supplies, and Services: 10,200. Professional Services: 12,200. Salaries: 506,100. Travel and Training: 4,200. Grants: 500,000.

Total Health Workforce Planning and Pharmacy: 1,440,400

The hon. Member from Mermaid-Stratford.

Ms. Beaton: Thank you, Chair.

So, a portion of this funding was used for the UPEI medical – for the medical school –

Chair: Okay, hon. Member from Mermaid-Stratford, I just want to – if you could just pause for one moment while we fix a technical issue.

[technical issue]

Chair: The hon. Member from Mermaid-Stratford, you have the floor.

Ms. Beaton: Great, thank you.

In this section, \$200,000 was funded in 2021/2020, to develop a medical school business plan for UPEI. Do you have that business plan, and can you table it?

Karen Stanley: We do have a copy of the business plan and we can table that, yes.

Ms. Beaton: That's wonderful, yes, that would be fantastic. Do you have a timeline on when you can table that?

Karen Stanley: Hoping to table that (Indistinct)

Mr. Hudson: Certainly, endeavour to table that by the first session of next week, hon. member, so Tuesday, Wednesday of next week.

Ms. Beaton: That would be great. I don't have any further questions.

Chair: Shall the section carry? Carried.

Total Health Workforce Planning and Pharmacy: 4,964,200

Shall it carry?

Shall it carry? Carried.

I'm sorry, hon. members, but if you're not paying attention, I cannot pass this and move forward.

An Hon. Member: Pass the Budget.

Chair: So, you have to pay attention to what's going on.

Chief Public Health Office

“Appropriations provided for administration of the *Public Health Act*, supervision of provincial public health programs,

immunization programs, disease surveillance and communicable disease control.” Administration: 27,200. Materials, Supplies, and Services: 6,677,800. Professional Services: 163,300. Salaries: 1,305,700. Travel and Training: 19,000. Grants: 1,600.

Total Chief Public Health Office: 8,194,600

The hon. Member from Mermaid-Stratford.

Ms. Beaton: Thank you, Chair.

Last year’s estimate was 5.5 million and the forecast of spending is 4.75 million, so that’s fairly significant under-spending.

Can you tell me where we underspent for that office?

Karen Stanley: It was primarily due the delay in the rollout of the shingles vaccine. We had originally estimated it, or budgeted for it to start January 1st, but due to the focus on getting the third COVID boosters and the pharmacists’ attention there it didn’t actually begin until the middle of February.

So, that was the savings into vaccination and associated costs.

Ms. Beaton: Can you give us an outline of everything else that’s covered under this section other than COVID?

So, anything that’s non-COVID.

Mr. Hudson: Well, certainly, member as Karen has referenced the shingles vaccines and that represents a substantial increase in the budget, hoping to (Indistinct)

Ms. Beaton: I understand that, but I’m looking for everything else. I guess, the crux of my question is, is all that non-COVID work still getting done?

So, I’m wondering – that’s why I’m wondering what are the other responsibilities under this department that’s paid for and funded out of this department and has there been delays or other things within that non-COVID work that hasn’t been completed or is behind?

Mr. Hudson: No, under that section of the department, a couple of other examples

would be the flu vaccination that takes place each year, which was not impacted by COVID; immunization programs, such as childhood immunizations: measles, mumps, rubella, hepatitis B and so on; a variety of those every year, and they were not impacted.

Ms. Beaton: Okay, thank you.

How many staff are left – so we know that there has been a lot of pressure on the CPHO in order to respond to COVID measures, so how many staff were left carrying out all of that non-COVID work? Like, where had we re-deployed and what the impacts in the office?

Mr. Hudson: Some of the programs, certainly, that I had referenced there, member, they would be delivered and have been on-going previously and delivered by our partner pharmacy’s and again the influenza vaccine. You look at the delay in the shingles vaccine, that was a new initiative of government, so the COVID response did impact a new initiative such as that.

Previous initiatives that were on-going would not have been impacted.

Karen, I don’t know if you have –

Karen Stanley: I’m just – could you repeat your question?

Ms. Beaton: I can, yeah.

So when you – I know you have a much broader detailed list than what I have here.

Karen Stanley: Yes.

Ms. Beaton: I guess I’m looking for what programs had less spending, or were underspent, or were delayed or anything like that that Chief Public Health Office would have been servicing Islanders with non-COVID?

So, I’m looking for those everyday activities and where did we underspend in some of those areas, or did we cut any of those areas?

Karen Stanley: We didn’t.

The Chief Public Health Office is a planning and leadership area, so a lot of the functions that the minister referred to as with the immunizations are actually done through Public Health, which is within Health PEI. We're providing the leadership and the oversight. We don't actually do the immunizations.

So, in this particular area, there would be no direct impacts to what these staff do. Some of the stuff may have gotten slowed down a little bit, but the frontline services, which would be impacted, would have been in Health PEI. They're providing the oversight and the guidance and coming up with the policy portion of it, but the programs are actually in Health PEI.

Ms. Beaton: Interesting. This is a curiosity question. When I go into the vaccination clinic, that's actually funded out of Health PEI? It's not actually funded out of the Chief Public Health Office?

Karen Stanley: That's correct.

Ms. Beaton: Okay. All right.

The materials and supply section has gone up significantly in this section. It's 2.6 million increase. Can you let me know where that's going?

Karen Stanley: Shingles vaccine.

Ms. Beaton: It's all shingles.

Ms. Beaton: This particular year, the shingles vaccine went up substantially. It will actually reduce again in '23-'24 because, being the first initial year, we have to take into consideration all of the people within the above age 65, whereas next year, we'll have just people that are turning 65 and the ones who chose not to take it.

Ms. Beaton: Okay. Thank you.

I am thrilled that the shingles vaccine has rolled out and that Islanders are getting it because I think it's extremely important. I won't say "although it was late and announced a number of times" – but I will say it. I think so many Islanders are going to benefit from this program, so thank you for rolling that out.

Then, my other question is around harm reduction. Is the harm reduction specialist under this section?

Karen Stanley: That's correct.

Ms. Beaton: That consultant received \$250,000 last year and will receive \$158,000 this year coming. Can you give us an update on that work? Or is there some sort of report or report card that you could provide us with what they are working on and what they have delivered so far?

Karen Stanley: There was actually a change from when we initiated the forecast where we had it all in consultants. The funding was spent but it was actually spent through a variety of initiatives including grants to PEERS Alliance and to the Native Council to continue the work that they're working on and to get ready for the next phases.

As well, we've been purchasing dispensing units and a spectrometer, everything to get ready so that now that we have the harm reduction coordinator position in place, that we will have the goods in place when we begin the programs.

Ms. Beaton: We've heard from many different – I mean, nationally, harm reduction, safe injection site is being recommended. There's calls for people working in harm reduction here that we have a safe injection site. I think the thought was, is that, when that was announced that they would actually be looking to roll out a safe injection site here in the province.

Can you tell me where we are with that? Are we any steps closer to having one here on PEI?

Mr. Hudson: Absolutely, we are. As far as timelines and the process there, though, hon. member, we'll bring that back. You do reference safe – safer is probably a more appropriate term, but there is other terminology that can be used there, as well.

I had to go off on a little bit of a tangent here. I believe that I had alluded to, in the House, that the federal government has provided – I think it was back in August, July or August of 2021 – an exemption under one of the federal acts that normally

the province under previous situations, previous to that time, would have had to go back to the federal government, actually ask for an exemption. The federal government gave a blanket exemption right across the country to all provinces and territories, so that would expedite.

Ms. Beaton: That wasn't my understanding of what the federal government did. My understanding what the federal government did was they streamlined the application process, but the provinces still had to actually apply. It wasn't that it was a blanket exemption. There was an application process that needed to be followed that wasn't nearly as complex or intricate of what it was prior to them bringing that in. That was set to expire in October of 2021.

Question, minister: Have you gotten an extension on that, because you would have to specifically ask for that?

Mr. Hudson: We'll have to get complete clarity on that because your understanding and mine differ somewhat. With that, we'll bring that information back, Chair.

Chair: The hon. Member from Mermaid-Stratford. I'll just give you a couple of more questions on that line, if you want –

Ms. Beaton: Sure.

Chair: – not if you want, but I will, and then I'm going to move to someone else and I can put you back on the list.

Ms. Beaton: Yeah. Sure.

So, there would have to be an exemption process that would go through with your approval. Have you approved that the Province of Prince Edward Island apply for that exemption under the federal act?

Mr. Hudson: As I had said in the answer to your previous comment, that your understanding and mine are different on that. Certainly, bring that back with regard to clarity.

Chair: The hon. Member from Mermaid-Stratford and then I'm going to move on.

Ms. Beaton: Just one statement on that – it's not a question. I don't understand how

you don't know that information because, really, that has to come directly out of your office in order to apply for that exemption.

Whether we differ in our understandings of it, I mean, I've gotten it from people working within harm reduction who have worked with others straight across the country and what that process was.

I don't know why we don't have that information or that knowledge readily available or on the tip of your tongue as to what that process is, because it's not like this is just something we're learning about. I struggle with that I'm not getting an answer on this one because, to me, that would be something that should be top of mind, similar to paramedics and all those topics that are discussed in here every day. I would expect that that would be something that would definitely be in your book ready to answer.

It's not really a question other than I don't know why – I can't understand how we wouldn't have an answer ready for that question knowing that it was coming.

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

Mr. Henderson: Minister, just regarding the shingles vaccine. I've certainly had some calls from the pharmacists in my area about the fees to deliver that vaccine. How long is your agreement with the pharmacy association on that?

Mr. Hudson: Hon. member, as you're aware, that there are negotiations going on for a new agreement with the pharmacy association. Anything different from this comment, I'll certainly bring it back.

But my understanding is that for the shingles vaccine program and the coverage of that, that is paid to the pharmacies, it will be ongoing. But again, like anything else, once we're into negotiations and are in negotiations with the pharmacy association, things – rates – are part of parcel of that.

Going forward, to say it's going to stay at that rate or that it's going to be higher or lower, I'd have to say it would be inappropriate for me to say definitely one way or the other.

Mr. Henderson: So, this is just kind of an add-on to the existing contract you have with the pharmacy association and that contract is expiring at the end of March, or when does that expire – the end of December?

Karen Stanley: The way the contract is written is that it actually continues on into perpetuity until the new one is negotiated.

Mr. Henderson: So, what's the incentive for government to try to correct or redistribute funds for the shingles vaccine?

Mr. Hudson: I would have to say that, to look at it even from a broader perspective, member, that when you have initiatives like the shingles vaccine, for example, diagnosis and treatment of UTIs, if you have an agreement that encompasses – like we do – we want to look at ways that scopes of practice across the board can be expanded upon, but it slows the process down understandably, when you continuously are in a situation of doing one offs. So, that's to me, one of the big ones, and just to have that clarity from both sides.

Mr. Henderson: Have all pharmacies on Prince Edward Island agreed to administer and distribute the shingles vaccine?

Mr. Hudson: We can bring back a complete list of that. I don't believe that all have, but the vast majority have, but we (Indistinct)

Mr. Henderson: So, is that a choice of the – in other words, you've got a set fee, and you either sign in and provide that service or you don't; it's basically for them to opt in or opt out. So that's where I'm kind of saying, my understanding is that some of them aren't delivering it, it's not just at any – and I know one of the ones I talked to in my riding said there was a lot of pressure to say, if I don't provide it then nobody gets it, right? So, it's kind of hard for within a certain region. So, that would tell me that there's obviously – if there's not everybody signing onto it, that the numbers aren't worthy of them to do that. So, I guess, all I would argue is that – great to see the shingles vaccine being provided for those who are over 65.

But, another – one more question to add to that is, did the Chief Public Health Officer,

did they make the recommendation for you to provide this service? Or is this something that you had as an election campaign and you just said to the Chief Public Health Office, we're delivering it? So, you take a lot of advice from the CPHO, so I'm just wondering where – what the recommendations were.

Mr. Hudson: I think that we have to differentiate, hon. members, from when we're taking advice with regard for example, COVID response. It's certainly recognized the importance of that demographic with regard to the shingles vaccine.

Yes, absolutely it was in the campaign platform, or one of the planks in that platform that was very pleased to be able to deliver on that, it is a great program.

I have to say that it is one that all of the feedback that I have received has been extremely positive.

Mr. Henderson: But ultimately, I get your point, so it's an election campaign and you're going to do it, but you'd assume that you would check with the Chief Public Health Office to say, this is an option that we have, are you in agreement to that's a good use of resources? I would assume that they would agree to that or they would say, no, minister, maybe there's a better use of your resources to deal with – because we're talking about an illness that effects a lot of people. But there are many other illnesses out there, and you also have your drug formulary. So, you've got to try to balance those resources.

I'm just wondering, can you assure me that the Chief Public Health Officer agreed that this was the right choice of resources to spend on this particular illness?

Mr. Hudson: Well you look at the resources that have been utilized and I guess I'm expanding a bit here, not to open any door; but the increase in the number of medications on the formulary, things along that line.

Do I go directly to the Chief Public Health Officer and ask, is this – I think that there specifically with regard to Shingrix, it is the recommended vaccination for shingles, that

there are others, but it's sort of the top shelf one. So that would be the rational; the reason that it was used.

There is ample medical evidence right across the board for the advantages for the whole; not only in an individual basis, but for the whole health care system of utilization of the shingles vaccine.

But, back specifically, yes.

Mr. Henderson: So, when you say it was recommended as the proper choice of medication to deal with that particular illness, recommended by who?

Mr. Hudson: You just have to look, hon. member, at the medical – the research that has been done on this. If you want to state publicly that you think that we should take Shingrix off the shelf, I'm not going to do it, you go ahead, fill your boots on that recommendation if that's your feeling.

Mr. Henderson: No, I'm not saying that it should be taken – I'm just trying to ascertain to the rationale behind why that particular medication was chosen by – over the other Shingrix – or the other medications that would deal with the shingles issue. And once again, you say that the Chief Public Health Officer recommended that, that's reassuring, don't get me wrong. Do you have any documentation that there's a letter that she recommended that? Or is that just a verbal?

Mr. Hudson: We'll certainly research that and see if there's anything to that effect and bring it back.

Mr. Henderson: And I appreciate that, and I'm not trying to be difficult, and like I say, I get the Shingrix and like I say, it was one that my time there, we mulled it over pretty substantially, too. But in the scheme of things, with the consultations with the Chief Public Health Office, we made decisions actually to go more with the flu vaccine at the time and make that a – the flu shots as it was deemed to be probably better value for the money that we were going to allocate towards something, to have the most impact.

So that's why I'm just wondering, if you went through a very similar process and if

you did, (Indistinct) you would be able to state, as well as to back up that statement.

So that's all I wanted to say. I appreciate that, Chair, and I'll pass the floor to somebody else.

Chair: The hon. Member from Charlottetown-Brighton.

Mr. Hammarlund: Thank you, Chair.

I'm certainly, personally grateful that you do provide the shingles vaccine and the resource I've seen, does indeed support that that's the use and if it pays off for the public service, to do so.

I also share the minister's admiration for Dr. Morrison, and I think the government is wise to follow her medical decisions. But I'm a little bit puzzled when it comes to information; as we know between a patient and a doctor, doctors are definitely encouraged to share as much information with a patient as possible because the involvement of the patient is really key to that relationship. Much as I appreciate the fact that Dr. Morrison is careful about how she releases information because she wants to protect the privacy of the individual patients, I do not understand how the minister can claim that information – statistical information – somehow is a medical decision; it's a political decision. It is just information, it's not as if knowing what is happening in the Province with COVID will result in more COVID infections for instance. I don't think you're claiming that or that Dr. Morrison is claiming that. What exactly – where are you coming from in withholding that information?

Mr. Hudson: I'm not sure, Chair if this is relevant to this – ask your opinion.

Chair: Yeah, hon. member, could you rephrase your question, please to make it relevant to this section?

Mr. Hammarlund: Well, I thought it was relevant to this –

Chair: To the line I chose.

Mr. Hammarlund: To the Chief Public Health Office, similar to your other

questions raised in this. If the minister doesn't want to answer it then, it's obviously his privilege.

Thank you.

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

Mr. McNeilly: Thank you, Chair.

So, the salaries, how many people is the 1.3, and can you give me a breakdown of that?

Mr. Hudson: What I have here, hon. member is eight positions.

Mr. McNeilly: Eight positions? Okay, and how many – is there just two physicians there?

Mr. Hudson: Two physicians? Like doctors?

Mr. McNeilly: Yeah.

Mr. Hudson: Yes, Dr. Morrison and Dr. Sabapathy.

Mr. McNeilly: Just getting back to the harm reduction which is under this section. So, the harm reduction, I know there's a coordinator, we've talked about that, but a lot of the services that the harm reduction person would be, under the department of social development, which is the minister over there. How are you coordinating health and actually social development to make sure that we're talking about servicing the clients?

Mr. Hudson: It's a good question.

We have the social deputy's committee that meets on a regular basis to provide that coordination.

Mr. McNeilly: So, we don't have a harm reduction necessarily, we have a person that works with the Native Council and PEERS Alliance. How are you as a minister championing that? And when will we see harm reduction? It's bigger than what we talk about because it's a change of mentality. As a minister, when do you see us having an announcement that will say we are moving towards harm reduction for Islanders?

Mr. Hudson: Oh, I think you're bang on, hon. member, that is it – it's broad. It's harm reduction but when we talk about harm reduction, we're talking about so many different things. We're talking about tobacco; we're talking about gambling; we're talking about alcohol reduction; we're talking about opiate replacement therapy – all of these things, which all of them are important. All of them are initiatives.

Karen had alluded to some of the new investments, like dispensing and machines that – I don't know, Karen, if you want to addition on that.

Karen Stanley: No.

Mr. Hudson: Okay.

Mr. McNeilly: We do talk about dispensers. I'm not sure, are we talking about – there's obviously, in and around Charlottetown, there's a lot of needles being found. The snow is melting. There's a lot of needles. That's the reality of it. I'm hearing it. I work with the hon. member from Charlottetown-Brighton on the board of the Community Fridge. This has become a problem. What do we do? We're at this position right now. We have a piecemeal project and we're finding this. What do we do, minister?

Mr. Hudson: I would ask, maybe, for elaboration, when you say a piecemeal project.

Mr. McNeilly: Piecemeal because there's no strategy. There's a person and we're exploring it. Harm reduction is – a big part of it is trying to make sure that we're meeting people where they are. Meeting people if they're in the middle of their addiction, we're there to support them to try to encourage them to get out. We don't have that in Charlottetown.

Mr. Hudson: No, and it's a good point, member, that with the harm reduction coordinator that has been hired, moving forward with regard to a harm reduction strategy, ones that are going to be from across the communities, province, but certainly different NGOs, for example, that will be involved. I think that it is important that we do. I would agree.

I would say that we both agree that the strategy is important because it is broad. What might be required, for example – and until we actually do have a strategy – may be required here in the Charlottetown area might be different in West Prince. It could be different in Eastern Kings, so that's why you have to move forward to have that opportunity for public engagement, public feedback.

Mr. McNeilly: I'm looking for you and the Chief Public Health Officer for leadership because we're falling behind. The difference is abstinence. We have a lot of abstinence as the minister of social development has shelters that primarily look at abstinence; it's the abstinent model. Harm reduction is not that.

So, we're looking at – there's a contrast between the two and they're clashing. We need leadership right now from you, minister, to figure out where are we moving to in the next six to nine months on this. I'll leave it there.

The other thing is the CPHO report. The CPHO came out with a report, and I talked about it today in questions, about where we're falling behind as a province. It's in your own report. What do you do with that report as minister?

Mr. Hudson: Well, you look at – you brought up numerous times, hon. member, with regard to wellness strategy, but you also have to look, I think, at some of the initiatives. I have referenced Live Well PEI and just to get back to the strategy, I do agree with you on that, that it is important that we move forward.

But I think even the previous strategy, member, that there were initiatives that have been to a certain extent build upon. You look even, and I know I'm going off on a bit of a tangent here, but we're prepared to – the capital Budget investments that we've made in health care facilities.

I can certainly bring back a complete listing of the wellness initiatives but, going back, once again, with regard to that overall strategy, we're on the same page there.

Mr. McNeilly: I'm going to ask you about wellness questions and health promotion,

and we'll be here for a little while, because I have a lot of questions. But, right now, for the report, minister, I'm saying the Chief Public Health Officer came out with a report that's very, very important. I need to know that it's not just a report that's going to sit on the shelf.

What are you doing, minister, to promote that report as the minister and make sure that we're working towards that? How do you promote that report?

Mr. Hudson: What we can do there is bring back all the information with regard to the Budget – because it is the Budget that we have in front of us here – that are relevant and address the issues that you have brought forward there.

Mr. McNeilly: CPHO said race is a public health emergency. What do you say to that?

Mr. Hudson: Pardon?

Mr. McNeilly: CPHO said a couple of years ago race is a public health emergency. Race – colour of your skin, the –

Mr. Hudson: Yeah.

Mr. McNeilly: Yeah.

Mr. Hudson: You, I think, look – and again it's a comment from CPHO that, with a little latitude. There are a number of initiatives right across government with regard to diversity, inclusion, training that is available. I agree that we've seen situations, incidences that are concerning and that need to be addressed. Yes, so, with regard to the department, though, of health and wellness – and there's other initiatives within Health PEI – we'll bring back information on the programming that is available there.

Mr. McNeilly: The reason why I'm asking that is because people come to me for those things and I see what's going on in the system. It's hard. I hate to ask you and put you on the spot, but I need to know that we're taking this seriously, both from a hiring standpoint and, as well, from a patient standpoint when they're getting services. I just want to make that comment.

Mr. Hudson: Fair comment.

Mr. McNeilly: Thanks, minister.

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

Ms. Altass: Going back to this discussion on Shingrix, quickly, and I might have missed this, but did you provide a schedule for when you're going to be expanding coverage to other age groups?

Mr. Hudson: I really do appreciate the question on that. It is not in this year's Budget. I do feel that it's warranted to look at. You look at the recommendations but again, it's not in this year's Budget.

Ms. Altass: That is disappointing to hear, I'll be honest. You mentioned the research that you had looked at that showed support for Shingrix as really the best choice for shingles vaccine at this time. I would agree. I also reviewed quite a bit of research on this when I put forward the motion in November 2020 for this, for coverage of the shingles vaccine.

But the other thing that I also came across was the importance of covering those particularly in the age 60 to 70 range. That was what was really recommended as the age group that is most at risk and will also have the longest impacts from having shingles that will continue on for many, many years because they will still be with us for years, quite hopefully.

When we're not covering that 60 to 65 age range, we've actually, I think, really missed – if you are following the evidence and the research and what recommendations are – we're missing a key group that are still at risk. It is disappointing to hear that's going to be put off for an entire year, at least. Can you tell me what the uptake has been for those who are 65 and up at this time?

Mr. Hudson: I will have to bring that information back.

Ms. Altass: Just one more question on this. In terms of your acquiring enough of this vaccine to ensure that all Islanders who are eligible have access, do you have any concerns about that at all? I only mention that because in the time when I brought forward the motion in 2020 and since that time, the company that makes Shingrix,

they've actually expanded very quickly. They are distributing the Shingrix vaccine to many more countries than they were just that short time ago, in November 2020. They scaled up very quickly; just things that I've read on this.

So, I just want to make sure that we have locked in our supply line on this so that all Islanders who are eligible will be sure that they have access.

Mr. Hudson: Yes.

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

Ms. Altass: Okay. That's all, Chair.

Thank you.

Chair: Shall this section carry? Carried.

Population Health Assessment and Surveillance

“Appropriations provided for monitoring and reporting on health status and trends in the Province. The unit supports evidence-based decision-making and promotes continuous improvement by generating, analyzing and interpreting information.”
Administration: 4,300. Equipment: 2,800. Materials, Supplies, and Services: 600. Professional Services: 16,000. Salaries: 379,300. Travel and Training: 300.

Total Population Health Assessment and Surveillance: 403,300

Shall this section carry? Carried.

An Hon. Member: Question.

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

Ms. Altass: This is where population health reports would be, is that correct? Sorry, under Population Health and Assessment and Surveillance. Yeah, okay.

Have you been able to keep up with reporting information, non-COVID reporting information over the past two years?

Karen Stanley: Yes.

Ms. Altass: Okay, so there's been no change in the amount of data that we gather and are able to report on, then?

Karen Stanley: (Indistinct)

Ms. Altass: I'm also wondering about your department's use of the vital signs project that came out, that report that came out, I believe it was a couple of years ago now. But it contained a lot of information on health and wellness.

Can you tell me a bit about how you're using that data to improve the health and wellness of Islanders?

Karen Stanley: We'd have to bring that information back.

Ms. Altass: I noticed there was an underspend in salaries; a bit over \$100,000, it looks like.

Was there a position unfilled, or what happened there?

Mr. Hudson: There was a data manager who was on leave, I do believe, for a certain length of time.

Karen Stanley: Yes, she was actually seconded to the COVID response. As well, one of our epidemiologists was focused on COVID for part of the year, therefore her salary was allocated there.

Ms. Altass: So, how were you able to manage, then, for the regular – you know, the work that those folks would have been doing if you didn't replace them? How is that possible that there was no impact?

Mr. Hudson: Great employees.

Karen Stanley: Pretty much, yes.

Mr. Hudson: No, and it does go back to that. I don't say that flippantly – is just that the work, the dedication of these employees right across the board, but certainly the ones in this section here as well, that have went above and beyond to continue with their own work, as well as to have to be able to step up and go above and beyond with other initiatives, as well.

Karen Stanley: We've also – you may notice that the consultant budget went up by about \$30,000. We have been outsourcing when necessary.

Ms. Altass: All right, that's actually the part that I wanted to hear because while I completely agree, staff are going over and above, no doubt, and that's also my concern, is that we don't want to burn out staff. We need to be respectful of our agreements with those staff and what is within their job, that when we do pile things on them, certainly, that is not an okay thing either. It doesn't matter how hard they're willing to work. We need to make sure that we protect them and that they are able to – they're not burnt out.

So, it's good to hear that there was some – I'm glad you threw that in at the end because I was getting a little worried that we weren't really considering the experience of the workers there.

This is really where a lot of the evidence comes from. This is our evidence-based team that is providing evidence for us to make good decisions in terms of health and wellness of Islanders.

I expect, you know, of course, minister, that you would review this work regularly. I'm sure the value that comes in terms of your position and having to understand – having the basis of knowledge to make good decisions.

I'm wondering, what non-COVID public health concerns or challenges has this team brought to you recently that are concerning to you or that you're going to be working on in the future, based on the evidence that they've shown?

Mr. Hudson: That's a very broad question, and it extends over a number of the sections, certainly, within health and wellness and Health PEI. We had a discussion here – questions from the Member from Charlottetown-West Royalty, with regard to health promotion and wellness, harm reduction and the like.

It's right across, not only this section, but other sections as well. You look at the initiatives that have been undertaken, and again, I reference harm reduction, you look at the shingles vaccine, these types of things;

absolutely, that's information that comes forward.

But the information, I'll be honest, member, when you look at a number of acts, regulations and the like across the board, to get into the day-to-day of each section of health and wellness and/or Health PEI, it's difficult to. So, the information that comes to me is going to be at a higher level with recommendations. And as I had mentioned before, too, you have to rely, certainly, on the staff, on the very qualified staff that we have, to bring that information forward.

Ms. Altass: I think that, absolutely, listening to the recommendations from staff, that's important. That's really step one, I would suggest. I mean, I remember, minister, at one point, I remember you saying a few times when I was the health critic, you have a fire in your belly, I remember that, for this work. I think when you have that real passion for this, it's not enough to just say, okay, here are the recommendations. I'll just go ahead and do that.

You need to say: Okay, these are the recommendations; I need at least a general sense of why these things are being recommended. And this is what the incredible work of the folks in this area of your department are working on. They are gathering the evidence so that those recommendations can be based in sound research and evidence.

So, it's not enough, really, just to say: Okay, you folks do that, and then I'll just – I'm just being honest here – I'll just do what's recommended. You have to take an interest in where that's coming from.

Now, does that mean that you're going to read every single piece of research that that team is going over? It doesn't, but what it does mean is that you can certainly take a look at a literature summary. You can work with your staff to ask: Okay, who are the key people working on this? What are they saying? What are the contradictory positions? And how did you come to those decisions?

Those pieces – that is your job. That is something that I would strongly encourage you to do because I know that the folks doing this work would appreciate it. They'd

love to know that you're engaged in the actual evidence behind what we need to do to make people healthy and well, and then it will help you make better decisions.

I appreciate that you've tried to give me a bit of an answer here. It was a broad question, but if you had that fire in your belly for making these changes, you would have some answers: Yes, here are some things I have seen, and I am working diligently to make the changes needed based on this evidence. And it comes to mind right away because you're passionate about it.

So, I would encourage you to spend some more time looking at the work that the folks are putting forward from this section of your department.

That's it. Thank you.

Mr. Hudson: Appreciate the comments.

Chair: The hon. Leader of the Opposition.

Leader of the Opposition: Thanks, Chair.

One of the things that the CPHO oversees is issues with recreational drugs in the province here, and we recently discovered that fentanyl is being found in fake oxycodone tablets.

I just want to check I'm in the right area for this, because we're looking at health status and trends in the province. Would questions regarding the opioid crisis be appropriate here?

Karen Stanley: It would've been the previous section, actually, when we were talking about the harm reduction and the information that was going on there.

Leader of the Opposition: Chair, may I ask that I could ask a couple of questions on this?

Chair: If they are willing to engage, a couple of questions.

An Hon. Member: No. We're already done of that section.

Mr. Hudson: The information from the previous questions, it was said that we would be bringing additional information

back. I think it would be helpful, probably, and appropriate for the Leader of the Opposition to have that information and review it.

Chair: Okay, Leader of the Opposition, do you have questions other than – on this particular section?

Leader of the Opposition: Just, I didn't hear terribly clearly then, so were questions asked about fentanyl and the risk that it poses to Islanders in the previous section? I didn't hear any.

Chair: Minister.

Mr. Hudson: What was asked in the previous section was with regard to going forward, harm reduction, safer consumption sites, things along – so I would say that that would encompass where you were – your questions here.

Leader of the Opposition: So, Chair, I'd ask for your opinion on this, as to whether specific questions regarding fentanyl found in oxycodone tablets here just announced yesterday, is something that deserves to be asked on the floor of the House, or whether – or not?

Chair: I judge by the – how do I say it, the participation or the engagement, also the amount of questions that were asked in the section that it pertains to. And, I'm just going by my numbers, and there was over 30 questions asked through the last section. So, if you could bring that back either to the House or to a sidebar, it would be – make this process that we're doing with the budget more efficient. So, we're trying to stay section by section, that section was already read and debated and carried.

So, do you have any more questions on this particular section?

Leader of the Opposition: Chair, when I read the description of what Population Health Assessment and Surveillance does, it looks at trends in the Province. And we know in other provinces trends related to opioids and the number of serious incidents, including many, many deaths; are of great concern. We just learned yesterday that fentanyl is here on Prince Edward Island, probably not the first time it's been here but

the first time I've seen a story specifically, about it. So, I apologize for missing the fact that this should have been in the previous section, but I think for Islanders, for the knowledge of the population here, it is important to have a discussion on the presence of fentanyl here and the risks that that poses for Islanders.

I would request that these questions be allowed.

Chair: I absolutely agree with you, fentanyl has – not only has it been here yesterday, I've asked those questions on the floor of the House several years ago, regarding fentanyl. And they've been asked by other members since that time, so it doesn't pertain to this particular section.

Again, as Chair, I have to conduct this as effectively as I possibly can. And in all fairness, that section has been carried; those questions can be asked on the floor of the of House on any day.

Leader of the Opposition: Thank you, Chair.

Chair: Shall this section carry? Carried.

Health Promotion

“Appropriations provided to support the health and wellness of Islanders and to promote a pro-active process to enable Islanders to increase control over and to improve their health. The unit is responsible for implementing the provincial Wellness Strategy within the Department, across Government, and in partnership with non-Government organizations and communities.” Administration: 5,700. Materials, Supplies, and Services: 104,300. Professional Services: 99,100. Salaries: 494,500. Travel and Training: 4,200. Grants: 441,500.

Total Health Promotion: 1,149,300

The hon. Member from Charlottetown-West
Royalty.

Mr. McNeilly: Thank you, Chair.

Materials, supplies, and services: there's \$8,000 budget forecast for 2021-'22; for

2021-'22, the budget estimate was \$100,000 and now it's back to \$100,000.

What happened with that line?

Mr. Hudson: The information I have, hon. member, it's a decrease in the conferences that would have been hosted, travel that would be substantially reduced as a result of COVID restrictions.

Karen Stanley: Yes, it was a decrease in the meetings in external training sessions and hospitality and hosted conferences, that we done virtually, instead of being done in person.

Mr. McNeilly: So, the conferences went ahead? Just virtually?

Karen Stanley: I would assume so, but I would have to check?

Mr. McNeilly: Okay, when I see – because you saved on that money, did you put that money into other health promotion services for Islanders?

Karen Stanley: I would say no, because we did have a decrease between the budget and the forecast of \$300,000.

Mr. McNeilly: So, that's a big number. And health promotion, it doesn't matter if we have conferences, it matters if we're promoting the health of Islanders and I'm just worried about that number; extremely worried about that number.

Karen Stanley: A lot of that number is actually related to the Live Well PEI platform, which did not – it didn't get up and running until – or even just have the part of the it launched until the fall; so it's just behind schedule.

Mr. McNeilly: There's \$250,000 in the Live Well – it just says Live Well PEI, it says platform. So, what does the word platform mean? We're not – what is a platform in health promotion?

I see it from 2021-'22 is \$28,000 you spent on that platform. You're spending another \$250,000 this year coming, is that correct?

Karen Stanley: The expenditures will most likely actually be embedded within the

section. We have it highlighted as grants so that we are able to identify the funding that will be through the – in the budget. But, in all likelihood, similar to this year, some of the expenditures will probably end up being in professional services or throughout the budget.

Mr. McNeilly: Throughout the budget in this section –

Karen Stanley: Throughout this sections budget.

Mr. McNeilly: So, in other words, we're looking at a decrease here because of conferences, we're looking at expenditures into a platform. What is Live Well PEI doing?

Mr. Hudson: So, as you may know – but it is an umbrella, it's a brand and does promote wellness, health, prevention of disease and the (Indistinct) – you may have seen online some of the initiatives and promotions through the Live Well PEI brand, which comes back to health promotion of wellness. And, it's targeted at prevention.

Mr. McNeilly: Is it based on your wellness strategy?

Mr. Hudson: I think we had the discussion on that in the previous section.

Mr. McNeilly: Oh, I tried.

An Hon. Member: (Indistinct)

Mr. McNeilly: We don't have a strategy. So, it's aimed at prevention, but we don't know where we're going. So, we see a lot of money in here; what are going to be the outcomes? Let's fast forward a year, what are going to be the outcomes minister that you expect out of this \$300,000 brand?

Mr. Hudson: What I expect the outcomes to be – and that is a general question; it would be great if those outcomes and very positive outcomes could be realized in a month, two months. I think some of these initiatives though that in conjunction – I'll say with harm reduction for example, tobacco cessation, it's over an extended time period that you do see the results on that, it's not something that you see immediately.

But at the same time when you look at the Live Well PEI brand, again, prevention results in not needing treatment at some point down the road. And that, I guess, I would have to say, hon. member in a nutshell, is the goal of Live Well PEI is prevention.

Mr. McNeilly: I applaud the staff in there and I know what's happening in Live Well PEI, I watch it. But it's on Facebook, it's on Twitter, they're trying their best to do what they're supposed to do. But Facebook and Twitter doesn't cost \$250,000. Where is that money being spent? And how is it serving Islanders to live a better life?

Mr. Hudson: No, it's a fair question, we'll bring back the complete break down on that.

Mr. McNeilly: I didn't hear that answer.

Mr. Hudson: I say, it's a fair question, we'll bring back the complete breakdown on that hon. member.

Mr. McNeilly: You can see where my frustration is, minister, but I'm trying my best. We have a good relationship, but these are important questions, I know we asked them today.

The \$182,000 you mentioned in previous sections, how does that fit into this section with a wellness – I think you were organizing a wellness conference that we didn't know when was it was going to take place. But then today, we see that the money spent on conferences isn't there. So, are we talking about additional conferences based on a few days ago? I think it was an Active Living conference.

Karen Stanley: Yes, the funding for the wellness initiatives is in our Strategic Initiatives because it is a new initiative, but we will be working very closely with this area, the health promotion area, as well as other areas of the Chief Public Health Office and Sport and Recreation to ensure that all areas of the wellness strategy are developed.

Mr. McNeilly: How many conferences are we going to have in the next fiscal year to justify us spending \$280,000 on just conferences?

Karen Stanley: It won't be all on conferences.

Mr. McNeilly: How many conferences are we going to have regarding health promotion, within the wellness strategy, in the next fiscal year, minister?

Mr. Hudson: I think the best thing would be that we'll bring back a complete breakdown on the two sections there that you have asked about.

Mr. McNeilly: In February 22nd, 2021, you wrote me a letter and I just want to go through some of that.

It says: In 2020, due to COVID-19, wellness initiatives in Island communities were limited due to public health measures. These measures continue to make it difficult to engage local activities, but staff have begun the outreach. We will be relying on technology and other approaches to engage with partners and organizations in the coming months.

That was a year ago. What have you done?

Mr. Hudson: I think it's reflected here.

You look at the materials, supplies and services, the reduction that took place and needed to take place over that time with regard to how staff interacted with community organizations and the like.

I think back to last evening, hon. member, and Sport PEI awards, just as an example, though. The funding that was provided to keep, just for example, some of our local arenas open and through different departments, as well. But, again, it has to be across government, as well.

Mr. McNeilly: I appreciate that. I'm going through this letter and this letter I've read through 100 times because I don't understand how you're getting Islanders to be healthier. I don't understand.

That letter was a year ago. There's been maybe five sessions that go! PEI did online since that time. Nothing's being done. Nothing is being done to promote Islanders health. You build the Active Transportation trails. Good job. Excellent. Now they're not being done. I expect this year that people are

on those trails and you coordinate with your ministers because this is enough.

Because when you fail on this file, minister, I fail, and I feel like I'm failing you because I'm not pushing you hard enough because nothing is being done. You have \$8,000 spent last year because conferences weren't being held. We needed to take that money and make sure that Islanders become healthier and we didn't do it. I didn't do it for you. You didn't do it for Islanders. Do you see where I'm coming – why I'm frustrated? Because the pandemic hit, people stayed inside, okay, and their health outcomes – when we needed them the most – we weren't there for them; we just weren't there for them.

I'm frustrated because I don't know – we don't even have a strategy. It's right here, wellness strategy.

So, minister, will you commit to going back and making sure – within the next three months – I'm talking, we need a wellness strategy, a comprehensive wellness strategy because Islanders deserve it and I'm not doing my job unless I push you.

Mr. Hudson: And you do. You do a good job of pushing me.

As far as a commitment, hon. member, on the timeline, I hesitate to say. You ask for a commitment within the next two to three months. I hesitate to say yes, that that's going to be a deadline. I have given a commitment here previously and will continue to with regard to the strategy, but it has to be done right.

I'm not the one – I'm not the expert to say that it can be done within two or three months. I'm not going to give you that commitment here today and then have staff, the experts in the department, tell me: I'm sorry, minister, but the commitment that you made is not a realistic timeline.

Mr. McNeilly: Is there anybody on the list, Chair?

Chair: You have the floor.

Mr. McNeilly: Okay, perfect.

It goes on to further to say in the letter: As the Minister of Health and Wellness, my mandate letter expressly states that I work with colleagues in the Minister of Social Development and Housing and the Minister of Education and Lifelong Learning to make progress in implementing comprehensive wellness strategy focused on active living, healthy eating and proactive healthy lifestyle.

This was a year ago you wrote me this and here we are. That's why I am like, three months – have you worked with the other ministers to develop a wellness strategy?

Mr. Hudson: We are in that process.

Mr. McNeilly: You have worked with the Minister of Social Development and Housing and the minister of education to do that?

Mr. Hudson: As I've said before, we have a social deputy minister's committee that work on a number of different initiatives.

Mr. McNeilly: Are those minutes available? I want to see where it says that you're working on that.

Mr. Hudson: I will check on that, Chair, but minutes of those committees, I am not sure if they could be made available.

Mr. McNeilly: I'm going to give you a compliment because in here, it said, in this letter – the first thing you wrote, this was a year ago – it said to develop a kid's school food program, and you did that. You did that with the minister of education and social development, you did that. That's where I want to say I'll give you a compliment. I don't know if you worked on that, too, but it's in this letter.

Mr. Hudson: (Indistinct)

Mr. McNeilly: There you go, because I think I'm being a little bit hard on you.

Mr. Hudson: There are initiatives there, too, member. We do have a good working relationship, I'll have to say that, and I do appreciate where the member is coming from. But I think, you look at – and to be honest – KidSport, 200,000?

Coming up in another section you'll see an initiative that I had great compliments on from individuals last evening. But I do, I appreciate your passion on this and (Indistinct)

Mr. McNeilly: In this section, too, we do talk about – I think you're doing a great job in tobacco reduction. I think that we have a long ways to go in alcohol and the use of alcohol in Prince Edward Island.

There's a lot of different things in this section, not just about active living. But if you do well in this section, and we're talking about two streams – we talked about it today – medical homes and neighbourhoods. There's no health promotion in those. We need to put health promotion in there. We need to educate at the front line, so I'm looking for announcements like that. This is important stuff.

The last thing is, minister, I am not going to vote for this section. I can't; I am not going to pass this section. I just can't. I can't, because it's been too long. I mean, that might not mean anything in the grand scheme of things, but I want to work with you. I think we have a great working relationship. I grilled you here today because I think this is the future.

This stream is – when you talk about upstream, this is it. If we don't put more money into this – you're the Minister of Health and Wellness, okay, and every time I say that, that means a lot. I want you to remember that and I'll continue to work collaboratively with you to do this, but I appreciate your time today and I appreciate your time, Chair.

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

Ms. Altass: In this section, just so I understand, grants are allocated to promote improved health of Islanders and promote well-being, so that's part of what happens in this section, right?

Karen Stanley: Correct.

Ms. Altass: One thing that's been unclear to me: If that's what happens in this section, why do we need the Alliance for Mental

Health and Well-being to distribute grants to promote the health and well-being of Islanders? Why can't it just come directly from this part of your department? Those grants are incredibly important. Why do we need that extra layer, that extra gate keeper? What does that bring?

Mr. Hudson: It's a fair question. I think that you look at the resources within different divisions, but it also – the Alliance for Mental Well-Being is just that. It's an alliance. It's a partnership in the communities and the coordination of that. You look at the number of applications that came in, and I know that the Alliance for Mental Well-Being is under a different section, but I just want to make that comment here in this section.

Ms. Altass: And I do realize the Alliance for Mental Well-Being is in another section, but I bring it up here again just because this is the part of your department that is already doing that work. So, I believe that the operating costs for the new Alliance for Mental Well-Being is about a million dollars; not on the grants, not going to different organizations doing the work, but simply on the alliance itself, the administration of the alliance.

Is that right? It's about a million – oh, I guess I can't ask that here –but what I do know is that if you were just to increase the capacity of this part of your department to be able to distribute those grants directly, to process those applications and distribute them, taking out that extra step that you've created, it wouldn't cost a million dollars in additional funding to increase the capacity in this part of your department. I'm completely certain about that.

So, did you ever look at just increasing the capacity of the Health Promotion section of your department that already does this, already distributes grants, and could just be expanded?

Karen Stanley: We'll get into the alliance a little bit more in the next section, but it is actually set up as a not-for-profit organization. So, it's a non-governmental organization. It does do more than just give the grants. It's more than what this area does in that particular area. This area is more broad health promotion, where they are

definitely focused on mental health and well-being.

Ms. Altass: So, when I'm speaking with different organizations, or more so listening to what their needs are, what their expertise is, what their hopes would be for programs they would love to further develop or to initiate for the well-being of Islanders, I've not heard any of them say: What I really want is another organization, an alliance, to do the work that we are already experts in doing. We just want the support. We just need the funding and support from government to be able to do that work. I didn't hear anybody say: Jeepers, I really wish they had an alliance that I could have to go to to send my grant application to. That's not something that was called for.

To me, I think the million dollars could have been spent much more wisely and you could have just increased the budget line in this department.

So, that's why I bring it up here. I'm sure we'll talk about it again more. shortly.

That's all.

Thank you, Chair.

Chair: You're welcome.

Shall this section carry? Carried.

Tobacco Prevention and Cessation

"Appropriations provided to support the design and implementation of tobacco prevention and harm reduction initiatives, and the development, coordination and evaluation of a comprehensive and integrated Provincial Tobacco Cessation Program." Administration: 1,500. Materials, Supplies, and Services: 391,500. Professional Services: 48,100. Salaries: 85,800. Travel and Training: 2,500.

Total Tobacco Prevention and Cessation:
529,400

The hon. Member from Tyne Valley-Sherbrooke.

Ms. Altass: I think it's been acknowledged for a long time that this is a major concern from the Chief Public Health Office, that we

need to continue to work on our smoking cessation because it is such a critical – health impacts are – you know, there's no question of what the health impacts are.

I'm wondering, has the CPHO office brought any concerns to you or any requests for increased support for these programs?

Mr. Hudson: Well, I think it's a fair question, but you look across pretty well every department of government, every division of government, that the asks are probably higher than what we are able to. And this is a general statement. I'm not going to say that this is the case on this one.

But I think that the results that have come about from this division, from Tobacco Prevention and Cessation, from my understanding, yes, they have been very positive.

Ms. Altass: First of all, that general statement you just made is not very useful, quite honestly. I mean, yes, of course, you make choices. You are minister, and you make choices about where you allocate funding. That's a given. And now here we are, asking questions about those choices.

So, do I recognize that you've made choices? Absolutely. And are those choices often quite difficult? I'm very sure. But probably no further need to elaborate on that, should you feel the need to do so moving forward.

I think that one of the things that concerns me here is that there's a number of key health determinants that PEI is actually doing worse than the rest of Canada, and smoking is one of them. We're still doing worse than the rest of Canada. So, we haven't made improvements, but we're still falling short.

Is that a concern of yours as well, and do you have any plans to offer or to expand on support programs to help with this?

Mr. Hudson: Is it a concern? I think that any area across the board where we are not doing as well as other jurisdictions, that as health minister, does it concern? Certainly, but I think also, and we can – I'm more than happy to bring back the statistics on this.

But with regard to smoking rates a number of years ago, presently, and the trendlines there and different demographic groups, we'll bring that back and show where the improvements have been made.

Thank you.

Ms. Altass: Yeah, and again, it's certainly helpful to bring that back, and I think overall – so, there's the work that's being done here on PEI around smoking cessation, but of course, there is a larger social push here, I guess, that smoking has socially, across Canada, become something that – the idea that it makes people sick, that there are health (Indistinct) is something that is more and more widely known. So, even if we were doing nothing here on PEI, we'd still probably see a little bit of improvement, but that doesn't mean it's good enough.

It's good to look at the data for PEI, but when we look at all of Canada, we are still falling well behind, and I think one of the reasons for that would be that, if you look at the evidence on smoking cessation and what it takes to quit, most folks, they don't do it on the first try. It's a really hard thing. Nicotine is incredibly addictive, and it becomes a part of your everyday – just your life and your patterns. Breaking that is very hard.

So, it's not enough to provide coverage for one try at quitting. We need to allow that space for Islanders to try a few times, because that's what it takes. They will get there. But do you feel that the programs right now – because there's a limit, if I'm correct, on how much support you can access per year, is it? I'm not sure. Maybe you can clarify (Indistinct) –

Mr. Hudson: Good questions, and I think it's important that we do bring that information back. As I understand, it is the cessation part and the provision of smoking cessation products, whether it's nicotine replacement patches or a variety of others, that it is one of the best in the country.

But certainly, we'll bring that information back for the member and for all the members here.

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

Ms. Altass: That's all.

Thank you, Chair.

Chair: The hon. Member from Mermaid-Stratford.

Ms. Beaton: Thanks, Chair.

I believe we talked about this – it might have even been last budget consultations.

There are specific people who can prescribe cessation products, right? I believe it's physicians; I don't think pharmacists can, or can they? Anyway, there are some gaps, because I think when you're working through the whole system, there are people who build rapport with people who smoke that, instead of them referring them to somebody else to get a prescription, wouldn't it be easier if we just had a single point of access of not even having to prescribe it or approve it or anything like that? If we want people to get off smoking, we probably should make it as accessible as we can.

So, the suggestion of this health care provider who works with people specifically dealing with lung issues and respiratory issues was: Either give everybody the ability to prescribe to it, or can it just be a single point of access? Can pharmacists just do it? Like, make it that single point.

So, when was the last time that we looked at who can actually approve people to get free smoking cessation products? And are we willing to, if we truly wanted, get to everybody to make it as barrier free as possible? Are we willing just to say, if you go in and you ask for these products, you can have them? Because we want to support you to stop smoking.

Mr. Hudson: With that, thank you member for the question. And we will bring back the complete list as it stands right now with who can prescribe.

As my understanding, certainly anybody can go in and purchase nicotine replacement patches, for example. Obviously, if you just go in and it hasn't been prescribed, you're going to have to pay for it yourself. So, I see exactly where you're coming from member. So, we'll bring back that list as to who can

prescribe under the program to allow any Islander to have those products free of charge and how often that can be done.

I think just a general observation or comment with regard to single point of access, I think the Member from O'Leary-Inverness, when we had discussion with regard to pharmacies and the agreements there. You know, those are the types of things I think that we always absolutely have to be open to. So, I do appreciate that.

Ms. Beaton: Thanks, and I, 100% agree. And when he said this to me, it was kind of a discussion of well, can respirologists give the prescription? And really, I don't see any reason, if somebody says I smoke, I don't think you need much more of a diagnosis of that than if we have pharmacies straight across this province. So, if we supported that initiative, I really think, when somebody's ready to quit, they shouldn't have to go anywhere else, they should be able to just walk into that pharmacy and say: today's the day. Because if you've smoked before, it's that day, if you're ready to do it that day, trying to find somebody else who can actually prescribe it to you is really a barrier that doesn't need to be there.

So, I would love it if we could just say let's support people, Islanders in this to make it accessible as possible.

Mr. Hudson: Yeah, no I – as far as having it as accessible as possible, but I think through the Smoking Cessation Program that there are other components to it as well. My understanding is that you would meet with, say a counsellor that they would provide you information that the individual, the smoker, the Islander, would document.

And they wouldn't quit just like that, because somebody that's smoking a couple of packs a day, it's going to be darned hard for them to go from two packs to nothing.

So, as I understand it is that sort of, weaning down to a certain point and then starting the prescription, and probably starting at – I don't know, I'm going into more detail here than necessary. But I just want to emphasis, that under the Smoking Cessation Program and services, that there's more than just the prescription of the nicotine replacement therapies.

Chair: The hon. Member from Mermaid-Stratford.

Ms. Beaton: I'm good, I really don't have much more to add to it, except for; the place where people go to get those products is the pharmacist. I would love for that conversation to happen with the pharmacy association, and how can we support. Because they obviously already do that kind of consultation when people go in and buy it off the shelf. So –

Mr. Hudson: But I think it is, from my perspective, as minister and as an Islander, that it's important to have that other aspect to it as well, that counts on that back up support. Also, the Smokers Helpline and things; it's not just one prompt approach, it has to be looked at how can we wrap the services if you want, around this individual to increase their chances.

Chair: Shall this section carry? Carried.

Environmental Health Services

“Appropriations provided for services to educate, consult and inspect under the *Public Health Act* in areas such as food protection, accommodations, institutional facilities and slaughterhouses. Inspection services also includes enforcement under the *Tobacco and Electronic Smoking Device Sales and Access Act and Smoke-Free Places Act.*” Administration: 18,100. Equipment: 800. Materials, Supplies, and Services: 29,800. Professional Services: 87,500. Salaries: 927,400. Travel and Training: 57,700. Grants: 10,000.

Total Environmental Health Services:
1,131,300

Shall this section carry? Carried.

Total Chief Public Health Office:
11,407,900

Shall it carry? Carried.

Mental Health and Addictions

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, support the Mobile Mental Health Response Service, and funding for the PEI Alliance for Mental Wellbeing.” Administration: 1,000. Equipment: 1,000. Materials, Supplies, and Services: 23,500. Professional Services: 3,117,100. Salaries: 411,400. Travel and Training: 4,000. Grants: 7,419,500.

Total Mental Health and Addictions Office:
10,977,500

The hon. Member from Mermaid-Stratford.

Ms. Beaton: Thank you, Chair.

So, I'd like to, first of all, ask what the mental health and addictions master plan, and what progress has been made over the last year on that?

Mr. Hudson: We'll bring the details on that back.

Ms. Beaton: So, what progress do you expect to make this year on it?

Mr. Hudson: I'm struggling, Chair, with regard – I can appreciate where the member is coming from, but I think you look at when you say the progress, you look at the initiatives that we have in here. For example, under mobile response is in here, that it sees initiatives that are providing services for Islanders that they have needed and that they continue to need. I know that's not going to probably satisfy the member, but we always have to look forward, look ahead at what is needed, where we can make improvements and where the gaps are and where we (Indistinct)

Ms. Beaton: You're right, it doesn't satisfy me because I don't really know what, in the Budget, 10 million, almost \$11 million, that answer just – that didn't provide any connection back to the budget, or any kind of programming on how that's going to be spent.

So, I'd like to know – do you have any objectives for this year set out that are going to be achieved through this budget? Tangible, measurable outcomes that you're looking at?

Mr. Hudson: Well, I think you look under this section, absolutely, you look at the partners that we have, you look at for example the grants under this section, 1,372,400 going to the Canadian Mental Health Association. That is an increase, an increase.

You look at Lennon House, an increase there of 18,200, which brings it to; and certainly, Karen step if in I'm – but brings it to 928,200.

The Alliance for Mental Well-Being, I know that there's a variety of opinions on that, it's quite obvious from the discussions and the questions that have taken place here; but all of these initiatives, these partners, they provide a valuable service to Islanders.

Ms. Beaton: We can talk about the PEI Alliance for Mental Well-Being. I think the biggest challenge that we've voiced is not with the grant money that's being given out to partners and NGOs; it is that we are informed that there is a \$1 million operational budget in order to operate that office.

Can you tell me what justification you were provided in order to assess that that amount of money was needed, or has that budget now been changed?

Karen Stanley: The budget is still approximately \$1 million for the operating expenditures. That would be to fully staff the office, as well as rent, any consultants that it may need.

The centre: as you are aware, the purpose of it is to build relationships with the non-profit, the academic, the business, professional, and voluntary organizations. It's contributing to the effective understanding of knowledge, mobilization and common knowledge base of (Indistinct)

In addition to the grants, they're also doing educational information. If you're on their website, they have information about resources, where to get resources. So, it's more than just giving out grants. That is where some of the additional funding is, as well as they're doing quite a bit of promotion.

They actually spent this year, with their operational funding, quite a bit of time helping the organizations who were applying for grants on how to apply for grants and how to write these plans which, my personal opinion, is something that a lot of these organizations needed that will help not only in their applications here but for other funding. That's part of the building the relationships with these organizations, is giving them skills which are transferrable to other sources.

Ms. Beaton: And so, they are outside of government?

Karen Stanley: That's correct.

Ms. Beaton: What oversight functions are put in place? I know that the board has just been named. How will that all interact back to the Department of Health and Wellness to ensure that – well, I guess they're going to be developing a mandate because they don't have that yet. Goals, that kind of thing; I don't know if that's been determined yet.

That's the biggest challenge, right, when you form a new organization, but you don't provide a mandate for them and there's nothing structured around it. It's like it's just: Let's see what works here.

Karen Stanley: It's my understanding that our deputy minister would be part of the board, or at least have consultations with the board and with the executive director. As well, when we entered into a funding agreement with them, we did set out reporting requirements that they would have to report back to us, including, of course, audited financial statements, as well as measurables on certain key indicators.

Ms. Beaton: Can you table what that reporting structure looks like? Is it just the annual report or is it more frequent than that –

Karen Stanley: So, you want –

Ms. Beaton: – and what are the reporting metrics that they will be reporting on?

Karen Stanley: I will check to see if we're able to table that.

Ms. Beaton: Okay, thank you. I'm going to ask another question and then I'm going to go back on the bottom of the list because I know there's lots of other questions.

There was a 200-page Mental Health and Addictions Master Program Vision released in 2018 under the former government. Can you tell me where we are with that vision becoming a reality? There were a lot of recommendations in that 200-page report. I guess my question is: Have any recommendations been implemented and who's managing the implementation of that report, that vision?

Mr. Hudson: We'll have to come back and bring information back on that, member.

Speaker: Are there any other questions in this section?

The hon. Member from O'Leary-Inverness.

Mr. Henderson: (Indistinct) question I wanted regarding your mobile mental health response services there. Is Island EMS part of that arrangement in any capacity? Do they get any money for that? How much money do they get from that?

Mr. Hudson: They would get – 929,000 is the budget forecast for '21-'22, and the budget estimate for '22-'23 goes to 1.3 million.

Mr. Henderson: 1.3 million? Did I hear that?

Mr. Hudson: That's right.

Mr. Henderson: 1.3. Yeah. Well, that's a – what are we getting for that? How does that work into the equation? Is there a certain amount of workers? Is there a certain amount of operational of the units or the vans or whatever it might be?

Mr. Hudson: It would be, certainly, paramedics as well as vans, but, Karen, if you have details there –

Karen Stanley: Okay. The response service, they bring together two main components: a 24/7 telephone access line which Island EMS would be manning –

Mr. Henderson: Right.

Karen Stanley: – and field teams that operate seven days a week, 12 hours a day. They are staffed by mental health professionals, so they are the paramedics, so that is definitely the staffing. The vehicles, the field teams, and the addictions access line is staffed with mental health professionals and it's co-located with the 911 –

Mr. Henderson: Oh, okay.

Karen Stanley: – to ensure that the communication between the first responders and the providers of the community health care are there. Then, Island EMS/Medavie actually do the oversight and the coordination of everything.

Mr. Henderson: How do those paramedics interact with the other paramedics? In other words, are they solely dedicated to that 12-hour shift with – in other words, would those same people be then doing a shift with the normal ambulance service of the paramedics, or does that really matter? Maybe it doesn't.

Mr. Hudson: We'll bring back that information, member. My understanding is that they are dedicated to the mobile response but anything different than that, we'll bring it back.

Mr. Henderson: I have to say that was kind of my thinking, too. I just was wanting to get a confirmation.

What happens on the other 12 hours? If there's 24 hours in a day, you get 12 hours where paramedics are on, or is this a case where there's one paramedic on for 12 hours and another paramedic for 12 hours? I'm just trying to get a sense of that. Is the service available 24 hours a day for the actual people in the field?

Karen Stanley: Yeah, the field teams are 12 hours a day.

Mr. Hudson: Field teams are 12 hours a day. Single point of access line which would tie into 911, but that single point of access line is 24/7/365.

Mr. Henderson: Then, what happens if somebody is in mental distress, I'll say, on a time when they're not on call? It baffles me.

If I look at a scenario where we're having our emergency ambulance services 24 hours a day, yes, there are shifts where there's more people on than others. But if we're having, say, three people across PEI for 12 hours a day in a certain period of time, then the other 12, there's nothing. I just sort of wonder, is the goal to keep it like this or is the goal to eventually get it to 24 hours a day service?

Mr. Hudson: It's a great question. I think that you look when it was launched, certainly it was 12 hours a day, seven days a week. When it was launched, it looked at – certainly my understanding was that the volume of calls that would come in, say, to 811 and 911 that were mental health related. Then, based on that information, that 12-hour period was struck as to what was going to be covered off.

But, no, to your question, I think that, obviously, it was a service that was not available previously. Over the first actual three months – and I'll just share a bit of information here – that there were 900 calls that were handled by the access line; 5.6% being transferred through to 911 and to field teams, then, were activated 14.9% of the time.

I think as we go forward, we do to have to look at the volume of calls that may have been coming in to 911, 811.

And certainly, to that single point – and I should stress that, I guess, even more, through the single point of access line, that in other hours, would have been referred over to the mobile response units.

So, we have to continuously look at that and see if it does warrant being extended.

Mr. Henderson: So, as a minister, you feel pretty comfortable that it's where it needs to be for now, or do you feel that it's a work in progress to try to expand that to further service? I'll go with just some general assumptions that issues like suicide and things of that nature don't really fall into a certain time category. I mean, there are many different situations that could happen here, and as long as you're monitoring the numbers to see where you could try to plug as many holes, as I say, as you can, and then eventually get it to a better service.

So, you really kind of feel it's okay now, or do you have a mandate –

Mr. Hudson: Well, I think that we always have to be open. Member, you had used the term “work in progress”.

Mr. Henderson: Yeah.

Mr. Hudson: To say that it's a work in progress would indicate that, you know, a year down the road, that we're going to make these changes. I think that we always have to be looking at what the data is there and be prepared to make those changes if it's warranted.

It's a benefit, too, I would have to say, of the single point of access line, too, is to be able to provide that data or that documentation. As so often, I want to give tremendous credit though to staff. And it was one of the concerns that I had when the single point of access line was put out, is just how do we get that information out to the public? It's great to have something there, but if they don't know about it, if they don't know where to call, and I don't know if any ones have seen some of the billboards, the flashing rolling ones that had the number on it. I would say probably everybody in this Legislature received the fridge magnet with the access line on it. You should have. If you haven't, let me know, and I'll make sure you get (Indistinct)

But those are the types of things, promotions, that it's great to have the service, but if people don't know about it – but I think that staff have done a great job of promoting this. And I think back to when it was launched at first, even the promotions over some of our local radio stations and the like.

Anyway, I digress, certainly, but I think that it's been a tremendous step in the right direction.

Mr. Henderson: Yeah, okay. Actually, I don't think I got the fridge magnet, but maybe my postmaster sent it back. I'm not sure. I've run into a few issues there, as you may be aware.

Mr. Hudson: I'll get you a free one then.

Mr. Henderson: Okay, thanks.

The other one is on your strategic plan. Now, the Premier has made sort of a shuffle in your department there a little bit with a new deputy minister, and I'm of the understanding the new person that's sort of responsible for the mental health file; is that a fair – I don't know if I would call them an assistant deputy minister, but maybe it's more of a case of a director? Can you maybe explain –

Karen Stanley: It's actually a new assistant deputy minister.

Mr. Hudson: Assistant deputy.

Mr. Henderson: An assistant deputy? And who is that person?

Mr. Hudson: (Indistinct) Krista Shaw.

Mr. Henderson: Krista Shaw, okay. And is she working towards developing or extending this master plan, strategic plan, or what's her role now in this new position that you've created?

Mr. Hudson: I wouldn't say that it's a new position that I created. Being a former minister –

Mr. McNeilly: (Indistinct)

Mr. Hudson: – that you know that deputies are appointed by –

Mr. Henderson: Yeah, yeah.

Mr. Hudson: – by the Premier, and that's the way it should be, in my opinion.

Mr. Henderson: Yeah, no (Indistinct)

Mr. Hudson: My present deputy minister was the previous ADM, Mental Health and Addictions. So, that position was there previously.

Mr. Henderson: What's Krista Shaw's background in – I don't know the lady, so I'm really not challenging or questioning her credentials by any means, but is she coming from another jurisdiction, or what's the background of – I guess what I'm saying is I'm trying to ascertain whether she's capable of handling this –

Mr. Hudson: Yeah, she has been – I’m not sure of the exact position within Health PEI. I believe it was a directorship of Mental Health and Addictions, Karen?

Mr. Henderson: Oh, she’s (Indistinct). Oh, okay.

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

Mr. Henderson: No, I guess that’s all my questions for now.

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

Mr. McNeilly: Thank you, Chair.

Just a few questions on – so, the PEI alliance, the mental health alliance, it was – in the Speech From the Throne, that wasn’t the title. What was the title in the Speech From the Throne that we looked at?

Mr. Hudson: It could have been the centre for mental well-being.

Mr. McNeilly: Yes.

Mr. Hudson: Was that it, originally?

Mr. McNeilly: Yeah. So, when did that change?

Mr. Hudson: When it changed, and I think there was a perception that when you hear the word “centre”, that you think too much, maybe, of bricks and mortar? Okay? So, the feeling, the opinion (Indistinct) was, okay, a better term for this is “alliance”. And when I think of an alliance, anyway, it’s a bringing of people, of groups, of organizations together for a common goal.

Like I say, originally when it was referred to as a centre – and that’s the feedback that I had received at that time, is, oh, you’re going to be building something, structurally? No, that wasn’t the intent.

Mr. McNeilly: Yeah, and I mean, we talked about it at length there in the Speech From the Throne, and it was the centre. What I’m sitting here and what was being portrayed by government was that we would have a centre where people could go to talk about

their mental health and their mental well-being and their –

Mr. Hudson: (Indistinct)

Mr. McNeilly: That was what was – that’s what the word “centre” means, and then –

Mr. Hudson: That’s why it was changed.

And I don’t mean that aggressively, member. I think that we have to look across the province, and that’s one, from my perspective, being from outside of the Charlottetown area, we need services here, we need programs here, but we also have to provide services whether it’s in Tignish, Alberton, O’Leary, Georgetown, Souris. And that’s what this alliance – and I think that you’ve spoken volumes to it when you said that your opinion, I would have to say, originally was that when you heard the word “centre”, that it was a bricks and mortar, a place for people to go.

Well, this is an alliance. It’s, as I said before, bringing people together, bringing organizations together, looking at all of the great ideas that obviously are out there, when you look at the volume of applications that have come in to the alliance under the grant program, but it provides that opportunity for NGOs, organizations right from tip to tip to be able to work with the alliance in an upstream manner to address mental health issues.

Mr. McNeilly: And it just fogs my brain, which isn’t that hard, minister –

Mr. Hudson: (Indistinct)

Mr. McNeilly: When we’re talking about this, because when you say an alliance, okay, an alliance – yeah, I understand. But when you say a centre, I’m thinking you could have just put an “s” on the end and made it across the province, where we have places that we can go to address mental health. People need to go and talk to people. That’s what I thought it was.

Mr. Hudson: Well, my final comment on this, as far as the bricks and mortar aspect of it, if we had put an “s” on the end of it, it would have given the indication that we’re going to have bricks and mortars here, here,

here and here. You know, and getting into – anyway.

Mr. McNeilly: And I'm glad we're talking about that because it was in the Speech From the Throne, and I saw that, and I was like, (Indistinct) okay.

Here's my next question: Who was consulted prior to launching? Who was consulted prior to launching the mental health alliance?

Mr. Hudson: We'll bring that information back, member.

Mr. McNeilly: So, in what way were organizations consulted prior to launching?

Mr. Hudson: As well, bring it back.

Mr. McNeilly: Did you consult the United Way prior to launching?

Mr. Hudson: I know that there have been discussions. I actually had discussions subsequent to the launch. I think that everybody in here knows that there were some questions that had been raised.

There have been discussions, I know, held between the alliance and the United Way, and as I understand, originally – and I believe that there was a letter tabled here in the Legislature from the CMHA that originally had some concerns there. I shouldn't say concerns – maybe is not the appropriate – some questions with regard to this initiative, which, after discussions, that those concerns were alleviated.

And I do have to say, you look at the funding in the previous section that was provided to CMHA, I don't want to undermine in any way, shape or form the great work and the great partner that they are, and the increase in the Budget that is shown there speaks volumes to that.

But what we have here is an initiative by way of the alliance to, as much as possible, hit that upstream. We always have to look at – are there great ideas out there – which I'm sure that there are, and the fact that a number of applications have come in speaks to that.

Mr. McNeilly: I guess when you talked – you talked about a few things there. I don't think that they were consulted because that's the difference; when I was talking about a centre versus an alliance, the United Way would be supportive of a centre. They would need to be talked about – about an alliance, because if you look at the mandate of the United Way, which you have used, and your government has used to get us through COVID with 211 –

Mr. Hudson: Great partner, tremendous.

Mr. McNeilly: A great partner, but now you didn't consult with them and you've put in the exact mirroring organization that the United Way does. Tell me how it's different.

Mr. Hudson: The United Way – I think that we're going off on a bit of a tangent here, to be honest, Chair, with regard to speaking (Indistinct) –

Some Hon. Members: (Indistinct)

An Hon. Member: I don't think so.

Mr. Hudson: – with regard to speaking of the United Way.

With regard to the United Way, I will reiterate what I've said before: They've been a great partner with the launch of the 211 line, another great initiative, and a great partner.

But I think when we're looking here, it's fair, we will certainly bring back information with regard to consultation, hon. member, but as I see it, and certainly it's at the Chair's call, discretion, which I do appreciate, but that we are talking about the alliance, not the United Way.

Mr. McNeilly: I am talking about the alliance and I'm talking about how a lack of consultation when you developed this strategy and gave the money has made it difficult for other people. And these are the questions that I might be getting, because they did help you out and now the alliance has received a lot of money, and now you've put two organizations that are doing the same thing, but one's getting provincial money and one has to go out and grind.

Some Hon. Members: (Indistinct)

Some Hon. Members: Hear, hear!

Mr. McNeilly: So, I'm just saying, minister, you have to look at this. And I started this off by saying this was a centre, then it was an alliance, then it was the consultation process; you can't tell me about how it was consulted. It was just in there, rapidly done.

Minister, will you commit to talking, sitting down with the alliance and the United Way and talking about how we can best serve the mental health of Islanders with these two great organizations?

Mr. Hudson: I've already done that.

Mr. McNeilly: You've already sat down with the United Way to talk about this specifically?

Mr. Hudson: With regard to the alliance, yes.

Mr. McNeilly: And then what did they say?

Mr. Hudson: They, at that point – and I'm not going to – Chair, I'm not going to get into discussions, details, in a review of a budget, of a virtual meeting that I had with an NGO that is a great NGO, a great partner of the Province, has been and (Indistinct) continue to be, and to have a discussion on what was talked about in that meeting. I don't think that's fair to that NGO that I have tremendous respect for.

Chair: And I, as Chair, I have to agree with that. We are scrutinizing the government's financial priorities line by line, so if you can try to keep those questions more pertaining to that as opposed to conversations or reasons why they come to – conversations, I guess, in the past. But if we can get it to why we came to a decision to have that particular line item, that might be a more creative way to get to it.

The hon. Member from Charlottetown-West
Royalty.

Some Hon. Members: [Laughter]

Mr. Hudson: Thank you, Chair.

Mr. McNeilly: Thank you very much.

I just want to say, you're moving in a semi-right direction. You just haven't – you're struggling to get there, I think, minister, and I want to say that I support the alliance. I support their work. I've met with them and I think they will do great work, but we've got to make sure that when you're doing something this drastic, that you're talking to everybody.

Thank you, Chair.

Chair: You're welcome.

Mr. Hudson: Yeah, if I could, Chair –

Chair: Sure.

Mr. Hudson: – just a comment on that.

I do appreciate the comment from the hon. member with regard to the alliance; appreciate that he has met with them. The staff and, certainly, Karen, you probably have met her; just top-notch, top shelf, completely. Extremely committed, great ideas, and as well as at least the interim executive director. So, I want to make that on the record here at this point in the Budget, Chair.

So, appreciate the opportunity to do that.

Chair: You're welcome.

The hon. Leader of the Opposition.

Leader of the Opposition: Thank you, Chair.

It's been a really interesting discussion. I appreciated the questions from Charlottetown-West Royalty.

I asked earlier about fentanyl, Chair, and I recognize that this is Mental Health and Addictions. I'm not sure whether I couldn't ask the questions in this section?

Chair: Just by looking at it, there is an addictions strategic plan and an overall mental health (Indistinct) health addictions, so if you can get your question in there on fentanyl, because it is an addictive drug, I will allow you to.

Leader of the Opposition: Thank you.

Some Hon. Members: [Laughter]

Leader of the Opposition: As addictive as chocolate milk, Chair.

Chair: No, it is, it is a very serious (Indistinct) –

Leader of the Opposition: No (Indistinct) it's not a joking matter, absolutely.

We have recent reports of fentanyl being on the Island here. We also presumably keep statistics from the number of overdoses which are discovered each year and the number of fatalities related to that.

Can you tell us what the statistics were for the last calendar year, in terms of the number of overdoses and number of fatalities?

Mr. Hudson: I'll bring that back, hon. member.

Leader of the Opposition: Regarding mental health and addictions, there's a couple of specific programs which have been established. I know there have been lots of questions about the mental health alliance, and I appreciate that, but for example, in the Department of Agriculture and Land, the Farmer Assistance Program specifically to help farmers, particularly potato farmers who have had a hard time, with their mental health, and specific funding for that.

Can you tell me the stream? Does that come through your department, or is that directly through the department of agriculture?

Karen Stanley: That's through the department of agriculture.

Leader of the Opposition: I mean, I'm delighted to see that that program exists and provides that really necessary service for a particular facet of our community that is having particular challenges just now, but if you look at any of the data and any of the reports regarding mental health, across the board within our society, people have struggled over the last couple of years.

I'm wondering what the process is, whether the department of agriculture came to you specifically asking for money for mental

health supports, and if that is the case, how other communities within Prince Edward Island can sort of identify their particular needs for mental health supports and get the help that they require?

Mr. Hudson: Excellent question, leader.

I guess, maybe if I could ask for clarity, if the Leader of the Opposition is referring to upstream, interventions or just at all levels, leader?

Leader of the Opposition: In this case, although I'm a huge advocate, as you know, minister, for funding upstream initiatives, this was an intervention as a result of a particular stressor related to the agricultural industry and sector here and the people who work in it, both farmers and employees and family members of farmers.

I'm just wondering whether, because the need for mental health supports is so wide and so deep, what the process would be for another sector, another group within our community who might have specific mental health challenges at the moment, in this case, related to COVID, and the issues with potato exports, but there could be others. Where would they go for support?

Mr. Hudson: It's an excellent question.

I think, although we look at – and rightfully so – the alliance being upstream, but I think, also, that it gives that opportunity, I know it gives that opportunity, to your point, leader, if there's groups in a certain area or an NGO in a certain area that has a very worthwhile, very valid initiative, that they would be looking at. And again, the alliance is arm's length so regardless of whether it was arm's length or not obviously, I, as minister or as a government, are not going to dictate what initiatives are going to be funded or not funded, for that matter.

But I see the alliance certainly being upstream. But with that, if there's innovative ideas that can help, then they should be looked at. I'm always open to those as well, but I think another thing, too – and we're going off on a little bit of a tangent – but we had the announcement with regard to medical homes today. I think that that is part of it, too, as we move forward, having that collaboration, and there was talk, certainly –

the Member from Mermaid-Stratford had alluded to it – the importance of that collaboration. It could be between dietitians. It could be nurses, diabetic, but also, the addiction component of that as well. I don't see it, as minister, as just one area that we focus on.

We talked previously, as well, with regard to the single point of access line. It's to provide as much as we can and also to be there to look at – and I had mentioned in the previous section Lennon House, for example. It's to work with those partners. A tremendous increase in funding that we've seen for CMHA to support a number of initiatives that they have, as well.

Leader of the Opposition: I appreciate the tangent down which you went there, minister, and the information, and also bringing up Lennon House, which struggled to get funding until the pandemic broke out. Whether that was coincidental or whether the onset of the pandemic brought to light the needs, I don't really care.

What I do care about is that Lennon House did receive funding and continues to receive annual funding from this government. I'm extraordinarily grateful for that.

Having watched how Lennon House has grown and matured over the last just couple of years that they've been receiving funding, and now they have full capacity there and provide really unique, I would say, services in a manner that supports people with mental health and addiction issues through the full continuum from there.

Earlier, one of my colleagues was talking about seizing the moment when you say – whether it was to quit smoking or whether it's to say I have a serious problem, an addiction problem and I need help – that services are there from that moment right through to their transition back into society as, hopefully, a fully functioning, fully contributing member of our community. That requires a lot of coordination. It requires a lot of services that are stitched well together.

I see it in Lennon House; a really great example of how that happens, where people are supported from that day where they put their hand up and say, "I need help," right

through counselling, through life skills development, through getting their GEDs, for example, and more recently, through the acquisition of land nearby. Now, individuals and private companies and people coming forward to provide living accommodations for that transition from actually living in Lennon House to living in the community, because that's so often where that falls down is where people go through the process of getting clean and then are thrust back into the same circumstances, the same environment from which they came.

It's very difficult to break out of that, but if you can provide independent housing where the living environment is very different and supportive and it's a great transition through all of those services, again back, rather than a revolving door out the other side of the building, into a new existence, a new potential life for these people.

I'm really, really pleased that this government has recognized the value of what's happening in Lennon House. I truly appreciate the work that you're doing there.

If I can ask a question on the funding for Lennox House; I know that they have increased their capacity substantially in the last budget year. Can you give us an idea of where the funding for Lennon House stands, whether that's a multi-year agreement, as we discussed earlier with PEERS Alliance, a very different organization, of course, but is it a multi-year core funding agreement?

Karen Stanley: It's a core funding agreement but it is not multi-year. Part of the reason that it is not multi-year is because it is evolving and changing, and so we didn't want to say you're going to get X amount of dollars whereas next year you may need X plus Y. At this point in time, it's a funding agreement year by year so that we are able to look at what their needs may be in the future.

Leader of the Opposition: Again, tying this back to the Alliance for Mental Well-Being, is Lennon House the sort of organization – you can call that upstream to a certain extent because of the preventive nature of the work that they do, but is that the sort of organization that would apply for funds through the alliance?

Mr. Hudson: I would hate to eliminate any organization or say no, they can't, because any organization, NGO, community group, they can apply. For me to say that they couldn't apply, hon. leader, it would be inappropriate for me.

To say that, yes, that they're going to receive funding on an application from the alliance, which is arm's length, independent, a not-for-profit, I couldn't obviously say that. But I think back to Karen's point here – and you're probably thinking back to PEERS, where there was the three-year – but you look, and to Karen's point, that the budget forecast for Lennon House last year, and I realize it's not a tremendous increase in the budget estimate, but going from 910 to between 928 and 929,000. Obviously, there's been a shown need there for that incremental increase, although it's not massive, it is.

I think in a case like that, if it had been at – the first years, I can't say what it was at that point in time – but if it was three-year funding at 800,000, for example, it just – do you see where I'm coming from there? I think we do have to be flexible, as well.

Leader of the Opposition: I do, and I appreciate that with a new organization, a new facility offering a broad range of services and having staffing which is perhaps fluid and shifting as it establishes itself and grows, that until they reach a point of stability, there's going to be a question about what their financial requirements are from one year to another.

I guess a more generic question, setting aside the specific requirements of Lennon House, if I'm involved with a mental health support group somewhere on Prince Edward Island and I'm currently receiving direct government funding, as Lennon House is and many others, is there any restriction on also applying through the alliance for mental health? I can foresee an issue where people might be disinclined to apply because they're getting government funding.

Mr. Hudson: Absolutely. Excellent question. What I'll say is, certainly not that I am aware of. If there are any restrictions there, we'll certainly bring it back. If there's none, and like I say, I'm certainly not aware of any restrictions that there would be there,

Leader of the Opposition; if there are, we'll certainly bring them back.

Leader of the Opposition: And to go back for a minute to the fentanyl issue, you're going to bring back some data on last year's overdoses and fatalities. What is the plan going forward, given that we've seen in other areas of the country –

Ms. Jameson: Call the hour.

Chair: The hour has been called.

Mr. Hudson: Mr. Chair, I move that the Speaker take the chair, and the Chair report progress and beg leave to sit again.

Chair: Shall it carry? Carried.

Mr. Speaker, as Chair of a Committee of the Whole House having under consideration the grant of supply to Her Majesty, I beg leave to report that the committee has made some progress and begs leave to sit again. I move that the report of the committee be adopted.

Speaker: Shall it carry? Carried.

The hon. Member from Morell-Donagh.

Mr. MacEwen: Thank you, Mr. Speaker.

I move, seconded by the hon. Member from Montague-Kilmuir, that this House adjourn until Tuesday, April 5th, at 1:00 p.m.

Speaker: Shall it carry? Carried.

Have a good weekend, members.

The Legislature adjourned until Tuesday, April 5th, 2022, at 1:00 p.m.