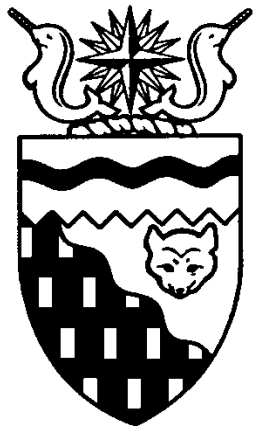

NORTHWEST TERRITORIES
LEGISLATIVE ASSEMBLY

5th Session **Day 10** **16th Assembly**

HANSARD

Thursday, May 13, 2010

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The Honourable Paul Delorey, Speaker

Legislative Assembly of the Northwest Territories

Members of the Legislative Assembly

Speaker
Hon. Paul Delorey
(Hay River North)

Mr. Glen Abernethy
(Great Slave)

Mr. Tom Beaulieu
(Tu Nedhe)

Ms. Wendy Bisaro
(Frame Lake)

Mr. Bob Bromley
(Weledeh)

Mrs. Jane Groenewegen
(Hay River South)

Mr. Robert Hawkins
(Yellowknife Centre)

Mr. Jackie Jacobson
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The House met at 1:37 p.m.

Prayer

---Prayer

SPEAKER'S RULING

DEPUTY SPEAKER (Mr Krutko): I will now provide rulings on the points of order raised in the House on May 12th. All of the points of order dealt with unparliamentary language. In dealing with unparliamentary language, the Speaker takes into account the tone, manner and intention of the Member speaking; the person to whom the words were directed; the degree of provocation; and, most importantly, whether or not the remarks created disorder in the Chamber.

The point of order raised by Ms. Lee objected to the use of the word "doublespeak" by the Member for Great Slave, Mr. Abernethy. Ms. Lee felt that the use of this word suggested she had lied to the House. Mr. Abernethy gave a different definition, suggesting that the Minister had been ambiguous and evasive. I accept Mr. Abernethy's word on this and find that there is no point of order.

The points of order raised by the Government House Leader referred to Mr. Ramsay's Member's statement of May 10th. Mr. Miltenberger argued that the words "arrogant" and "ignorant" were abusive and insulting to Ms. Lee. The use of such language pushes the limits of decorum in our consensus system. However, they have been used in the recent past by other Members in this House without objection. I find that there is no point of order.

The second point of order raised by Mr. Miltenberger referred to Mr. Ramsay's statement about dividing people along racial lines. Mr. Miltenberger stated that this imputed false or hidden motives to another Member. I can't say for sure whether Mr. Ramsay meant that the government was intending to divide people on racial lines or that this was the result of the government's proposed policy. Either way, I think the matter is serious enough that the remarks should be withdrawn. I find that Mr. Miltenberger has a point of order. I will ask Mr. Ramsay to withdraw these remarks and apologize to the House. Mr. Ramsay.

MR. RAMSAY: Thank you, Mr. Speaker. I do respect your ruling. I do withdraw those remarks. It was basically my interpretation of the government's policy which led me to make the remarks that I made and I respect your ruling. Thank you.

MR. SPEAKER: Thank you, Mr. Ramsay. Thank you for that. With that, I think that resolves the matter. Again, colleagues, the debate we are having in this House is important and serious. There are lots of real issues to focus on and there is no need to use disruptive language and name calling to make the good points on both sides of the debate. I encourage all Members to tone down their language and treat one another with respect.

Orders of the day. Item 2, Ministers' statements. The honourable Minister of Human Resources, Mr. Bob McLeod.

Ministers' Statements

MINISTER'S STATEMENT 23-16(5):
20/20: A BRILLIANT NORTH, NWT PUBLIC SERVICE STRATEGIC PLAN'S ACTION PLAN AND RESULTS REPORT

HON. BOB MCLEOD: Thank you, Mr. Speaker. In October 2009, I announced that the implementation of 20/20: A Brilliant North, NWT Public Service Strategic Plan was well underway. I made a commitment to provide an update to this House on the progress that was made during the first year.

Mr. Speaker, I would like to fulfill that commitment to the Members by tabling the formal action plan and results report later today. The report captures all the accomplishments that were achieved during the first year of our strategic plan. I would also like to share the highlights with Members now, Mr. Speaker.

In order to create a diverse and inclusive workplace, representative of the Northwest Territories' population, the Department of Human Resources focused on several initiatives. The department created a Government of the Northwest Territories Advisory Committee on Employability and an Aboriginal Employees' Advisory Committee.

An Associate Director/Superintendent Program aimed at increasing the number of aboriginal employees in senior management positions was

created and will be piloted this fiscal year. This pilot program provides individuals with hands-on public service senior management experience to complement their current education and work experience. If successful, this model will be used as a succession planning tool for employees.

The department developed an aboriginal culture and diversity awareness framework. An aboriginal recruitment and retention specialist position was created to focus on the retention and recruitment of aboriginal employees.

With the aim to improving the delivery of human resource services, the Department of Human Resources created a transition team which is focusing on streamlining human resource processes.

To further assist the government with recruiting, the department rolled out e-Recruit and created recruitment strategies for our hard to recruit occupations. The department is also in the process of developing a marketing strategy emphasizing the strengths, benefits and opportunities of the public service.

The department also launched a Managers' Tool Kit and Labour Relations Training that was provided in every region in order to assist managers and supervisors in the management of the public service.

To strengthen our relations with the unions, quarterly meetings with both the Union of Northern Workers and the Northwest Territories Teachers' Association were established. In addition, monthly case management meetings are held with the Union of Northern Workers to address the current backlog of grievances awaiting arbitration.

Initiatives that focus on the future through excellence and planning and management for the public service include the development and piloting of a departmental human resource planning framework, which have an affirmative action component. These plans will eventually become a part of the business planning process.

Mr. Speaker, the department is developing a competency-based performance management process to demonstrate a commitment to the learning and development of our public service employees.

Finally, the Department of Human Resources is also in the process of identifying common priorities so this government may partner with community and aboriginal governments to improve human resource management at all levels of government in the Northwest Territories.

Mr. Speaker, I want to announce that updates regarding this strategic plan are only ever a click away. A 20/20: A Brilliant North website, that contains information on the plan, shows our accomplishments to date and gives the opportunity for individuals to provide feedback, was launched and can be found on the Department of Human Resources website.

Mr. Speaker, I would like to thank the Standing Committee on Government Operations for their ongoing support and guidance as we move forward implementing 20/20: A Brilliant North. Thank you, Mr. Speaker.

MR. SPEAKER: Minister of Justice, Mr. Lafferty.

MINISTER'S STATEMENT 24-16(5): FAMILY LAW REFORM

HON. JACKSON LAFFERTY: Mahsi, Mr. Speaker. I would like to update the House on our work in family law reform. This supports our government's priority of Building our Future by investing in effective and accessible programs that help families in transition move forward in a positive way.

As Members know, the Department of Justice now offers a mediation service and a course on parenting after separation and divorce. Both these courses are free to participants. They are designed to help parents resolve issues that arise because of a divorce or separation. They also help them continue to be effective parents in changing circumstances. The services are fast and accessible.

The expanded mediation program started in March 2009 and has been very successful. Five mediators offer their services throughout the Northwest Territories, in person or by teleconference. The mediators help people reach their own agreement and give them tools to help resolve future disputes on their own. It is faster than going to court and frees up resources and energy to spend time on more important things, like the kids. To date, Mr. Speaker, they have helped over 50 separating couples reach agreements without going to court. For a government investment of about $80,000, that's a pretty good return, Mr. Speaker.

The Parenting after Separation and Divorce Program is a half-day course that helps parents make the transition to parenting their children in a new setting: parenting together but apart. It has been offered 15 times since June 2009. Effective April 1st, the Supreme Court of the Northwest Territories made the program mandatory in most cases for Yellowknife residents who are bringing court applications for custody and access. This is a one-year pilot project undertaken by the Supreme Court. Upon completion of the course, parents receive a certificate which they must file with the court as proof of completion. This model has worked very well in other parts of the country. It helps to keep both parents' focus on doing what's

best for their kids. I'm looking forward to seeing the results of the pilot project.

Mr. Speaker, one of the challenges we faced with the Parenting after Separation and Divorce Program was how to deliver it to the people throughout the Northwest Territories. The demand outside of Yellowknife is quite small and the costs of delivery are high. Yet, we wanted to ensure that it was accessible to all residents. I am pleased to tell you that, in partnership with the Department of Health and Social Services, we are able to deliver this course simultaneously in Yellowknife and other communities using the Telehealth infrastructure.

We are fortunate to have a talented group of court workers who can help our residents through the legal system. Court workers are part of the community and they are well positioned to provide information about our legal system. That includes information about family law and child protection. We are now offering annual training sessions to our court workers. We want to make sure that they stay current and have the knowledge and confidence they need to help residents all over the NWT access justice services.

Mr. Speaker, we have accomplished a great deal, but we still have more to do. Ultimately, we want to create a justice system that is responsive and accessible to all Northerners. Some of our current projects are to investigate and assess a workable model for a children's lawyer to give children a voice in proceedings where they need to be heard, an expanded alternative dispute resolution service to give people more choices.

Mr. Speaker, I will continue to update this Assembly on the progress of this work. We will look to your continued advice and support. Mahsi, Mr. Speaker.

MR. SPEAKER: Minister of Municipal and Community Affairs, Robert C. McLeod.

MINISTER'S STATEMENT 25-16(5): PUBLIC SERVICE CAPACITY – COMMUNITY GOVERNMENTS

HON. ROBERT MCLEOD: Thank you, Mr. Speaker. I would like to provide my colleagues with an update on implementation activities related to the Public Service Capacity Initiative.

This initiative includes a series of programs, all intended to strengthen and support the capacity of local government administrators as well as the leadership and governance capacity of mayors, chiefs and councillors so that they can provide effective direction and support to their staff.

Municipal and Community Affairs is leading the work on this initiative in full partnership with the Department of Human Resources, as well as the Northwest Territories Association of Communities and the Local Government Administrators of the Northwest Territories.

Mr. Speaker, the largest program under the initiative is the Advancing Local Government Administrators Program, and I am pleased to announce that this program will be formally launched at the upcoming Northwest Territories Association of Communities Annual General Meeting being held May 13 to 16 in Hay River.

With the Advancing Local Government Administrators Program, community governments can apply for up to two years of funding to support either a trainee or mentor for their senior administrator position, depending on the current needs of the local government. Using funding available in 2009-2010, seven community governments are piloting this program already.

Retention and recruitment of the local government administrator position is critical to the long-term health and success of community governments and the Advancing Local Government Administrators Program is designed to ensure that community governments have ongoing support, tools and resources to assist with attracting and maintaining staff in this key position.

Mr. Speaker, another initiative that was started in 2009-2010 is the Good Governance training for elected leaders. This program was successfully piloted last year by the School of Community Government, and a total of 29 Good Governance workshops were hosted in 26 communities with 425 community government personnel in attendance. The Good Governance training is now offered to every newly elected council on an ongoing basis so that councillors can obtain a common knowledge base around roles and responsibilities, especially in relationship to their local government administrator. This year's NWTAC AGM is featuring a full day of training and information related to Good Governance.

Professional development workshops are also being held to build the skills and expertise of administrators. The first professional development workshop was held in 2009 to coincide with the Local Government Administrators of the Northwest Territories Annual General Meeting. Future AGMS of LGANT will continue to feature a professional development component for local government administrators, all with the general theme of recruitment and retention challenges in local governments.

Mr. Speaker, a wide variety of promotional materials have been developed, including brochures and information on LGANT's website; a video featuring council-administrator engagement is planned for 2010-2010. A marketing strategy has also been developed to assist with recruitment and retention initiatives at the local government level. A common look and feel is featured in all the promotional materials related to the Public Service Capacity Initiative and I encourage all my

colleagues to view the new website at www.33strong.com that is being launched at this year's NWTAC AGM. The promotional material is targeted primarily to Northerners, to encourage them to consider the interesting and challenging work opportunities available in local government in the Northwest Territories.

Mr. Speaker, while there has been a significant amount of work done to date on the Public Service Capacity Initiative, there is still more work to do. I look forward to providing you with information on the Public Service Capacity Initiative as this program progress. Thank you, Mr. Speaker.

MR. SPEAKER: The Deputy Premier, Mr. Miltenberger.

MINISTER'S STATEMENT 26-16(5):
PREMIER ABSENT FROM THE HOUSE

HON. MICHAEL MILTENBERGER: Mr. Speaker, I wish to advise Members that the Honourable Floyd Roland will be absent from the House today and tomorrow to attend the Northern Premiers' Conference in Whitehorse. Thank you.

MR. SPEAKER: Item 3, Members' statements. The honourable Member for Nahendeh, Mr. Menicoche.

Members' Statements

MEMBER'S STATEMENT ON
EMPLOYMENT OPPORTUNITIES IN
NAHANNI NATIONAL PARK

MR. MENICOCHE: Thank you, Mr. Speaker. With the expansion of the Nahanni National Park Reserve, I have been advised that there are 18 employment opportunities opening up in the Parks Canada office in Fort Simpson in the near future. I am very happy about this news as it is the opportunity for 15 people in Fort Simpson and three seasonal positions in Nahanni Butte.

We are so very fortunate to have this national park and world heritage site so close by. With its caves, hot springs, wetlands, its grizzly bears, Dall sheep and so much more wildlife, it is truly spectacular. The Nahanni River races over Virginia Falls, the height of which eclipses Niagara Falls, and it rushes through canyons about 1,000 metres deep.

These new positions will be of great significance to the region. Six of the positions have been posted already and I understand that the competitions are closed. I encourage young people and all residents to keep a lookout for job advertisements and apply for suitable positions as they are advertised. I think that there will be a number of jobs that Fort Simpson residents will be qualified for.

This is a wonderful opportunity for young people and adults to consider a career in the national park system. There will be guidance given for those who want to seek employment if they are not yet qualified. The parks office in Fort Simpson is there for the long run, Mr. Speaker, and do want to encourage long-term employment for our local people and local residents.

There are also business opportunities, with $5 million of capital expenditures in the Nahendeh region. In addition, they are negotiating impact benefits which will add to the current opportunities in the region. Overall, I do want to say that with an expanded Nahanni National Park Reserve, we can benefit in our communities and in the Northwest Territories. Mahsi cho, Mr. Speaker.

MR. SPEAKER: The honourable Member for Hay River South, Mrs. Groenewegen.

MEMBER'S STATEMENT ON
PROPOSED CHANGES TO SUPPLEMENTARY
HEALTH BENEFITS PROGRAM

MRS. GROENEWEGEN: Thank you, Mr. Speaker. I would like to talk today about the ever becoming more famous Supplementary Health Benefits Policy of this government. Mr. Speaker, we have to start at the beginning and say, why change the policy? Some are saying because it was a decision of a previous government the policy was changed. Now we are just on the implementation end of that so we have to proceed with it. That is what they told us about the Deh Cho Bridge too. It wasn't a very good reason.

Mr. Speaker, I think we need to look at this very carefully and very critically. What this debate on the supplementary health benefits has done inadvertently and unfortunately is made it look like in order to help people in a certain income bracket who are not beneficiaries of other health insurance that in order to help them, we needed to reduce the services to another group of people and we all know that, being the seniors of the Northwest Territories. This is the picture that emerges, that we want to take away from this group to give to this group. Mr. Speaker, that is pitting people against each other and that is not a good premise for how we are doing this.

Unfortunately, that is just the tip of what this policy would actually do. If this policy, if implemented the way it is laid out right now, proceeds as it is, in fact, there are going to be people who will opt out of third-party insurance in order to participate in this government. I know the government means well by expanding it. By expanding it, though, they are giving people the opportunity of not participating in employer health insurance programs and different things where they do pay premiums and to get this from the government at no cost. What is the cost? Who has to add up the cost? Who has quantified what the cost of that is? We can't afford mistakes.

As long as we get a great idea, we see a mosquito on the window and we take a sledge hammer to kill it. I am sorry. We have seen this happen with board reform. Oh, we are going from 70 to seven. What it does is it takes what is in it, the essence of some very good ideas, and just blows it out of the water because we try to capture and bundle too many things within one policy.

Mr. Speaker, I know I don't have a lot more time left, but I just want to caution the government, I beg the government, I beseech them to please look at all the ramifications of this, not to look at this in a superficial manner, please, because we cannot afford to spend millions of dollars unnecessarily, not with the kinds of challenges and demands that we have on our health care system today. Thank you.

MR. SPEAKER: The honourable Member for Tu Nedhe, Mr. Beaulieu.

MEMBER'S STATEMENT ON HOUSING REPAIRS FOR SENIORS IN FORT RESOLUTION

MR. BEAULIEU: Mahsi cho, Mr. Speaker. Yesterday I spoke in the House about housing programs to seniors in Tu Nedhe and the Minister mentioned that the corporation was doing early delivery for 2011-12 in August and September of 2010, which is good for 2010-11.

Today I would like to speak about the delivery materials and labour for housing projects this summer, not 2011-12. Mr. Speaker, it is imperative that the NWT Housing Corporation address serious housing concerns in Tu Nedhe this summer. The corporation must get materials on the barge into Lutselk'e this summer or there will be no other options available to those people.

Mr. Speaker, if the barge is missed, the people will have to wait another full year, at least another full year before any of their houses get repaired. Of all the houses that need repairs, I am hearing that they cannot obtain much needed support from the Housing Corporation because of the various different situations. Mr. Speaker, such situations range from not having a band council resolution in place, or that the individual clients have credit issues, or that they have outstanding rent, or outstanding land related arrears. Mr. Speaker, all of these issues can be overcome. If the corporation waits for all the t's to be crossed and all the i's to be dotted, residents of Tu Nedhe could miss another construction season and all of that repair money that was approved by the House will go somewhere else.

Mr. Speaker, the NWT Housing Corporation will spend $200,000 to $250,000 to build a house when they don't actually have a social housing client in place. Often these units are used outside of the social housing portfolio. This means that the social housing dollars earmarked for that community will go to people that are not in core need. This means instead of decreasing core need, it will continue to increase. Because of this, Mr. Speaker, the Minister must ensure that social housing dollars are spent to address social housing core need issues in the communities. If that does not happen, the people in the community will continue to live in inadequate housing.

MR. SPEAKER: Mr. Beaulieu, your time for Member's statement is up.

MR. BEAULIEU: Mr. Speaker, I seek unanimous consent to conclude my Member's statement.

---Unanimous consent granted

MR. BEAULIEU: Sometimes "inadequate" does not accurately describe the condition of some of these homes I speak of. The majority of these homes are owned by seniors and they are close to being in a dilapidated state. Thank you, Mr. Speaker.

MR. SPEAKER: The honourable Member for Kam Lake, Mr. Ramsay.

MEMBER'S STATEMENT ON PROPOSED CHANGES TO SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MR. RAMSAY: Thank you, Mr. Speaker. Today I want to speak about the direction the Minister of Health and Cabinet has taken on the supplementary health benefits.

I'd like to begin by saying that the hypocrisy in this building sometimes is really something to behold. On Tuesday, May 10th, I stated the Health Minister was being arrogant and ignorant in her handling of the supplementary health issue.

Hansard is a very valuable tool, Mr. Speaker. Back on October 21st, 2005, Ms. Lee herself can be quoted as saying, "I urge this government to start acting like a responsive and responsible government, not an arrogant dictatorship of majority." Mr. Speaker, back on October 26th, 2001, Ms. Lee was called on a point of order referring to a special committee report as a palace coup. In her speaking to the point of order, and I quote, "I have discussed this with my constituents and the words actually come from my constituents."

Mr. Speaker, is this not how the system works? We listen to our constituents and the public. We are the voice of the people of the Northwest Territories, Mr. Speaker, and I'd like to remind Minister Lee of that. Her handling of the proposed changes to supplementary health benefits has, and continues to be, abysmal and embarrassing. Certainly the government must be listening to the valid and genuine concerns put forth by many of the Regular Members on this issue. Why is it that no one on that side of the House seems to be hearing us? Why is

it that Cabinet is intent on silencing the public outcry on this issue?

Mr. Speaker, it will be a very sad day in the history of our Territory should Minister Lee and the government proceed with the changes to supplementary health benefits. My belief is they don't know how devastating these changes will be in some of our residents' lives, especially during the greatest time of need. If escalating health care costs are as big of a concern as we all know they are, why on earth would we put forth changes that will undoubtedly cost us more as people continue to dump third-party coverage? The plan is asinine and needs to be reworked.

Finally, Mr. Speaker, as if the plan itself is not bad enough, the administration and subsequent costs to government will certainly be more than our government could bear. Thank you.

MR. SPEAKER: The honourable Member for Nunakput, Mr. Jacobson.

MEMBER'S STATEMENT ON MEDICAL TRAVEL POLICY RELATING TO RESIDENTS OF ULUKHAKTOK

MR. JACOBSON: Thank you, Mr. Speaker. Recently, on my last visit to Ulukhaktok, various leaders, elders and representatives expressed concerns on medical travel that is being coordinated. Some of the leadership said the medical travel patients are constantly being bumped off Aklak Air from Ulukhaktok to Inuvik and vice versa. There are only two seats reserved on Aklak's flights into the community, therefore, patients travelling to see a specialist or a doctor most likely get bumped.

This has been an ongoing issue since the route was changed from Yellowknife to Inuvik. There are countless patients that go through the situation day after day. For the patients travelling to see a specialist, when they are bumped they have to wait the extra time to see a specialist that goes into Inuvik, which could be months, Mr. Speaker.

For the last three or four years the Hamlet of Ulukhaktok has brought this up to the Inuvialuit Regional Corporation, asking for bigger planes. Some of the elders refuse to fly on Aklak because the planes are so small and they do not have a washroom onboard the aircraft. People in Ulukhaktok would like to see the route changed, if they can, from Inuvik to Yellowknife. It's the same price and there are more specialists in Yellowknife here.

When you live in the small, isolated communities such as Ulukhaktok, air travel is a lifeline. All year round there is no road or community for assistance. These people are dealing with serious medical conditions and when they can't make the appointments, they have to wait for the next round of visits. There are only, like I said, two seats saved for medical travel for patients. Even the constituents who receive medical treatment in Edmonton, the medical administrator still sends them through Inuvik. That would mean longer travel time and a lot longer to get home to family, bumped off due to Aklak's small aircraft. In addition, the assistance that they receive in the Inuvik Regional Hospital can be administered out of Yellowknife, Mr. Speaker.

Flying through Yellowknife straight to Ulukhaktok would save all parties physically and financially, while avoiding long, unaffordable wait times in the transient centre, especially over a weekend.

Mr. Speaker, I seek unanimous consent to conclude my statement.

---Unanimous consent granted

MR. JACOBSON: Flying from Yellowknife straight to Ulukhaktok would save all parties physically and financially.

Over the years I've raised many concerns regarding the GNWT's Medical Travel Policy and how this could be more suitable for small and remote communities. Over the years the Minister has found many excuses to defend the current policies. Will this government and the Department of Health listen to what the people of the Nunakput community of Ulukhaktok are asking for and implement their recommendations and concerns regarding medical travel, administrative procedures and policies?

As our community's population ages, the current practice will increasingly be inadequate. Our elders and patients deserve more from this government, Mr. Speaker. I will have questions for the Minister of Health and Social Services at the appropriate time. Thank you.

MR. SPEAKER: Member for Great Slave, Mr. Abernethy.

MEMBER'S STATEMENT ON PROPOSED CHANGES TO THE SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MR. ABERNETHY: Thank you, Mr. Speaker. I, too, rise today to speak about the supplementary health benefits. I want to talk specifically about the people that are demanding that we stop moving forward with this plan as it is currently outlined by the Minister of Health and Social Services.

On Tuesday there was a rally outside of this building where well over 100 people attended. There were young, there were old, there were healthy, there were sick, there was aboriginal and there were non-aboriginal, all calling for us to stop these changes to the supplementary health benefits.

I've also seen over the last couple of months a large number of e-mails, that I've been copied on, that went to the Minister of Health and Social Services as well as the Premier, demanding that we re-think what we're doing and that we consider options and alternatives before we move forward with the plan that had been presented by the Minister. I've also been copied on a large number of letters to the Minister of Health that say the same exact thing. I have today two petitions that I'm going to table -- or present, rather -- one from the Yellowknife Seniors' Society with 1,944 signatures. I've got one from the Union of Northern Workers with 495 signatures. It's a significant amount of people who are opposed to what the Minister is planning.

Earlier last week in Elders Parliament a motion was put forward and the motion says: Whereas there is a proposal to implement a new Supplementary Health Benefits Program in September 2010;

And whereas the principle of universality should guide the delivery of the Northwest Territories health care system, enabling all citizens of the Northwest Territories to receive quality health care, including supplementary health benefits, on a fair and equitable basis;

And whereas the proposal rightly extends supplementary health benefits to the working poor and others who currently do not receive them;

And whereas the existing supplementary health benefits for senior citizens have served the purpose of caring for seniors and encouraging seniors to continue to live in the Northwest Territories during their retirement years;

And whereas the consequences of the proposed changes to supplementary health benefits for seniors are not clear and well defined;

And whereas the cost of existing benefits for seniors is modest;

Now therefore I move, seconded by the honourable Member for Frame Lake, that the Elders Parliament recommends that the existing supplementary health benefits coverage for seniors be continued;

And further, that the issue of changes to seniors' supplementary health benefits requires further consultation, study and revision before the future implementation.

Mr. Speaker, this was approved unanimously by all Members of the Elders Parliament, Members from all over the Northwest Territories.

The proposed changes are bad for the non-aboriginal seniors, but what's worse is that it's devastating for people with severe, catastrophic conditions who currently have…

I seek unanimous consent to conclude my statement.

---Unanimous consent granted

MR. ABERNETHY: I want to ask today that the Minister actually listens to these people and truly hears what they have to say. Don't implement your proposed plan. Let's take it back and consider options that will truly work for all and not break our budget with the solutions that exist. The Minister needs to be open to options and desire of her constituents and our constituents. Thank you, Mr. Speaker.

MR. SPEAKER: The honourable Member for Frame Lake, Ms. Bisaro.

MEMBER'S STATEMENT ON PROPOSED CHANGES TO THE SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MS. BISARO: Thank you, Mr. Speaker. Mr. Speaker, yesterday I expressed my concerns about the implementation of the Supplementary Health Benefit Policy and suggested that it will create a new class of working poor: the medically bankrupted. It's eminently clear that Cabinet must be provided with a few real life examples of the effect this policy will have on our residents in order for them to understand the magnitude of the problems that this policy will cause.

So the first example: An MLA who, of course, has third-party insurance, similar to all GNWT employees, and who needs a drug to treat a specific condition. The third-party insurance will cover 80 percent of the cost of that drug but the remaining 20 percent is totally the responsibility of the individual. In my case, that's about $8 a month. Certainly an amount I can bear, and I do do that. Contrast that to the situation described by Mr. Abernethy yesterday: a third-generation Northerner who will be required to bear the cost of some $2,000 per month. Who among us in this room could afford to spend $2,000 a month on medical necessities? Not me.

A second example: A family of four living in my riding, mother, father, two children, one of whom is severely disabled. The father has third-party insurance through his employer, which again will cover about 80 percent of the young son's medical needs; special equipment, mobility aides, special food, drugs, the list is long. The cost of those medical needs can be as high as, for this one child alone, $25,000 a year. Is it realistic to expect this single-income family to pay the $400 or more just for their one child's needs? I don't think so.

These are extreme cases, Mr. Speaker, and Members may dismiss them as invalid or unrealistic. I wish that were true, but it is not. These examples are real and they point to the effect this new Supplementary Health Benefit Policy implementation will have on our residents. The

problem presented to us is that government must find a way to provide supplementary health benefits to those not currently covered and to find a way to cover that cost. So let's find a solution to that problem, not create another problem with our solution. There are other ways to generate the required revenue without the drastic results that this proposed method will produce.

The Minister tells us she and Cabinet have looked at all the possibilities and rejected them all except the proposed system.

Mr. Speaker, I seek unanimous consent to conclude my statement.

---Unanimous consent granted

MS. BISARO: The Minister says she has rejected all the possibilities except the one before us. She's saying trust us, our analysis is perfect. Well, I can't accept that. If an analysis of all the options has been done, where are the results of that work? Why has it not been presented to Regular Members so we can evaluate the decision for ourselves?

I have to ask again today the question I posed yesterday: how will this government help residents who face huge financial burdens due to medical conditions costs? Where is the safety net that the Minister keeps referring to for these medically bankrupted residents? I will have questions for the Minister of Health and Social Services at the appropriate time. Thank you.

MR. SPEAKER: The honourable Member for Weledeh, Mr. Bromley.

MEMBER'S STATEMENT ON PROPOSED CHANGES TO THE SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MR. BROMLEY: Thank you, Mr. Speaker. Mr. Speaker, the Minister of Health says the intent of her supplementary health proposals is to address the issue of affordability. In fact, the reverse is true. Look at the $50,000 threshold. Remember, this is the net income threshold and not the after-tax income. After taxes, a $50,000 net income shrinks to $40,000 or $42,000. Someone buying their own drugs for catastrophic issues could easily spend the 25 percent required, or $12,500. That means their real income after taxes and drugs would plummet to under $35,000. This is before any basic needs are covered. That's not just working poor, it's working sick and poor. It's brutal and it's wrong. And remember the net income figure used will be the previous year's income; that is the last good income you had before you got sick and your income went through the floor. So the principle here is to use a person's past healthy income to help them when they and their earnings are sick. Again, totally silly and cruel.

We still don't know what administration of this program is going to cost. But as one senior in my riding knows, even under today's simple system, you spend days of effort and months of time working and waiting to get paid back. How many people already on borderline incomes will be on the bigger and better waiting list this program will create? Does the Minister have time to fix these cases one by one as she has to do repeatedly for my constituent?

So how will people be able to afford to protect their health? When people get sick because they can't afford their medicine, they can go to the hospital at a system cost of thousands of dollars a day and receive their drugs for free. Obviously, under the Minister's scheme, many people will drop third-party insurance and go completely on the public purse.

Third-party insurance is a gift that can take our costs away. We should be requiring it and designing a program to top up these costs, not pass them off on the sick. We should be working hard with our fellow jurisdictions to reduce drug costs, by far the biggest supplementary health cost, through joint action.

Mr. Speaker, the roar of public protest that has greeted these proposals should tell us something. It says that when government sets its priorities for spending their taxes, health care should be at the top of the list.

Mr. Speaker, I seek unanimous consent to conclude my statement.

---Unanimous consent granted

MR. BROMLEY: Health care should be on the top of that list. Many have said they would even pay more tax to ensure coverage of everyone and to avoid co-payments when they are sick, elderly, and less able to pay. Let's listen to what our employers and the taxpayers say and make fair health care for all priority number one. The public response has been clear, expressed eloquently through public submissions and beautifully captured by the Elders Parliament resolutions supporting supplementary health benefits for everyone.

Mr. Speaker, much of supplementary so-called health care is, in reality, basic health care. I am asking: could this government, if it had the will, find a way to provide fair and basic health benefits and services to all citizens of the NWT regardless of race or culture? Mr. Speaker, let's keep our people here in the North. Mahsi.

MR. SPEAKER: The honourable Member for Sahtu, Mr. Yakeleya.

MEMBER'S STATEMENT ON PROPOSED CHANGES TO THE SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MR. YAKELEYA: Thank you, Mr. Speaker. Mr. Speaker, I want to say a few words on the supplementary health benefits. Again, I come back to the principle of the 2,300 people that do not have coverage as we speak today and sit here today. These working-poor families, people who can't afford to have coverage, are my main focus of this discussion here.

As we sit each day, each day these families do not receive coverage. That's why I'd like this policy to see if there's room there to continue moving with it. I understand, in terms of the benefits, that we're going to be affected by some of the people in the Northwest Territories. We heard them outside the Legislative Assembly. We have seen them in the newspapers. I'd like to see at least one of the 2,300 people that are not affected come to this House here and sit here. They can fly down from the smaller communities or outside communities and sit here and talk to us face to face and say what it is like for them not to have this coverage, Mr. Speaker.

The principle of this is that we are doing this to see what is a benefit to all the people of the Northwest Territories. I would also like to know about the impacts of this if we are to delay or defer or scrap it.

We are looking for health care in Colville Lake. We have been crying for health services in Colville Lake for a nurse. How is it today that a young girl has to wait a day to get medical service out of Colville Lake with a broken leg in this 21st Century? We cannot have that. That is what I am fighting for, for basic health service that we have in this city here that is taken for granted. They can go to the health clinic. They can go to a consolidated clinic. We can't even get a nurse in Colville Lake. People have to fight, yet we are having this discussion.

We should be talking about first things first, the basic principle of health care in our small communities. That is what I am going to stand on principle grounds for of this supplemental health benefit. If that is going to take away from services in my community, I'll be damned if I am going to let this thing go. I am going to fight for the poor people. I will fight for the families. I will fight for my region.

MR. SPEAKER: The honourable Member for Yellowknife Centre, Mr. Hawkins.

MEMBER'S STATEMENT ON LEGACY FROM THE 15TH LEGISLATIVE ASSEMBLY

MR. HAWKINS: Thank you, Mr. Speaker. Today I would like to reflect on the tumultuous life of the 16th Assembly. Cabinet, Regular Members and the public have had fierce debate on issues such as board reform, the Deh Cho Bridge and certainly the supplementary health benefits.

Our first budget sent the public service reeling with the threat of layoffs and cutbacks that seemed to come out of nowhere. Earlier this week, the YK Seniors, in collaboration with the Union of Northern Workers as well as many other concerned citizens, staged yet another protest, an excellent protest against changes to the supplementary health benefits.

Mr. Speaker, these major issues, as I have noted, can be all traced back to significant policy decisions made by the former Cabinet during the last election period. That points to a glaring need to improve public accountability. Let's be clear. Changes to the supplementary health benefits are not the invention of the 16th Assembly; they are a result of policy changes began in the 15h Assembly. They were moved forward by that Cabinet while they are no longer accountable to the Members of this House, by signing off such substantial government commitment and direction while the rest of us are completely unaware of this and while we are out face to face with the electorate. Something needs to be fixed, Mr. Speaker. Something needs to be fixed fast.

The next election is a little more than a year from now. If the 17th Assembly began today, it would already be faced with monumental challenges. They do not need added financial administrative surprises by the Cabinet and they definitely won't want to get their legs in a trap or painted into a corner if this government signs them to a contract or passes an initiative while the rest of us are out on an election campaign that they are unaware of.

Mr. Speaker, I can't describe the situation more than it is like a hornet's nest that has been stirred up and it has been thrown into the Assembly and they have locked the doors, because every time this government seems to fix something, it makes things worse. My feeling is stop fixing things because it is making things worse.

The people of the Northwest Territories can't afford the guidance and direction that the Cabinet does in closed doors while the rest of us are out campaigning. They certainly deserve better and the people of the North deserve better.

Mr. Speaker, the Supplementary Health Benefits Policy, among other issues, has taught us a very serious lesson certainly the hard way. I urge this government to commit to an accountable process that ensures no significant Cabinet decisions or commitments are made while the rest of the House is out doing its business during the election period. Thank you, Mr. Speaker.

MR. SPEAKER: Item 4, reports of standing and special committees. Item 5, returns to oral

questions. Item 6, recognition of visitors in the gallery. Mr. Hawkins.

Recognition of Visitors in the Gallery

MR. HAWKINS: Thank you, Mr. Speaker. With a quick glance coming into the Assembly, I can see a constituent, Mrs. Ruth Spence in the gallery and it looks like we have a recent addition of Mr. and Mrs. Larry and Cappy Elkin. Welcome to the Assembly today.

MR. SPEAKER: Ms. Bisaro.

MS. BISARO: Mr. Speaker, it is my pleasure to welcome a constituent, Larry Adamson who is here today listening to the Members' statements and up behind me is Jackie Walsh, assistant to the president of Union of Northern Workers, and Barb Wyness who is the public relations officer with UNW, both constituents of Frame Lake. Welcome to the Assembly.

MR. SPEAKER: Mr. Abernethy.

MR. ABERNETHY: Mr. Speaker, I would like to recognize two residents of the Great Slave riding, Lena Petersen, a former Member of this House as well as a member of the Elders Parliament, and Mr. Todd Parsons, president of the UNW.

MR. SPEAKER: Mr. Bromley.

MR. BROMLEY: Mr. Speaker, it gives me a great deal of pleasure to welcome my mother, Barbara Bromley, to the House, and her lifelong friend, of course, Ruth Spence. I would also like to recognize David Gilday, a resident of Weledeh.

MR. SPEAKER: Mr. Ramsay.

MR. RAMSAY: Mr. Speaker, I see a couple of constituents in the gallery today that I would like to recognize, Ms. Joy Watt and Ms. Donna MacEachern. Welcome to the proceedings this afternoon. As well, I see Mr. David Wind, Yellowknife city councillor, in the audience. Welcome to everybody else as well. Thank you.

MR. SPEAKER: I, too, would like to thank everyone for coming today and take the opportunity to take in this function. Welcome to the House.

Item 7, acknowledgements. Mr. Yakeleya.

Acknowledgements

ACKNOWLEDGEMENT 4-16(5):
ANNIVERSARY OF ALDINE AND FRANK
PERRIOTT OF FORT GOOD HOPE

MR. YAKELEYA: Mr. Speaker, on behalf of the people of the Sahtu, I rise today to acknowledge an important anniversary. On April 19th of this year, Mr. and Mrs. Aldine and Frank Perriott of Fort Good Hope celebrated their 50th wedding anniversary. I invite all Members to join me in congratulating these wonderful people.

MR. SPEAKER: Item 8, oral questions. Mr. Hawkins.

Oral Questions

QUESTION 111-16(5):
LEGACY FROM THE
15TH LEGISLATIVE ASSEMBLY

MR. HAWKINS: Thank you, Mr. Speaker. In my Member's statement today I talked about an unaccountable legacy provided by the previous Cabinet. Mr. Speaker, the issue really is that former Cabinet has made substantial policy initiatives and changes that have affected the incoming government. Mr. Speaker, my question will be to the Government House Leader, Mr. Miltenberger. Would he be willing to address this issue and pass a Cabinet directive to ensure that no future Cabinet can pass substantial changes to government policy while there is an election period on? Thank you, Mr. Speaker.

MR. SPEAKER: Deputy Premier, Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. We, I believe, commenced similar related discussions when we all gathered at Blachford. That issue was discussed and the recognition that the June session, 2011, probably will be the last substantive session of this government, of this Assembly and the recognition of the period that the Member talks about. Those discussions, I believe, have already been broached. Thank you.

MR. HAWKINS: Mr. Speaker, as I mentioned in my Member's statement today, we have the legacy of the Deh Cho Bridge, the legacy of the board reform, and certainly the legacy of the direction that is applied to supplementary health benefits. As I said the day before, these are all issues that need to be discussed and reviewed; that is not the issue. The issue is substantial directions, as I have said today. Mr. Speaker, when can we expect the government to move on this initiative beyond the point of discussion or review or thinking about it? Thank you.

MR. SPEAKER: Mr. Hawkins, you are swaying away from your original question and your focus in regard to the transitional period of government. Could you keep your questions to that particular topic since that is what you originally started on? I will allow you to repeat your question.

MR. HAWKINS: Thank you, Mr. Speaker. When will the Cabinet be moving forward on some type of initiative that will stop them from making serious substantial Cabinet directions and changes while any government is out during an election period? Thank you. When?

HON. MICHAEL MILTENBERGER: Mr. Speaker, I believe that this is a topic that is before Caucus. As we look at gathering in August, an opportunity to come to an agreement as a Legislature on any related issues would be the appropriate venue. Thank you.

MR. HAWKINS: Thank you for that, Mr. Deputy Premier. Mr. Speaker, will the Deputy Premier be making a recommendation that this is an initiative that binds this Cabinet as well as potentially binds the future Cabinets from making those types of substantial decisions going forward? Thank you.

HON. MICHAEL MILTENBERGER: Clearly we've engaged fully in this process with the Regular Members and this Legislature has gathered around the table as Caucus and we will continue to do that through the life of this Assembly and we'll be looking to sort out and agree on those particular issues that will be binding on us all.

MR. SPEAKER: Thank you. The honourable Member for Nahendeh, Mr. Menicoche.

QUESTION 112-16(5):
NEW NWT LICENCE PLATE

MR. MENICOCHE: Thank you, Mr. Speaker. I've had concern from a constituent from Fort Simpson with regard to the new licence plate and I would just like to raise that with the Minister of Transportation. I just want to get, for his benefit and mine, a little bit more detail on anybody that wanted to continue on with the old plates. Is there legislation passed? Can the constituent continue with the old plates and resist the changes that are coming, Mr. Speaker? Thank you.

MR. SPEAKER: Thank you, Mr. Menicoche. The honourable Minister of Transportation, Mr. McLeod.

HON. MICHAEL MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, the intent of designing a new plate and having the general public perhaps have limited input as we went forward was to retain the shape, of course, of the polar bear and at the same time increase the safety of the plate and allow the RCMP to be able to view the plate under limited light situations. Our intent is to have all plates in the Northwest Territories replaced over the next 18 months. So as you come forward to renew your plates and have a new plate issued, we think we will be able to capture all the plates that need to be replaced by December 2011. So there is no ability to use the plate you have now. You can retain it. You can put it on your wall, I guess, or you can turn it in, but at this point we intend to have all traffic on the public highway using the new plates by an 18-month period. Thank you.

MR. MENICOCHE: There is a segment of our population that really appreciates our old plates. I guess the question is: can he continue to use those plates on his vehicle after the implementation date, Mr. Speaker? Thank you.

HON. MICHAEL MCLEOD: I thought I had answered that question. Mr. Speaker, the intent is to have everybody replace the old plate with the new design, the new colours and the new plates we wanted to have on all the travelling public, all the vehicles on the road on our highway systems that are registered in the NWT replaced by 2011. So if the person is required to re-register the vehicle, they would have to get a new plate. Thank you.

MR. MENICOCHE: The other question that people are wondering is why do we have to pay an additional 10 dollars? In fact, my constituent had said the spectacular thing about the new plate is we have to pay an extra 10 dollars, Mr. Speaker. Perhaps the Minister can explain why. Thank you.

HON. MICHAEL MCLEOD: That is a good question. Mr. Speaker, the company that we had a contract with for many, many years out of Edmonton gave us notification several years ago that they would not be producing new plates for us, we would have to find a new company and the equipment they were utilizing was to the point in the lifecycle that it needed to be replaced. At any rate, even if we maintained the old plate, the cost would have been probably either the same as what we're charging now, $10, or more.

We've gone to new material. We are no longer using steel for our plates. We are using aluminum. We've moved away from the chemical solution we had to apply to the old plates, which makes these a lot more environmentally friendly. We've consulted with the RCMP and municipal officers to ensure that the plate will help us in terms of where we need the plate to reflect better, so the RCMP can see it in low light situations and you can also see the plate if the car was parked on the side of the road. So it would help us on that front.

We also worked with the NWT Tourism Association to see how we can use some of the branding we can use for tourism promotion with ITI and right across the government and see if we could make this apply to our licence plate. That's how we came up with the word "spectacular." From all our discussions, from most of our discussions anyway, the travelling public has appreciated it and most of the agencies are saying it's a good move. Thank you.

MR. SPEAKER: Final supplementary, Mr. Menicoche.

MR. MENICOCHE: I'd like to thank the Minister for those answers, Mr. Speaker. Just one more thing is now we are collecting an extra $10. I don't know how many registrations will happen over the next 18 months, but that fee can add to quite an amount. What is the plan for the revenue that they collect

from the new licence plate fees, Mr. Speaker? Thank you.

HON. MICHAEL MCLEOD: There are roughly 30,000 plates that will be issued over the next 18 months and all the revenue that's collected is intended to pay for the actual cost of producing that plate and that's where the dollars will go. This is not intended to generate any additional revenue except for cost recovery. Thank you.

MR. SPEAKER: Thank you, Mr. McLeod. The honourable Member for Tu Nedhe, Mr. Beaulieu.

QUESTION 113-16(5):
HOUSING REPAIRS FOR SENIORS
IN FORT RESOLUTION

MR. BEAULIEU: Mahsi cho, Mr. Speaker. Today I spoke of the urgency of getting house materials on a barge for Lutselk'e and starting some repair projects for elders in Fort Resolution. I'd like to follow up my statement with some questions for the Minister responsible for the Housing Corporation. Mr. Speaker, can the Minister tell me how many seniors are having their units upgraded in Tu Nedhe this summer? Thank you.

MR. SPEAKER: Thank you. The honourable Minister responsible for the NWT Housing Corporation, Mr. Robert McLeod.

HON. ROBERT MCLEOD: Thank you, Mr. Speaker. Mr. Speaker, as of the 2010-11 update, we've had approximately 16 seniors within Tu Nedhe that have applied for and approved for different programs in the Member's riding. I would like to point out last year, or the 2009-10 season, we had approximately 37 seniors in Tu Nedhe that were approved for one program or another. Thank you.

MR. BEAULIEU: Can the Minister advise me if these clients have been notified that they are going to receive repairs from the Housing Corporation? Thank you.

HON. ROBERT MCLEOD: All successful and unsuccessful applicants have been notified at this point whether they were accepted or not. Thank you.

MR. BEAULIEU: Can the Minister advise me at what stage these projects currently are? Like by stage, I'm referring to whether the drawing or the materials stage or labour contract stage, just what stage in general. Thank you.

HON. ROBERT MCLEOD: I don't have the information available, but I will gather the information and forward it on to the Member. Thank you.

MR. SPEAKER: Final supplementary, Mr. Beaulieu.

MR. BEAULIEU: Can the Minister direct his delivery staff to work with me this summer to keep me in the loop, so I can help deal with some of the concerns related to the project and deal with the issues before they become unmanageable, hopefully? Thank you, Mr. Speaker.

HON. ROBERT MCLEOD: I will ask the staff if they will contact the Member every so often and if there is some pending applications, then maybe he would be able to assist with some of those. And, myself, I will keep in close contact with the Member and keep him updated on the activity throughout the summer. Thank you.

MR. SPEAKER: Thank you. The honourable Member for Kam Lake, Mr. Ramsay.

QUESTION 114-16(5):
CONFIDENTIALITY OF MEDICAL RECORDS

MR. RAMSAY: Thank you, Mr. Speaker. Mr. Speaker, on Tuesday, my colleague Mr. Yakeleya raised the issue of confidential medical records from Norman Wells inadvertently ending up at the CBC here in Yellowknife. Mr. Speaker, that was a very serious issue and the Minister, in response to questions from Mr. Yakeleya, stated that it was an accident and sometimes accidents happen.

Mr. Speaker, just yesterday a Yellowknife woman had come forward saying she's received a dozen faxes containing confidential medical information. Mr. Speaker, I believe the Minister of Health and Social Services has some explaining to do. I would like to ask the Minister if she's aware of these other breaches of privacy, serious breaches of privacy. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you, Mr. Ramsay. The honourable Minister of Health and Social Services, Ms. Lee.

HON. SANDY LEE: Thank you, Mr. Speaker. I did hear about the situation that the Member is describing and we are investigating that. Thank you.

MR. RAMSAY: I would like to ask the Minister of Health and Social Services how often major breaches of privacy happen with her department and the health authorities across the Northwest Territories that don't hit the newspaper or the media. Thank you.

HON. SANDY LEE: As I indicated in the House, every health authority, every health profession, professionals have a very strict protocol on patient records and medical information and they are to follow those protocols. When there are situations like this as sometimes does happen, then you have to investigate and work with the Privacy Commissioner to make sure those breaches don't happen again and we are doing that with the latest information. Thank you.

MR. RAMSAY: In response to my colleague Mr. Yakeleya on Tuesday, the Minister stated that a policy already exists or is in place to protect the privacy of patients with confidential medical records. I'd like to ask the Minister if she's willing to share that policy with us and, if there is such a policy, why these breaches are taking place. Thank you.

HON. SANDY LEE: I'd be happy to share that. We know that policies exist, but it's the people and machines that implement those policies and procedures. The latest information is that the information was faxed from an Alberta facility and our Privacy Commissioner is in touch with her counterpart to follow up on the details of this. Details are not clear at the moment, but we are following up on that as we take these issues very seriously. Thank you.

MR. SPEAKER: Final supplementary, Mr. Ramsay.

MR. RAMSAY: Thank you, Mr. Speaker. Mr. Speaker, as if it's not bad enough that the information is getting out there, the lady that received some of these confidential medical records here in Yellowknife had, in fact, phoned the Stanton Territorial Hospital and told them that she had received this information. She never heard back from the hospital. I'd like to ask the Minister, if she's going to take a look at this, you know, are people going to be responsible for not getting back to this woman and not telling her what she should do with these confidential medical records when she received them inadvertently. Thank you.

HON. SANDY LEE: We are investigating the situation to see, in fact, exactly what happened and obviously we want to make sure that all the steps that were to be taken were taken. But first of all we have to have the facts, because this just came to light in the last few hours. Thank you.

MR. SPEAKER: Thank you, Ms. Lee. The honourable Member for Nunakput, Mr. Jacobson.

QUESTION 115-16(5):
MEDICAL TRAVEL POLICY REGARDING RESIDENTS OF ULUKHAKTOK

MR. JACOBSON: Thank you, Mr. Speaker. My Member's statement today was travel from the outlying communities; Ulukhaktok and smaller communities that travel from communities for medical travel to either Inuvik or Yellowknife being bumped off. Will the Minister commit to working with the various departments and agencies to implement changes provided by the communities to improve the administration for medical travel to prevent future patients to have to wait in their communities or transit centres and half the time while in pain, Mr. Speaker? Thank you.

MR. SPEAKER: Thank you, Mr. Jacobson. The honourable Minister of Health and Social Services, Ms. Lee.

HON. SANDY LEE: Thank you, Mr. Speaker. Yes, I will commit to do that with the Member. We are reviewing the medical travel and we are reviewing the very issue that the Member is raising. Thank you.

MR. JACOBSON: When the patient is in pain in the communities, they must be flown out the next day or the next flight, no questions asked, to the nearest hospital. Mr. Speaker, there's no reason that is good enough to have patients suffer needlessly, especially due to an overbooked plane. Mr. Speaker, how long does the Minister expect people to wait in their home communities in severe pain before a medevac is warranted? Thank you, Mr. Speaker.

HON. SANDY LEE: The Member is right that we have lots of people in our communities who have a permanent, twenty-four hour medical and health staff. Their services are provided by communities outside. We have to rely on medical travel to do that and obviously the people who live in these communities are entitled to good service and quick access. So, no, we don't expect people who aren't well to be waiting in pain. We do have a policy in place to do that. I know the medical director team in the Beaufort-Delta is reviewing the response policy and I will get back to the Member with the details of that. We are working to improve that system. Thank you.

MR. JACOBSON: A constituent told me a similar situation where one time they had to wait due to cancellation, because of a lack of passengers, for four days away from their home. Mr. Speaker, will the Minister take the initiative to try to coordinate alternative arrangements when scheduled medical travel flights have been cancelled such as coming back to Yellowknife going through Kugluktuk up to Ulukhaktok? Thank you, Mr. Speaker.

HON. SANDY LEE: Yes, we will follow up on that. Thank you.

MR. SPEAKER: Thank you. The honourable Member for Hay River South, Mrs. Groenewegen.

QUESTION 116-16(5):
PROPOSED CHANGES TO SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MRS. GROENEWEGEN: Thank you, Mr. Speaker. Mr. Speaker, my questions are for the Minister of Health and Social Services, Ms. Lee. Mr. Speaker, in my Member's statement, in two and a half minutes you can't do much to kind of try and capture and summarize all of the questions and comments surrounding this, but I can clearly tell you today that many, many of my constituents came out to a public meeting that was sponsored

by the Department of Health and Social Services and, without exception, were not in support of the changes to the Extended Health Benefits Program. It was a thoughtful and respectful exchange, but I am here to represent the people of Hay River and I'd like to ask the Minister of Health if, when we go back after all this public consultation and all the debate in this House and all the work that's gone into this, when an initiative comes before the Cabinet, I remember this, there's a briefing note that accompanies it and under a heading called purpose, there is a brief description. Then it goes into the background and the political implications and all that stuff. But if the Minister could just tell us what is the purpose succinctly for the overhauling of the extended health care benefits in the Northwest Territories at this time. Thank you.

MR. SPEAKER: Thank you. The honourable Minister of Health and Social Services, Ms. Lee.

HON. SANDY LEE: Thank you, Mr. Speaker. The purpose of overhauling the Supplementary Heath Benefits Program is, one, there is a group of our citizens who need supplementary health benefits that are excluded from the current program; two, the way it is designed now is administratively cumbersome and Member...(inaudible)...talked about the administrative difficulties, specified conditions is run by exceptions; and, third, there is no appeal mechanisms for people who are not happy with the system we have now, so we needed to clear out those issues; and, fourth, the program as it exists now is not fair or equitable or sustainable. Thank you.

MRS. GROENEWEGEN: Mr. Speaker, I could swear that I have heard the Minister say repeatedly that this overhaul of extended health care benefits does not have anything to do with cost saving, it does not have to do with money. I think we've all heard her say that. Okay. Yet, now in the purpose of the overhaul she's saying that it is about money, because it's about the sustainability of the program. I'd like to ask the Minister, in her point number one, when she refers to the group of citizens who are excluded who need support, who need help with their costs, what kind of thought in putting together the proposed policy changes was given to where the resources would come from to include that group of people? What kind of consideration was given to that and why today do we have a scenario where it appears that the GNWT is taking away from one group to support another? Thank you.

HON. SANDY LEE: Mr. Speaker, the Member states that we are overhauling the Supplementary Health Benefits Program, but as the Member knows… I have distributed the article in the Slave River Journal, which did a very good study, a cross-country survey of 12 jurisdictions, and every single jurisdiction including and Yukon and excluding Nunavut, because Nunavut has the same thing as us. But all of the 11 jurisdictions have supplementary health programs that are income tested or there is a deductible, there are premiums, they are capped. So we're not inventing a new wheel here. This is something that all jurisdictions do for supplementary health benefit. It's not for insured health benefits, as Member Yakeleya talked about. Those are the essential health services. This one is supplementary. This is the program that in the rest of the country people do pay for part of the service. Thank you.

MRS. GROENEWEGEN: Mr. Speaker, in fact the Minister, by comparing our program to that and other jurisdictions is saying that our program is costing this government too much money and we're looking at saving money. So to that argument, Mr. Speaker, I would like to ask the Minister what kind of financial analysis has been done to actually prove out what these changes will cost us.

Mr. Speaker, I don't think enough analysis has been done, because I think the new program is going to cost us far more than the existing program. One of those areas where it's going to cost us is when seniors decide to leave the Northwest Territories. Mr. Speaker, seniors, we don't need to go into the all details of this, but what they contribute to our communities and their volunteer efforts and everything, but they are also contributing to the personal income tax that this Territory receives. They are also contributing to the transfer from Canada just by their very presence here in the Northwest Territories. They often are close by because they're part of a larger extended family that is also all here.

Mr. Speaker, I'd like to ask the Minister what thought she has given to the ramifications, financial ramifications, not to mention those unquantifiable other contributions that are made by seniors in the Northwest Territories, but what kind of quantifiable, monetary, full costing analysis has been done when seniors and their families start to leave the Northwest Territories. Because it's fine to say that we're a unique jurisdiction, and we are. Let's recognize that. That's why you have isolated post allowance, northern living allowance… I'm sorry. I'll stop there. Thank you.

HON. SANDY LEE: I think one thing we should not lose sight of, because it keeps getting repeated, is that this proposal is taking away benefits from seniors in order to pay for benefits for those who are excluded, because that is totally not true. Most people… Mr. Speaker, what this program is doing, is doing what the government has to do. The government has an obligation to help those who need help from us. There are people, low-income families who are excluded from most essential benefits such as eye care and dental. So for some people that might seem small, but that's important and government has a role to play in that.

The fact of the matter is we could work the Supplementary Health Program so that the vast majority of seniors will be covered. The proposal we have in place gives 80 percent of our non-aboriginal population a package that's as good or better than they would get if they worked for the government. That's a very, very generous program. We are making the program fairer by asking those of us who have more than others, and some of them include seniors but a vast majority are not seniors, and we are trying to make the program fair. I understand, Mr. Speaker, this is a very, very difficult thing to do, but it's one that we need to look into. Thank you.

MR. SPEAKER: Your final supplementary, Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Speaker. So the Minister would have me to believe that this is just a coincidence that we are going to be reducing the support that we provide to our seniors while at the same time looking for a way to help those other lower income Northerners to receive benefits. So it's just a kind of coincidence that this all happened at the same time and the two are not related at all. If you listen to the Minister, that's what she is trying to portray.

Mr. Speaker, I am all for helping those people who have no other insurance and need help. I am all for that. But surely this government could have been a little more creative and thought a little further afield as to how we could find the resources to do that without having to impact the benefits of others.

I'd like to ask the Minister what kind of thought was given to that, because I think everybody knows this government seems to have a lot of money for a lot of things that are of questionable value, but when it comes to supporting the people who've given -- a lot of them have given their entire lives to this Territory -- I'm sure the government could have come up with some other ideas of where to get that money to support that other group of people. What kind of thought was given to that?

HON. SANDY LEE: Mr. Speaker, this Extended Health Benefits Program is not new. It's something that every government grapples with. We're not inventing a new wheel here. We look at what is available across the country. We looked at what's the use of it.

Mr. Speaker, we have a proposal before us that would cover the vast majority of seniors, the vast majority of the population who need support from us. We are asking that those of us, and that includes me and many other people who are going to be seniors one day and who hope to be financially better off, that we make our contribution so that we help those seniors down the road and our younger folks, university students or newly starting a job, a single mother with kids, that they get the basic care that they do not get right now. I believe, at the end of the day, government has a responsibility and the role to look after the poor first, look after the most vulnerable first. We will look after seniors and we will look after everybody who needs us, but no government can afford to do extended health benefits with no questions asked and pay for supplementary health benefits for somebody who's making two, three, four, five hundred thousand a year. The fact of the matter is we have those people. Thank you.

MR. SPEAKER: The honourable Member for Frame Lake, Ms. Bisaro.

QUESTION 117-16(5): PROPOSED CHANGES TO SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MS. BISARO: Thank you, Mr. Speaker. Mr. Speaker, my questions are for the Minister of Health and Social Services. I want to follow up a bit on my statement today and from yesterday as well.

You know, it's said, Mr. Speaker, that a society is judged by its treatment of children, the sick and the elderly. I think we in the NWT want to be judged well. We want to feel that our society is a good one and I think we put programs in place to look after our children, our sick and our elderly. So it leads to the idea of a safety net, which the Minister has referred to quite a number of times in our discussion over the last few days and months.

So my question to the Minister is, as I mentioned in my statement, there are those residents who, under the proposed plan, will end up with excessive medical costs in any one-month period because they have third-party insurance and don't have any access to supplementary health benefit. So I'd like to ask the Minister where is the safety net for those residents who have third-party insurance and have to endure excessive medical costs. Thank you.

MR. SPEAKER: The honourable Minister of Health and Social Services, Ms. Lee.

HON. SANDY LEE: Thank you, Mr. Speaker. And we have heard that concern. As the Members might remember, the first time when we came out with this proposal, the implementation plan, was that there would be two types of different programs and the income cut-off was $45,000. Everybody told us that that was not workable and we have to make a more flexible program. This is why we have revised the program so that income threshold starts at $50,000 for a single person and about $70,000 for a couple. But if you have children, the threshold goes up, up to the point of $170,000 to $190,000.

Mr. Speaker, no other program across the country accommodates the fact that we have needs for the families. The fact of the matter is the Member says we need to look after the children and the elderly. Yes, we do. The Supplementary Health Program

right now does not have dental benefits or vision care benefits for children. Thank you, Mr. Speaker.

MS. BISARO: Mr. Speaker, I thank the Minister for her comments. She indicated that she has heard the concern that has been expressed by a number of Members about people who are going to endure excessively high medical costs. My question, I guess then is: is she going to respond to that in terms of this particular program? Is there going to be a change to the program? She states that there is no other program in Canada that deals with residents the way that we do, but I would say to her, as well, there is no other program in Canada that leaves people with excessive medical costs out to dry. I would like to go back and ask the Minister. You have heard the concern of people who are going to have excessive medical costs. Will you respond to that and amend the policy? Thank you.

HON. SANDY LEE: Mr. Speaker, as the Member knows, the government has presented the latest proposal. We are meeting with the committee. I was advised that we will have more meetings on that. If there are specific issues that we could work on to improve what we have, we still have time to do that, Mr. Speaker.

I just want to note that, in the NWT, I know we could always come up with the outliers, but on average in the Northwest Territories claims are about 2,816 claims are less than $5,000, 195 claims are a little over $5,000 and about 86 are less than $10,000. So, yes, we could always look at outliers and anomalies and say we do have challenges that we need to look at. But for the vast majority of claimants, the proposal we have laid out would look after many of them and most of them and we will include so many people who are currently excluded into the plan. We have to consider that as something that is positive. You can't just talk about people who are protesting the loudest. We do need to listen to the silent majority too, Mr. Speaker.

MS. BISARO: Mr. Speaker, the Minister in her answer said that she is going to listen to committee's concerns and I can advise being on that committee that there are many concerns and the Minister will be getting a summary of our concerns shortly, I believe. She said that she is willing to work on it. That is positive, but I really wonder whether or not when she hears committee's concerns, she is actually going to act on it. She also said that this is going to apply to the vast majority of people. My concern is for that minority who are going to become medically bankrupt. The Minister is ignoring that possibility. It is not a lot of people, but it is some people. Do we want to marginalize those people and put them into bankruptcy? I don't think so.

The Minister advised us yesterday and today that Cabinet has considered all possible options in terms of preparing this proposal for changes to the Supplementary Health Benefits Program. I would like to know whether or not or where are the results of that analysis. There should be a sheet that has pros and cons that compares one option to a second option to a third option to a fourth option which leads to a considered decision. I would like to ask the Minister where the results of the analysis that was done by the department and/or Cabinet and will she share those results with Members. Thank you.

HON. SANDY LEE: Mr. Speaker, we have provided the information that we have been using. If the Member has that information that she would like to get, I would be happy to accommodate that. I don't know what she means by... I guess she is talking about a table with 100 different ideas.

Mr. Speaker, as I have said already, we are not inventing a new wheel. This is a commonly used model everywhere in the country. We have designed our program more fairly and generous than anything in the market, other than Nunavut. Thank you, Mr. Speaker.

MR. SPEAKER: Final supplementary, Ms. Bisaro.

MS. BISARO: Thank you, Mr. Speaker. I will try to put my request in words that perhaps the Minister can understand. When one has a number of options, six or 10, one lists them on a page and you then go across the page on the top and you put this is a positive, this is a negative, this is a positive, this is a negative. You then look at each option and you evaluate. You could even give them a number and assign a number to them so that you come out of each option with a plus or a minus 500, minus 600, et cetera. That then allows you to take the options to six or 10 options that you have and rank them from number one to number 10 or one to six. Was that done in this case? Where are the results of the analysis that the department did? That is what I am asking for.

HON. SANDY LEE: Mr. Speaker, I think the better way for me to provide the information that she is looking for is if she could give me the questions.

Mr. Speaker, we looked at the premiums. We looked at the deductibles, using the deductibles. We looked at different income models. I know the general public out there want to know what analysis have you done to do universal versus charging cold payment. Mr. Speaker, we have done that. If the Member wants to have that information, I would be happy to provide that to her. Thank you.

MR. SPEAKER: The honourable Member for Great Slave, Mr. Abernethy.

QUESTION 118-16(5):
PROPOSED CHANGES TO SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MR. ABERNETHY: Thank you, Mr. Speaker. My questions today are for the Minister of Health and Social Services. In March 2009, this side of the House passed a motion unanimously for you to go back and review the changes or, rather, go back to the drawing board on the changes that you are proposing on supplementary health at that time. In discussions following that, the Minister said that she would go back to the drawing board, that she would develop a stakeholders group and she would listen to them for options and alternatives and do some research around that.

Since that time it has become clear that she had been working off a policy that was approved by Cabinet on September 30, 2007, which indicates that there is only one option. It is an income test model. Given that, at the time, there was a significant amount of public outcry about what was being proposed by the Minister. The motion was clear: go back to the drawing board. I saw letters; I heard people on the streets; there were rallies out there. The Minister couldn't have missed all that. Given that she must have heard all that and given that, in the policy itself, under Section 5, paragraphs 2(b)4, there is actually a clause that says that the Minister may recommend revision to this policy to the Executive Council. Given that all that information was out there and all that concern exists, can the Minister tell me when she went back to Cabinet seeking possible revisions of the policy which would allow her to actually consider other options and alternatives rather than just relying on the income test model that we are now faced with today?

MR. SPEAKER: The Minister of Health and Social Services, Ms. Lee.

HON. SANDY LEE: Thank you, Mr. Speaker. The Member is right; there is a provision there that would allow me to go back to the Cabinet for revision. We heard and analyzed and reviewed the feedback that we got from the public, and based on the analysis we had, we did not conclude that we had to go back to Cabinet for revision, but we did go to the Cabinet with options on what we have heard. Thank you.

MR. ABERNETHY: Mr. Speaker, I would like to know which public she was listening to. Thank you, Mr. Speaker.

HON. SANDY LEE: Mr. Speaker, the fact of the matter is, the Minister and this Cabinet and this Legislature has to consider supplementary health benefits in the context. As the Member for Sahtu has mentioned, and others, the government is responsible for insured benefits as well as non-insured. Supplementary health is non-insured. The government has a priority to use its money on insured services. For non-insured services, it is to come up with a program that is as fair and as equitable as possible. We have to realize that there is some personal investment that has to be made into this program. We are asking the people to do that in this context. Thank you.

MR. ABERNETHY: I still didn't hear an answer to my question. I'm not sure which public she is listening to. Clearly, there's a significant amount of people out there who have concerns.

I want to go back to the policy for just a second. The statement of the policy is that the Government of the Northwest Territories will provide certain supplementary health benefits to non-aboriginal residents and their families who are not eligible for either -- and it's an or question -- either supplementary health benefits available to aboriginal people or for supplemental health benefits available through employer programs. Aboriginal people are entitled to top-up for things such as specified medical conditions, the catastrophic conditions. Under this new program that she's proposing, people with insurance who have catastrophic conditions are completely out of luck. I'm curious how we can ignore those people with catastrophic conditions who happen to have insurance, given that the statement of the policy actually would cover those individuals. Thank you.

HON. SANDY LEE: Thank you. The proposal that we have, that's under discussion and we will continue to have that discussion to hear out what the Members have to say. This policy has a suggestion for a cap, and also we are working on a catastrophic drug coverage and other programs, Mr. Speaker. Thank you.

MR. SPEAKER: Final supplementary, Mr. Abernethy.

MR. ABERNETHY: Thank you, Mr. Speaker. I am listening, but I'm not really hearing any responses. So I'm just going to ask a related question slightly different.

Consistently the Minister talks about a program that is generous and equitable. Clearly, there are people excluded from this. Anybody with insurance in the Northwest Territories is excluded completely from any top-up. In some cases, most people, if costs aren't high, that might be alright, except in some cases people do have catastrophic conditions where the costs are clearly high, and I think those numbers are larger than the Minister is accepting. I'm curious if she could explain to me in detail how a system that clearly excludes people who have insurance and catastrophic conditions is in any way, shape or form, generous or equitable? Thank you, Mr. Speaker.

HON. SANDY LEE: Because, Mr. Speaker, I think that the one thing that we need to remember is that all governments try to have a program that supports

the residents on low income, or seniors, or a person with disabilities, those people who need the government for non-insured health benefits. So in that way, this program that we have designed is very generous and much more comprehensive than any that is available in the rest of the country.

The fact of the matter is, Mr. Speaker, we have to put this in the context of other obligations that the Department of Health and Social Services and the government has to provide health care services to the people across this Territory. Thank you.

MR. SPEAKER: The honourable Member for Weledeh, Mr. Bromley.

QUESTION 119-16(5):
PROPOSED CHANGES TO SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MR. BROMLEY: Thank you, Mr. Speaker. I have questions for the Minister of Health and Social Services, and I'd like to look at a consultation process following up on my questions on Monday. When I asked the Minister why the NWT Pharmaceutical Association's offer of advice and AGM appearance to the department was not taken up, the Minister replied saying she didn't invite Mr. Dolynny's offered input because he was not the current association president, and that five-day notice of the AGM was too short for her staff to make the meeting. I've gathered information from the association which paints quite a different picture of the facts.

First, I'm told that the stakeholders panel, set up by the Minister to advise her on the proposed changes, requested the participation of the Pharmaceutical Association, but the department specifically refused to include them in that process. Can the Minister tell me why the advice of these front-line providers was declined in participation of the panel? Thank you.

MR. SPEAKER: The honourable Minister of Health and Social Services, Ms. Lee.

HON. SANDY LEE: Mr. Speaker, I just need to correct that. I was not in any way suggesting that anybody couldn't put an input into this unless they wore a title. So if the Member understood it that way, I do apologize. What I meant to say yesterday in answering the question why have you not consulted with the pharmacy association or Nurses' Association or any other medical related health care professionals, and my answer was yes, we did. We wrote a letter to the pharmacy association. I have actually asked the staff to put that on the website. I have consulted with many people about this supp health plan. My point is, the pharmacy association did not respond to that, but Mr. Dolynny later on did respond and say you didn't consult us. My point is that we did contact the associations and we are listening to anybody who wants to tell us. Thank you.

MR. BROMLEY: Thank you. Again the Minister has refused to answer the question. Why did she not respond favourably to the stakeholders panel she put together for inclusion of the Pharmaceutical Association? I also understand now about the five-day notice the department had to participate the in the Pharmaceutical Association's AGM. The association actually invited the department quite early on in a timely way, but the department was very slow to reply. By the time the reply was received by the association office, only five days remained for the by then scheduled AGM, apparently a time too short for the Minister to arrange for a person to attend. But I have to ask the Minister to explain why is it this department, again, would have not been knocking on their door in the first place, and certainly why could they not free up a person to attend and take notes on the insights of a front-line provider like the Pharmaceutical Association of the Northwest Territories.

HON. SANDY LEE: This is an important issue and I'm not sure if we want to talk about who sent what e-mail and when. I can assure you that I do have a chronology of the invitation from the pharmacy association and our response was prompt and swift. Having said that, Mr. Speaker, the pharmacy association is welcome to give their input, but the fact of the matter is, yes, they're a front-line provider.

The Supplementary Health Plan we are suggesting is in place in every other jurisdiction in Canada. That's what all the other pharmacists and pharmacies do use. So, Mr. Speaker, as a front-line provider, that's not where the input would come. As a pharmacist, we consult with them regularly. All of the legislation we've had, all of the policies we have, we consult with the pharmacies and pharmacy association and other professional associations on a routine and as a regular course of business. Thank you.

MR. BROMLEY: Thank you. It's sad that the Minister doesn't realize what the main point is here, that this consultation process has been a sham and that some extremely important aspects and sources of good insight for us have been skipped over in the process. I've had many comments from constituents on the quality and bias, for example, of the on-line survey, and I know the Minister has received those same comments, a survey which was also difficult to fill out with complete comments. Many have noted that the survey may not have been available to seniors that don't have computers. I'm told that the, well, I've concluded the results of the survey itself indicate highly equivocal responses. I'm sure the Minister must recognize that by looking at the answers, the proportions of answers, the yes or no answers provided, entirely

equivocal responses, which is exactly what you would expect from a questionnaire with ambiguous questions. Can the Minister explain how she thinks this survey was at all meaningful? Thank you.

HON. SANDY LEE: Thank you. Later today I will be tabling a document called What We Have Heard, and we outline everything that we have heard in all of our consultations and meetings we have had. We've had very frank and direct comments from our people. Also on the website there might have been yes or no questions, but there was always room for somebody to put in their input.

People have called us; people have e-mailed us; people have talked to me on the phone; they have called me. In the Northwest Territories we live in a very small space and we know everybody, a big space, but we know each other, and so I have had input from the people, as have the MLAs.

The challenge we have here is what we are talking about is a very, very difficult thing to talk about. When you are talking about anything to do with health benefits it is a very, very difficult thing to do. There are certain things we have to talk about: universality versus co-payment, non-insured health services versus insured health services, catastrophic drugs versus regular drug costs. All those things a lot of people don't want us to change that at all. So I don't think it's necessarily true that there was a flaw in the consultation. It's just that, at the end of the day, it is difficult to make changes. Thank you.

MR. SPEAKER: Your final question, Mr. Bromley.

MR. BROMLEY: Thank you, Mr. Speaker. Again, there's quite a disagreement both from the public and the Members here on the Minister's perspectives on this. The Minister continually refers that we follow a system that's a commonly used model in other parts of the country and so on. We're not interested in that. We want to develop a specific system for the North.

Mr. Speaker, when I asked whether an analysis of the cost of administration had been made, the Minister replied, according to Hansard, "we will be going for RFP to find a service provider such as Blue Cross or any other insurance company. They are equipped and trained and set up to deliver a program like this." Mr. Speaker, Blue Cross fills forms, not prescriptions. Why are we to have any respect for a consultation process that was biased, narrow, controlled, and based on pre-determined actions? I'm asking for a new consultation process where everyone can develop the respect for it that is needed, and that would indicate that a good process has been had and a good solution has been found. Thank you.

HON. SANDY LEE: Mr. Speaker, this issue has been discussed in and out of this House since 2003. You will hear very frank input in the report that we have submitted today. I know people are very concerned about these programs and whenever you are making changes, it is difficult. It is difficult for us to talk about what we need to do. We need to be clear about what we need to do. We need to be able to find a way to help those who are currently excluded. We need to be able to do it in a way that minimizes the impact of the changes. We need to do it in a way that we have a sustainable health care system where our resources go to insurer services, nurses and doctors and health centres, surgeries, all those things. No government has all the money they need. This is not about cost cutting at all, it's not about dollars, but it is about sustainability. It is something that we need to work through and I'm willing to work with the Members on the other side to see how to make this work. Thank you.

MR. SPEAKER: The honourable Member for Sahtu, Mr. Yakeleya.

QUESTION 120-16(5): PROPOSED CHANGES TO SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MR. YAKELEYA: Thank you, Mr. Speaker. Mr. Speaker, my questions are to the Minister of Finance, the money man, in terms of the supplementary health benefits. In terms of this issue, I want to ask the Minister of Finance, in his understanding that if we are to continue on with the existing program as it is now, could we, in his financial forecast, can we sustain this type of program?

MR. SPEAKER: The honourable Minister of Finance, Mr. Miltenberger.

HON. MICHAEL MILTENBERGER: Thank you, Mr. Speaker. Mr. Speaker, like every jurisdiction in the country and probably in the world, we are facing an increasing and consistent rise in our health expenditures. Member Bromley said it should be at the top of our list when it comes to our priorities, but when it comes to our expenditures it definitely is and it continues to be.

We have, on the supplementary health side, a growing demand for the service. Plus we know, as the Minister has pointed out, we're trying to capture those folks that aren't currently captured, about 2,300 people.

As we have every budget, we are going to be pressed to make decisions. We have far more needs than we have resources and we are constantly looking at how do we control and manage our expenditures. At the same time, are there ways to boost or increase our revenues? We are talking now about trying to consolidate what we've done. We're talking now -- having lived through the last two years of the most turbulent

economic times since the Great Depression -- of that pressure that is still there for us to be very vigilant and frugal.

So are things sustainable? We are going to continue to have to make choices. We've been asked and told to look at ways of being creative, look at how we do business. The program review unit was put together to help us find those efficiencies. This has been identified back in the 14th Assembly as an issue that needs to be addressed, and we are constantly going to be, until the end of this term, working to manage our finances. Thank you.

MR. YAKELEYA: Mr. Speaker, that's another question I want to pose to the Minister of Finance. In terms of sustainability, in terms of the program that we offer now and what we are discussing right now through the government's initiative to propose changes to the supplementary health benefit, there are going to be some tough choices coming down in the next couple of years in terms of what we receive from the federal government and what we want in our communities. I spoke of that very passionately about the needs in Colville Lake, for example, and many other small communities also are going to be asking about some of those basic services.

With this plan that the Minister of Health is proposing, this policy, are we able then to look at some of these basic needs that we so desperately want in places like Colville Lake or in the Sahtu?

HON. MICHAEL MILTENBERGER: Mr. Speaker, we're going to be challenged with our core services, like the Member has talked about, the basic medical services in communities. We're going to be challenged with supplementary health. What we are trying to do is reprofile some finding. We are looking at putting in on a supplementary program some income testing to assist us to do that to control the costs, to be able to provide the service to all Northerners, including the working poor that currently aren't included. At the same time, recognizing, as we look in our budgets and we look at our strategic initiatives and the work in the small communities, that there are significant unmet issues in those communities.

Our challenge is going to be to deal, first and foremost, with our core services. I mean, that's what we expect in every community. So we have that challenge and everything we can do, be it building an office building in Yellowknife that could free up $100 million a year, be it looking at inclusive schooling, looking at other formulas that may not be set up the most proper way and we could look at being more efficient, those are all areas we are going to be looking at that the Members have told us to go and do the work and be creative and find our efficiencies. So our challenge is going to be to do that to meet the very needs that the Members raise so passionately in this House today.

MR. SPEAKER: I would just like to recognize that the time for oral question has expired, but I will allow the Member to conclude his supplementary and final question. Supplementary question, Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Speaker. Mr. Speaker, again, I ask the Minister of Finance, in your analysis as the Finance Minister, if we were to go ahead or not go ahead with what we're talking about today in terms of long-term impact benefits, again, I will say to the people in the Sahtu, this would greatly hinge on my decision as to basic services that we do not receive in the Sahtu communities or any other small communities that we so desperately want to see in our communities. This is very important to me as a Member, as a Member who represents a community that has a facility like Colville Lake that, still today -- we talk about it -- has a honey bucket system for the washroom in their health centre. This is crazy. So, again, this is what we are faced with in terms of the Supp Health Program and issues that we have to face in our small communities when we go back to our region.

Can I ask the Minister again, in terms of is this program, again, in all his analysis as the Finance Minister, saying our current health system and as for the basic needs that we're asking for now in our small communities?

HON. MICHAEL MILTENBERGER: Mr. Speaker, in my opinion, if we continue to do business as usual and if we continue just to accept the fact that we're going to have continued expansion to programs like this, supplementary ones, when we know that we're not meeting all our core services, that if we don't come up with creative ways and if we don't recognize that the issue of universality in areas like supplementary programs is not affordable in any jurisdiction including ours, then it will limit our ability to meet the needs that we have in the core service areas that currently we are struggling to meet. Thank you.

MR. SPEAKER: Your final question, Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Speaker. The Minister indicated that over the years we are going to have to look at the list of priorities in terms of how we spend our money, how we look at revenue, how we want to be able to sustain our needs in the Northwest Territories. Some of these priorities, for example, are some of the expenditures that I guess we can call in question. For example, the issue of building liquor stores in another region here over the front-line service workers. Is there some of this that we are going to look at in terms of what do we put ahead of the front-line health services in our communities?

HON. MICHAEL MILTENBERGER: Mr. Speaker, The Government of the Northwest Territories has responsibility that covers 360 degrees of the compass. We have to allocate money. We have legal responsibilities, mandated responsibilities. We have responsibilities that are there by choice and by need. Our challenge is going to be, as we do for every business planning process, to make those choices. There is discussion in the House that the Member for Kam Lake pointed out. We have many challenges ahead of us, unmet needs, pressures to contain our costs and control our expenditures at the same time, trying to look at revenues but not raise the tax burden on Northerners. We have to make those choices. We have been making them collectively for the 15 years I have been here and all the years before that this Assembly has been in existence. I want to point out once again that we have managed to do that successfully during the three most turbulent years in our economic history since the 1920s. Thank you.

MR. SPEAKER: Item 9, written questions. Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Speaker. I would like to seek unanimous consent to return to item 8 today on the Order Paper, oral questions. Thank you, Mr. Speaker.

---Unanimous consent granted

MR. SPEAKER: Item 8, oral questions. Mr. Hawkins.

Oral Questions (Reversion)

QUESTION 121-16(5):
PROPOSED CHANGES TO SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MR. HAWKINS: Thank you, Mr. Speaker. On Tuesday, May 11th, I asked a question to the Minister of Health and Social Services regarding Section 5, in a very similar vein as Mr. Abernethy has. I asked the Minister of Health and Social Services, has she ever taken back some of these issues to Cabinet to revisit this change to the policy of supplementary health. In her answer on page 31, she remarked outstandingly with a clear absolutely. Mr. Speaker, of course, later during the day, I had asked if she could table those facts. Of course, she began to tell me no, how she can't. Today in answering Mr. Abernethy's question, when he asked the same question in a different way, of course, regarding Section 5, about what had been brought back to Cabinet for reconsideration, her answer to Mr. Abernethy was, they don't see the need to because the analysis has already been done. Mr. Speaker, in an unclever way, I am trying to figure out the contradiction of these two answers over simply two different days. Mr. Speaker, can the Minister of Health and Social Services clear up this clear contradiction that the House is now struggling with one way or the other? Thank you.

MR. SPEAKER: Minister of Health and Social Services, Ms. Lee.

HON. SANDY LEE: Thank you, Mr. Speaker. There is no contradiction there. I don't think it will surprise anybody that the Supplementary Health Benefits Policy has been before Cabinet more often than most issues; probably not as many as Deh Cho Bridge, but, Mr. Speaker, it has been a popular topic in Cabinet.

We take the input from the public very seriously. We understand how difficult it is to make any changes to a health basket of benefits that a lot of people hold dear. We went out with the first implementation at the end of November 2008. We heard a lot of things from the public. We took it back to the drawing board. We had somebody look at the entire program, top to bottom, upside down. We did do that and throughout the course of that review, I have gone back to the Cabinet about what we are finding, what does it mean, what are the other jurisdictions doing, what is the user profile of the people that are using it, what is our people's ability to pay, what is a non-insured service versus insured service, what does it mean to have an income threshold of this and that and whatever, how are we going to do the public hearing, who are we going to talk to, how long do we have. We have done all of that.

Mr. Speaker, I do totally respect that this is a very, very difficult issue. But, Mr. Speaker, I don't think there has been lots of discussion on this side of the table about this policy. Thank you.

MR. HAWKINS: Mr. Speaker, I have to admit, I think the contradiction in two answers still lies before the House. The Minister will tell us that she is looking for suggestions. It is almost as if she is pointing at us for those suggestions. Mr. Speaker, time and time again Members have said, as well as the public who is here today have said, consider this. Additional taxation, look for efficiencies, find another way.

Mr. Speaker, where is the analysis in answering those questions? Where is the proof to show that they have been considered? Where is the proof that the Minister has taken the time to listen to the public who struggled very hard with this issue that she seems to be clearly ignoring? Thank you.

MR. SPEAKER: This is just to remind the Members in the gallery if we can have some order in the House. We don't usually applaud in the House, so if you could keep it down. Minister of Health and Social Services.

HON. SANDY LEE: Mr. Speaker, the policy says if the Minister wants to make revisions, the Minister

has to make specific recommendations on that. We incorporated the feedback that we had heard and if we were to decide that income test will not be used or the major items of the policy was to be changed, that would have had to go back to Cabinet.

The fact of the matter is, we did the analysis. We as a government feel that this cannot be universal. The Minister of Finance did a round of consultation on revenue options and taxation. We heard soundly from everyone that raising tax is not an option that we should look at. We heard people suggesting premiums, people suggesting other means. You do the analysis and you listen to those and you review them, but unless you are going to make a recommendation to change the policy, you don't have to raise that specific question. Thank you.

MR. HAWKINS: Mr. Speaker, I think we could have saved five minutes by just saying nothing. Mr. Speaker, honestly, this is very upsetting and certainly shameful. The Minister will keep telling this House and the people of the North that the silent majority support her. Mr. Speaker, I was camped out in front of the post office, Shopper's Drug Mart and a few other places having people sign post cards. Lots of people signed it to tell the Minister to revisit this policy, Mr. Speaker. I only had maybe one or two people said they liked the direction. Mr. Speaker, there is not a silent majority on this issue. Where are the Minister's facts on that silent majority supported? I am not talking about the people who are covered or the people who always will be covered. I am talking about where are the people of the silent majority who won't be covered showing you this is the right way to go? Will the Minister prove that to this House and prove that to the people in the gallery and prove that to the people of the Northwest Territories? Thank you?

HON. SANDY LEE: Mr. Speaker, as I indicated already, I will be tabling a document later today that speaks to what we have heard. Mr. Speaker, there are people who are writing to us and telling us that, and even the Members here have said that we do need to find a way to bring in the people who are excluded. We are having disagreements about how we do that. I appreciate that. There are people who say, go universal, make this part of core service. We have a challenge to that as a government.

If I had all the money in the world, I would like to make everybody happy and pay for all the medication, equipment and no income testing, no nothing, just take care of our people to the fullest extent possible. We do not have that luxury. Yes, taxation option, we have consulted with their departments about raising taxes to pay for this, but the challenge we have is no other governments in the country would raise taxes to pay for something that is not a core service. I know some people would like us to make this a core service, but that is a value question on the government. That is something that I would differ.

Mr. Speaker, I'm not in any way suggesting that people are telling me to do this, do this, do this, that's not what I'm saying. What I'm saying is I am listening. I do understand what people are saying, and I understand how difficult this is. We need to keep on trying to work this out. Thank you.

MR. SPEAKER: Final supplementary, Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Speaker. I'm not sure I'm going to call this a consultation, because I certainly would not define it as meaningful. Mr. Speaker, there were legitimate questions asked by the public in a way to address this situation. Certainly, find efficiencies in some form and do a strategy around that, and certainly consider the option of taxation. If it can be spread out across the Territory so we can all share in the much needed, important essence of health care. Mr. Speaker, Mr. Dana Heide, probably to his long-term regret, let it quite clearly slip that he was always given the direction, because of the policy, to do this with a co-payment. Mr. Speaker, that was never the intent from this side of the House, as the focus. Mr. Speaker, it was always about starting in a fair and equitable way.

Mr. Speaker, when will the public be able to listen to the answers that the Minister has heard in the form of questions? Will the Minister be responding in any public way before the policy is cut and dry and can never be changed? Will she give the public that one more chance to speak to it once the formal policy is made public before it's implemented?

HON. SANDY LEE: Thank you. The fact of the matter is we are, and the Members know that I have made a presentation to the planning committee. We have a process in place where we work on policies like this together. Mr. Speaker, I don't know if there is any forum more public than the Legislative Assembly. This is a work in progress and I have a proposal before the Members and I look forward to hearing what Members have to say. Thank you.

MR. SPEAKER: The honourable Member for Kam Lake, Mr. Ramsay.

QUESTION 122-16(5): PROPOSED CHANGES TO SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MR. RAMSAY: Thank you, Mr. Speaker. I've got some questions for the Minister of Health and Social Services, as well, pertaining to the proposed changes to supplementary health. I guess, first of all, in listening to some of the comments the Minister has made back to some of my colleagues here on how this is working and how Cabinet is dealing with this issue, I have to take issue with the fact that she said Cabinet takes public opinion very

seriously. Then the first question I'd have, Mr. Speaker, if Cabinet takes public opinion seriously and the Minister is serious about public opinion, why are you still intent on implementing this asinine program shift and change by September 1st of this year? Thank you.

MR. SPEAKER: The honourable Minister of Health and Social Services, Ms. Lee.

HON. SANDY LEE: Thank you, Mr. Speaker. The fact of the matter is we are trying to develop a program that addresses some of the deficiencies in the existing program, as I have laid out in response to MLA Groenewegen's question. We have gone out and consulted. We have done analysis. I do understand that there are very differing views out there about how we should provide this program, to what extent, to whom and who should pay for that. So who should pay for that and how we should pay for that and such. So we have listened to those and we have analysed them and we have shared that with the committee. I understand that none of that information is ever satisfactory to some of them, and I understand that this is very, very difficult, but, Mr. Speaker, the Cabinet listens to what the Members have to say and what the public has to say. Thank you.

MR. RAMSAY: Thank you. I thank the Minister for that. The Minister states quite clearly that Cabinet listens to what the public has to say and listens to what Regular Members have to say. Then the obvious question is: will the Minister take another look at the proposed changes and defer the implementation date on these program changes? Thank you.

HON. SANDY LEE: Thank you. As the Member knows, this has been consulted, and studied, and analysed. We have the final proposal out here, Mr. Speaker. My preference is to work with the Members and see how to make this workable. There was a question about the fact that MLA Abernethy raised, and I think MLA Groenewegen raised it too, we don't want to have a system where everybody dumps their insurance. The program as it exists now, because we cover universally to anybody who is over 60 or with a chronic condition, we have a system where everybody drops their health insurance. We have one of the lowest rates of personal insurance holders in the country. The fact is, you know, we do income tax for all other essential programs in this government. Not housing perhaps, but we have income support, we have rental subsidies, fuel subsidies, we test the income on seniors' fuel, Mr. Speaker, there are a lot of essential programs in this government already that we income test because resources are limited.

The fact of the matter is, we have a program where we are encouraging people not to insure. The last thing is this is the only thing where people could actually go elsewhere to get help before they come to the government, which you can't say about lots of government programs that the government has to offer. Thank you.

MR. RAMSAY: Thank you. I heard the Minister say earlier during the proceedings that she'd be tabling a document called What We Heard from the Public and I think that's all fine and good, but what the Minister should be tabling in this House is what the government intends to do with what they heard, and I don't hear her saying that. It's fine and dandy to put what we heard, but what exactly is the government going to do with what they heard? I think that's the important thing here.

We talk about sustainability. The Minister says these proposed changes are to lend sustainability to the supplementary health benefits going forward and the health system in general. How could this be possible, Mr. Speaker, when we know the people are going to dump their third-party coverage? It's going to cost the Government of the Northwest Territories more money, in addition to that in the area of administration of the program. How can the Minister stand up in this House, in front of the Regular Members and say the proposed changes are going to add sustainability to our health care system going forward? Thank you.

HON. SANDY LEE: Thank you. Obviously government and the House hears the people and we make decisions and take actions according to what we heard and in the interest of all the people that we serve. I think we've had much discussion about that already. I need to answer MLA Ramsay's question...and I just lost my thought. Sorry, Mr. Speaker.

MR. SPEAKER: Final supplementary, Mr. Ramsay.

MR. RAMSAY: Thank you, Mr. Speaker. Given the divisiveness of this subject and the fact that it's dominated the discussion here in the House, obviously we've had members of the public in the gallery the few days we've been back, the Minister has received numerous letters, we as Members have received numerous letters. Again, I'm going to ask the Minister, will she park the implementation of the changes until after the next territorial election and let the public decide? I suggested this to the Minister the other day, if she thinks she can get re-elected campaigning for these changes, go door-to-door in your riding and see if you get re-elected. That's the true test of whether or not the public wants to accept these changes, Mr. Speaker. Thank you.

MR. SPEAKER: Yes, Ms. Lee, sit down. I will disallow that question as I did the last time. I don't think it's appropriate to have those types of suggestions put to the floor of the House. Next on oral questions I have Ms. Bisaro.

QUESTION 123-16(5):
PROPOSED CHANGES TO SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MS. BISARO: Thank you, Mr. Speaker. I have a few more questions, as well, for the Minister of Health and Social Services. I'd like to follow up on the questions that I'd asked previously. One of the town hall meetings was held here in Yellowknife and during that town hall meeting -- actually, no, that's not true, it was at a meeting that was held at the Baker Centre -- one of the attendees at that meeting stated in reference to the proposed program that's put forward that the government can do better than this. Somebody else then suggested that this is probably the best that this government can do, that they are maxed out on creativity and capacity. I, unfortunately, somewhat have to agree with that statement.

The Minister several times has said we are doing what we have to do. She's also said we are looking at it, we're looking at who should pay for that and how we should pay for that. It suggests to me if you say we are looking at it, that there is a possibility for change. And we ask the questions whether or not change could be made and the Minister has consistently said no. So I guess I would like to then ask the Minister if there is no possibility of changing this policy, why does the Minister and Cabinet feel that we have to do these changes in the way that they are proposed? Thank you.

MR. SPEAKER: Thank you. The honourable Minister of Health and Social Services, Ms. Lee.

HON. SANDY LEE: Given the contentious and difficult issue we are dealing with, I don't think we could have everybody agree to the proposals being put forward and it can't be about coming up with a program that everybody is happy with, especially if you are realigning programs. At the end of the day, government has to make some choices and we have to make decisions together about how do we make sure that we have this program that includes the people that are currently excluded, minimizes the impact as much as possible and to see how we make this program not eat up other programs unreasonably, because as Member Yakeleya and others have suggested, we have an obligation to provide core services to our people, Mr. Speaker. We will and I am committed to continue to work with Members to see how we improve the proposal that we have before us.

MS BISARO: I think I heard the Minister commit that she's going to work with Members and that's the first positive thing I may have heard. I would hope that the next thing that she's going to do in committing to work with Members is to take some of the suggestions from Members and change the policy and change the proposed plan. The Minister has stated as well across the country that we have the best plan of any across the country and these changes are going to make us equal to other plans across the country. I guess I have to ask the Minister, why are we aiming low? Why are we not aiming to keep the plan that we have and not reduce it to something else? Thank you.

HON. SANDY LEE: Because, Mr. Speaker, we are far from aiming at anything low. I am going to table this Slave River Journal article written by a small newspaper agency in Fort Smith. They took their time to do a cross-country survey on what is available. Even the Yukon has a program for seniors that are over 65. Every program is income tested. Every program has deductibles. Why do we have to compare with the rest of Canada?

The fact of the matter is, Mr. Speaker, health care is important. We need to be able to fund it. We need to focus our energy on core health. When we are talking about delivering programs in small communities and across the Territories, things are more expensive and challenging here than anywhere else. We need to look at a broad spectrum of programs that we need to provide for health care for all our communities, for all our people. Thank you.

MS. BISARO: I guess I don't really have a response to that and I'll just leave it at that. I think we could argue the philosophy in that article, on the comparisons in the article, for quite some time.

I need to ask the Minister, again, I think I've asked this before but there are any number of different ways that this coverage of people who are not currently covered could get funded. I want to know from the Minister why that hard work and that analysis was not done. There was hard work required to find the different way to do it that didn't marginalize certain people and I don't believe that's been done. So I ask the Minister why they couldn't do the intensive analysis, the intensive search for savings within the government and find a way that would allow us to cover the people at the lower end and not disenfranchise or marginalize some of the people who will have excessive costs. Thank you.

HON. SANDY LEE: Because, Mr. Speaker, this is the non-insured program and the non-insured program is not where everybody gets service, regardless of their ability to pay. That's insured service. Mr. Speaker, we are looking at including people who are excluded and asking those on top of the income threshold to make a contribution.

Mr. Speaker, the Member is concerned about high cost of drug expenditures and we know that there are some outliers and there are some people on the border that will be hard hit. So we are working on and those things are addressed by a cap. So that's something that we need to address with the Members on the other side and which I'm willing to discuss. Thank you.

MR. SPEAKER: Your final question, Ms. Bisaro.

MS. BISARO: Thank you, Mr. Speaker. Mr. Speaker, I'd like to mention that I believe later on today we're going to receive a number of petitions protesting the changes to the Supplementary Health Benefit Program. My understanding is that the names on these petitions total about 3,000 people. That's some 7 or 8 percent of our population and that's a significant number.

So I'd like to ask the Minister: in hearing that there are 3,000 people who have concerns about this program, what does that say to the Minister? And I would ask her to comment on this information and will that have any impact on her determination to proceed forward with these changes? Thank you.

HON. SANDY LEE: I'm sure if I read all of those 3,000, which I will, I probably know almost all of them. This is not impersonal to me. This is not just an issue that we're talking about. This is very near and dear to me, as well. I talked to the people. I know who was at those meetings. I know people who are writing me. I've known them for all of my life here. I understand that this is a very, very pressing issue and dear issue, Mr. Speaker.

So we will continue to work on this package. We have done everything we can to… We have done a lot of work. The Department of Health and Social Services spent a majority of their time for the last three years working to make sure that we come up with as generous a program as possible. This is a consensus government and I am looking forward to working with Members on the latest proposal we have to see how we could improve that. Thank you.

MR. SPEAKER: The honourable Member for Weledeh, Mr. Bromley.

QUESTION 124-16(5):
PROPOSED CHANGES TO SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MR. BROMLEY: Thank you, Mr. Speaker. My questions today are for the Minister of Health and Social Services. I'd like to start by asking the Minister what is the cost of administering the current supplementary health system and what's the anticipated cost of the new system under the Minister's current proposal? Can she compare and contrast those costs for me? Thank you.

MR. SPEAKER: The honourable Minister of Health and Social Services, Ms. Lee.

HON. SANDY LEE: Thank you, Mr. Speaker. I don't have the number in front of me, but we have a number of staff that run the Supplementary Health Benefits Program. We believe that the new program would cost $200,000 to $300,000 to administer. Thank you.

MR. BROMLEY: I have other beliefs on what the cost of the system will be and I think the Minister is aware of those. The current system provides equal coverage, full coverage to both Metis, seniors and non-aboriginal seniors. Under the new proposals, I've heard from the Minister that will no longer be so. In fact, we will no longer give full coverage to non-aboriginal seniors. Can the Minister explain to me how that can possibly be seen as not being divisive, a racially divisive policy? Thank you.

HON. SANDY LEE: I don't believe there is anything I can say that would make people change their mind on that issue. The fact of the matter is we do have an NIHB program in this country and in Canada that the federal government funds. The GNWT funds Metis health benefits that is on par with NIHB. The changes we are trying to make are because we have a non-aboriginal program that excludes a whole bunch of non-aboriginal people that need us, and that's where my focus is. We are coming up with a program that is as generous and as fair as possible to cover all non-aboriginal people into that program. Thank you.

MR. BROMLEY: Mr. Speaker, I'll just remind the Minister that our Elders Parliament was clear on that question and I refer her to their sage insights on that issue. I'd like to ask what input from the Minister's stakeholder panel did she include in the current proposals. Thank you.

HON. SANDY LEE: Last the Joint Leadership Council met with all of the health chairs we did an in-depth briefing on this supplementary health benefits and we talked about the pros and cons of this in our health care system. The department staff met and wrote to NGOs, the seniors' societies, the seniors' groups and other groups such as the Centre for Northern Families or Persons with Disabilities. So we had a group of NGOs that looked at the proposal, they gave their feedback and we have incorporated those. Thank you.

MR. SPEAKER: Your final question, Mr. Bromley.

MR. BROMLEY: Thank you, Mr. Speaker. I do have a final question, and I just want to preface by saying I think the Minister and Cabinet must surely be aware that the answers we're hearing are totally inadequate and the main point behind all of this discussion today is that we're not there yet. We need to go back to the drawing board on this. The Members are speaking and the public has spoken.

Mr. Speaker, can the Minister tell me, given the complexity and administrative challenges we can expect with the current proposals, given that people that are covered by third-party insurance may very well drop it under the current proposals, and given that we're likely to cause financial and economically independent families to move to income support, how does the Minister expect this will contribute to sustainability of the supplementary health program and our government? Thank you.

HON. SANDY LEE: Mr. Speaker, we have a proposal before us and we have an opportunity to work on that. I believe, as I've stated already, this is

a difficult issue and it does take some courage and resolve on our part to make changes, Mr. Speaker. We cannot say that cover the working poor, cover those 2,200 people, find the money to do it, raise taxes, go without. We can't continue to say that, Mr. Speaker. The Members here have an obligation to listen to everybody as well. I keep being told that I need to listen to everybody. Yes, we are listening to everybody and we have to make decisions. We are here to make decisions and sometimes it's the hard decisions, sometimes they are really tough for the short term but it might have a better long-term effect. The fact of the matter is, Mr. Speaker, we need to be mindful of the fact that we have low income families who are having to decide about getting their next set of glasses for their kids, going to a dental appointment for their kids, and we have no means of accommodating those. And the fact of the matter is, right now as the supplementary program exists, it encourages people who can afford insurance to opt out of them because we put no responsibility on those people to go to the private insurance and we top up people who have insurance who have high income while we are ignoring the poor.

Now, Mr. Speaker, surely we could do something; work together in the short term so that we can address this and not say study this thing for another four years, seven years, 10 years, and let the world go by. The fact of the matter is, there are lot of things that we do for seniors. We cover home care in our seniors program, which is not covered elsewhere. So I think we have a good package to work with. I'm looking forward to working with the Members to see how we can improve this. We need to balance what the people's needs are. Thank you.

MR. SPEAKER: The honourable Member for Great Slave, Mr. Abernethy.

QUESTION 125-16(5):
PROPOSED CHANGES TO SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MR. ABERNETHY: Thank you, Mr. Speaker. I asked a question earlier about the generous and equitable nature of this new program and the Minister didn't give me a response. Yesterday I talked about three scenarios. Sorry, I'll just go back for a second.

There's an individual, a young man who has a chronic condition that costs about $10,000 a month. In the current system, if he was working for the GNWT he would have 80 percent coverage by insurance, which means the insurance company would cover about $96,000, and he could apply for a top-up under the current system, which would pay for about $24,000. Under the new system proposed by Minister Lee, this individual will have insurance that will cover $96,000, but that individual will be on the hook for the $24,000 that he could apply for top-up now. It is in that person's best interest to not work for a company that has insurance. It is in that person's best interest to take a job at $50,000, dump his insurance and have the Government of the Northwest Territories pay $120,000 rather than $24,000. You can buy an awful lot of glasses and pay for an awful lot of dental appointments for $120,000, or in this case $94,000.

I think we are missing the boat here. We need to fix the problem. Also, I am really happy to hear that the Minister is going to table that Slave River Journal report, because I was going to do the same thing. When I read it, I agree. Yes, a lot of different jurisdictions are doing co-payments and premiums, but in no jurisdiction, not one, in fact in many of the jurisdictions, every one of them has a program that offers some sort of specified condition program and not one of them discriminates because people don't have insurance. I want you to tell me, or rather, Mr. Speaker, I want the Minister to tell me how all these other jurisdictions don't discriminate because somebody has insurance for people with specified conditions we are going to. Thank you, Mr. Speaker.

MR. SPEAKER: Minister of Health and Social Services, Ms. Lee.

HON. SANDY LEE: Thank you, Mr. Speaker. If you think that Supplementary Health Benefits Program is a safety net program and to say that to access it is either you have to have insurance and if you don't, the government will help you and to say that if you have an insurance program, you can't access the program and to say that that is a discrimination, that is kind of a strange way of looking at that. What we are saying is that the government will be there for you. If you have other insurance, access that first and if you don't, we will help you.

Like I said yesterday, Mr. Speaker, the Member has a point. Any insurance program like this has a built-in incentive for people to dump their insurance because government picks them up. Right now, we have that in the system. Anybody who is over 60, they have no incentive to keep their insurance. In fact, a lot of government employees have a pension health plan and they are told don't get that because the GNWT will cover for that. If you have a chronic condition, there is no incentive to do that.

What I am saying is, with all the resources we have or not enough resources we have, if we have a program where people that access those elsewhere, we need to build that in. The fact of the matter is, yes, for those new people we are bringing in in the lower income, yes, there is a possibility that people could drop that, so I am willing to work with the Member to see how we can prevent that.

The fact of the matter is, over the years now, next 10 or 20 years, employers and everybody else would ask the government to take this on. They

would expect the government to be the last resort of an insurance, which is more reason why we need to define who is going to have access to this program and we have to say we are going to cover the poor first. We are going to cover the poor and the lower income, youth, women, seniors and men, and for those of you on top of the income threshold, if you could get insurance elsewhere, I am sorry to tell you, you have to go and get that first and get that second and because we need to spend health care on other things, that is called core services.

Mr. Speaker, this is a value question. It is a huge public policy question. I am sympathetic. I am willing to listen to the Members on the other side, but you can't say, okay, we don't like this. We have people who don't like it. They want you to cover everybody. Do universal, raise taxes. Unless you are going to do that, delay for another 10 years. I hope that we can work out a solution. Thank you.

MR. SPEAKER: I will just remind the House that we have quite a few people on the list. I think that we are starting to burn up a lot of time here, so if you can be direct in regards to your responses and also direct in regards to your oral question and keep to the specific question that you are asking. Again, I will just remind the House it is your time, so I would like to be fair to the other Members waiting on the list. Let's keep moving. Mr. Abernethy, supplementary.

MR. ABERNETHY: Thank you, Mr. Speaker. I think I finally heard what the real problem is. The Minister has been dodging this one for a long time I think. The problem is we as a government have been supporting ourselves to have people dump insurance. We have people telling people that are retiring, don't get insurance because we will cover it. I know there are other employers that are out there saying, don't get that insurance or don't take our government insurance because if you don't you can get full coverage by the GNWT. We have actually supported an environment where we are encouraging people to dump insurance. The Minister has admitted that today, but we don't fix it by putting in a program that convinces even more people to dump their insurance. We need everybody to work with us. We need people who have insurance to keep that insurance because it helps us save costs so that we can provide top-ups to all of our residents. That is what we need. What they are doing is exactly the opposite. They are actually creating more incentive for people to dump their insurance. It is a self-fulfilling prophecy. Sooner or later, the prices on this whole program are going to go up. I am curious if the Minister can talk to me a little bit more about that. Why would we want to create a program that actually encourages everybody to dump their insurance? It makes no sense.

HON. SANDY LEE: Mr. Speaker, yesterday the Member said people are not stupid. They are not going to... Why get an insurance or work on a job if you are on the threshold? If you make $51,000, you have to pay a whole bunch of money. If you are $49,000, you are not going to. Of course, people are going to drop those as it is happening right now. We have lots of people that are dropping it. It isn't only because when you are retiring, the government and HR employees say, well, you don't have to keep that. People are not stupid. I'm sorry. People do what works for them. So that is why we are suggesting in this plan that for people on certain income levels, we are going to cover less than what the insurance will cover. That is the built-in incentive for people to go and get the insurance.

Now, insurance is dealing with those people who would, of course, if it is going to cost you more because your income is high to get it from the government, then you will get it from the insurance, because most insurance companies will cover 80 percent and that is a built-in incentive for people to get insurance.

The second thing is, yes, we have to work on improving how to ask people to get a third-party insurance first. The Member asked already how this is done in Nova Scotia. If you go to the government office to get a supplementary health benefit, they will ask you, do you have access under NIHB? Do you have access under Veteran Insurance Program? Do you have your employer pension plan? Do you have private insurance? If you say no to all of that, the government program comes in and we could look into that. I think that is a fine idea. Thank you, Mr. Speaker.

MR. ABERNETHY: Mr. Speaker, the Minister has already acknowledged that we, when people are retiring, have encouraged people not to take our insurance. I am curious what the Minister plans to do for those people that have taken our information in good faith and have declined the insurance provided by the GNWT because they were under the impression that they were going to get coverage as seniors basically for the rest of their lives in the Northwest Territories and today we turn around and we say we know we told you not to take the insurance, but tough luck. What are we going to do with those people, Mr. Speaker? Those people exist because we have told people to dump their insurance and now we are taking away a program that they relied on to make the decision to actually accept the government's decision to decline the insurance. Thank you, Mr. Speaker.

HON. SANDY LEE: Mr. Speaker, I am happy to tell the Member I have an answer for that. They have 90 days to reinstate the insurance at any time from any time. They could reinstate it, but right now we have a program that they don't have to. They

could ask for it now. They could reinstate it now and it will be...

MR. SPEAKER: Excuse me. Again, the debate is going between Members. We run questions through the Chair and allow for responses and also good questions and good answers so that we can all hear it and to be fair to the Member. Ms. Lee.

HON. SANDY LEE: Thank you, Mr. Speaker. Anybody who declines to take on that extension, they could renew it at any time. Within 90 days of application, it will be reinstated. Second thing is, Mr. Speaker, I have unfairly attributed that HR staff tells people that; it is a hearsay. People said that they were given the option of not renewing and they told us to do that because we have a built-in incentive in our Supplementary Health Program to drop these insurance programs. Thank you.

MR. SPEAKER: Final supplementary, Mr. Abernethy.

MR. ABERNETHY: That is not horrible news. It still doesn't mean that what we are doing is the right thing. It is my understanding that, if they jump back in, it is based on age, so now they are going to spend a lot more money than they would have if they jumped in when they were originally encouraged not to. I understand what the Minister is saying is for GNWT staff. What about all the other staff? What about all the other staff? What about all the other staff from other employers who were encouraged to don't bother taking the health insurance because don't worry, the GNWT has got this great seniors' program and you'll be covered? You know, we treat people well in the Northwest Territories. Well, we used to. So I guess my question is: what are we going to do for all those other people who turned down their insurance because their employers said not to who aren't the GNWT? So we're helping some, but once again, we're turning our backs on a bunch. Thank you, Mr. Speaker.

HON. SANDY LEE: Thank you. The point is that we have a program that is for extended health benefits; it's not for core health. It is one where people can get access elsewhere, which is not what you can say about lots of programs. People can't get education elsewhere, public school or lots of things the government must offer. I know it's hard to accept, but Extended Health Benefits is an extended health benefit and we are having to ask people who can get that access, who can afford it to do that. Those who have decided not to have insurance, we could go and buy insurance at any time. Of course, government will be there if somebody can't get insurance because of their existing condition, or because they have a family history or whatever for whatever reason if they can't get the insurance, if they have a very, very high cost of drug costs or whatever, the government is there to support them. This program is trying to address expanding services to those who are excluded and putting some responsibility on this Extended Health Care Benefits. But, Mr. Speaker, we can ask that anybody who comes into the Supp Health Program that they need to try to get their insurance first, or if they have another NIHB or whatever else, then they need to obviously get that first. Thank you.

MR. SPEAKER: The honourable Member for Hay River South, Mrs. Groenewegen.

QUESTION 126-16(5): PROPOSED CHANGES TO SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MRS. GROENEWEGEN: Thank you, Mr. Speaker. I want to sort of change the tack of the questions here a little bit for the Minister of Health and Social Services. Mr. Speaker, we have a process issue here. If the policy to change the supplementary health benefits was adopted in the previous government, and if it is now being implemented in this government, what opportunity do we have to represent the views and concerns of our constituents to stop this from being implemented in its current format?

Mr. Speaker, we have about another five days of this Legislature sitting, this is due to be implemented before we come back here to sit again, but there's nothing coming forward from this side of the House that gives us an opportunity to have a vote, and even if we were having a vote, the Minister has said today she can't even answer us to tell us how much this is going to cost. Like, normally if we vote on things in this House it's based on the principle of the service or the program or the infrastructure, and there's a dollar amount attached to it. So we've said how much does the current Supplementary Health Program cost? How much will the revised Supplementary Health Program cost? We can't even get those kind of numbers. We don't even have a vote. This really is putting consensus government at risk here, I would suggest.

Consensus government doesn't work if we, representing the numbers of people that we represent on this side of the House, are bringing the voice of our constituents to this table and there's nothing to even vote on. So what do we have at our disposal? What can we do to stop this before the implementation date? Thank you.

MR. SPEAKER: The honourable Minister of Health and Social Services, Ms. Lee.

HON. SANDY LEE: Thank you, Mr. Speaker. The expected cost to the government over the next four years is $8,539,702 next year, $8,824,108 the year after, $9,341,402 the year after, and about $9,893,970 for the year of 2013-14, understanding that when you're talking about health care costs,

you're talking about estimates because it's demand driven, it's whoever walks in the door. But, Mr. Speaker, we expect that the new program would cost around $8.5 to $9.8 million every year.

MRS. GROENEWEGEN: Thank you. Okay, and thank you for those numbers. That's the first time I've personally heard those numbers. Mr. Speaker, do those numbers take into account the opportunities that we have discussed here for people who are in the $50,000 or lower to opt out of third-party insurance programs? Does that take that into consideration? Because it's fine to say, well, we'll look at that after the fact, but I would suggest that's like looking at it after, you know, closing the door after the horses are out of the barn here. These are the kinds of things that need to be considered before, before you implement a policy and not afterwards, and this is why we're saying we need to take the time to make sure we get this right, before we run with it. I don't know why the Minister doesn't agree to defer this until we have something that we can agree to. This is consensus government.

HON. SANDY LEE: Thank you. We do have time to agree on things. Requiring people to get third-party, we could make that as part of the program and we can do that right now and you don't have to study that for a year or two months.

Mr. Speaker, the Member asked does this take into consideration those who will drop out of third-party. Not in specific dollars, but neither does it include people now because their income is higher or because they have other third-party options that they could use that and the savings that the government would get if that had happened. So, Mr. Speaker, no, it doesn't, and when you are budgeting health programs you can't be right down to the dollars because we do know and Members have been talking about drugs or equipment or anything. So this is the best estimate we have for the cost. Thank you.

MRS. GROENEWEGEN: Thank you. The Minister has clearly said this is not about cost savings and the numbers that she had put forward with an escalation value on them, and yet why are we mixing this up with core health services? I get the impression that Members on this side of the House are trying to lobby Members on this side, somehow leading to believe that there's some question between our ability to deliver core health services to Colville Lake or any of these other communities where, you know, they need nurses and front-line workers, are trying to connect this to the supplementary health benefits. It is absolutely a red herring.

This government, you want to talk about priorities, this government should make core health in those communities a priority, quite irrelevant from what's happening with supplementary health benefits, and if they don't, they need to go back and look at some of the things they've got on the books that they think are a priority, because I think some of them are unnecessary expenditures. Let me say it that way to be kind and polite.

Mr. Speaker, why is the Minister, let me ask her, why is the Minister trying to tie the delivery of core health services in our communities to this issue of supplementary health, given those numbers that she just read out to me?

HON. SANDY LEE: It is absolutely an essential part of discussions to discuss how does this relate to core health service. Mr. Speaker, maybe the Members think $8.5 million is a small amount of money. I would like to hear from the other side about how do we find that. Eight and a half million dollars every year is not a small amount of money. That would be lots of core services, Mr. Speaker.

The fact of the matter is the health care issue now is a number one issue for Canadians; all jurisdictions in Canada. Ontario is projecting that it will spend 55 percent of their budget on health services in the next two years. Quebec is projecting they'll spend 60 percent of their dollars. Yes, we could cover all the core health, we could have nurses and doctors or whatever in every community, we could spend on medical travel, everything, all the things that we need to do we could spend 50 percent of our budget on health care. But, Mr. Speaker, the fact is in government, in the Northwest Territories, our people rely on government more than probably in Ontario. They need us for lots of different things. Yes, there might be a waste here and there, but the fact of the matter is, I don't know why I keep saying that, but our Health and Social Services budget is, like, $370 million. In the last 10 years our budget doubled by 500 percent. Health and Social Services budget went up by 98 percent, but our population only grew by 6 percent. Thank you.

MR. SPEAKER: Final supplementary, Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Speaker. The Minister states the obvious. The costs of health care are going up proportionately across the board. So why would we want to take supplementary health benefits and make that the target and say that's not priority of this government? It's going up across the board, whether you're talking about front-line services, supplementary health benefits, pharmaceuticals, diagnostic procedures, new medical science, it's going up, that's the way it is. We can't really stop that train. People are living longer, thankfully, and there are more ways to be treated in the medical system, thankfully. So when we talk about the priorities of this government, why do you want take supplementary health benefits and pick on that particular one thing?

Mr. Miltenberger, I read in the media, wants to build a $2.5 million liquor store in Hay River. Is that a priority of the people of the Northwest Territories, Mr. Speaker? Anyway, I'd like to ask the Minister of Health and Social Services why is the supplementary health benefits going to be the target of this government's restraint measures when she's just said everything is proportionally going up and only targeting a certain group of people? Thank you.

HON. SANDY LEE: Mr. Speaker, we are not targeting this and we have said this is not a cost-cutting measure. It is a sustainability issue, Mr. Speaker. Each department has a certain amount of money and we have a situation where we have a program that is mandated, that's not legislated, it's not core service. We do want to help people. We do want to help the seniors. We do want to help the low income people. We do want to help those with high costs of drugs. But we are asking -- and we have a very, very generous program -- we are asking for those people who can access insurance elsewhere or who have an income that should justify, that they pay something and nobody's going to be without this access. Even at the highest income level they will get 45 percent covered. And if they have insurance, yes, access that insurance, because why shouldn't we do that as a government, Mr. Speaker?

MR. SPEAKER: The honourable Member for Sahtu, Mr. Yakeleya.

QUESTION 127-16(5):
PROPOSED CHANGES TO SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MR. YAKELEYA: Thank you, Mr. Speaker. Mr. Speaker, I want to ask some questions. I work with the Minister of Health and Social Services on the questions. The Minister has indicated, in terms of the health benefits to some people who are going to be affected. I want to ask the Minister is there a percentage of numbers, in terms of who these supplementary health benefits will be affected, the ones who are protesting, the ones who are in the gallery, people left to be being broke in terms of... What's the percentage, in terms of the proposal that you have put before us? What is the percentage of people that are going to be affected by this new proposal?

MR. SPEAKER: The honourable Minister of Health and Social Services, Ms. Lee.

HON. SANDY LEE: Thank you, Mr. Speaker. As the Member is aware, when we went to public consultation on this in April we just wanted to talk about the idea of it. Then people asked for specific options for income threshold and we offered $30,000 threshold to start and then $50,000. Assuming that the income threshold is at $50,000 for single and moving up progressively, we believe that this program will still provide 80 percent of the people a very good coverage of extended health. Thank you.

MR. YAKELEYA: Mr. Speaker, the Minister indicated that for, for example, an income of $50,000 and up is a threshold. Is there a cap on the percentage about 50 percent?

HON. SANDY LEE: We are suggesting a cap that we are discussing with the committee. Thank you.

MR. YAKELEYA: Mr. Speaker, again, I go back to the basic principle of the real issue is the 2,300 people without coverage right now. Is there a possibility, when you're having the discussion amongst other things with the committee, in terms of can we put this program in place for the 2,300 people who are in need right now, as we speak? Each day that we deliberate and debate this issue here these 2,300 people do not have the coverage that other people enjoy. That we can have some discussions on the other issues that are very controversial in this House here. That's what I'd like to ask the Minister.

HON. SANDY LEE: One of the reasons why we want to make this change is to bring in those people who are excluded. Yes, the option is there to bring them in without making any changes to anything else. Then we have to put in extra money. We believe it will cost two to three million dollars to bring them back in. But the thing is, as the Member for Hay River South mentioned already, the health care budget has been going up at about 8 to 10 percent every year even if we change nothing. The cost of delivering, the cost of human resources, the cost of health care is going up by 8 percent. Our budget has doubled but our population has remained the same; actually, really, almost no growth in the last 10 years NWT-wide. I mean, Yellowknife has seen growth, but NWT-wide. So, Mr. Speaker, it is a challenge for us to add new people and expand services without having to look at how do we realign the program.

As I have said already, this is a program where people can get service elsewhere if they buy the insurance. We need to consider that and we need to continue to work on that. Thank you.

MR. SPEAKER: Your final question, Mr. Yakeleya.

MR. YAKELEYA: Thank you, Mr. Speaker. What I'm hearing from the Minister is if we do not go with the proposed plan, somewhere down the line we're going to have a sustainability issue in regard to health care and that we have to find somewhere $8.5 million. That definitely is very concerning to me and my people in the region in looking at other issues regarding health. Also, that we're going to be under siege. We really have a problem here, Mr. Speaker, in terms of this issue here.

Is this the best that the Cabinet can put before us? If we do keep the existing program, I believe that

we're going to be dealing with this issue in the next year or so. Is this what the Cabinet can put before us with our limited budget and our needs in my region and other small communities, in terms of health care services and services that we desperately need, as I spoke of earlier? That's the question that I want to ask the Minister.

HON. SANDY LEE: As I indicated earlier, suggestions such as how do we minimize the opportunity for our people to dump their insurance, I think we should put our heads together to see how we could do that and we should look into that, Mr. Speaker. We are going to work through this because we know that there's a time limit to this and I'm willing to work with the Members about how to improve this. There is a challenge to expanding the program to those who need it, without making some changes within. Thank you.

MR. SPEAKER: I'd just like to recognize the clock. The time for oral questions has expired. Item 9, written questions. Mr. Hawkins.

MR. HAWKINS: Thank you, Mr. Speaker. I seek unanimous consent to return to item 8 on our agenda, oral questions. Thank you.

---Unanimous consent denied.

MR. SPEAKER: Item 9, written questions. Ms. Bisaro.

Written Questions

QUESTION 7-16(5):
SUGGESTIONS FOR FUNDING OF PROPOSED SUPPLEMENTARY HEALTH BENEFITS PROGRAM

MS. BISARO: Thank you, Mr. Speaker. My questions are for the Minister of Health and Social Services.

The items listed below are suggestions gathered from Members and NWT residents for efficiencies or alternate funding of the proposed changes to the Supplementary Health Benefits Program

Will the Minister provide me with a list which shows the pros and cons of each suggestion and that provides the ranking given to each option by the Department of Health and Social Services or the Cabinet?

- increase income tax;
- devise a form of government-assisted, third-party insurance for low income families;
- use graduating deductible for coverage, for example, starting at $200;
- grandfather people currently using the existing program and implement changes for new clients;
- seek input from pharmacists and other front-line service providers in devising the program;
- consult with Blue Cross in devising the program;
- seek input from established stakeholder groups;
- avoid administrative complexity in the new system;
- levy a prescription fee for everyone;
- increase seniors' benefit to age to 65;
- require employers to provide private insurance and individuals to obtain private insurance coverage only if they provide proof of uninsurability;
- do thorough assessment of potential costs of top-ups for people with third-party insurance under the proposed program;
- make small, targeted adjustments to deal with specific deficiencies in the existing program;
- revise the drug formulary.

Thank you.

MR. SPEAKER: Thank you, Ms. Bisaro. The honourable Member for Sahtu, Mr. Yakeleya.

WRITTEN QUESTION 8-16(5):
MEDICAL TRAVEL POLICY

MR. YAKELEYA: Thank you, Mr. Speaker. My questions are for the Minister of Health and Social Services.

1. Can the Minister provide to me the Medical Travel Policy for elders leaving to hospitals outside their communities?
2. Can the Minister provide the policy where elders must have or shall have escorts regardless of their medical condition and that our health centres must abide by this policy?
3. Will the Minister provide to me an explanation as to what is the rational to not have escorts travel with elders who must go to hospitals and who makes the final decision to approve medical escorts?
4. Can the Minister provide to me what is the department going to do to ensure that our Medical Travel Policy respect the aboriginal cultures and beliefs towards taking care of our elders?
5. Can the Minister provide a detailed (diagram) protocol of the approval process between our Sahtu health centres, our Sahtu Health Authority Board and the Territorial Medical Office?

MR. SPEAKER: Thank you, Mr. Yakeleya. Item 10, returns to written questions. Item 11, replies to

opening address. Item 12, petitions. Mrs. Groenewegen.

Petitions

PETITION 4-16(5):
SUPPLEMENTARY HEALTH CARE BENEFITS

MRS. GROENEWEGEN: Thank you, Mr. Speaker. I would like to table a petition today signed by 319 citizens of Hay River and 104 citizens of Fort Smith. The petition is that all seniors be eligible for supplementary health care benefits regardless of income. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you. The honourable Member for Great Slave, Mr. Abernethy.

PETITION 5-16(5):
SUPPLEMENTARY HEALTH BENEFITS

MR. ABERNETHY: Thank you, Mr. Speaker. Mr. Speaker, I would like to present a petition dealing with the matter of supplementary health benefits. Mr. Speaker, the petition contains 495 signatures of NWT residents and, Mr. Speaker, the petitioners request that access to supplementary health benefits be expanded and that incremental costs to support the expansion be funded through graduated territorial income tax. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you. The honourable Member for Great Slave, Mr. Abernethy.

PETITION 6-16(5):
SUPPLEMENTARY HEALTH BENEFITS
PROGRAM

MR. ABERNETHY: Thank you, Mr. Speaker. Mr. Speaker, I would like to present a petition dealing with the matter of the Supplementary Health Benefits Program. Mr. Speaker, the petition contains 1, 944 signatures of Yellowknife residents and, Mr. Speaker, the petition requests that access to supplementary health benefits be expanded and that Extended Health Benefits Program for seniors remains unchanged. The petitioners also request that existing revenue from territorial income tax be used to fund the expansion. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you. The honourable Member for Nahendeh, Mr. Menicoche.

PETITION 7-16(5):
SUPPLEMENTARY HEALTH BENEFITS

MR. MENICOCHE: Thank you, Mr. Speaker. I would like to present a petition dealing with the matter of supplementary health benefits. Mr. Speaker, the petition contains 89 signatures of Fort Simpson residents and, Mr. Speaker, the petitioners request that current benefits provided under the Supplementary Health Benefits Program remain unchanged. Mahsi cho.

MR. SPEAKER: Thank you. Item 13, reports of committees on the review of bills. Item 14, tabling of documents. The honourable Minister of Justice, Mr. Lafferty.

Tabling of Documents

TABLED DOCUMENT 36-16(5):
ANNUAL REPORT OF THE ACTIVITIES
OF THE RENTAL OFFICE
JANUARY - DECEMBER 2009

HON. JACKSON LAFFERTY: Mahsi, Mr. Speaker. Mr. Speaker, I wish to table the following document entitled Annual Report on the Activities of the Rental Office, January 1st to December 31st, 2009. Mahsi, Mr. Speaker.

MR. SPEAKER: Thank you. The honourable Minister of Human Resources, Mr. Bob McLeod.

TABLED DOCUMENT 37-16(5):
ACTION PLAN AND RESULTS REPORT
20/20: A BRILLIANT NORTH,
NWT PUBLIC SERVICE STRATEGIC PLAN

HON. BOB MCLEOD: Mr. Speaker, I wish to table the following document entitled Action Plan and Results Report 20/20: A Brilliant North, NWT Public Service Strategic Plan. Thank you, Mr. Speaker.

MR. SPEAKER: Thank you. The honourable Minister of Health, Ms. Lee.

TABLED DOCUMENT 38-16(5):
SUPPLEMENTARY HEALTH BENEFITS –
WHAT WE HEARD

TABLED DOCUMENT 39-16(5):
SLAVE RIVER JOURNAL NEWSPAPER ARTICLE,
SUPPLEMENTARY HEALTH BENEFITS ACROSS
CANADA

HON. SANDY LEE: Thank you, Mr. Speaker. I have two documents to table. The first is the document entitled Supplementary Health Benefits - What We Heard. The second document is the document entitled Slave River Journal Newspaper Article, Supplementary Health Benefits Across Canada, dated May 4, 2010. Thank you.

TABLED DOCUMENT 40-16(5):
SUMMARY OF MEMBERS' ABSENCES
FOR THE PERIOD
MARCH 23, 2010 TO MAY 10, 2010

MR. SPEAKER: Thank you. Pursuant to Section 5 of the Legislative Assembly and Executive Council Act, I wish to table a summary of the Members' Absences for the Period of March 23, 2010, to May 10, 2010.

Item 15, notices of motion. The honourable Member for Great Slave, Mr. Abernethy.

Notices of Motion

MOTION 8-16(5):
REFERRAL OF TABLED DOCUMENT 38-16(5),
SUPPLEMENTARY HEALTH BENEFITS –
WHAT WE HEARD

MR. ABERNETHY: Thank you, Mr. Speaker. I give notice that on Monday, May 17, 2010, I will move the following motion: now therefore I move, seconded by the honourable Member for Weledeh, that Tabled Document 38-16(5), Supplementary Health Benefits - What We Heard, be referred to Committee of the Whole for consideration.

Mr. Speaker, at the appropriate time I will be seeking unanimous consent to deal with this motion today. Thank you.

MR. SPEAKER: Thank you. Item 16, notices of motion for first reading of bills. Item 17, motions. The honourable Member for Frame Lake, Ms. Bisaro.

Motions

MOTION 7-16(5):
REFERRAL OF TABLED DOCUMENT 30-16(5),
2010 REVIEW OF MEMBERS'
COMPENSATION AND BENEFITS,
CARRIED

MS. BISARO: Thank you, Mr. Speaker.

WHEREAS Tabled Document 30-16(5) has been tabled in this House;

AND WHEREAS the 2010 Review of Members' Compensation and Benefits requires detailed consideration;

NOW THEREFORE I MOVE, seconded by the honourable Member for Thebacha, that Tabled Document 30-16(5), 2010 Review of Members' Compensation and Benefits, be referred to Committee of the Whole for consideration.

MR. SPEAKER: There is a motion on the floor. The motion is in order. To the motion.

SOME HON. MEMBERS: Question.

MR. SPEAKER: Question has been called.

---Carried

The honourable Member for Great Slave, Mr. Abernethy.

MR. ABERNETHY: Thank you, Mr. Speaker. Mr. Speaker, I seek unanimous consent to deal with the motion I gave notice of earlier today. Thank you, Mr. Speaker.

---Unanimous consent granted

MOTION 8-16(5):
REFERRAL OF TABLED DOCUMENT 38-16(5),
SUPPLEMENTARY HEALTH BENEFITS –
WHAT WE HEARD,
CARRIED

MR. ABERNETHY: Thank you, Mr. Speaker.

WHEREAS Tabled Document 38-16(5) has been tabled in this House;

AND WHEREAS Tabled Document 38-16(5), Supplementary Health Benefits - What We Heard, requires detailed consideration;

NOW THEREFORE I MOVE, seconded by the honourable Member for Weledeh, that Tabled Document 38-16(5), Supplementary Health Benefits - What We Heard, be referred to Committee of the Whole for consideration. Thank you.

MR. SPEAKER: There is a motion on the floor. The motion is in order. To the motion.

SOME HON. MEMBERS: Question.

MR. SPEAKER: Question has been called.

---Carried

Item 18, first reading of bills. Item 19, second reading of bills. Item 20, consideration in Committee of the Whole of bills and other matters: Tabled Document 4-16(5), Executive Summary of the Report of the Joint Review Panel for the Mackenzie Gas Project; Tabled Document 30-16(5), 2010 Review of Members' Compensation and Benefits; Tabled Document 38-16(5), Supplementary Health Benefits - What We Heard, with Mr. Bromley in the chair.

Consideration in Committee of the Whole of Bills and Other Matters

CHAIRMAN (Mr. Bromley): I would like to call Committee of the Whole to order. We have before us today Tabled Document 4-16(5), Tabled Document 30-16(5) and Tabled Document 38-16(5). What is the wish of the committee? Mrs. Groenewegen.

MRS. GROENEWEGEN: Thank you, Mr. Chairman. I move that we report progress.

---Carried

CHAIRMAN (Mr. Bromley): I will now rise and report progress.

Report of Committee of the Whole

MR. SPEAKER: Can I have the report of Committee of the Whole, please, Mr. Bromley?

MR. BROMLEY: Thank you, Mr. Speaker. Mr. Speaker, your committee would like to report

progress. Mr. Speaker, I move that the report of Committee of the Whole be concurred with.

MR. SPEAKER: Thank you, Mr. Bromley. A motion is on the floor. Do we have a seconder for that? Mr. Ramsay.

---Carried

Item 22, third reading of bills. Mr. Clerk, orders of the day.

Orders of the Day

CLERK OF THE HOUSE (Mr. Mercer): Orders of the day for Friday, May 14, 2010, at 10:00 a.m.:

1. Prayer
2. Ministers' Statements
3. Members' Statements
4. Returns to Oral Questions
5. Recognition of Visitors in the Gallery
6. Acknowledgements
7. Oral Questions
8. Written Questions
9. Returns to Written Questions
10. Replies to Opening Address
11. Petitions
12. Reports of Standing and Special Committees
13. Reports of Committees on the Review of Bills
14. Tabling of Documents
15. Notices of Motion
16. Notices of Motion for First Reading of Bills
17. Motions
18. First Reading of Bills
    - Bill 7, An Act to Amend the Elections and Plebiscites Act
19. Second Reading of Bills
20. Consideration in Committee of the Whole of Bills and Other Matters
    - Tabled Document 4-16(5), Executive Summary of the Report of the Joint Review Panel for the Mackenzie Gas Project
    - Tabled Document 30-16(5), 2010 Review of Members' Compensation and Benefits
    - Tabled Document 38-16(5), Supplementary Health Benefits - What We Heard
    - Bill 1, An Act to Amend the Veterinary Profession Act
    - Bill 2, An Act to Amend the Dental Auxiliaries Act
    - Bill 3, Miscellaneous Statute Law Amendment Act, 2010
21. Report of Committee of the Whole
22. Third Reading of Bills
23. Orders of the Day

MR. SPEAKER: Thank you, Mr. Clerk. Accordingly, this House stands adjourned until Friday, May 14, 2010, at 10:00 p.m.

---ADJOURNMENT

The House adjourned at 4:47 p.m.